

*BoomerANG Project* MONTGOMERY COUNTY, PENNSYLVANIA





**Final Report BoomerANG Project**  
**Montgomery County, Pennsylvania**

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January 2006



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## Acknowledgments

The project team would like to express appreciation to the project funders for their vision and commitment to the BoomerANG Project: the North Penn Community Health Foundation, the Montgomery County Office of Aging and Adult Services, the Phoenixville Community Health Foundation, the Claniel Foundation, the Pottstown Area Health and Wellness Foundation and the Montgomery County Foundation.

The project Steering Committee played an invaluable role in guiding the progress of and providing resources for the project. Committee members were Russell Johnson, North Penn Community Health Foundation; Joanne Kline, Montgomery County Office of Aging and Adult Services; Louis Beccaria, Phoenixville Community Health Foundation; Virginia Franz, Montgomery County Foundation, Inc.; Thomas Armstrong, Montgomery County SAAC; Amy Cummings-Leight, the PEAK Center; Douglas Eschbach, Indian Valley SAAC; Doris Freeman, Upper Merion Senior Center; and Dene Liott, Aging Issues Advocate. Additionally, our project coordinator, Susan Wenrick of Montgomery County MCAAS, was invaluable throughout the course of the project.

Montgomery County was generous in a multitude of ways during the project, and we would like to express appreciation to Human Services Director Joseph Roynan in this regard. We also want to thank other county staff who provided valuable assistance and information, including Sean Metrick, Montgomery County Planning Department; Barbara O'Malley, Montgomery County Health and Human Services Department; Jack Pond, Montgomery County Information Services Department; and Jeanne Di Santo, Montgomery County Office of Aging and Adult Services.

We would also like to acknowledge our project consultants, Nancy Luttrupp, Helen Dennis, Dr. James McCabe and Richard Browdie, all of whom provided valuable insight, assistance and guidance for the project.





## PROJECT REVIEW AND SUMMARY

### BACKGROUND

The Boomer-ANG (Boomers – Aging’s Next Generation) Project is a public/private partnership that is unique in Montgomery County’s history. Several area foundations, including the North Penn Community Health Foundation, the Phoenixville Community Health Foundation, Montgomery County Foundation, Inc., the Claniel Foundation, the Pottstown Area Health and Wellness Foundation, and the Montgomery County Office of Aging and Adult Services (MCAAS) came together to initiate a yearlong planning and visioning process that engaged businesses, faith groups, educators, civic groups, human service organizations, government agencies and citizens in looking at the future growth and development of the county’s expanding population of mature adult citizens.

In 2004, the leadership of Montgomery County’s senior centers and MCAAS recognized the challenge that lies before them and undertook a yearlong project of serious, well-informed research into the status, needs and opportunities that exist for the leading-edge baby-boomer generation and current residents who are 60 or older.

The project investigated, at both countywide and regional levels, the programs and services senior centers or other community-based organizations should provide in the next decade. Related to this was a need for many senior centers to understand how their organizations must adapt, how current facilities must be reconfigured and how community partnerships must be created to meet these needs. As an innovative and proactive strategic plan to deal with the growth and aging of Montgomery County’s population, the project combined best practices from a variety of community development, business development and service delivery models.

The funders engaged two nationally recognized consulting organizations, Consultants for Community Resources and Maturity Mark Services Company, to conduct an extensive analysis, review and assessment of the 10 MCAAS-supported senior centers in Montgomery County, and to recommend an appropriate and responsive strategy for the county’s changing circumstances, needs and opportunities. As the project evolved, it grew to include broader community-based human services agencies, providers of services for the aging, the business community and a wide spectrum of community services providers. The project was supervised by a Steering Committee representing the funders, senior center directors, community advocates and older adults.

### **A MODEL FOR COMMUNITY DEVELOPMENT ON AGING ISSUES**

The BoomerANG Project undertook a unique and groundbreaking approach in combining sophisticated demographic analysis, broad community outreach, and an asset-based model for building community response to the growing needs of an aging population. The demographic analysis used proprietary software provided by Project Market Decisions of Cincinnati, Ohio, a leading provider of demographic projections to business and governmental agencies. The project pooled census-based demographic data with economic and population trends, allowing it to include projections for the county as a whole and for each of the county's regions. This analysis provided a more precise understanding of the county's demographic landscape over the next decade than could a standard demographic profile. The community outreach activities included all sectors of the county, with particular outreach to the citizenry and to state, county and municipal officials; businesses and business associations; nonprofit service providers; health organizations and providers of aging services.

The project also applied principles of asset-based community development on a far broader scale than has previously been accomplished. The asset-based approach articulates and identifies resources already existing in the community that can be applied at a local level to address issues and implement solutions.

The project achieved its objectives through an innovative combination of various activities. Specifically, the project did the following:

1. Undertook an extensive demographic analysis of the 50+ population on a regional basis, including a 10-year projection of trends in a variety of socioeconomic and demographic variables. The analysis revealed that innovation in providing aging services would have to take place at a far faster pace than anticipated. In particular, the analysis uncovered a substantial demographic change between 2003 and 2008 involving growth in the 55-to-64-year-old cohort at twice the average rate of other age 50+ cohorts, and a need for a sense of urgency in addressing the changing demographics in the county, particularly over the next five years.
2. Established an Advisory Committee of more than 50 community leaders who agreed to serve as project "ambassadors" and to provide networking access to a broad base of community agencies and resources over the next decade.
3. Conducted a series of five regional Community Comment Meetings involving more than 200 representatives of service delivery, business, governmental, and advocacy organizations, as well as citizens, who provided a baseline of information, articulated community issues and expanded networking contacts.
4. Conducted an organizational assessment of the boards of directors of senior centers and worked with each board to assist them in identifying their capacity to work together effectively and to prepare organizationally for necessary innovation and potential repositioning of their centers.
5. Conducted a countywide survey of consumers age 50 and older, revealing the major types of services desired and the preferences of baby boomers age 50 to 59 and of the 60+ population. Although

boomers desire many of the services that senior centers provide, they expressed a preference for accessing those services through other venues. These customer preferences also provided insight into potential collaborative activities among varied service providers in the county.

6. Engaged more than 125 community leaders, elected representatives, advocates, older adults, the media and representatives from every component of Montgomery County's service delivery system at a day-long Visioning Conference to explore specific issues in the areas of aging services, housing, health and wellness, transportation, civic engagement and collaborative partnerships. The conference identified 22 issues deserving community attention and established a basis for collaborative partnerships between public- and private-sector providers. The conference was designated as an official pre-White House Conference on Aging (WHCOA) event, and its major conclusions and recommendations were incorporated into the national discussion of aging issues at the 2005 WHCOA.
7. Obtained comments from residents, businesses, municipal and civic representatives and service providers through a series of open, day-long Community Comment Meetings in each of the county's five regions. These community meetings engaged the regional citizenry in elaborating on and identifying resources for the 22 issues identified at the Visioning Conference, and applying those issues to their local circumstances and needs. These applications offer the basis for specific and achievable projects within each region to begin within the next year.

## MAJOR FINDINGS

The earliest indicator of significant changes in Montgomery County was revealed through a sophisticated demographic projection of the county's population age 50 and older. The projections identified major growth in the 55-to-64-year-old cohort between 2005 and 2008 and well into the next decade, and no growth in that period for the traditional senior center membership cohort in their 70s. The 80+ population will also continue to grow, but at a much slower rate than the younger cohorts. The data also revealed growing minority populations in the county. While the black and Hispanic minorities over age 50 will each expand as more residents in the county reach that age milestone over the next decade, the Asian population will grow the fastest and become the second-largest minority group in the county.

In addition to revealing the boomers' reluctance to engage in the traditional services at traditional sites providing aging services, their interest in health and wellness services, and new issues such as retirement and caregiving, the project outlined a variety of potentially fruitful opportunities. Partnerships between government, business, nonprofit aging services and civic groups can thrive if these entities realize and act on their common opportunities to reach out to the fast-growing boomer population.

Transportation, housing, and health and wellness emerged as key issues throughout the county, although specific regional preferences were expressed. The differing needs in the Eastern and Western regions of the county reflected the differences between the more densely populated and

diverse conditions in the east, and the rural and yet rapidly growing Western region.

The project identified a wide diversity of citizenry, assets and needs within Montgomery County, both countywide and at a regional level. The county is rich in services, but there are many opportunities for the providers of these services to work more collaboratively and to create closer ties to local and regional businesses. The Visioning Conference opened a potential dialogue between sectors that often operate under misconceptions and prejudices that hamper mutually productive collaboration. Offering consumer-driven services and resources that are not necessarily more easily but certainly more successfully provided through such collaborative approaches will be an ongoing challenge and opportunity.

### **MAJOR RECOMMENDATIONS**

To better serve the needs of the existing and emerging 50+ population, 25 specific recommendations emerged from the Boomer-ANG project. These fall broadly into the following four areas:

- Reorganization and repositioning
- Changing the service paradigm
- Comprehensive planning
- Establishing partnerships

*Reorganization and repositioning.* In recognition of the changing demographics of Montgomery County, including the rapid emergence of the 55-to-64-year-old population, the county's senior centers and other service providers must reorganize and reposition themselves. For example, they must rethink programs and consider how they will attract new audiences and provide access based on the preferences of the growing and maturing boomer population while expanding market penetration and engagement of their traditional member base, which will experience little or no growth in the next decade.

*Changing the service paradigm.* To better serve the new population of older adults, Montgomery County's senior centers and other providers must change their service paradigm. Instead of delivering services to accommodate deficits, they must seek to provide older adults with opportunities and adopt an "asset-based" development approach. For example, senior centers and other providers must offer more health and wellness programs — and a greater variety of such programs — to accommodate the growing preference for these kinds of programs, and they must do so in collaboration with a wide variety of community partners.

*Comprehensive planning.* Senior centers and public- and private-sector service providers must engage in comprehensive planning on a countywide, regional and agency-specific level. These comprehensive planning efforts must support opportunities for senior centers and other providers to build their capacity to implement a new service model. Key to the success of this effort is the development of new mission and goals statements, strategic planning, and ongoing board development and training.

*Establishing partnerships.* Partnership should be the key element in all activities undertaken in the future by Montgomery County's senior centers, businesses and other providers. Senior centers and other

resources providing aging services should seek partnerships with local, regional and national businesses; other providers; educational institutions; faith communities; civic organizations and other entities. Incentives should be provided to senior centers and other providers who seek partnerships in the form of unrestricted funding or special grants for partnership-building activities.



## CHAPTER 1

### PROJECT OVERVIEW

#### MONTGOMERY COUNTY PROJECT QUESTIONS

The BoomerANG Project was initiated through a unique collaboration of multiple funders to address a set of specific questions for all senior centers in Montgomery County. Summary responses to each of these questions offer a brief overview of the project's findings and conclusions related to these critical questions confronting the county's aging-service providers.

1. *Is there a role for senior centers or senior-oriented programs in Montgomery County?*

With more than 40 years of history for senior centers established through the Older Americans Act, and the 50+ population representing almost one-third of Montgomery County's population, there are and will continue to be important roles for senior centers and programs in the delivery of services. However, they will have to expand their traditional role as a provider to a predominantly older population (age 70 and over). Traditional roles have included serving as a site for congregate, low-cost meals; a predominantly daytime provider of activities, health screening and socialization to underserved senior populations; and a source of information and referrals. Centers in the county's Eastern region provide services to a greater percentage of minority and other underserved seniors, reflecting the demographics of that region. These centers closely reflect the traditional roles and services envisioned for senior centers.

Five of the MCAAS-funded centers have begun to restructure and expand services and programs in creative ways and, in some cases, to engage in strategic planning to determine ways to enrich their traditional roles and evolve to a more market-driven enterprise.

2. *If so, what are the likely primary and secondary population's characteristics?*

The primary population characteristics for Montgomery County's 50+ populations are the following:

- Generally rapid growth of this population between 2000 and 2015, and particularly between 2003 and 2008
- Generally static population of 70-to-84-year-olds
- Rapidly growing population of 55-to-64-year-olds
- Higher rate of growth of Hispanic and Asian residents than is the

norm More concentrated 50+ population in the Eastern and Central regions of the county

Given the static (and in some regions declining) number of residents in the senior centers' previously robust membership base, the demographics of Montgomery County clearly indicate a shift in the service population, characterized by growth in a much younger and different market.

3. *Is the concept of a senior center attractive to these targeted populations? If not, is a more multi-generational approach more or less attractive? Why? Are there other conceptual frameworks that might be better positioned to address the needs and interests of the targeted populations?*

The answer to this question is dependent upon who is asked. Certainly members of the centers find them attractive, and they are generally loyal participants in the centers' programs. Also, the 60+ population generally perceives the centers as a valuable resource for themselves and others in that age category. Even the best managed centers offering the most variety and diversity in programs and activities have not been able to attract more than 20 percent of the available 65+ population within their region. Those 50 to 59 years old do not perceive the senior centers as providing an attractive service or venue as currently configured, although they do perceive the services and activities provided by senior centers and the single location encompassing all these services as attractive.

Over the next 10 years, centers should focus on three distinct constituencies in contemplating their potential for growth, expansion and evolution:

- Current membership
- Nonmembers who are demographically similar to the current members
- Baby boomers 55 to 64 years old

The first two groups have somewhat similar needs and are easier to attract within a common marketing context. In responding to the consumer survey regarding their reasons for not participating in senior center activities, almost one-quarter of those age 60 and older stated that they were "too busy" to participate. The 60+ respondents favored two alternatives – a program targeted to their age group or older and one serving all adults – in almost equal proportions. On the other hand, more boomers preferred programs for a broad age group rather than programs specifically targeted to themselves and younger or older segments.

More respondents 60 and older preferred weekday programs offered during daytime hours, the traditional service hours for senior centers. Boomers had a clear preference for weekday programs and activities in the evening, a time when most senior centers offer little or no services and programming.

Through marketing and public relations efforts, senior centers may be able to position themselves as being more intergenerational and offering more of a mainstream activity for the 60+ population, potentially increasing their relevance and attractiveness to their traditional constituency. It will take fundamental restructuring for them to begin attracting the younger boomer cohort, including establishing a new "identity" or "brand" beyond their senior-service focus; new or partnership-based facilities; responsive programming, particularly in health, wellness, exercise and continuing education; and expanded service hours to respond to market preferences.



4. *What is the likely impact of the large number of life-care and adult (55+) communities upon the future role of senior centers and older adults who either live in these communities or might otherwise be attracted to a senior or multi-generational center?*

The rapidly expanding availability of active adult communities, Continuing Care Retirement Communities (CCRC) and assisted-living communities in Montgomery County – almost all of which provide enriched services and activity programs – will likely make them competitive with current senior centers. Many of these communities are newer and more attractive, make the services easily accessible to residents, and have amenities, such as pools, on-site health screening and meal plans, that enable residents to take advantage of these services on-site rather than having to travel. Typically, market-rate communities attract and are affordable for approximately 5 to 10 percent of the active-adult population. This percentage may be somewhat higher in Montgomery County given the county's level of development activity and its socioeconomic demographics.

Anecdotal evidence suggests that retirement community residents forego or drop senior center attendance and membership to take advantage of their more convenient residential community services. This trend is likely to continue unless senior centers undertake active efforts at partnership, sharing of services, and community outreach, and expand opportunities not available to retirement community residents, such as civic engagement. During the course of the BoomerANG Project, many retirement communities, both nonprofit and for-profit, expressed interest in working with senior centers and other businesses and organizations, indicating a potentially rich environment for mutually beneficial collaboration.

5. *How many sites are needed to serve the targeted populations and where should they be located?*

The project found that even the most progressive senior centers counted approximately 20 percent of the 65+ population as members. Using this 20 percent rate as a guide, there is an opportunity for senior centers to attract at least a portion of the approximately 80 percent of Montgomery County's 65+ population who are nonmembers. However, this does not mandate the creation of additional centers in all regions. Some of the existing centers are already struggling both financially and in terms of maintaining or expanding membership. While this study identified broad areas in the county where senior center services are limited, particularly in the mid-central and western areas of the county, the age demographics for the county over the next decade also demonstrate that the traditional membership base of those 70 or older will remain static or decline slightly in some regions.

Another issue emerges with Montgomery County's ethnic and minority communities, all of which will grow within the next decade, particularly the Hispanic and Asian populations 50 and older. These communities will need additional resources that do not necessarily require a traditional senior center framework, especially given the cultural context of aging, family cohesion, and service provision through culturally based and/or faith-based organizations within those groups.

Additionally, the project's consumer survey indicated that 65 to 75 percent of the 50+ population were willing to travel no more than 20 minutes for services and activities. Meeting this preference would mandate many more centers than existing resources could adequately support.

These findings underscore the advisability of partnerships, additional resource development and collaboration assistance from MCAAS and other funders, and service expansion through partnerships with other local public- and private-sector service providers rather than creation of new senior centers. Based on survey results, the primary targets for these partnership collaborations should focus on YMCAs/YWCAs, community centers, hospitals/health facilities, public libraries and local parks/recreation departments, in this order of priority.

A second consideration is the ability of senior centers to attract participation from 50-to-64-year-olds. This is a more challenging issue for all the centers. Simply improving existing services will not attract this segment of the population.

Among the strategies the project recommends are the following:

- Consolidating the smallest sites as satellite programs of larger, more progressive centers with more centralized administration and board governance
  - Relocating centers through public/private partnerships to more attractive locations such as malls, retirement communities, health centers and multigenerational facilities
  - Creating additional satellite centers targeting the 55-to-60-year-old and 60+ populations through partnerships with agencies and businesses that share the desire to attract and serve these age groups
6. *Should each site offer the same type of programming or perhaps offer a core set of programs differentiated by site-specific unique programs? What is the nature of "core services" and how should these be marketed?*

Traditionally, centers have offered a variety of services. Some services, such as congregate meals, are mandated through federal and state funding mechanisms administered through MCAAS. Most other activities are offered on a programmatic basis responsive to the needs of the members and the community of each senior center.

None of Montgomery County's senior centers operates with a high local profile, with the exception of the former Willow Grove site, which served a predominately African American population, and a few programs, mostly at faith-based and municipal sites, that serve older Asian Americans. Few members of senior centers maintain multiple memberships at centers in the same area. Consumers are attracted more to a "one-stop" arrangement offering a wide variety of programs from which to choose at a single location. To the extent that members and other consumers want the same types of activities and services on a local basis, each center is likely to offer a similar menu of services.

The consumer survey revealed a clear preference of the baby-boomer and 60+ populations for health- and wellness-related activities and services. These types of services are likely to be considered a "core" service arena by these age groups. Many of the most popular activities at the centers currently reflect this, and the trend toward interest and participation in these activities will increase. This popularity suggests likely increased competition as more local businesses and agencies respond to the demand with new facilities and programs. The centers will have to respond in kind, expanding program hours and marketing through local media to attract boomers and 60-to-65-year-old seniors. Partnering with businesses, financial services firms, health organizations, and exercise/wellness providers is a particularly important strategy for accomplishing this.

7. *Is there a strategic role for the Montgomery County Office of Aging and Adult Services in regards to senior centers? If so, how can this role be leveraged to enhance long-term financial and programmatic support of senior centers?*

MCAAS is a key and essential resource for maintaining the county's senior centers, and its strategic role will become even more important in the future. The most critical role of MCAAS, which is a major source of funding, a legislative liaison at both the municipal and state levels, and a central network resource, is to maintain and expand the capacity of senior centers to respond to traditional social needs and to support the evolution of centers to respond to a new wave of potential participants.

Using its funding capacity, MCAAS should begin identifying where and how it can provide incentives for the necessary evolution of senior center services, and disincentives for those centers whose capacity or objectives predominantly involve maintenance of the status quo. Centers that do not have at least an intent to expand outreach to new members in the community on multiple levels, to new market segments, and to other agencies and businesses will most likely stagnate given the fiscal and demographic realities in Montgomery County. Therefore, funding for those centers should be phased out over time, with efforts made to relocate their clients to one of the larger, more progressive, more efficiently run centers.

To help senior centers evolve as a community resource, MCAAS needs to have its own strategic plan in this regard, and should support organizational development of the centers as a prime component of this plan. MCAAS should not be in the role of redefining the centers. Rather, it should communicate that additional assistance will be available to those centers engaging in a thoughtful strategic-planning process. This would allow MCAAS to continue to respond to the traditional needs it is mandated to address, while nurturing the creation and adoption of new roles for the centers that are seeking to expand their capacity to new members, serve new markets, and provide new services. To achieve these goals, it will be critical for MCAAS, senior centers, philanthropic organizations, and other key groups to develop a shared vision and maintain open lines of communication.

8. *Should basic MCAAS services be provided by organizations other than "senior centers"?*

As long as senior centers are providers of basic MCAAS services they will continue to be perceived as just that – community agencies providing basic aging services. Currently this is a necessity, in view of the funding structure on which many centers rely and the lack of alternative sources for providing these services. The tradeoff for this requirement is that center staff, volunteer board leaders, and the community tend to see the center only in this role, resulting in an identity associated with older, needier seniors. Continued identification with services for older adults will be decidedly unattractive for the long-term viability of senior centers seeking to expand services to the baby-boomer market.

Within Montgomery County, many faith-based organizations already provide aging services, and many are engaged in developing and running some of the retirement communities. There are additional opportunities for these faith-based organizations to expand their capacity to deliver services and partner in new ways. Business, faith and civic groups may have greater capacity to deliver services to Montgomery County's senior population than currently exists. It is important to ensure the availability of basic, traditional

aging services such as meals, transportation and activities mandated by state and federal governments. Providers should be encouraged to explore ways to offer basic aging services more cost effectively and in settings where they can appropriately respond to the needs of local residents and the opportunities available within those communities.

9. *What type of organizational and governance structure would best be suited to support the recommended configuration of program(s)? That is, do the large number (approximately seven to ten) of separate boards and organizations make the most sense from both a programmatic and financial perspective, or would other alternative approaches such as partnerships with multi-generational non-profits, continuing care retirement communities, township programs, YMCAs, religious organizations, senior living communities, etc., have more opportunities for success and longer-term viability? Alternatively, would a single “senior-life mega-board” offer a more promising organizational structure?*

The viability of any partnership arrangement is largely determined and measured on a case-by-case basis. Partnership arrangements between YMCAs and other community agencies already exist. These partnerships have revealed a host of opportunities and challenges, including coordination and alignment of partners’ agendas, governance, resource allocation, finances, human resources, physical plants, development activities, and short- and long-term objectives. Despite these issues, the partnerships have also clearly provided enhanced facilities and programming. Additional and expanded partnerships for all the centers are important to explore and support. Innovative and creative partnerships may result in fewer boards and administrative entities but stronger organizations.

Structured as independent, locally operating and governed organizations, senior centers have a strong local community identity and focus. Locally recruited boards serve a necessary function because they are most aware of the needs and circumstances within their municipalities and communities. Yet the ability of the existing boards to initiate cohesive strategic planning for the centers’ future needs, challenges and capacities is a paramount concern. Many boards focus primarily on short-range, tactical fund-raising activities. Although this effort is important, in isolation it is not strategic and will not position senior centers for longer-term success. In some cases, the need for a new facility, repairing or upgrading the facility, and enhancing some programming appears to be the horizon on which they focus. In those situations MCAAS should provide leadership and guidance to encourage a comprehensive exploration of partnership opportunities.

What is lacking, other than services oversight and funding support from MCAAS, is a larger-scale planning and coordinating function for all senior centers in the county. Formation of a “mega-board” and reconstitution of the existing MCAAS advisory board would be of great value in helping the centers rise to the challenges they will certainly face within a few years. The composition of this board should include the executive directors and board presidents of each center; the MCAAS executive director; traditional foundation and corporate funders of aging agencies and services; and representatives of the Montgomery County Planning Department and other public-sector agencies, the Chamber of Commerce, and lead service agencies.

This board would have the following mandates:

- Establish a framework for strategic planning among all the centers.
- Identify gaps and opportunities in services for a broad population base of people 50 and older.
- Coordinate senior center board development and organizational development.

- Establish criteria for continued funding support.
- Identify milestones for completion of strategic planning and capacity development.
- Provide funding recommendations to MCAAS based on achievement of specific objectives for each center.

10. *What are the organizational strengths and weaknesses of the existing senior centers?*

Overall, the project identified some common strengths and weaknesses among the senior centers. The strengths included a generally loyal membership and, in most cases, a local outreach capacity. Attractive facilities contribute to a positive community perception of centers in general. Those with a dedicated building had less of an issue related to potential conflicts with a host agency about facility use. Many of the centers enjoy both a strong, active and knowledgeable executive director and an active, concerned board of directors, although wide variation characterizes this area.

Among the major weaknesses observed is the physical plant of some of the centers, despite having a dedicated site. Some facilities are less than inviting or need significant maintenance and repair.

As noted, board composition varies greatly. A major weakness involves board structure and tenure. Some of the centers operate without a clearly defined committee structure, lack term limits and succession plans for leadership positions and membership, and have difficulty in recruiting effective board participants.

All of the centers are identified as a “senior” program, which restricts their appeal to community residents older than 65 who do not want to affiliate with an agency providing only “senior” services. The emerging boomer population will find this identification even less appealing.

To establish a framework for assessing the readiness of centers for change, the project applied the following criteria considered essential for both adequate short-term functioning and ability to reengineer for longer term viability:

- Physical space
- Programmatic diversity, especially programming that takes into account consumer preferences
- Program appeal
- Paid staff
- Collaborative initiatives with community agencies and the private sector
- Programming availability and scheduling, particularly for structured evening programs
- Independent funding/fundraising capacity
- Volunteer board capacity for management of complex organizational tasks and the management of change
- Participation within the Montgomery County senior center network
- Executive director’s orientation to growth, expansion, restructuring and innovation

Of the 10 publicly supported senior centers, the project identified only four centers as best positioned for change and growth. Fewer than half of the remaining centers are well positioned for change and growth suggesting a pressing need for immediate strategic planning at both the county and agency level. A deliberate, focused effort to assist these centers in identifying



what opportunities they wish to pursue, how and when they plan to implement needed changes is essential for the overall financial and organizational health and well-being of these programs and organizations.

*11. Is a needs-based approach (as opposed to a services-based approach) the appropriate conceptual framework to conduct this project? What approaches can best develop, nurture and sustain a sense of community?*

From its inception, the project adopted an asset-based community development framework. This innovative approach had never before been undertaken for a project on the scale of the BoomerANG Project. A focus on needs and services does little to assess the internal capacities of the community to respond to its own circumstances. The asset-based approach enabled the project to establish a different way for community agencies, at times with some resistance, to assess their roles in responding to demographic and market changes.

Similarly, a clear recommendation has emerged from the BoomerANG Project that the most productive long-term framework for senior centers is to adopt a market-driven approach to their response to the community, rather than a service-provision or needs-based approach. Although the latter have been the traditional foundation for the centers' identity and context, those centers that adopt a more competitive and market-responsive framework will successfully evolve to take advantage of future opportunities for their own benefit as well as that of the community. This new approach must include a consumer-driven and market-oriented strategy for programming and the identification and development of relationships with nontraditional partners such as businesses, faith-based organizations and agencies, and organizations focused on health and wellness.

*12. How can the study best address the "senior center stigma" that exists in the community? If the scope of this project includes conducting focus groups, how might the structure of these sessions begin to change the perceptions of participants about senior centers and their potential to serve individual and community needs?*

The "stigma" that senior centers carry is partly a result of their own history as agencies that are heavily funded by the Older Americans Act and that are perceived as primarily offering these mandated services. Low-cost/no-cost congregate meals, Meals on Wheels, free health screening, and consumer-advocacy services are and will continue to be worthwhile and needed community services. With this identity ingrained in the funding system as well as the minds of many consumers 50 and older, changing the perceptions of the community about what a "senior center" is will be a long-term challenge.

A number of approaches can address the different needs of the senior centers engaged in the project in terms of expanding their capacity to restructure their identity in the consumer's mind. Changing the center name to one that conveys a more generic, non-age-related identity is often a first step, although by no means a sufficient response. More important, the center should expand beyond its own location and engage in more partnership and satellite programs that can establish a completely distinct identity while still taking advantage of the center's resources. The objective can no longer be to attract more seniors to the center's facility. Rather, it should be to determine the center's particular program strengths or create new ones responsive to the market data uncovered in the BoomerANG Project, and to engage in more community outreach and partnership to deliver these services.

A significant social-marketing and public relations project is also part of this strategy. There is an urgent need to raise public awareness of the available program offerings and of the ethnic, racial, economic and age diversity of people using these services.

## MONTGOMERY COUNTY 50+ DEMOGRAPHIC ANALYSIS AND PROJECTIONS

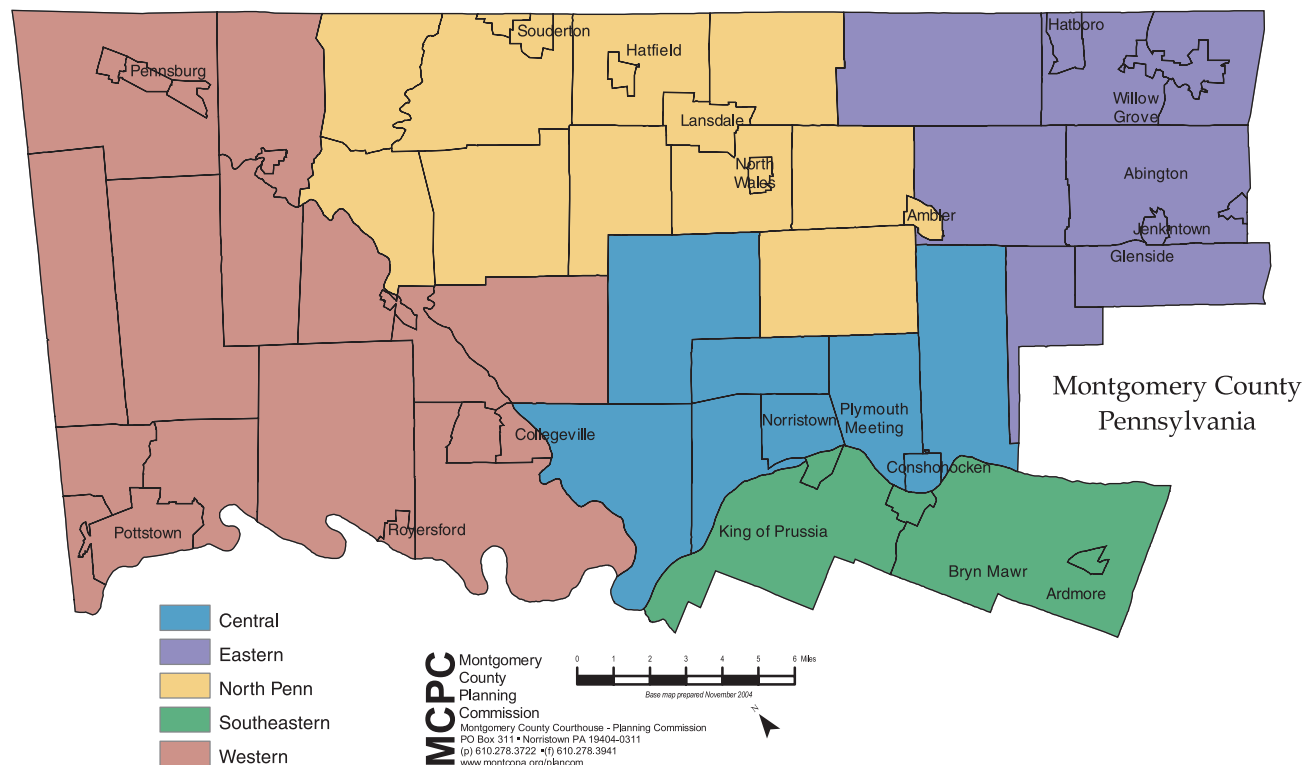
The BoomerANG Project is notable for the in-depth demographic information gathered as part of the project. The major demographic data were gathered through two methods: (1) a “commercial grade” analysis of and 2005–2015 projections for the 50+ population of Montgomery County as a whole and each of the five regions into which the county is divided, and (2) a telephone-based consumer survey of 50+ households in Montgomery County. The demographic analysis data were supplemented with additional data on homeownership and housing information for the 55–74 age group from the National Association of Homebuilders. The Montgomery County Planning Department and MCAAS also supplied general countywide data.

The data analysis includes not only standard census data from the 2000 Census and the 2003 Census Update, but also provides projections for 2008, 2010 and 2015. This part of the analysis and projections was conducted by PMD Advisory Services using their proprietary analysis and projection software.

With its projected trend data for the county and the county regions, the analysis proved to be a unique asset to the project and the community. Projections about population trends promoted a better understanding of the extent of demographic change and its potential impact on the opportunities that senior centers must take advantage of in reaching the baby-boomer cohort in their local communities. A full data set is available in Appendix B of this report. Highlights of significant information are discussed below.

Montgomery County includes the Eastern, Southeastern (Upper and Lower Merion, or “the Merions”), Central (Greater Norristown), North Penn and Western regions as indicated below.

Figure 1 Montgomery County



### Total Population by Region, 2000–2015 (Table 1A)

Montgomery County's total population is projected to increase by an average of 0.6 percent annually in the years between 2000 and 2015, for an increase of more than 69,000 residents. The North Penn, Eastern and Southeastern regions are projected to have this same growth rate. Western Montgomery County is projected to have the highest growth rate, at 0.8 percent annually, while the Central (Greater Norristown) region is projected to have the lowest, at 0.5 percent. Each region will maintain approximately the same proportion of total residents between 2000 and 2015, with the largest segment, 28.5 percent, in Eastern Montgomery County, and the lowest, 12.9 percent, in the Southeast. Western Montgomery County will have the largest increase in the proportion of total population, increasing from 18.9 percent in 2000 to 19.5 percent by 2015.

Table 1a

Area Name	2000	2003	2008	2010	2015	2000-2015 Change	
						Number	Annual %
East Montgomery County	214,694	221,766	231,909	232,929	233,487	18,793	0.6%
	28.6%	28.7%	28.6%	28.6%	28.5%		
North Penn	167,007	171,352	178,654	179,990	181,054	14,047	0.6%
	22.3%	22.1%	22.1%	22.1%	22.1%		
Greater Norristown	129,909	133,276	138,691	139,269	139,273	9,364	0.5%
	17.3%	17.2%	17.1%	17.1%	17.0%		
The Merions	96,763	100,133	104,859	105,062	105,683	8,920	0.6%
	12.9%	12.9%	12.9%	12.9%	12.9%		
West Montgomery County	141,724	147,272	155,915	157,186	159,754	18,030	0.8%
	18.9%	19.0%	19.2%	19.3%	19.5%		
Montgomery County Total	750,097	773,799	810,028	814,436	819,251	69,154	0.6%

### Age 50+ Population by Age (Table 1B)

Table 1B and Chart 1 below present projections of the 50+ population in Montgomery County by five-year cohorts between ages 50 and 84, and the 85+ population. The data in this table are among the most revealing, as the rapid aging of the Montgomery County 50+ population becomes apparent in the change in median age between 2000 and 2015. The overall median age in Montgomery County will rise from 38 to 43 during that period. This increase of five years in median age is also reflected in the population projections for the Merions. The increase in median age is projected to be somewhat lower — four years — in the Eastern, North Penn and Greater Norristown regions. In Western Montgomery County, the median age is projected to increase by only three years, to 39, making it the “youngest” section of the county. Because migration to another county among the 50+ population is relatively low — typically 2.5 to 5 percent — most of this aging should be considered to be “aging in place” of the current population rather than a significant increase of in-migrating 50+ populations from outside of Montgomery County.



Table 1b

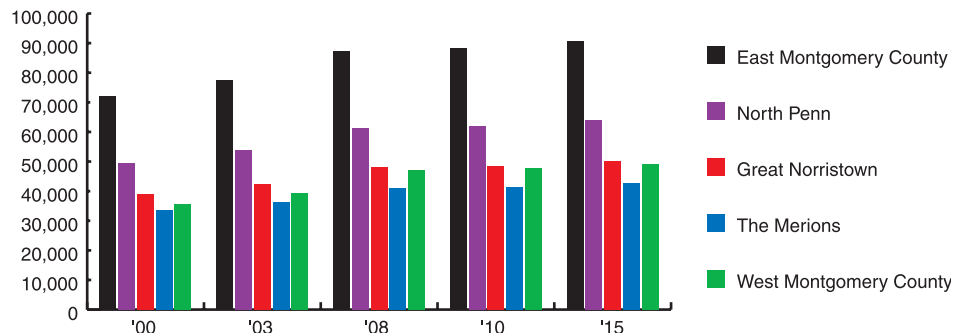
## Age 50+ Population by Age, Montgomery County, PA

Area Name	2000	2003	2008	2010	2015	2000-2015 Change	
						Number	Annual %
<b>East Montgomery County</b>	72,236	77,572	87,262	88,204	90,806	18,570	1.7%
50-54	14,417	15,841	18,256	18,453	18,998	4,581	2.1%
55-59	11,218	13,366	16,134	16,308	16,789	5,571	3.3%
60-64	8,996	10,451	13,372	13,516	13,915	4,919	3.6%
65-69	8,867	8,995	10,808	10,925	11,247	2,380	1.8%
70-74	9,164	8,519	8,363	8,453	8,703	-461	-0.3%
75-79	8,546	8,265	8,037	8,124	8,363	-183	-0.1%
80-84	5,770	6,207	6,031	6,096	6,276	506	0.6%
85+	5,258	5,928	6,261	6,329	6,515	1,257	1.6%
Median age	40	41	42	42	44		
<b>North Penn</b>	49,412	53,756	61,432	62,095	63,927	14,515	2.0%
50-54	11,367	12,425	14,328	14,483	14,910	3,543	2.1%
55-59	8,641	10,265	12,391	12,525	12,894	4,253	3.3%
60-64	6,524	7,620	9,813	9,919	10,212	3,688	3.8%
65-69	5,691	5,850	7,119	7,196	7,408	1,717	2.0%
70-74	5,556	5,259	5,248	5,305	5,461	-95	-0.1%
75-79	4,799	4,748	4,723	4,774	4,915	116	0.2%
80-84	3,559	3,870	3,828	3,869	3,983	424	0.8%
85+	3,275	3,719	3,982	4,025	4,144	869	1.8%
Median age	38	39	40	40	42		
<b>Greater Norristown</b>	39,175	42,407	48,089	48,608	50,042	10,867	1.8%
50-54	8,263	9,094	10,469	10,582	10,894	2,631	2.1%
55-59	6,554	7,804	9,386	9,487	9,767	3,213	3.3%
60-64	5,385	6,266	7,991	8,077	8,316	2,931	3.6%
65-69	5,052	5,142	6,197	6,264	6,449	1,397	1.8%
70-74	4,950	4,653	4,567	4,616	4,753	-197	-0.3%
75-79	4,290	4,205	4,121	4,166	4,288	-2	0.0%
80-84	2,625	2,879	2,831	2,862	2,946	321	0.8%
85+	2,056	2,364	2,527	2,554	2,630	574	1.9%
Median age	38	39	40	40	42		
<b>The Merions</b>	33,608	36,359	40,922	41,364	42,584	8,976	1.8%
50-54	7,020	7,637	8,685	8,779	9,038	2,018	1.9%
55-59	5,601	6,600	7,846	7,931	8,165	2,564	3.1%
60-64	4,363	5,055	6,443	6,513	6,705	2,342	3.6%

Area Name	2000	2003	2008	2010	2015	2000-2015 Change	
						Number	Annual %
<b>65-69</b>	4,039	4,125	4,961	5,015	5,163	1,124	1.9%
<b>70-74</b>	4,132	3,901	3,844	3,886	4,000	-132	-0.2%
<b>75-79</b>	3,574	3,515	3,466	3,503	3,607	33	0.1%
<b>80-84</b>	2,579	2,850	2,805	2,835	2,919	340	0.9%
<b>85+</b>	2,300	2,676	2,872	2,903	2,989	689	2.0%
<b>Median age</b>	40	41	43	43	45		
<b>West Montgomery County</b>	35,610	39,942	47,207	47,717	49,124	13,514	2.5%
<b>50-54</b>	8,730	9,798	11,587	11,712	12,058	3,328	2.5%
<b>55-59</b>	6,415	7,849	9,752	9,857	10,148	3,733	3.9%
<b>60-64</b>	4,750	5,711	7,585	7,667	7,893	3,143	4.4%
<b>65-69</b>	4,131	4,380	5,529	5,589	5,754	1,623	2.6%
<b>70-74</b>	3,980	3,895	4,030	4,074	4,194	214	0.4%
<b>75-79</b>	3,506	3,569	3,675	3,715	3,824	318	0.6%
<b>80-84</b>	2,270	2,573	2,635	2,663	2,742	472	1.4%
<b>85+</b>	1,828	2,167	2,414	2,440	2,512	684	2.5%
<b>Median age</b>	36	36	37	37	39		
<b>Montgomery County</b>	230,041	250,036	284,912	287,989	296,485	66,444	1.9%
<b>50-54</b>	49,797	54,795	63,325	64,009	65,897	16,100	2.2%
<b>55-59</b>	38,429	45,884	55,509	56,108	57,764	19,335	3.4%
<b>60-64</b>	30,018	35,103	45,204	45,692	47,040	17,022	3.8%
<b>65-69</b>	27,780	28,492	34,614	34,988	36,020	8,240	2.0%
<b>70-74</b>	27,782	26,227	26,052	26,333	27,110	-672	-0.2%
<b>75-79</b>	24,715	24,302	24,022	24,281	24,998	283	0.1%
<b>80-84</b>	16,803	18,379	18,130	18,326	18,866	2,063	0.8%
<b>85+</b>	14,717	16,854	18,056	18,251	18,789	4,072	1.8%
<b>Median age</b>	38	39	41	41	43		

Source: PMD Advisory Services, LLC, 2000 U.S. Census, Applied Geographic Solutions, Inc. and Woods & Poole Economics - September, 2004

Figure 2 50+ Population by Region: Montgomery County 2000-2015



The 50+ population in Montgomery County has already increased dramatically, from 230,041 in 2000 to 250,000 in 2003, and is projected to increase to over 296,000 by 2015. This represents an annual growth rate in the 50+ population of 1.9 percent countywide during that period. Also among the notable trends is the continuation of a dramatic increase in the 55-to-64-year-old cohort in every region of the county. This group will grow most rapidly in Western Montgomery County, where annual growth will occur at a rate of approximately 4.2 percent; other regions will show similar, though somewhat lower, annual rates in the range of 3.1 to 3.8 percent – still significantly higher than the average annual 50+ cohort growth rate of 1.9 percent. Conversely, trends for the 70-to-79-year-old group indicate that this will be an almost static population group through 2015, and Eastern Montgomery County, North Penn, Greater Norristown and the Merions will actually experience a slight population decline for this cohort. The 85+ cohort shows a 1.8 percent annual growth rate during this period, indicating a more moderate but significant trend in terms of the need for aging services.

### Total Households by Region

Household patterns reflect the general population growth in Montgomery County, with an overall growth rate of 1 percent annually. As with other demographic patterns, Western Montgomery County is projected to outpace the county's other regions, with an annual increase of 1.3 percent. The significant amount of residential development that is evident in that region may reflect this somewhat higher growth in total regional population.

### Age 50+ Households by Age

Table 2A conforms to the general 50+ population trends described earlier. A notable difference is that although the 55-to-64 population will be increasing at the highest rate, households with 65-to-69-year-olds will increase more dramatically than the Montgomery County average of 1.0 percent annual growth, with the Merions demonstrating a significantly higher rate of 1.9 percent.

Table 2a

Area Name	2000	2003	2008	2010	2015	2000-2015 Change	
						Number	Annual %
East Montgomery County	82,508	85,697	90,441	91,869	94,682	12,174	1.0%
	28.8%	28.8%	28.8%	28.8%	28.6%		
North Penn	63,133	65,139	68,529	69,540	72,170	9,037	1.0%
	22.1%	21.9%	21.8%	21.8%	21.8%		
Greater Norristown	50,160	51,729	54,302	54,866	56,611	6,451	0.9%
	17.5%	17.4%	17.3%	17.2%	17.1%		
The Merions	38,930	40,721	43,243	44,021	46,017	7,087	1.2%
	13.6%	13.7%	13.8%	13.8%	13.9%		
West Montgomery County	51,367	53,761	57,564	58,694	61,577	10,210	1.3%
	18.0%	18.1%	18.3%	18.4%	18.6%		
Montgomery County Total	286,098	297,047	314,079	318,991	331,057	44,959	1.0%

Source: PMD Advisory Services, LLC, 2000 U.S. Census, Applied Geographic Solutions, Inc. and Woods & Poole Economics - September, 2004

### Age 50+ Households by Age and Region

Tables 1B and 2B and Chart 2 offer the most dramatic picture of Montgomery County's demographic future at the regional level. The annual percentage change within five-year cohorts among the 50+ population will vary dramatically by age. Overall, Montgomery County and each region will see an average of 1.9 percent growth in the 50+ population. However, the data reveal that the most significant growth will take place in the 55-to-64-year-old cohort – in some cases at over twice the average growth rate. On the other hand, the 70-to-79-year-old cohort will see no growth, and in some regions even a small decline in the cohort over the next 10 years.

Table 2b

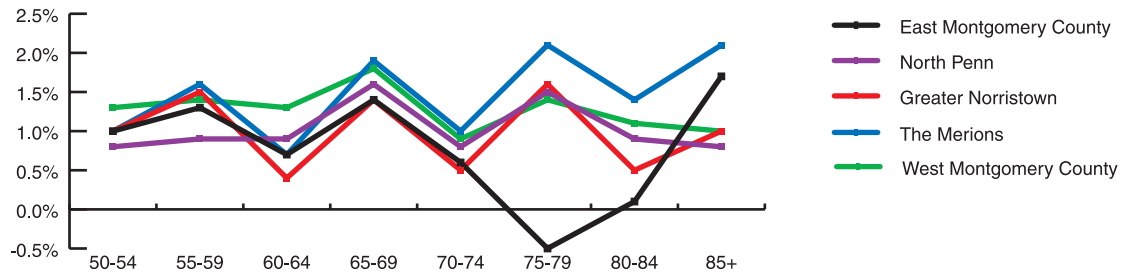
#### Age 50+ Households by Age, Montgomery County, PA

Area Name	2000	2003	2008	2010	2015	2000-2015 Change	
						Number	Annual %
<b>East Montgomery County</b>	50,620	52,665	54,368	55,030	56,147	5,527	0.7%
50-54	8,746	9,096	9,607	9,738	10,036	1,290	1.0%
55-59	5,694	5,931	6,381	6,523	6,817	1,123	1.3%
60-64	5,730	5,950	6,155	6,247	6,344	614	0.7%
65-69	5,415	5,737	6,080	6,247	6,533	1,118	1.4%
70-74	5,461	5,551	5,816	5,788	5,965	504	0.6%
75-79	8,546	8,265	8,037	7,993	7,953	-593	-0.5%
80-84	5,770	6,207	6,031	6,155	5,870	100	0.1%
85+	5,258	5,928	6,261	6,339	6,628	1,370	1.7%
<b>North Penn</b>	29,225	30,153	31,775	32,336	33,631	4,406	1.0%
50-54	6,796	7,005	7,356	7,441	7,650	854	0.8%
55-59	4,452	4,565	4,878	4,937	5,052	600	0.9%
60-64	4,363	4,522	4,699	4,798	4,980	617	0.9%
65-69	3,305	3,497	3,732	3,825	4,114	809	1.6%
70-74	3,423	3,452	3,623	3,686	3,825	402	0.8%
75-79	2,354	2,460	2,609	2,712	2,887	533	1.5%
80-84	2,929	2,999	3,150	3,199	3,320	391	0.9%
85+	1,603	1,653	1,728	1,738	1,804	201	0.8%
<b>Greater Norristown</b>	23,379	24,120	25,378	25,732	26,720	3,341	1.0%
50-54	4,984	5,146	5,406	5,487	5,718	734	1.0%
55-59	3,375	3,473	3,778	3,841	4,133	758	1.5%
60-64	3,463	3,587	3,636	3,676	3,680	217	0.4%
65-69	2,958	3,137	3,338	3,347	3,566	608	1.4%
70-74	3,141	3,155	3,290	3,347	3,397	256	0.5%

Area Name	2000	2003	2008	2010	2015	2000-2015 Change	
						Number	Annual %
<b>75-79</b>	1,827	1,921	2,046	2,140	2,264	437	1.6%
<b>80-84</b>	2,596	2,639	2,767	2,743	2,774	178	0.5%
<b>85+</b>	1,035	1,062	1,117	1,152	1,189	154	1.0%
<b>The Merions</b>	20,037	21,088	22,499	22,935	24,113	4,076	1.4%
<b>50-54</b>	4,068	4,222	4,453	4,534	4,694	626	1.0%
<b>55-59</b>	2,829	3,032	3,260	3,302	3,497	668	1.6%
<b>60-64</b>	2,889	2,937	3,069	3,125	3,175	286	0.7%
<b>65-69</b>	2,446	2,648	2,835	2,905	3,129	683	1.9%
<b>70-74</b>	2,530	2,589	2,756	2,817	2,899	369	1.0%
<b>75-79</b>	1,813	1,981	2,161	2,201	2,393	580	2.1%
<b>80-84</b>	2,199	2,301	2,465	2,509	2,669	470	1.4%
<b>85+</b>	1,263	1,378	1,500	1,541	1,657	394	2.1%
<b>West Montgomery County</b>	20,981	21,942	23,479	23,947	25,123	4,142	1.3%
<b>50-54</b>	5,141	5,372	5,739	5,869	6,158	1,017	1.3%
<b>55-59</b>	3,266	3,298	3,657	3,756	3,941	675	1.4%
<b>60-64</b>	3,186	3,445	3,549	3,639	3,818	632	1.3%
<b>65-69</b>	2,374	2,550	2,767	2,817	3,017	643	1.8%
<b>70-74</b>	2,536	2,605	2,760	2,817	2,894	358	0.9%
<b>75-79</b>	1,518	1,612	1,753	1,761	1,847	329	1.4%
<b>80-84</b>	2,102	2,181	2,314	2,348	2,463	361	1.1%
<b>85+</b>	858	879	940	939	985	127	1.0%
<b>Montgomery County</b>	144,242	149,968	157,499	159,980	165,734	21,492	1.0%
<b>50-54</b>	29,735	30,841	32,561	33,069	34,255	4,520	1.0%
<b>55-59</b>	19,616	20,299	21,954	22,359	23,440	3,824	1.3%
<b>60-64</b>	19,631	20,441	21,108	21,486	21,996	2,365	0.8%
<b>65-69</b>	16,498	17,569	18,752	19,141	20,360	3,862	1.6%
<b>70-74</b>	17,091	17,352	18,245	18,455	18,980	1,889	0.7%
<b>75-79</b>	16,058	16,239	16,606	16,806	17,345	1,287	0.5%
<b>80-84</b>	15,596	16,327	16,727	16,954	17,096	1,500	0.6%
<b>85+</b>	10,017	10,900	11,546	11,710	12,263	2,246	1.5%

Source: PMD Advisory Services, LLC, 2000 U.S. Census, Applied Geographic Solutions, Inc. and Woods & Poole Economics - September, 2004

Figure 3 Annual Change by Household Age Group and Region: 2000 - 2015



### TELEPHONE SURVEY: BOOMER AND 60+ CONSUMER PREFERENCES

PMD Advisory Services LLC conducted a telephone survey for the BoomerANG Project on the preferences of Montgomery County residents age 50 and older regarding the provision of caregiving, community and aging services. The survey was designed to elicit residents' perceptions of current and future service delivery and needs, particularly within the context of local senior centers and other community service resources.

The survey used a commercially prepared telephone list of residents of Montgomery County age 50 and older. The contact list was randomly selected except for age qualification. The sample group included 475 survey respondents, 275 of whom were age 50 to 59 and 200 of whom were age 60 or older. The margin of error for the entire body of survey respondents was plus or minus 4.5 percent at a 95 percent confidence level. Margins of error for the age-specific respondent subgroups (50 to 59 and 60 or older) were 5.9 percent and 6.9 percent, respectively.

#### Survey Findings

Key findings of the telephone survey include the following:

- Sixty-two percent of survey respondents expressed a desire to receive various services (educational programs, adult learning, referral services, etc.) at a single location, while 25 percent preferred a multiple location option. Sixty-seven percent of the 50-to-59 age group preferred a single location, while 56 percent of the 60-or-older age group expressed a preference for service delivery through a single location.
- Sixty-two percent of those age 60 or older indicated they would or do participate in a senior center if it offers services (educational programs, adult learning, referral services, etc.) at a single location.
- Sixty-four percent of those aged 50 to 59 indicated they would or do participate in a program that offered wellness, exercise, travel and social opportunities primarily to those over the age of 50.
- Forty-nine percent of survey respondents indicated they had used various caregiving or aging services for themselves, a spouse or friend/relative within the past 12 months. Forty-six percent of the 50-to-59 age group had used such services, while 55 percent of the 60-or-older age group had used various services.
- Of those who had used caregiving or aging services, the three most commonly used services for both age groups were the following
  - Exercise or fitness programs

- Volunteer programs
- Health screening (blood pressure testing, cholesterol screening, etc.)

Twenty-five percent of respondents anticipated using various caregiving or aging services for themselves, a spouse or friend/relative within the next 12 months. Twenty-three percent of the 50-to-59 age group anticipated using such services, while 28 percent of the 60-or-older age group anticipated using these services.

- The four most frequently mentioned organizations serving respondents' needs were the following:
  - YMCA
  - Senior centers
  - Meals on Wheels
  - Miscellaneous churches

The first two organizations were most frequently mentioned by both the 50-to-59 and the 60-or-older age groups. Miscellaneous churches were most frequently mentioned by the 50-to-59 age groups, while Meals on Wheels was more frequently recognized by the 60-or-older group.

- The four services considered most relevant by the entire group of respondents were the following:
  - Personal fitness/exercise
  - Wellness/health programs
  - Dieting/nutrition
  - Benefits information/guidance

For both age groups, personal fitness/exercise programs and wellness/health programs were the two most frequently mentioned services.

Data by age group presented a different picture. Respondents 50 to 59 listed care for older relatives as the third-most-relevant service for their age group, and respondents 60 or older considered benefits information/guidance as the third-most-relevant service.

- More than half of the respondents indicated they would be positively influenced regarding participation in a wellness/exercise/fitness program if it was sponsored by either a health care professional/organization or a hospital. More than 50 percent of respondents in both the 50-to-59 and the 60-or-older groups indicated they would be positively influenced by the sponsorship of either of these two types of entities.
- The top three groups or organizations perceived by respondents as being able to meet their needs for programs and services within the next five years were the following:
  - YMCA or YWCA
  - Hospital or health facility
  - Community center

Respondents aged 50 to 59 identified the same three organizations as being the top three groups able to meet their service needs, with community centers being listed as second and hospital or health facility third.

Respondents aged 60 or older presented a different set of perceptions, with their top three choices being the following:

- Senior center
- Hospital or health facility
- Public library
- Respondents felt that by far the most important issues in their neighborhoods were health care and safety/personal security. More than 50 percent of all respondents rated these issues as “Very Important,” with 63 percent of the 60-or-older age group considering health care “Very Important,” and 59 percent of this group considering safety/personal security “Very Important.”

### Survey Conclusions

The survey findings presented above can be summarized into the following broad conclusions:

- Survey respondents perceived a distinct advantage in *receiving services* (as opposed to *pursuing interests*) through a single community-oriented location versus multiple locations.
- Those surveyed have differing expectations regarding future service needs compared with their past use of services; they appear to believe their future use will not be as extensive as past use has been. Many appear to perceive past services as having been on a “one-time use” basis.
- The highest level of interest in services appears to be in health-related areas, such as exercise and fitness and wellness and health-screening programs, based on respondents’ experience with current programs.

Awareness and potential use of senior center services in the next five years is considerably higher among the 60-and-older age group than for those 50 to 59.

- Those in the 50-to-59 age group consider many of the services discussed to be more relevant for older friends and relations, while those 60 or older are interested in these services for themselves.
- Although many in the 50-to-59 age group desire the services and/or opportunities provided by senior centers in Montgomery County, they are not attracted to senior centers as a preferred location for those services or opportunities.

It is apparent from the results of the survey that the 50-to-59-year-old cohort is, in fact, interested in what senior centers provide, at least conceptually. They’re looking for convenience, programmatic emphasis on fitness and wellness issues, and a single-site location that offers these services. However, they do not perceive themselves as users of the services themselves if they are housed in a “senior center.” Developing strategies to attract significant numbers of the younger cohort to get involved in senior centers will require more dramatic and substantive change than simply renaming existing senior centers. However, the fact that there are numerous examples of this successful transition to a multigenerational program for both boomers and seniors indicates that such a transition is achievable.

### RECOMMENDATIONS FOR THE MCAAS

The following set of recommendations was compiled to assist MCAAS as it begins the process of transformation required to address the needs of its emerging aging cohorts.



1. Initiate locally conducted research to identify the purchasing power of the 50+ population. Using tools and processes available through asset-based community development programs, the variables should measure consumer spending at local businesses and service providers, assets, volunteer work, and other important indicators of economic capacity.

This asset-based information can be used to attract business support and commercial partners and to inform public relations and social marketing campaigns designed to build and sustain the community's capacity to serve boomers and seniors. Dissemination of research findings should include the Montgomery County Association of Township Officials and all county Chambers of Commerce.

2. Restructure the focus of existing and future centers to become "enrichment centers" rather than senior centers. Many of the senior centers have the capacity to restructure beyond their traditional roles. These opportunities might include establishing satellite programs, and developing programs and services within the community that can be offered via Internet and/or through local partnerships with businesses, civic/faith groups, and/or human service organizations. These approaches would foster further development of expanded identities and a gradual repositioning of the senior center as a broad-based service and program resource for the entire 50+ population.
3. Promote opportunities to strengthen collaboration and partnerships within and between all five geographic regions.
4. Expand outreach services to those underserved communities, including the Route 422 corridor and the Eastern region. These areas already have significant 50+ populations or will see additional growth in the next decade.
5. Provide targeted assistance to senior centers that takes account of their differing needs and challenges. In some cases, an appropriate solution may include relocation or consolidation with another senior center or community partner.
6. Expand work with racial/ethnic minority groups to identify opportunities to address consumer and caregiver needs and explore possible collaboration with existing community resources.



## CHAPTER 2

### REGIONAL PROGRAM STRATEGIES AND RECOMMENDATIONS

The BoomerANG Project provided residents in each of the five regions in the county an opportunity to respond to the issues identified in the Visioning Conference and the Community Comment Meetings. These meetings were conducted in a variety of publicly accessible locations in each region. Public announcements and invitations were distributed through local newspapers, direct mail, and personal invitations.

The meetings were conducted on June 21, 22, 23, 27, and 28, 2005. A total of 125 participants representing the community; state, county and municipal officials; service professionals and agencies; churches; local media; and businesses commented, providing suggestions and recommendations and identifying additional regional resources for the project.

Based on this feedback and the project's other findings, we are proposing strategies and projects for the countywide and regional activities to enhance the capacity of senior centers and aging-based community services. It is recommended that each region undertake at least one activity within the next six to nine months.

In this section we also discuss the strengths and weaknesses of senior centers in each region. In general, the senior centers are assets to their communities. They offer a mix of traditional social services and innovative programming that many residents find important. Yet, it is important to remember that only 20% of residents 65+ utilize senior centers, suggesting that many more residents can be reached through effective marketing and the design of new services and programs.

A review of the self-reports submitted by six of the senior centers reveals a number of persistent and common organizational, governance and management issues:

- People of color are under-represented on the boards of the senior centers.
- Unlimited or un-enforced board term limits is a persistent problem.
- Most senior center boards have not reviewed or updated their centers' mission statements within the last five years.
- Only two of the senior centers report having undertaken a strategic-planning process within the last five years.
- Only two of the senior centers have financial reserves to cover more than a couple of weeks, and the center with the best reserve status has barely two months of liquid assets in reserve.

### **EASTERN REGION**

Issues identified for the Eastern region during the June 2005 Community Comment Meeting lead to the following recommendations:

- Expand outreach to retirement communities and active adult communities for services.
- Add community programs that deal with housing issues.
- Assess specific public transportation needs for access to malls, other shopping areas and services, and use municipal newsletters and local newspapers to raise awareness of public transportation issues and services.
- Improve access to services along the SR 611 corridor.
- Increase dialogue and interaction with churches as potential service providers.
- Create higher-profile intergenerational programs and higher-quality activities for younger, more educated clients.
- Increase community-based, paid transport via expansion of TransNet.

Senior centers play an important part in the communities of the Eastern region, and significant opportunities are available to increase the capacity to move projects forward. Among other assets, the proximity to a major regional retail mall offers potential partnership opportunities with the mall's management and businesses.

With the highest number of 50+ residents in the county – almost 77,600 residents in 2003, with the number expected to reach more than 87,000 by 2008 – and with only one small, 100-member senior center supported by MCAAS, the region is ripe for expansion and a more aggressive partnership strategy. Other MCAAS-supported centers in the Central region, but nearby, can potentially provide access to services in the same general area and enhance the capacity to consolidate and expand program and fiscal resources. This would allow all of the senior centers to better serve the needs of the aging population, and reach out more effectively to the boomer cohort.

### **CENTRAL (GREATER NORRISTOWN) REGION**

Central region (Greater Norristown) issues identified during the June 2005 Community Comment program lead to the following recommendations:

- Initiate wider demographic assessment of 50+ population needs and resources, especially within the African American and Hispanic minority communities.
- Expand programs focused on grandparents.
- Engage developers/municipalities and county government in exploring moderate-income housing opportunities for people 50 and older.
- Enhance transportation options through stipends/reimbursement for volunteer drivers.
- Restructure the three senior centers for more efficient management, with potential consolidation/relocation of services and sites to better serve populations in the Abington-Cheltenham area.
- Reconfigure senior centers as community enrichment centers. Use the senior centers and regional health/wellness organizations as a hub for outreach and partnerships.

The Central region's three senior centers are located in Norristown, Ambler and Glenside, serving a region with more than 42,000 residents 50 and older, and more than 5,700 members. The Norristown site is the only "urban" senior center in Montgomery County. The Ambler and Glenside centers are located in the North Penn and Eastern regions respectively. Overall, these senior centers have the capacity for growth and change but also face some significant and unique challenges resulting from their service area's location in the county's primary urban setting and the existence of multiple sites with varying needs and resources.

The senior centers benefit from dedicated, active leadership and active boards of directors. Continued support and development can increase their capacity to take advantage of current and future opportunities for expanded programs and wider community access through expanded hours of operation. All of the centers enjoy a good reputation within their respective communities.

The use of a recently renovated schoolhouse as a site for the Ambler senior center demonstrates how such a facility can be used as a base for programming, with room for further expansion in programs, including intergenerational activities.

The region's senior centers are well positioned to expand programs and outreach to wider segments of the community. All can forge stronger ties with the African American and Hispanic minority communities and expand services to these communities as well as to boomers.

### **NORTH PENN REGION**

North Penn regional issues identified during the June 2005 Community Comment program suggest the following recommendations:

- Improve escorted and door-to door transportation.
- Create more transportation opportunities through expanded services and competition.
- Create a broker function between the Chamber of Commerce, local businesses and senior centers to foster communication and identify partnership opportunities.
- Create more intergenerational programs.
- Institute a public education campaign for boomers and seniors on health and wellness issues.

The North Penn region contains four MCAAS-supported senior centers located in Ambler, Souderton, Lansdale and Harleysville. These four centers serve a total of more than 9,950 members from a region that had almost 54,000 age 50+ residents in 2003 – a number that is expected to grow to more than 61,000 by 2008. More than 700 of the members come from surrounding counties.

Some of the most innovative and progressive senior centers in Montgomery County are in the North Penn region. Some have already initiated efforts to differentiate themselves as facilities with broader appeal in the community through targeted programs, expanded operating hours, and wide-ranging partnerships with other agencies and businesses.

North Penn's senior centers have a good deal of the capacity necessary to make progress on the region's most important issues, although that capacity is not equally distributed among all the sites. The possibility also exists for geographic realignment to meet service needs and market opportunities. These centers and MCAAS might consider responding to the need to expand

services and membership by modifying service areas. Such expansion need not occur through a physical facility, although this may be advantageous at a later date. “Virtual” programs that specifically target non-member boomers and persons 65 and older may be an attractive first step in creating model strategies at a manageable and moderate cost.

### **SOUTHEAST (THE MERIONS) REGION**

The issues identified in the Southeast region during the June 2005 Community Comment program lead to the following recommendations:

- Locate senior housing in locations convenient to transportation, and identify transportation-oriented developers to work with local communities.
- Educate municipal government about mixed-use zoning and smart-growth strategies that include seniors.
- Distribute an annual update of the public transportation map (Chester County model).
- Expand community center with well-integrated programs for all age groups.
- Produce simple maps and clearly worded brochures designed for seniors that provide information on how to get to local malls and other community resources.

Although located in the Merions, the MCAAS-funded senior center’s proximity to Philadelphia makes it an urban/suburban center, attracting residents and most of its almost 1,000 members from Montgomery County, but with strong representation from Philadelphia County. The region had more than 36,000 residents age 50 and older in 2003, and that number is expected to grow to almost 41,000 by 2008.

The southeastern part of the county is served by both MCAAS-supported and independent senior centers, all of which do a credible job in providing services and activities to their members. However, they face the same challenges as other centers in other regions in repositioning themselves to attract middle-aged residents and expanding their programs through partnerships with other agencies and businesses in the local community.

### **WESTERN REGION**

Issues in the Western region identified during the June 2005 Community Comment program lead to the following recommendations:

- Sponsor community-wide meetings to discuss program needs, including churches, senior centers and other local organizations.
- Sponsor a long-range planning meeting to develop strategies for implementing programs and services that respond to the community’s needs.
- Set up intergenerational activities through the YMCA, churches and civic groups.
- Conduct community forums on how aging is viewed, including boomer-generation views about aging.
- Sponsor collaborative dialogue among service providers, such as Montgomery County Community College and Tri-County Interagency Consortium.
- Influence municipal officials to address health issues related to the needs of an aging population.

- Encourage developers of retirement and active adult communities to incorporate community rooms that would house centers for activities, information/referrals, services, etc.
- Promote developments with mixed zoning that allows health-promoting activities.
- Establish agreement for Trans Net, Marta & Chester Co. Paratransit to cooperate and provide transportation across county boundaries.
- Expand open-line rides to medical appointments and other destinations via American Cancer Society with compensation for mileage and liability coverage.
- Encourage faith communities to provide social services community-wide, not just in local areas surrounding their church/parish.

The Western region will undergo the county's most rapid growth in the 55-to-64-year-old population, with a projected 4 percent annual increase for this cohort between now and 2015. The 50+ population will grow from almost 40,000 in 2003 to more than 47,000 in 2008. The MCAAS-funded centers include both large and small centers that already have partnerships with the local community. These centers have the capacity to extend programming more broadly into the community. This expansion is extremely important, given the region's fast-growing population and considerable current and planned residential and business development.

The Western region presents a myriad of opportunities to expand and innovate, including potential partnerships with other robust senior center programs in adjoining regions. There is potentially a wider Western North Penn and Central Western catchment area for services, which could benefit the senior centers as well as local residents age 50 and over.





## CHAPTER 3

### SENIOR CENTER MODELS OF BEST PRACTICE

Among the tasks to be completed by the BoomerANG project was the identification and description of best-practice models for senior centers. Examples of practices that work well for many senior service organizations are numerous; however, those included in this report had to meet three criteria. First, the practice was referred to by at least one, and generally more than one, credible source, including the National Institute of Senior Centers, Northwestern University's Buehler Center on Aging, the National Policy and Resource Center on Nutrition and Aging, the National Association of Social Workers, and the American Society on Aging. Second, at least one of the project consultants knew about and recommended the practice. Third, the practice is commonly used in well-known, viable senior centers in other parts of the country. Many of these practices are cited elsewhere in the literature, often in handbooks or practice guides distributed by such organizations as the National Institute of Senior Centers or the Pennsylvania Association of Senior Centers, Inc. In addition to meeting these three criteria, the practice had to work under the conditions faced by senior centers and other senior service organizations in Montgomery County.

In March 2000 the Suburban Area Agency on Aging (SAAA) of Cook County, Illinois held focus groups at seven congregate meal sites located at senior centers. The focus groups were conducted by Madelyn Iris, PhD, from the Buehler Center on Aging at Northwestern University, as part of a larger needs assessment. Participants in the focus groups reported that they receive substantial social and recreational benefits from the congregate meal program at the senior centers for the following reasons:

- It provides social interaction with other older adults, promoting conversation, camaraderie, support and friendship.
- It offers relief from loneliness, social isolation and feelings of depression.
- It provides a reason to "get up and get going."
- It addresses participants' need for cognitive stimulation (participants spoke of being "kept young and mentally active").
- It provides an opportunity to volunteer in the program itself, and volunteering gives participants the feeling that they are "a part of the place."
- It provides access to a variety of activities and social services.

### “SENIOR” CENTERS: WHAT’S IN A NAME?

Current conventional wisdom blames the name “senior center” for some of the difficulty the centers have in attracting “new” customers. According to the 2000 report by Northwestern University’s Buehler Center on Aging done for the Suburban Cook County Area Agency on Aging,

Most Congregate Nutrition Programs operate out of senior centers, and many younger older adults don’t see themselves as “senior enough” to attend. The name alone is often enough to make them decide “that’s not for me!” An image can be conveyed solely by a name. “Congregate Meal Program,” “Elderly Nutrition Program,” “Senior Lunch Program,” “Senior Friendship Center” and other commonly used names may connote too institutional an image and can cause potential participants to self-select themselves out of the program. Many programs are interested in linking their meals and other services with good health but have difficulty deciding exactly what to call the program to highlight that connection.

Other efforts to address the “name issue” include the following:

- An inquiry on the listserv for Gerontological Nutritionists (a special interest group of the American Dietetic Association) in March 2001 solicited ideas for more appropriate program names. There were very few responses, with most of them containing the word “senior” or “elderly.”
- Program staff at Senior Services of Seattle/King County in Seattle, Washington, conducted a “name the program” contest among participants. Many responses incorporated “senior,” and some also included the word “café.”
- “Café” was a popular choice of students in a senior marketing class at Purdue University who developed marketing plans for Midland Meals, Inc., of Frankfurt, Indiana.
- The Evanston, Illinois-based Mather Foundation used the word “café” to describe its three community-based programs in middle- and working-class neighborhoods in Chicago.
- Choosing a name that has cultural relevance is important, whether it be the English name translated to the native language or simply another name, such as Rochester, New York’s “Centro de Oro” (Center of Gold) in the Hispanic community.
- West Suburban Senior Services in suburban Boston changed its name to “Springwell,” in part to attract new funders.

Of course, a number of highly respected “senior centers” have kept that name and attracted increasing numbers of attendees — for example, the North Shore Senior Center in Winnetka, Illinois, in the above-mentioned Suburban Area Agency on Aging catchment area, and the Fort Collins Senior Center in Fort Collins, Colorado.

### SENIOR CENTERS FOR THE “NEEDY”

Unfortunately, the client base traditionally served by senior centers brings with it issues that make the “selling” of a senior center to younger populations more difficult.

An obstacle to attendance for some older adults is the belief that participating in a senior center reflects a need for charity. This impression exists even though means testing is not required, and many centers suggest donations by their members and participants. The study for the Suburban Area Agency on Aging supported this finding.

Although low-income older adults are a primary target group of many senior centers, most programs realize the value of attracting others from a broad socioeconomic range. A 2001 study conducted by Meals on Wheels of Shawnee and Jefferson County, Inc., in Kansas found that the stigma of a welfare program was more pervasive in urban than rural areas; and that participants in rural areas were more likely to bring a friend.

### THE IMPORTANCE OF PHYSICAL APPEARANCE

*“There are times when I go to senior centers and the centers look the same – dark, dirty, and smelly. This is not a place I would want to hang around nor do the majority of the seniors in America. Unfortunately, the staff at some of these centers thinks that this atmosphere is acceptable. I believe that this attitude, ‘be happy with whatever you get,’ continues that welfare mentality. I also know that when we do the exercise in senior centers called ‘Creating the Ideal Senior Center,’ the designs that the Directors and seniors come up with are wonderful. They are positive, outrageously different, fun and doable. So I think it is time to put a ‘New Face on Aging’ by all of us in the field.” - Pat Bohse, Consultant*

By and large, most programs have been in place and operated in the same facilities for some time. As these facilities and equipment have aged, capital dollars for updates and improvements have been difficult to secure. Often, scarce dollars are prioritized for programs and services, and the facility and equipment needs have, by necessity, assumed a lower priority. Consequently, senior center directors and volunteers are forced to ask a difficult question: “Even with the best programming, would I want to come here for a meal, an activity or a class?”

Often, a little redecorating, such as general painting and/or painting murals, wallpapering, hanging curtains, and landscaping, can go a long way toward making the facility more inviting. Effective capital campaigns have been launched in many areas, specifically for the purpose of improving the site’s appearance. Many potential donors respond well to a list of specific items that are needed, such as paint and wallpaper, tables and chairs, light fixtures, landscaping materials, curtains, tablecloths, dishes, transportation vehicles, and kitchen equipment.

Some successful ideas for facility improvements include the following:

- Midland Meals, Inc. required a new kitchen facility. MMI created interest and enthusiasm by giving tours of the old facility and displaying the plans for the new one. Their capital campaign raised \$2.2 million.
- Monroe County Office for Aging’s “Centro de Oro” in Rochester, New York, is located where many older adults live. The eating area of the center has a skylight, providing a sunny ambiance year-round. Native plants and pictures of Puerto Rico decorate the center. One room has a table for playing dominos, a popular activity among the men. Transportation is available, and the food is prepared by a Hispanic cooking staff. Nutrition education is provided by an English-speaking dietitian, but most materials are in Spanish.
- The Kansas State Nutrition Task Force recommended that centers change their institutional atmosphere and move toward a homelike atmosphere incorporating contemporary design with dedicated space for older adults. Ideal space includes functional areas for eating, socialization, recreation, multipurpose use, and kitchens. It is important to allow flexible use inside as well as outside.

## OVERCOMING NEGATIVE COMMUNITY PERCEPTIONS: SENIORS AS AN ASSET

A healthy senior who is stimulated and active physically and mentally can be a huge asset to the community in roles such as board member, mentor or project manager. Younger people often do not view healthy older people as seniors at all.

The challenge is encouraging a community to view its senior population as a resource and an asset, not a drain. Seniors often suffer from low self-esteem because some people cannot seem to get beyond the gray hair and the idea that seniors are getting a free ride.

It is difficult for a struggling family with young children to justify discounts for all seniors when they believe that many of those seniors make more money than they do and give nothing back to the community. This issue becomes especially apparent during local debates regarding school funding.

The resulting negative backlash can affect the community's willingness to create state-of-the-art facilities for older people, or to share other community facilities, such as Y's or community centers, with seniors. This issue may become even more problematic as the enormous numbers of baby boomers become eligible for programs and discounts now available to seniors.

## MARKETING THE SENIOR CENTER

(The following is adapted from the National Policy & Resource Center on Nutrition & Aging.)

According to Armstrong Kotler in his 1998 book, *Principles of Marketing*, "Marketing is a social and managerial process by which individuals and groups obtain what they need and want through creating and exchanging products and value with others." The goal of marketing is to know and understand your customer so well that your product or service "fits" or sells itself.

Karen D. Goldman, PhD, CHES (Certified Health Education Specialist), a health education and social marketing consultant, presented at the National Association of Nutrition and Aging Services Program Conference in Nashville in June 2001. Dr. Goldman recommends a four-part marketing strategy that goes beyond the facility fix-ups, center-manager savvy, and program add-ons.

### Step #1: Assessing the Environment

- Analyze the external environment in the community and compare the program to the competition (other programs and services).
- Ensure that the work required or desired has realistic service goals and objectives.
- Evaluate how the work and community environments influence what is done and how it is done prior to any decision about which services will be offered and what their features will be.
- Incorporate questions about desired services or desired attributes of services into an existing community needs-assessment process.
- Self-evaluate or assess your organization's and department's internal environment.
- Find out how user-friendly your services are.
- Assess individual and organizational performance potential, resources and limitations.

### Step #2: Segmenting the Market

It is up to the agency to identify different market segments, select one or more of these segments as target populations, and develop marketing strategies and positions (“cozy café” position versus “bustling cafeteria” image) tailored to each target population. Market segmentation is classifying customers into groups exhibiting different needs, characteristics or behaviors.

Each market segment should consist of consumers who respond in a similar way to a given set of stimuli. A good market analysis, developed with a thorough knowledge and understanding of a few major target populations, will result in the creation of marketing strategies so well tailored to particular audiences that they are far more likely to succeed than one strategy applied to a variety of very different market segments (i.e., well, able-bodied versus physically challenged, single, male, female, over 70, over 90, etc.).

### Step #3: Setting Goals and Objectives

Every organization has one basic mission statement that is the fundamental crux of all its activities. In an organization that provides multiple services, a marketing plan is necessary for each individual program or service offered to the market. However, before developing marketing objectives for any product or service, a clear understanding of the organization’s overall goals and objectives is necessary. The long-term vision of where the organization is going establishes the boundaries within which objectives, strategies, actions (program and service development) must be developed.

### Step #4: Developing a Marketing Mix

Once a market segment is chosen, identify all of the services currently available to participants in this marketing segment. Recognize that every service is a bundle of perceived features. Therefore, identify the features of a particular service that are critical to the potential participant when it comes times for them to decide whether or not to use the service. Use the knowledge you have to choose the appropriate features for specific market segments. Make sure that you consider the concepts of Product (including what the service is, who provides it and what it is called); Price (including money, time, emotions and energy); Place (where you offer your program and how that setting looks); and Promotion (advertisements, person-to-person “sales” approaches, incentives and public relations).

Pat Bohse notes, “Marketing has to do with everything a program does from its signage, stationery, how the staff answers the telephone, quality of service, name of the center, location, etc.” She says that marketing is the key to success for [senior centers] in the future.

When the agency does marketing, the message must be

- Consistent.
- Out there all the time.
- Noticed on a regular basis (at least four times a year).

Ms. Bohse goes on to more specific tactics for getting the message out:

- Develop media relationships with television, radio and print personnel. Provide them with press releases, develop public service announcements and get television and radio coverage of special events.
- Develop a speaker’s bureau and have subject matter experts.
- Work with participants to be program ambassadors.

- Take your message directly to the audience you want to serve. This means leaving the center and getting into the community.

A new role for the senior center includes providing opportunities for people to be active in the community. A person might volunteer to gain membership in programs they might not be able to afford.

Part of affirming the new role for the senior center is finding ways to engage its participants in the community. Often this takes the form of working with local schools to encourage them to have older adults come in and talk about the great events of their lives, for example, World War II, the Dust Bowl, the Depression, segregation and the civil rights movement, Franklin Roosevelt's New Deal, etc., making history come alive for school children; or offering an English-as-a-second-language program for adults and children taught by retired teachers.

Recently the Illinois state chapter of the National Association of Social Workers (NASW) began a program of retraining retired social workers and then offering their services as adjuncts to agencies hard pressed for additional staff, working with projects that are senior focused, or offering mentoring services to new professionals. The NASW program is funded by the Chicago Community Trust and the Retirement Research Foundation.

Similar roles can be found for other retirees:

- The Wilmington Delaware Public Schools uses retired engineers to work with its high school classes guiding local, reality-based research projects, for example, testing the local water quality.
- Seniors in northeast Maryland operate their own environmental education program focused on the Chesapeake Bay and work closely with the local schools.
- A group of seniors in the Ashland, North Carolina, region act as the eyes and ears of the local metropolitan planning commission, tracking erosion to its fragile Smoky Mountains' environment as more and more development takes place around it.

### UNIVERSITY CONNECTIONS

Project consultant Nancy Luttrupp encourages senior centers to establish strong relationships with local institutions of higher education. Luttrupp suggests center directors ask to speak in every department. The growth of the aging population will affect every aspect of business, policy and service. Ideas for establishing and expanding university and higher education connections include the following:

- Work with schools of architecture and design to instill universal design and smart growth in their curriculum.
- Engage schools of engineering in developing interest in durable medical equipment that is attractive, compact and can be taken along when one is traveling.
- Work with the local school of law to offer elder law courses and courses on how to market to and serve older populations.
- Remind the schools of marketing and media that older people hold most of the buying power in the United States, and that an ever-increasing number of boomers are now entering their 50s.
- Involve the education department in joint projects on lifelong learning for older adults.



- Offer the senior center as a good place to host interns on the staff. Make their experience meaningful. Do not just hit the social work and recreation departments. Look for journalism students or business majors who want to expand their experience.
- Work with sororities and fraternities to undertake joint community service projects at your site or elsewhere in the community.

### CREATING PROGRAMS OF INTEREST TO THE COMMUNITY

A senior center cannot afford to be just a “meals program” or a health-screening program or a bingo program or an arts and crafts program. Each center and its center director must know their community and be able to tap its assets. Meals on Wheels of Shawnee and Jefferson Counties, Inc., in Topeka, Kansas, found that activities vary at centers, and much of what goes on is dependent on the center manager. Many of the ideas described below are already used to some extent by the senior centers of Montgomery County:

- Attracting younger seniors to the program by providing “lighter fare” on the menu, a “grab and go” option, and enhanced nutrition education programming to emphasize the preventive aspects of good nutrition are examples of activities developed in response to specific requests from typically more active older adults.
- Offering greater menu selection and choices, time of service, and a pleasant dining atmosphere all play a part in attracting participants. The *Ask the Experts* series developed by the National Policy and Resource Center on Aging and Nutrition discusses the opportunities to serve diverse groups by incorporating cultural and ethnic food into the program.
- Providing health and wellness programs such as chair exercises, dance aerobics, and blood pressure and cholesterol screening helps attract participants, according to Meals on Wheels of Shawnee and Jefferson Counties, Inc., and the Johnson County Nutrition Program, Olathe, Kansas.
- Gearing programs to specific ethnic groups is critical to attracting people in those communities. The Monroe County Office for Aging in Rochester, New York, contracts with a major Hispanic agency in the county to serve the Puerto Rican community at the “Centro de Oro.”
- The Johnson County Nutrition Program Task Force recommended that the following activities be available:
  - Continuous recreation opportunities for an individual or group
  - Resource center
  - Exercise equipment
  - Learning activities
  - Computer and Internet accessibility

The BoomerANG Project also recommends several other activities to expand the appeal of a senior center:

- Meet with mall merchants to discuss how they can better market to older people. This does not necessarily include offering discounts. It does include having age-related displays to help older customers shop for grandchildren and presenting fashion shows for grandparents or for anyone who wants attractive exercise clothing in all sizes.

- Meet with developers to discuss being part of their planning process to make new developments senior friendly.
- Offer to train law enforcement personnel, EMTs and fire fighters in dealing with frightened older people, especially those with hearing, visual or memory impairments.
- Meet with local corporations and offer to hold brown bag lunches for pre-retirees to talk about housing options, travel, legal issues (durable powers of attorney, advance directives, etc.), volunteer opportunities, and programs the senior center offers.

### EXEMPLARY PROGRAMS AND PRACTICES

The following examples highlight some of the approaches used by successful senior centers around the country.

*Partnership with utility companies.* “Partners for Hope,” a program of Southern California Electric (SCE), is a 2004 American Society on Aging Business Partners Award winner. The program seeks to assist seniors facing medical emergencies. Partners for Hope provides training and materials to hospital staff (social workers, home-health staff and case administrators) about SCE programs and services. The program provides assistance to at-risk seniors with paying their bills, and information to help them with their electric accounts in the future.

The heart of the SCE program is its *Power Talk for Seniors* brochure, developed using recommendations from the University of Southern California’s Davis School of Gerontology on color preference and font size. To acknowledge how seniors put “energy” back in their communities, SCE purposefully selected graphics showing “active” seniors. The brochure contains safety tips, information on programs and services, and helpful phone numbers for its senior customers.

*Property taxes and volunteering.* Seniors facing large increases in their property taxes were a subject of particular interest to participants in the BoomerANG Project’s Visioning Conference and community-input process. One program idea to address the issue offers affected seniors the opportunity to work off the increase by volunteering in schools, townships, boroughs and county offices. The volunteers could work for those on vacation or medical leave. Such programs are limited in number, although Dedham, Massachusetts, has had a program in place since 1999. The program allows seniors (those over age 60) to volunteer their services in exchange for a reduction in their property tax bill. A senior volunteer may earn a maximum reduction of \$500 per fiscal year, based on a rate per hour of service that cannot exceed the Commonwealth’s minimum wage.

*Converting senior discounts to volunteer coupons or scholarships.* Highland Valley Elder Services, the Area Agency on Aging for the Northampton/Amherst area of western Massachusetts, has instituted an alternative currency accepted at local pharmacies, the local transportation system, local supermarkets and other venues. The currency may be exchanged for goods and services. Known as “Citizen Chips,” the currency acts as a citizen-service credit system that links citizens and nonprofit groups with businesses to reward acts of community service and to help build caring communities.

*Program fees.* Charging for programs, even if the fee is nominal, is a necessity. The pressure on resources simply requires that senior centers attempt to collect contributions from their participants. This can take the form of membership fees, as in Upper Arlington, Ohio, which charges an annual fee of \$15 to residents or \$20 to nonresidents; or fees for particular



services, as at the Lexington Senior Citizens Center. The White Crane Senior Wellness Center in Chicago uses a punch-card device for services. To address concerns about the ability of low- and moderate-income seniors to pay the fees, a waiver program could be instituted; members could be asked to contribute to a fund to ensure the participation of less affluent seniors, as is the case at North Shore Senior Center in Winnetka, Illinois, where annual membership fees are \$55 per year for individuals and \$95 per year for couples.

***Becoming entrepreneurial.***

*“Nonprofit agencies that provide services to older adults are increasingly challenged by unprecedented increases in demands for service at the same time that resources are shrinking. Contributing to this difficult climate are rising operating costs, staff shortages, government regulations, changing technology and increased competition.*

*To meet these challenges, creative nonprofits have diversified their funding bases by generating new income streams that allow flexibility and innovation. They use earned income to make a profit and fold that profit back into their nonprofit mission. Some of these programs also reflect a trend to make programs more consumer-directed, where older people and their caregivers have a larger say in how, when and where services are delivered as well as who provides them.”*

**From the publication, “Consumer Directions”**

For example, Evergreen Commons, a senior center in Holland, Michigan, has entered into a variety of resource development activities beyond its market, by operating a family fitness center. Other centers have raised revenue by renting their tables and chairs to community service groups or offering their space for weddings and other celebrations, as is the case with the Indian Valley SAAC.

**CENTERS WITHOUT WALLS**

The phrase “senior center without walls” means different things to different people. For some, it may refer to the extension of existing senior center programs to homebound seniors. An example is the Mastick Senior Center in Oakland, California, which describes its Center Without Walls as offering group activities, friendly conversation, and an assortment of classes to homebound elders who find it difficult to go to a site away from home. Individuals can participate from their own home through telephone conference calls.

Satellite centers are another way that senior centers extend their reach. Broward County, Florida, operates four satellite centers that provide programs and services in areas such as nutrition, transportation, education, health promotion, recreation, and arts and crafts. The Chicago Department on Aging has five multi-service senior centers located in different parts of the city, which in turn have satellites scattered throughout their catchment areas.

The nonprofit Mather LifeWays organization, based in Evanston, Illinois, operates four senior centers in the Chicago area. The centers (called Mather’s – More Than a Café) are located in old storefronts and look and feel like coffee shops. Most seniors who visit a Mather Café live within a two-mile radius, according to Carla Windhorst, director of community initiatives at Mather LifeWays. “We want to be in neighborhoods with a high concentration of adults age 55 and over,” she says. Mather is also trying to reach middle-income seniors, based on the assumption that they don’t have

the resources of rich seniors or access to as many government programs as low-income seniors.

Still other satellite programs are confederations of activities available to seniors through networks that are increasingly operated on the Internet. In Cleveland, Chicago, Phoenix, and Winter Park, Florida, these networks have sprung out of the Life Options movement initiated by the Civic Ventures Foundation. The programs offer a variety of activities, including fitness sessions, drama, computer training, and book clubs. Program sites include libraries, senior housing recreation rooms, park field houses, YMCAs, university or college campuses, even in the offices of for-profit companies, and for-profit health clubs. Additionally, the Internet provides opportunities to keep individuals involved when they cannot or choose not to travel to a program site.

### PROGRAMMING

The BoomerANG Project revealed the wide variety of attractive programming offered by Montgomery County's senior centers. Almost all centers had offerings in areas such as quilting and other crafts; travel; music appreciation or participation; and computer instruction and use. But the centers differed in how they delivered their programs. For example, many senior centers had quilting groups, but the Ambler Senior Center made a leap into intergenerational programming by offering quilting instruction to local teenagers when it became apparent that the number of quilters was dwindling.

The White Crane Senior Wellness Center in Chicago encourages active, involved, and healthy lifestyles for older adults through its programming. The center describes itself as agreeing with the idea expressed by Maggie Kuhn of the Gray Panthers: "Aging is not a disease; it is strength and survivorship." It serves a very diverse community, with 600 members speaking 23 different languages. White Crane's programming is divided into five categories: Wellness; Special Interests; Wellness Services and Alternative Treatments; and Special Events. The following are some of the activities and programs offered by White Crane:

- Tai Chi for Elders – This ancient Chinese form of exercise promotes relaxation and flexibility. Beginner and advanced levels are taught.
- International Folk Dance – This class features a variety of ethnic and cultural dance movements.
- Yoga and Gentle Yoga – Gentle stretching exercises are taught once a week. Students may choose a conventional class with work on mats or a special class where postures are done while seated.
- Healthy Eating – Classes teach healthy food preparation and promotion of healthy eating habits.
- Diabetes Discussion Group.
- Weights.
- Aerobics.
- The White Crane Players – A group of seniors perform their original musical review and commentary, "Food Glorious Food," for hundreds of seniors and others throughout the city and state.
- Massage – Students of the Chicago School of Massage Therapy offer services for a modest fee.
- Health fairs, holiday luncheons and bake sales.

In addition, under a grant from the Robert Wood Johnson Foundation, White Crane provides community-based health and wellness services, health education workshops, screenings and assessments, referrals for follow-up treatment, fitness classes, and transportation at 20 low-income senior buildings and at senior health fairs.

In addition to the activities themselves, an important aspect of programming is related to who delivers it. Accordingly, senior centers should seek to develop partnerships with professionals in the community who might be willing to contribute their expertise. This can become a win-win opportunity. Professionals may be willing to hold seminars, develop programs or offer discounts if they are given free advertising for their practice or service. For example a “cooking for one” class offered by a local restaurant or caterer may generate business for the chef; a plastic surgeon may find new patients by offering information seminars; or a financial expert may attract new clients through sharing information in a low-key, non-sales environment.

Project consultant Nancy Luttrupp says timing, notice and variety may be critical to developing programming that draws new constituencies to senior centers. She makes the following recommendations:

- Offer some programs twice – once for retired people and once for pre-retirees.
- Run programs from 8:30 to 3:30 for older seniors and from 5:30 to 9:30 for working seniors and younger, working participants.
- Diversify revenue sources by introducing various client fee structures.
- Advertise programs in newspapers, company newsletters and church bulletins, or post fliers in banks, grocery stores, commuter train stations and other locations.
- Offer unique programming.

#### **ADDITIONAL RECOMMENDATIONS**

1. Use value-neutral words when changing the name of a senior center. For example, the “café” concept has been successful in attracting younger participants in some areas.
2. Consider using a culturally relevant name, as exemplified by the “Centro de Oro” in Rochester, New York.
3. Avoid casting the senior center in terms that suggest “charity” or “welfare.” For example, do not appeal on behalf of “those poor seniors.”
4. Charge for all programs, even if the fee is only nominal and may be waived.
5. In all public presentations about the senior center and seniors in general, portray seniors as a net asset to the larger community.
6. Seek a diverse economic base among center participants.
7. Seek opportunities to make the senior center’s physical plant more appealing by updating with a fresh paint job, murals, wallpapering, curtains, and landscaping. Involve the participants, as much as possible, in planning and making these changes.
8. Offer donors opportunities to contribute to physical plant changes with specific requests for paint, wallpaper, tables, chairs, light fixtures, and other supplies.

9. Offer tours of the senior center to potential donors and have improvement plans readily available.
10. Make an effort to provide a noninstitutional, homelike, and healthy atmosphere.
11. If possible, provide dedicated spaces for eating, food preparation, socialization, recreation, exercise and multipurpose use.
12. If possible, make physical changes that “open up” the facility, for example, installing a skylight in the eating area.
13. If the senior center is heavily populated by a specific cultural group, offer linguistically and culturally appropriate activities, language and food.
14. When marketing the senior center, apply a comprehensive, well-thought-out strategy that may include the following steps:
  - Assessing the environment
  - Segmenting the market
  - Setting goals and objectives
  - Developing a marketing mix
15. Apply the “6 Ps” of marketing:
  - Public
  - Product
  - Production
  - Place
  - Promotion
  - Price
16. Develop media relationships.
17. Develop a speaker’s bureau.
18. Do not segregate the senior center from the larger community. Find ways that senior center participants can contribute to the larger community as tutors, mentors or volunteers, perhaps offering specialized expertise.
19. Establish strong relationships with local schools, colleges and universities, and with their students.
20. Offer a variety of opportunities that will appeal to younger seniors, for example, a lighter-fare menu or a “grab and go” option.
21. Provide a variety of health and wellness programs such as chair exercises and dance aerobics.
22. Meet with local mall merchants to discuss marketing opportunities and the potential benefits to them and to the senior center.
23. Meet with developers regarding the role of the senior center and seniors in the planning process for new developments, and initiate cooperative programming and services.
24. Offer to train public safety personnel on how to interact with older people.

25. Meet with local businesses to organize brown bag lunches and other activities for pre-retirees, adult caregivers and other groups of baby boomers.
26. Seek partnerships with a variety of organizations, businesses and agencies.
27. Be creative in finding ways to meet constituent needs. For example, find ways for seniors to provide volunteer labor as partial payment for property taxes, or create alternative “barter” currencies.
28. Encourage entrepreneurial activities that will lead to expanded programs and potential markets.
29. Explore the possibility of establishing a “senior center without walls,” while recognizing that a portion of the senior center’s constituency may prefer to have most programs at a single site.
30. Consider the possibility that the best senior center site may not be a dedicated building.
31. Examine the program in light of the constituency the senior center seeks to attract. Be aware that such an examination may result in a radical change in programming.



## CHAPTER 4

### COLLABORATION

#### CREATING COMMUNITY CONNECTIONS

Creating Community Connections is the collective name given to various sessions of the BoomerANG Project, including the BoomerANG Project Advisory Committee meeting held January 19, 2005, at Gwynedd Mercy College, and the series of five briefings/ data collection sessions that were part of the five regularly scheduled regional human service collaborative meetings in January and February 2005. The briefings took place in a variety of settings: a recreation room at an assisted living facility, a hospital meeting room, a community room at a church, a senior center, and the County Human Services Center. Each briefing took between one-and-a-half and two hours.

Nearly 200 people participated in the five briefing sessions. Many of the participants worked for or volunteered for a human service delivery organization; other participants included businesspeople, municipal leaders, boomers, and seniors. The majority of participants served or had a relationship with older adults.

Forty-one people participated in the Advisory Committee session, including human service providers, businesspeople, academics and elected officials or their representatives.

The Creating Community Connections briefings and the Advisory Committee meeting followed a set agenda:

- A briefing on the demographic data gathered in the project.
- An explanation of the asset-based community development approach used in the project.
- Distribution and completion of a questionnaire for participants. Participants were separated into groups of 2 to 10, depending on the total group size and the available room. The questionnaires asked four open-ended questions:
  1. What improvements would you like to see in Montgomery County in the future?
  2. What Montgomery County organizations, groups or associations do you or your friends and family belong to or participate in that might be part of this improvement process?

3. How do people over 50 fit into the things you want to see improved in Montgomery County?
4. What local organizations serving people over 50 do you or your friends and family belong to or participate in which could contribute to improvements in Montgomery County?

In addition, the Advisory Committee was asked a fifth question: In what way can senior centers and services contribute to improvements in Montgomery County?

### CONCLUSIONS

- Creating Community Connections participants were primarily professionals whose views were largely based on service delivery needs of their clients.
- Creating Community Connections participants overwhelmingly saw transportation, particularly access to public transportation, as the leading issue that Montgomery County needs to address.
- Participants viewed housing, especially access to affordable housing, as being very important to Montgomery County and its older residents.
- Access to home health care and affordable health care was also highly important to Creating Community Connections participants.
- Participants developed a lengthy list of services they believed would be important in making Montgomery County a better place to live. Many of the suggestions referred to younger populations, referring, for example, to the need for more child care and more youth activities.
- When asked about contributions people over 50 could make, participants overwhelmingly mentioned volunteerism and mentoring, specifically in regard to working with younger people in Montgomery County.
- Many participants recommended better coordination or communication between organizations.
- Senior centers were not frequently mentioned by the Creating Community Connections participants as being able to contribute to changes in Montgomery County.

### RECOMMENDATIONS

1. BoomerANG project community briefings and feedback mechanisms should be expansive not limited solely to human service professionals, whose views were largely based on service delivery needs of their clients.
2. Seek out greater opportunities to brief and gather input from businesses and obtain their support for and participation in project activities.
3. The BoomerANG project should focus on transportation and access to affordable housing for Montgomery County's older residents, as well as access to health care.
4. Opportunities for volunteerism should be a focus of senior service agencies of Montgomery County, particularly by recruiting boomers for increased civic engagement. The Coming of Age program at Temple University is an available resource.
5. Changes must be made that will lead to better coordination or



communication between organizations serving seniors and other human service organizations.

6. Senior centers' visibility must be raised and linked to their ability to positively contribute to changes in Montgomery County.

### THE BOOMERANG VISIONING CONFERENCE

The BoomerANG Visioning Conference was held on May 24, 2005, at Normandy Farms Conference Center in Blue Bell, Pennsylvania. Over 120 people attended the conference, including citizen activists, senior advocates, human service providers, and representatives of the county, other government agencies, businesses, and faith communities. All geographic sections of the county were represented, with strong representation from all five of the human service collaboratives, along with corresponding business representatives from the same areas.

During the opening plenary session, the chair of the Montgomery County Commissioners, James Matthews, gave a welcoming address. The featured keynote speaker was Robert Blancato, executive director of the 1995 White House Conference on Aging and a member of the Policy Board of the 2005 White House Conference on Aging.

Following the opening session, the attendees were divided into six small groups that met for a total of four-and-a-half hours. The small groups were facilitated by three invited guests: Kathy Sykes, director of the U.S. Environmental Protection Agency Senior Initiative; Jaia Peterson Lent, policy director of Generations United; and Jeff Finn, a nationally known consultant on issues of transportation and aging and the former policy director for the SPRY Foundation.

Each of the six small groups focused on one of six areas:

- Aging services
- Civic engagement
- Collaboration
- Health and wellness
- Housing
- Transportation

A modified asset-mapping technique known as "action analysis" was used to help participants identify generalized goals and more specific action steps in the six areas. At the end of the day, results for each of the areas of focus were reported out to the assembled group. The results of the small-group sessions were used to inform the five Community Comment sessions held during June 2005 in five locations in Montgomery County (one in each of county's five regions).

The following are the recommendations for each focus area:

1. Aging Services
  - Work with municipal planning commissions and a team from a local school of architecture or others to review all senior centers in Montgomery County for accessibility, functionality and appeal.
  - Develop an ad campaign featuring older adults as assets in Montgomery County, and use that ad campaign to draw attention to a centralized source of information regarding opportunities and services for older adults.

## 2. Civic Engagement

- [For senior centers] Use a network of contacts and a series of meetings to communicate needs and develop opportunities to effectively engage diverse senior volunteers.
- [For MCAAS] Create a clearinghouse to identify, engage, organize and recognize the unique skills of a broad base of senior volunteers.

## 3. Collaboration

- With MCAAS and the senior centers taking the lead, develop an ad campaign and use positive images to promote the benefits of being a boomer, and use available older adult services to improve/maintain quality of life for Montgomery County's older adults.
- Promote/strengthen collaboration among community-based human service and other organizations by identifying commonalities, creating ways in which organizations can collaborate (for example, with municipalities for intergenerational programs), and developing information about shared concerns such as access to affordable health care and housing, etc.

## 4. Health and Wellness

- Attract, educate and reimburse social workers, medical professionals, etc., qualified in geriatrics through the creation of subsidized internships, educational reimbursements, mentorship programs and job placement programs.
- Improve access for those 50+ to health and wellness programs through a referral program from MDs to dietitians, OTs, PTs, MSWs and other professionals.

## 5. Housing

- Create a comprehensive program to develop more affordable housing for older adults in Montgomery County by the creation of an affordable housing committee to assess what already exists; evaluate community needs; and develop proposals for affordable housing alternatives. Such a committee should include MCAAS and representatives from Montgomery County's senior centers.
- Create a commission to explore how to make property taxes more affordable for older adults. The commission should include in its work a review of programs in other jurisdictions across the United States.

## 6. Transportation

- Partner with business to encourage expansion of private transportation capacity to provide service to Montgomery County's older adults.
- Coordinate transportation and related services to maximize efficiency and capacity of existing systems.
- Educate the public, providers and policymakers about transportation options (including availability), and market services to the community.

## CHAPTER 5

### MAJOR RECOMMENDATIONS OF THE BOOMERANG PROJECT

***Recommendation #1:*** In recognition of the changing demographics of Montgomery County and the rapid emergence of the 55-to-64-year-old population, the county's senior centers and other service providers must reorganize and reposition themselves to accommodate these population changes. For example, Montgomery County's senior centers and other providers must rethink programs and program access based on the preferences of the growing and maturing boomer population.

1. Over the next ten years, Montgomery County senior centers should focus on three distinct constituencies:
  - Existing members, age 70+
  - Demographically similar older adult nonmembers age 65+
  - Baby boomers age 55 to 64
2. The senior centers should restructure to develop a new identity, or brand, to attract baby boomers. This new brand should not emphasize the centers' senior service focus.
3. Smaller senior centers should be consolidated as satellite programs of larger, more progressive centers with a more centralized administration and board governance process.
4. Recognizing the growing minority population of Montgomery County, senior centers should develop programming to attract minority seniors and seek additional resources to support that programming.
5. Senior center outreach should recognize that average travel time to program sites should be no more than 20 minutes.
6. Emphasis on site-specific programming should be avoided unless it responds to an existing high-profile program identity or no alternative programming exists. Ethnic-specific programming for the growing Latino and Asian populations should be contained within existing organizations and can be delivered more effectively in partnership with local minority service providers, with few exceptions.
7. Programming and marketing through local media should be expanded to attract boomers and the younger 60-to-65-year-old seniors. This

effort should include distinctive profiles of more progressive service providers that are partnering with other community agencies and businesses to attract a 60-to-70-year-old client base through innovative programming and community services.

8. Using its funding role, MCAAS should begin a process of identifying if, when, and how it can provide financial incentives for the evolution of senior centers as described above and disincentives for those centers that have limited capacity to innovate and expand partnerships with agencies and businesses in their region.
9. To the extent possible, traditional senior center services should be distanced from the core program of the re-invented senior centers.

***Recommendation #2: To better serve the new population of older adults, Montgomery County's senior centers and other providers must change their service paradigm from one of service delivery to accommodate member/client deficits to one that seeks to provide older adults with opportunities, and they must adopt an "asset-based" development approach. For example, senior centers and other providers must offer more responsive programming that includes a greater variety of health and wellness programs to accommodate the growing preference for this type of offering.***

10. Montgomery County and its senior centers should lobby the Commonwealth of Pennsylvania Department on Aging to restructure its funding formulas to distribute funds for needs-based service delivery to other agencies in addition to, or instead of, senior centers. For example, senior centers should not be principally responsible for Meals on Wheels and other needs-based social services.
11. Senior centers should seek more and substantive partnerships, especially with YMCAs/YWCAs, community centers, hospitals/health facilities, public facilities, public libraries, and local parks/recreation departments and local businesses.
12. To attract baby boomers, these partnerships should provide a large menu of health-and-wellness-related activities and services, and consider this menu as core services.
13. To build momentum toward implementing the needed programmatic and positioning changes, each of the five regions should undertake one to three projects during the coming year, in conjunction with selected partners. Projects might include a deliberate outreach effort to baby boomers; the development of a health-and-wellness network within each region based on partnerships; or creation of an innovative transportation system, which may involve small business participants, for those in outlying or difficult-to-reach areas of Montgomery County.
14. Montgomery County should create a countywide business and aging consortium modeled on the regional human service consortia now in place. This would include all local Chambers of Commerce, major regional and national businesses located in Montgomery County, all senior centers and other organizations working with older adults.

***Recommendation #3: Although the county has many fine providers that are willing to change their paradigm of service, many providers are not clear about the need to change and to prepare to serve the "new wave" of older adults. To address this situation, senior centers and others must***

**engage in comprehensive planning on a countywide and regional level. This comprehensive planning should include opportunities for the senior centers and other providers to build their capacity to implement this new paradigm of service. The effort by individual providers should include strategic planning, board development activities and fundraising planning and training.**

15. All strategic planning regarding the evolution of senior centers should include the active participation of MCAAS.
16. MCAAS should undertake its own strategic-planning process specifically focused on achieving a balance between maintaining and expanding the capacity of senior centers to respond to traditional needs and mandating and assisting in the evolution of centers to respond to a new wave of potential participants. The planning process should include the MCAAS director, representatives of the Montgomery County Planning Department, traditional foundation and corporate funders of aging agencies and services, Chambers of Commerce and other business representatives, other public-sector representatives (particularly those dealing with transportation and affordable housing) and lead service agencies.
17. The MCAAS strategic plan should include organizational development as a prime component of assistance to the senior centers.
18. All Montgomery County senior centers should periodically conduct a comprehensive self-assessment process dealing with organizational and team development. MCAAS should offer both financial incentives to undertake such processes and financial disincentives for delaying or not completing such processes.
19. All Montgomery County senior centers should be organized based on best-practice principles. The actions that must be taken include the following:
  - Each senior center board should reassess its membership to ensure representation of all the constituencies the center seeks to attract, including the 55-to-64-year-old component.
  - Senior centers should reorganize board terms to ensure at least a 10 to 20 percent board turnover rate at each election.
  - Senior center boards should review and revise their bylaws to allow members to serve two consecutive terms followed by at least a one-year hiatus before re-election to the board.
  - Senior center boards should review and revise their agency's mission statement, committee structure, community partnership strategy and fundraising strategy to better align with emerging demands and needs in the community.
20. MCAAS and private funders should provide technical assistance to senior centers to assist them in adopting best-practice principles of organization as noted above.

***Recommendation #4: Partnership should be the key element in all future activities undertaken by Montgomery County's senior centers and other providers. Senior centers and other providers should seek partnerships with business, other providers, educational institutions, faith communities and other organizations. Incentives should be provided to***

**senior centers and other providers who seek partnerships in the form of unrestricted funding or special grants for partnership-building activities.**

21. Additional local satellite centers should be created targeting the 55-to-64-year-old population through partnerships with agencies and businesses. These will not be identified as senior service agencies, but will be positioned as programmatic centers offering opportunities, education and services.
22. Satellite centers should be developed through partnerships with existing senior centers at more attractive locations such as YMCAs, libraries, other public facilities, malls, retirement communities, health centers and multigenerational facilities.
23. Senior centers should seek opportunities to partner with businesses, financial services firms, health organizations and exercise/wellness providers to attract boomers and younger 60-to-65-year-old seniors, using the needs and preferences identified in the project research.
24. While senior centers should seek new and additional partners to deliver new programs and services, mechanisms should also be developed to monitor and provide support to these new providers.
25. Senior centers should adopt a market-driven approach and should seek new partners whose commitment includes the ability to deliver and market many of these services cooperatively with the senior center.



