THE STATE OF AGING

IN MONTANA 2006

THE ROLE OF SENIOR CENTERS

EXECUTIVE SUMMARY

Beginning in the mid 1990's, the Senior and Long Term Care Division of the Montana Department of Public Health and Human Services (DPHHS) began looking into the affects that aging population trends have on Montana and its senior population. In March 1999, DPHHS produced the first **State of Aging in Montana.** The report looked at how state government viewed the impending aging demographic trends. The 1999 Montana Legislature subsequently passed House Bill No. 275, amending Section 52-3-101 of the Montana Code, and requiring DPHHS to produce a biennial report, with annual updates, on statewide and community issues related to aging.

Subsequent State of Aging reports have examined the impact of aging on local governments and local aging programs and how they are planning to meet future aging needs; the impact of health care work force shortages on people's ability to receive care through community-based services; informal caregiving; and the economic factors affecting the provision of aging services over the last 10 years.

This year marks the first year that the baby boom generation turns 60 years old, making them eligible for Older Americans Act (OAA) services through the Aging Network. In less than two years from now, the first of the baby boomer will be eligible for Social Security. Three years after that, baby boomers will be covered by Medicare. Aging is no longer an issue of the future. The only thing that will change is the magnitude of the issue. By 2025, Montana is projected to have the third highest percentage of people over the age of 65 in the nation. Thus, it is imperative that we continue to strengthen our current aging programs so we have a sound foundation as we venture into the future.

This year's report focuses on the vital role that Montana's senior centers play in helping Montana's elderly population remain healthy, active and living independently in their homes and communities. The report looks at the evolution of senior centers over the years, the current state of centers and the future issues and prospects for senior centers. There are many interesting and innovative efforts occurring at local senior centers as they deliver a wide range of community long term care services to seniors. There are also many challenges that senior centers face as they deliver aging services.

OVERVIEW OF MONTANA'S SENIOR CENTERS

Senior centers have been the backbone of the Aging Network for 30 years. They have historically had a "can do" attitude: they have found a way to deliver needed services in spite of funding limitations. Senior centers have become the first and the foremost source of vital community-based social and nutritional supports that help seniors remain independent in their communities.[1] This is especially true in

rural and frontier areas of Montana, where senior centers often may be the sole human services provider in their communities. However, senior centers are now at a crossroads. They are facing a number of issues that could alter their ability to meet current and future needs.

The two major challenges facing senior centers are manpower issues and financial issues. Senior centers have been operated to a large extent by committed volunteers who first established centers, then developed an array of services provided through the centers. This is especially true in frontier and rural centers. There simply were not enough funds available to centers to be able to afford hiring staff. If things were going to get done, members had to pitch in and get them done. However, many of these volunteers are now aging and unable to provide the time and effort necessary to maintain center services. Many centers are struggling to attract the next generation of seniors to their centers. And just over the horizon lurks the baby boom generation - the largest population cohort of the last century. Their participation, or lack of participation, will be a key element in the continued success of senior centers.

On the financial side, senior centers are increasingly being caught in a financial bind. Center operating expenses have been escalating, especially over the last five years. At the same time, state and federal funding has been relatively static for at least the last decade. Local funding has been increasing to help pick up the slack. However, it will be difficult for a single source to continue to meet shortfalls in revenues. As a result, an increasing number of senior centers have had to make tough decisions: increase voluntary contribution rates for services, reduce or limit services, reduce or eliminate staff, use reserve funds and/or defer maintenance and upkeep on centers and equipment.

HISTORICAL DEVELOPMENT OF SENIOR CENTERS

The first thing people usually associate senior centers with is their meal programs. While these essential programs are the hallmark of the Aging Network and senior centers, centers have developed a wide array of in-home, educational, social and health promotion, prevention and education services over the last 20-30 years. These services include: personal care, homemaker, home chore, congregate and home delivered meals, transportation and medical transportation, advocacy services (legal assistance and Ombudsman services), information and assistance, health insurance assistance and counseling, skilled nursing, health screening, fitness and exercise programs, and social and activities programming.

The Older Americans Act of 1965 and subsequent amendments to the Act are largely responsible for shaping today's senior centers. The Act has provided a conceptual foundation and specific funding for senior centers and the services they offer. These two factors led to the increase in the number of senior centers starting in the late 1960's and early 1970s. In Montana, the majority of senior centers can trace their inception and development to these two factors.

Over the years, successive amendments to the OAA have expanded and refined the scope of senior center operations. These amendments have tried to identify and promote components of service to make senior centers more viable and relevant organizations. In the early days, senior centers concentrated on providing nutrition and social/recreation programming. Starting with the concept of the mutlipurpose senior center as a focal point

for senior services in local communities emphasizing health promotion and intergenerational activities, today's senior centers have evolved into organizations that offer a more comprehensive range of nutritional, health and social services.

SENIOR CENTER MEAL PROGRAMS

The importance of meal programs to senior centers has not diminished over the years. Over the past 30 years, a conservative estimate for the total number of in-home and congregate meals that Montana's Aging Network has served would be at least 40 million. Just over the last 12 years, the Network has served 21.5 million meals. An overwhelming number of these meals have been served by senior centers, making meal programs the bedrock of senior center programming.

From an economic standpoint, meal programs generate more income in the form of voluntary participant contributions than any other aging service. Meal programs serve more people than any other aging service. They are the most recognizable programs offered through senior centers and in the Aging Network. They are also a gateway to other services offered through senior centers. Finally, they are a crucial element in helping older people remain independent in their homes and communities.

Adequate nutrition is critical to health, functioning, and quality of life for people of all ages. For elderly people, nutrition can be especially important, because of their vulnerability to health problems and physical and cognitive impairments. Nutrition services help to ensure that older people achieve and maintain optimal nutritional status. The available scientific evidence also suggests that maintaining nutritional well-being in older people helps them mitigate existing health problems, manage chronic conditions, prevent complications associated with acute and chronic disease, and extend the period of healthy living.[2]

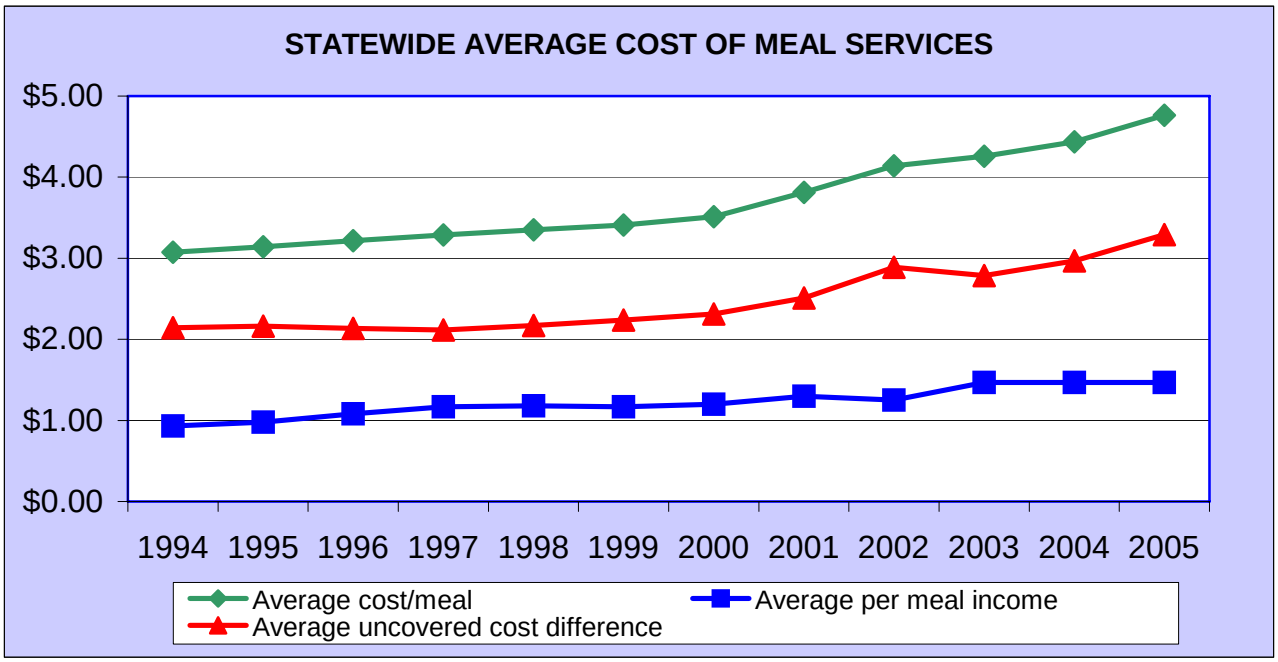
The following are some specific services and benefits participants are receiving through the nutrition services operated by senior centers and the Aging Network:

- In addition to meals, the Aging Network also provides nutrition screening and assessment and nutrition education. These services help older participants to identify their general and special nutrition needs, as they may relate to health concerns such as hypertension and diabetes.
- The Commodity Supplemental Food Program (CSFP) provides food to low-income seniors with an income up to 130 percent of poverty (or about $1,000 for a single person). The program provides 30 pounds of food per month to supplement the diet of participants. The CSFP currently serves about 7200 people in Montana; 98 percent of them are seniors.
- The Senior Farmers Market Nutrition Program is another USDA program that provides food to low-income seniors with incomes up to 180 percent of poverty (or about $1500 for a single person). Currently the program is serving about 2500 people through eight market sites around Montana.
- Congregate meal programs provide an opportunity for people to get out and interact with others, thus reducing the social isolation of older Americans.
- Volunteers who deliver meals to older persons who are homebound are encouraged to spend some time with the elderly. The volunteers also offer an important opportunity to check on the welfare of homebound elders and are encouraged to report any health or other problems that they may note during their visits.

- In addition to providing nutrition and nutrition-related services, the meal programs provide an important link to other needed supportive in-home and community-based services such as homemaker-home health aide services, transportation, fitness programs, and even home repair and home modification programs. [3]

In the 1960's and 1970's, Older Americans Act funding was responsible for starting most meal programs. They were the main funding source of most fledgling programs. They also set the parameters for delivering services. As meals programs have grown over the years, federal dollars have become just one of the sources for meals funding. Increasingly meal programs are being supplemented with other funding, especially local funding. Montana's current expenditures for senior meal programs exceed $8 million dollars. The actual number of meals served has been relatively constant. Contributions from participants are about $2.8 million dollars.

Meal programs across the state, however, are coming under increasing financial pressures. After a relatively static seven year period, participant contribution rates for meal services have been gradually increasing over the last five years. At the same time, overall meal costs have been increasing, and have accelerated over the last five years. Thus, the gap between expenditures and income has increased considerably. From 1995 to 2000 the ratio between expenses and income for meal programs increased by about 7 percent. The increase from 2000 to 2005 was 42 percent.



The economics of meal programs are complicated by federal regulations. The Older Americans Act mandates the meal programs use the voluntary contribution system for both congregate and home delivered meals programs. This is to ensure that seniors in need of a meal are able to receive one, regardless of their financial situation. Centers cannot use any means testing or sliding fee scales to fund meal programs. Thus, meals programs have little financial flexibility to generate additional needed income.

As a result of these fiscal constraints, meal programs have taken a number of different approaches to address shortfalls. Many centers have raised the voluntary contribution rate they request from participants to increase revenues. The suggested donation rate for most centers is currently between $3.00 and $3.50. Many centers are leery of raising their rates too high for fear that it will be a disincentive for seniors to participate. Other centers have reduced services or reduced hours of staff to make ends meet. Still others are supplementing meal program funding with other center funds.

KEY ISSUES FACING SENIOR CENTERS

The following are some of the common issues facing senior centers.

- Funding for senior center activities and programs has been relatively static over the last 10 years. The cost of utilities, gas, food and operations keeps going up. As a result of this financial crunch, many centers have had to make cuts or reduce services, tighten up on requirements for service, or use savings to pay for services.
- Attracting new, younger clients to replace older participants who are no longer able to actively attend and participate in center activities. Many centers are modifying programming or getting into new areas of service to attract a new clientele.
- Many centers are in older buildings that are not well insulated and not energy efficient, resulting in high utility bills
- Many centers are in old building that are unappealing and do not project a positive image, which can be a deterrent to attracting new clients.
- Many of these same older buildings require more maintenance and upkeep.
- Starting up a new center is very difficult. Since funding comes out of one pot of money, it means that funds currently going to existing centers get reduced to provide funding to develop the new center.

FINANCIAL ISSUES FACING SENIOR CENTERS

Because of how the Older Americans Act was developed, senior centers and other Aging Network providers have some unique limitations placed on them that inhibit their ability to generate income from the services they provide. When the Act was initially developed, federal lawmakers were concerned that establishing income eligibility guidelines would be a barrier for seniors using aging services. Seniors at that time had an aversion to participating in what they perceived as “welfare programs.” Thus, the Act specifically prohibited any means testing of participants.

Instead, the Act required that any aging service using federal funding must follow federal requirements regarding how participants are charged for a service. Each service provider may develop a suggested contribution schedule for services provided. In developing a contribution schedule, the provider must consider the income ranges of older persons in the community and the provider's other sources of income. Service providers have to provide each participant with an opportunity to voluntarily contribute to the cost of the service based on what the participant is able to pay. For a few services, the Act prohibits the use of suggested donations. These include ombudsman, information and assistance, legal and outreach services. Until recently, the voluntary participant contribution system has been the main method of generating project income under the Act.

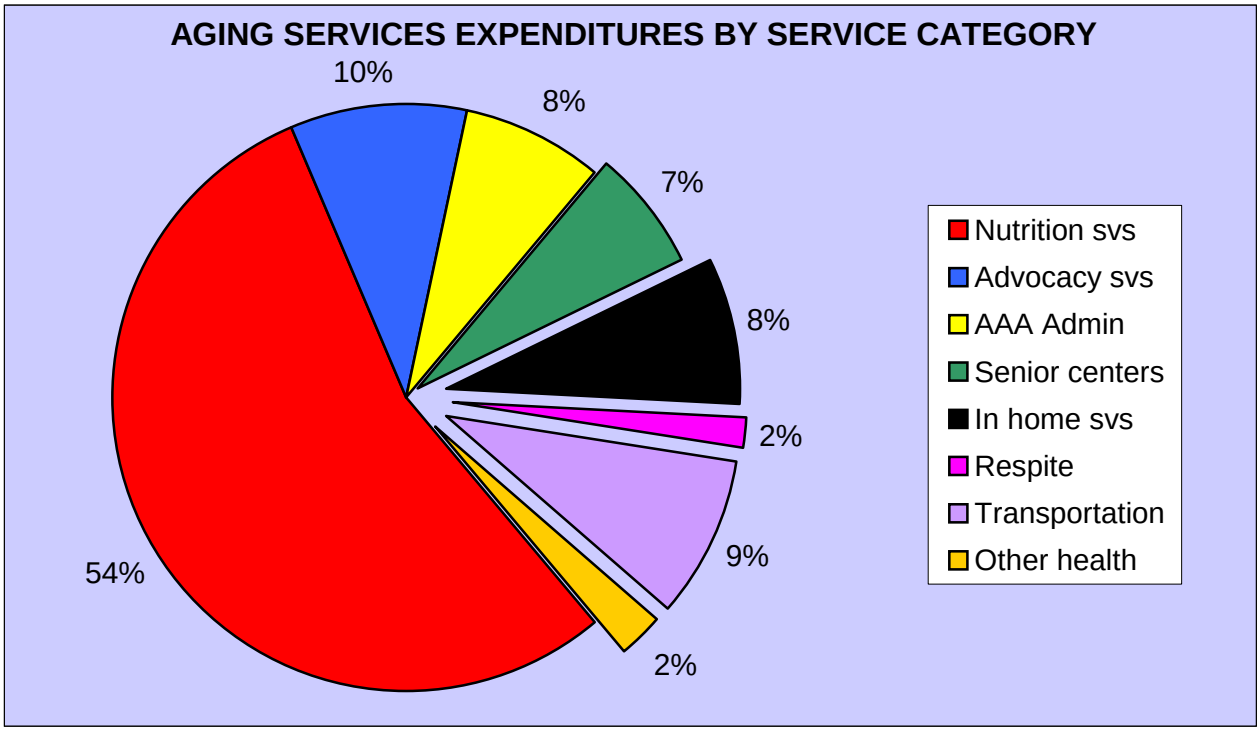
Because of the importance of meal programs in helping participants to remain healthy and living in the community, meal programs are mandated to use the suggested

donation/voluntary contribution system. The advantage of the voluntary contribution system is that it encourages participation by a more diverse group of seniors in center services. Center services aren't just for low-income people. The disadvantage of the system is that it limits flexibility for centers to generate additional income, especially from meal services, which are centers' largest programs. The only way centers can raise more income from meal programs is to either raise suggested donations and/or to educate participants on the economic realities regarding meals programs.

The 2000 Reauthorization of the Act introduced the possibility of cost sharing as a way of charging participants for services and at the same time generating income for a specific set of services. The Act still prohibits using cost sharing for meal programs, ombudsman, information and assistance, legal and outreach services. To date, there has been relatively little use of this option in Montana (or nationwide). Three counties in western Montana implemented cost sharing for homemaker and respite services within the last 2 years. The State received an Alzheimer's demonstration grant in 2005, in part to develop and implement cost sharing approaches for respite services.

Thus, under the current regulations, senior centers and other aging providers can only set specific fees for a limited number of services they provide. These include homemaker, home chore, respite and adult day care, transportation, skilled nursing, center social and recreational programming, health prevention and health screening services. These services represent only about 20 percent of the total state aging budget.

The chart below shows the percentage of the aging services budget spent on different categories of services. The pie chart pieces that are exploded represent those services where there are no restrictions on what can be charged for the service. Home delivered meal costs are not included in in-home services, since they are required to use the voluntary participant contribution system.



Only about 7 percent of total funding is designated for senior center expenses. These funds must pay operational expenses (such as staff costs, building maintenance, utilities, etc.) as well as for programming expenses. The portion of the funds that goes to providing center programming could possibly generate income. Centers could charge usage fees for programs such as computer, ceramics, or travel programs, for usage of the centers by community groups, or for other income generating services, like catering. Most centers charge a fee for usage of the center, if they own the building. Only a few charge program fees, with the exception for travel programs.

Between 2001 and 2005, project income represented between 21 and 23 percent of the total resources for aging services. The vast majority of this comes from participant contributions. In 2005, total project income was about $3.5 million. Over the same period, between 80 and 82 percent of all project income came from meal programs. Project income represents about 33 percent of the revenues for both congregate and home delivered meals. Other services range between 1 percent and 16 percent.

Given the fiscal constraints senior centers face, senior centers have become very adept at developing of fundraising activities. These range from bake sales, special dinners and dances, garage sales, raffles, auctions, second hand stores, and craft sales. Many centers also charge a general membership fee as a way of generating income.

The Aging Network has tried a number of different strategies to raise funds to address the funding limitations placed on them by federal requirements. In 2004, the Montana Association of Area Agencies (M4A) on Aging developed an Endowment Fund. Interest from the funds will go to support aging services. In 2005, M4A developed a specialty license plate for aging services (Montana Treasures). Revenues from these plates provide funds to the local county aging programs and the Area Agency. Both programs are still in their infancy at this point. The Aging Network has introduced legislation during the last two legislative sessions (2003 and 2005) to establish and fund an Aging Trust Fund. The Trust Fund would have provided funding for current aging services and future funding for when baby boomers start using aging services.

SENIOR CENTER SURVEY RESULTS

In 2005 the Aging Services Bureau/Senior and Long Term Care Services Division surveyed 162 senior centers for this report to develop a statewide profile of senior centers and to determine what other issues they confronted. A total of 91 centers responded.

Senior centers have experienced substantial increases in utility, food, and gas costs as well as rising operational, personnel and insurance costs over the last 3 years. As a result, a substantial number of senior centers (42 percent) have made reductions in some aspect of their service or operation. The following table outlines the most common reductions centers have taken over the last three years.

TYPE OF REDUCTION	# OF CENTERS EXPERIENCING REDUCTIONS
Reduced scope of services, hours of operation	12 (13%)
Reduced hours of staff	15 (16%)
Laid off staff	10 (11%)
Deferred maintenance or other projects	22 (24%)
Eliminated programs/services	5 (8%)

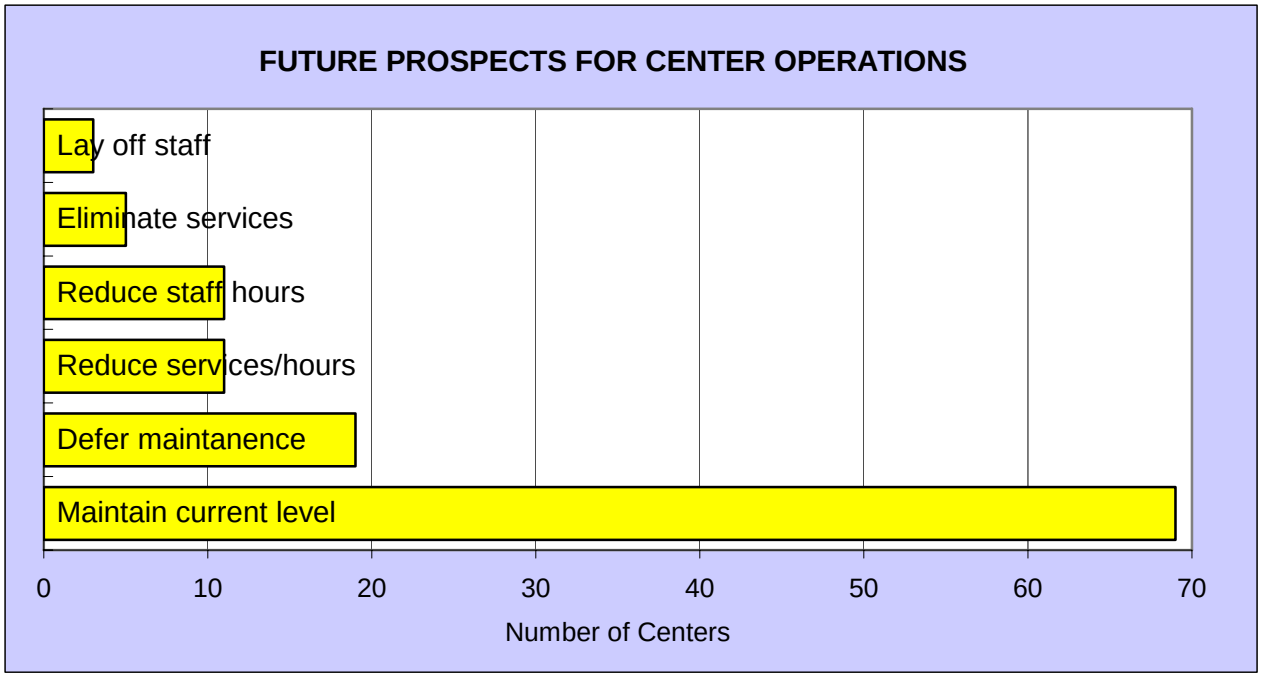
Some centers have had to make reductions in more than one area.

- 38 senior centers are experiencing 1 of these issues - 42%
- 12 senior centers are experiencing 2 of these issues - 13%
- 4 senior centers are experiencing 3 of these issues - 5%
- 2 senior centers are experiencing 4 of these issues - 2%

Based on their current budgets, senior centers were asked to project what future financial decisions they will face in the next three years. Most senior centers felt that they could maintain their current levels of service based on their current level of funding. However, some of those indicating they could maintain current levels of service also indicated they would have to take other actions, such as deferring maintenance, reducing services or hours of operation, reducing staff hours, laying off staff or eliminating services.

Thirteen centers felt that because of fiscal constraints, they will have to make some changes in their operations over the next three years.

- 13 sites are looking at making reductions in 1 area
- 4 sites are looking at making reduction in 2 areas
- 5 sites are looking at making reduction in 3 areas
- 2 sites are looking at making reductions in 4 areas
- 1 site is looking at making reductions in all five areas



Finally, centers were asked to assess what they felt were their long-term viability prospects over the next 3-5 years. On a positive note, 31 centers felt that they were growing and would continue to do so in the future. Almost half of the centers (46) reported that they would be operating at about the same level as currently, though some of these centers also indicated that they were struggling and need some assistance to stay open. Only four centers indicated they were in jeopardy of closing in the next 3-5 years.

FUTURE TRENDS FOR SENIOR CENTERS

What will tomorrow's senior center look like? What types of services will centers need to offer to attract the next generation of seniors? What will centers need to do to ensure they can remain an economically viable service provider? Where will they find the manpower (especially volunteers) to provide needed services?

One issue senior centers won't have to contend with is a lack of potential customers. Between 2002 and 2030, the nation's 65 and over population will more than double, from 35.6 million to 71.5 million, which will mean that almost one in five people will be 65 or older.[4] In Montana, the 65 and over population will go from 125,000 in 2002 to about 270,000 by 2030, which will mean that one in every four Montanans will be 65 or older. Instead, the dilemma facing senior centers will be trying to meet multiple expectations: meeting the needs of an increasing number of frail elderly, providing services to active seniors and developing strategies and services to attract the growing number of baby boomers.

In addition to funding woes, space issues, etc., questions remain as to how centers can attract young seniors who can provide leadership and volunteer services while at the same time responding to the needs of frequent users, who are increasingly frail. It has also been suggested that the baby boom generation will not view old age in the same way as previous generations. The young-old of the future will more likely be in the 65-70 age category as many boomers will work into their 70s. This is evident by the fact that some 4 million Americans over the age of 65 are now seeking work to keep pace with the rise in health care costs and to replenish retirement nest eggs. The challenge of attracting seniors in their 50s and 60s will be even more difficult in the future, especially given the current image and lack of creative programming found in some senior centers. [5]

Centers must be "Vital Aging" centers that provide services and programming designed to enhance the capacity of all participants, foster personal growth, and meet the health screening and health education as well as "wellness" needs of participants.[6]

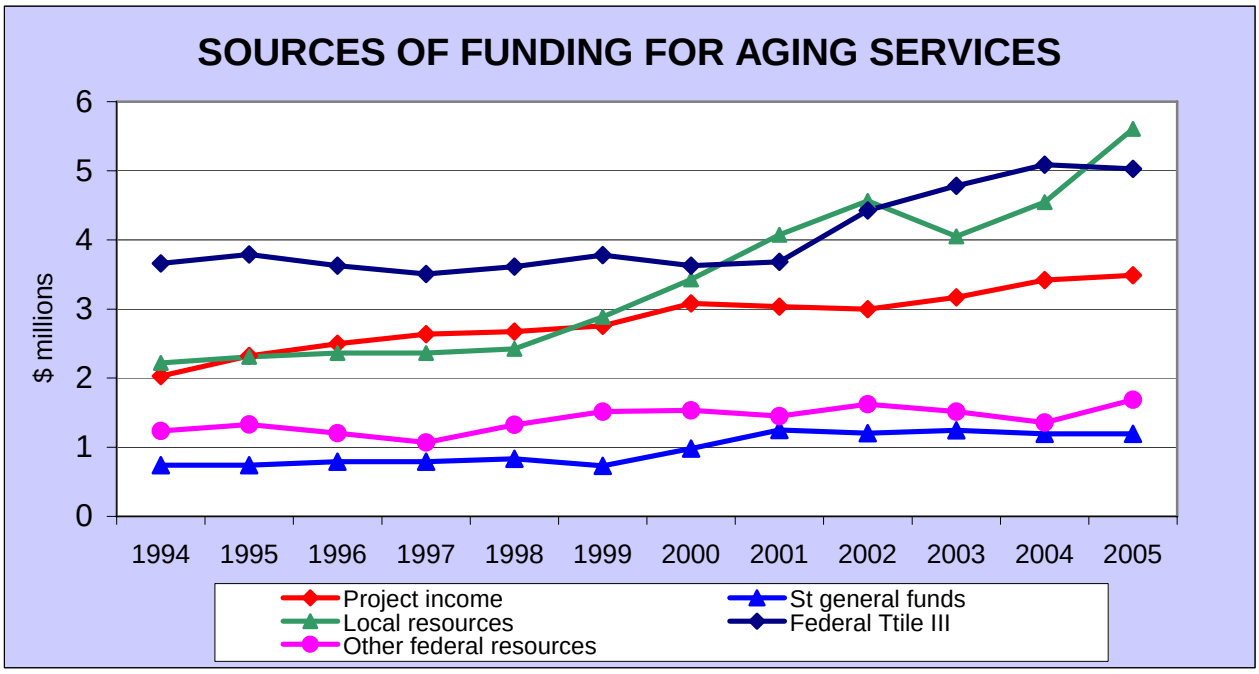
Centers are becoming more aware of what centers of the future will need to be: multi-purpose centers, providing a wide range of programs for young, old, frail, active, retired and working seniors. They are adding fitness programs, exercise programs and equipment, preventive health programs, health screenings, travel opportunities and computer rooms. Many senior centers are offering retirement planning seminars that often include developing new skills for part-time employment. Additionally, some are offering programs to introduce new ways to improve health status, reduce health disparities, increase economic security, decrease caregiver stress, and increase the independence of older persons.[7] They are also offering a greater selection of intergenerational activities that ties them in with other age groups in the community. Others are actively collaborating with other community organizations such as universities to offer educational and recreational opportunities that seniors want.

Senior center programs and operations must also adapt to the changing, more active life styles of today's (and tomorrow's) older adults. Such adaptation might involve extending evening and weekend center hours and programming; greater sensitivity to cultural preferences for mid-to-late afternoon main meals rather than strict adherence to noontime offerings; and an elective approach to program and activities planning, allowing more

choices for those who prefer a more elective participation rather than spending all day at the center.

Fiscal issues will also play a major role in the viability of centers in the future. The financial situation for each senior center is unique. The mix of funding sources, size of budgets, and type of local funds available to centers varies significantly from center to center. Funding sources have been changing over the last decade.

The chart below shows federal, state and local funding trends over the last twelve years. With the exception of local funding of aging services, most funding sources have been relatively static or have shown only modest increases.



The following are some general conclusions to be drawn about aging services funding, each with important implications for senior centers of the future.

- Some senior centers rely heavily on limited sources for funds. Over reliance on just a few sources leaves centers vulnerable to political changes. Centers need to work to diversify their funding base as much as possible.[8]
- Reliance on state and federal dollars has been gradually decreasing. While most senior centers receive Older Americans Act funds, this funding stream has been relatively stagnant in the last twelve years, with the exception of advent of National Family Caregiver Support funding in 2001. State funding has been static with the exception of the provider rate increase and wage funding the Aging Network received during the 1999 biennium.
- The majority of senior centers receive some local funding. Local money for senior centers is critical and demonstrates the commitment communities have made to senior centers. The amount of local funding has steadily increased over the last twelve years. It has shown the greatest amount of increase of any funding source over that period. Local funding currently represents the largest single source of funding for aging services statewide. A critical question for the future will be how

much additional support will local funding resources be able to contribute to the operation of their local senior centers.

- Twenty five percent of centers reported they receive some of their funding from local levies. Funding from these levies is usually designated for general center operations. Some funding is targeted to specific services, usually to transportation.
- Project income has steadily increased over the twelve year period. Some of this increase can be attributed to increases in suggested client donations to keep up with increased operating costs. Also, some of the participants are realizing that without financial support, service levels could decrease or cease all together.

These overall financial trends point to the need to establish a stable statewide income source for aging services and senior centers to meet current and future needs. Before each legislative session, aging programs from around the state get together for an Aging Legislative Summit. Groups represented at the summits include the Montana Association of Area Agencies on Aging, the Governor's Advisory Council on Aging, AARP, the Montana Senior Citizens Association, local aging providers and retirement groups. Past summits have been concerned about having senior programs competing with children's programs and human services programs competing with education. One of the summit recommendations has been to pursue some form of statewide funding for aging services.

SUMMARY

Senior centers are at a crossroads. They are faced with a number of issues that could affect their future viability. These include: being able to meet the future demand for services, especially in-home services for their more vulnerable homebound clients; modifying their image and services to attract younger participants, like baby boomers; maintaining their volunteer base so they can continue to provide services; and addressing mounting financial pressures.

Centers are seeing their current participants age in place and need more intensive in-home services to remain independent and in their homes. However, as these participants become more homebound and stop coming to centers, centers will need to attract the next generation of participants. This is no simple task, since the successive age groups have a very different set of perceptions of aging and what it mean to grow old than do the current centers participants. These age groups also have different perceptions of senior centers and senior services. However, the question for centers is, will these age groups modify their perceptions as they reach their 70's and 80's or will centers need to change their service delivery model to attract the baby boom seniors?

As the graying of America continues, changes in attitudes and policies toward aging will be necessary. Inherent in the aging of America is the absolute need for people to grow old with the highest levels of health, vitality and independence. For this to occur, the concept of health and well-being as it relates to the older segment of the population must include the ability to function effectively in society, to exercise self-reliance, and to achieve a high quality of life. Social policy related to the delivery of health care can no longer be construed in the traditional manner of medical care or illness management. Preventive programs common in senior centers will serve to empower the elderly and provide a key element in managing the tremendous demand of baby boomers on our health care system.

This holistic framework of caring for the aging must be the senior center model for the 21st century.[9]

Senior centers of the 21st century have the potential to bring together a broad and varied program of services and activities that enable older persons to develop and maintain health-promoting activities.[10] Senior centers, like all others in the service delivery business, need to adjust their enterprises with new and improved methods and systems to address the issues (such as time, comfort, and access) embraced by the baby boomers. They must also adapt and refine their services to meet the needs of tomorrow's older generations.

Finally, senior centers must develop a more stable, secure funding base. Over the last five years, local funding has shared a disproportional burden in meeting the increasing cost of providing aging services. It is doubtful that this trend can continue. Additional statewide funds sources need to be developed to ensure the long-term viability of the State's senior centers. The 1994 Legislative Council report on aging concluded that: "Given the present federal fiscal situation, it is logical to conclude that the bulk of the burden of providing additional or increased elder services will most likely fall on the state." This conclusion is just as relevant today for senior centers and the rest of the aging services delivery system as it was twelve years ago.

The full 2006 State of Aging in Montana report and this Executive Summary are available by contacting the Aging Services Bureau/SLTC at 1-800-332-2272 or online at: http://www.dphhs.mt.gov/sltc/aboutsltc/whatsnew/index.shtml

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[1] Administration on Aging Multi-purpose Senior Centers – Bridging the Gap 2005 http://www.aoa.gov/press/oam/may_2003/media/fact_sheets/MultiPurpose%20Senior%20Centers.pdf

[2] Mathematica Policy Research, Inc Executive Summary: Serving Elders At Risk; The Older Americans Act Nutrition Programs - National Evaluation of the Elderly Nutrition Program, 1993-1995. University of Minnesota 1996

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[4] Administration on Aging (AoA), U.S. Department of Health and Human Services. *A Profile of Older Americans: 2003*. Washington, DC. www.aoa.gov/prof/statistics/profile/2003/2003profile.pdf.

[5] Aday, Ronald The Evolving Role of Senior Centers in the 21st Century Testimony before the Senate Special Committee on Aging May 20, 2003

[6] Ohio Department on Aging Senior Centers: Ohio's Blueprint for the Future April 2002

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[8] Ohio Department on Aging Senior Centers: Ohio's Blueprint for the Future April 2002

[9] Aday, Ronald The Evolving Role of Senior Centers in the 21st Century Testimony before the Senate Special Committee on Aging May 20, 2003

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