Building Bridges to Tomorrow

Profile of Older Adult Centres in Ontario

September, 2008

Preview Draft

Executive Summary

Older adult centres have been an important component of our healthcare system in Ontario for more than fifty years. Providing a full range of community based services, older adult centres provide seniors with opportunities for meaningful leisure and recreational pursuits along with a focus on wellness programs. Older adult centres were also the pioneers behind many of the community support services that we have in communities across Ontario.

The *Profile of Older Adult Centres in Ontario* is primarily intended to profile information about centres throughout the province and to gather insights into the major issues that are facing centres today and in the future. In July, 2007, 85 surveys were mailed out to members of the Older Adult Centres' Association of Ontario and more than 65% were completed.

The following represents some of the key findings:

- 60% of the older adult centres are not-for-profit organizations and 40% are run by municipalities.
- At least two thirds of the older adult centres in Ontario are at least 20 years old and the average centre was build in 1983.
- The average older adult centre has 1,020 members
- More than 40% of the older adult centres have experienced a declining membership over the past year but 48% of the centres experienced an increase in membership.
- More than 150,000 seniors in Ontario are members of older adult centre
- Between 2005 and 2007, the average membership of a not-for profit older adult centre increased by 10% while the average membership of a municipal centre declined by 2%.
- Almost 15% of the members of Older Adult Centres are under the age of 65, representing a 66% increase in the past nine years.
- Almost 20% of the members of older adult centres are below the poverty line.
- Almost 25,000 volunteers contribute more than 1.6 million hours of volunteer work in centres every year, equivalent to 880 full time staff or $24 million in labour costs.
- The average annual membership fee in an older adult centre is just over $25.00.
- The average cost per member to operate an centre is $345 per year.
- The average expenditure budget for an older adult centre is $291,000 per year.
- The biggest mental health issues faced by centres is dementia and depression.
- Almost 40% of older adult centres provide some kind of community support service.
- Almost 50% of the older adult centres serve 5% or less of members from diverse ethnic backgrounds.

Older Adult Centres also have a number of issues facing them as they look to the future. The top five issues facing centres are:

1. Funding/Fund Raising
2. Attracting Younger Seniors
3. Recruiting Volunteers
4. Declining Membership
5. Attendance

The *Profile of Older Adult Centres in Ontario* provides a great deal of insight into the current and future issues facing centres in this province. This is just a starting point for the work that the Older Adult Centres' Association of Ontario will be doing to ensure that centres remain a strong and vibrant part of our healthcare system.

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I. INTRODUCTION

The Older Adult Centres' Association of Ontario (OACAO) has been serving the needs of older adult centres since 1973. During this time, the OACAO has developed a strong reputation for offering a range of programs and services to help individual centres plan to meet the needs of seniors in their local communities. This has included an annual provincial conference, older adult centre standards, program planning information, web based services including an interactive listserv and advocacy initiatives aimed at increasing the awareness of older adult centres.

Over the past several years, the nature of older adult centres in Ontario has started to change. Programs in many centres have shifted to a more fitness and health focus from the tradition programs such as, arts and crafts. With this shift, many older adult centres have also started to market their services to younger older adults between the age of 50 and 65. Much of this younger focus can be attributed to the influx of the "baby boomers" within our population. As the "boomers" reached 50 they had a major impact on marketing approaches within older adult centres. In fact, between 1998 and 2007 the market share of younger older adults in centres (age 50 to 65) has increased from 5% to 15%.[1] Now that the "baby boomers" have turned 60 they pose even greater implications for older adult centres. In fact, within society for the next 40 to 50 years, the "baby boomers" will play a significant role in almost every aspect of life including the future of older adult centres.

In 2007, OACAO received a three year grant from the Ontario Trillium Foundation to implement the "Building Bridges to Tomorrow" project. Building Bridges is essentially designed to assist older adult centres in planning for the future. With the aging of the "baby boomer", older adult centres need to be actively engaged in strategic planning processes to anticipate the changes that will be happening within the senior population. OACAO has developed the Building Bridges project as a means of helping it's membership through this planning process.

The "Building Bridges to Tomorrow" project has the following objectives;

1) To strengthen the role of OACAO in being a leader for Older Adult Centres in Ontario
2) To enhance the range of programs and services offered to members of OACAO
3) To promote the role of Older Adult Centres in contributing to the health and well being of older adults in Ontario
4) To explore the future trends that will impact on Older Adult Centres

[1] OACAO Membership Profile, 1998 and OACAO Membership Survey, 2007.

In developing the Building Bridges project, OACAO seeks to address a number of critical questions both about the work of the association and also about the services that are provided by older adult centres throughout the province. Specifically, the following questions are a major part of this project:

1) What are members of OACAO looking for from their provincial association?

2) Who are the current users of Older Adult Centres in Ontario?

3) Who are the non-users of Older Adult Centres in Ontario?

A. What are members of OACAO looking for from their provincial association?

In terms of the services provided to its membership, OACAO is looking to better understand the role that it plays in working with older adult centres. One of the key issues that OACAO faces is the diversity of its membership. The Association has equal representation between municipal and not-for-profit centres though both types of centres are very different in terms of how they operate and what services they need from OACAO. This diversity also includes other types of issues such as recreation vs. community services, large centres vs. small centres and rural vs. urban centres.

There are currently more than 200 funded older adult centres in Ontario though only half of this group belongs to OACAO. Part of the focus of the Building Bridges project is to study how the association can reach out to these non member centres.

OACAO also wants to get a better understanding of how effective their current programs and services are and they want to better understand the issues that exist among older adult centres including regional issues that might exist throughout the province.

B. Who are the current users of Older Adult Centres in Ontario?

One of the important roles for OACAO is to advocate for the needs of older adult centres within the healthcare system. Traditionally, this advocacy role has been largely restricted to the provincial Ministry of Health. However, with the emergence of the Local Health Integration Networks (LHIN's) and the enhanced role of the Ontario Senior Secretariat, this advocacy role has become more complex in recent years. One of the things that OACAO has always tried to advocate for was the health and wellness benefits that older adult centres provide to their members. Though this has always been promoted as a major role for older adult centres, there is little documentation to back up this claim. One of the aims of the Building Bridges project is to develop a better understanding of the benefits that older adult centres provide to their members.

C. Who are the non-users of Older Adult Centres in Ontario?

While older adult centres are often regarded as an important part of the healthcare system for older adults, it should also be noted that only about 10% of the population actually use the services of an older adult centre.[2] For the Building Bridges project, one of the key objectives is to study the non-users of older adult centres and gain a better understanding of what they are doing for their leisure pursuits. It is believed that this information may hold the key for helping to define how the "baby boomers" may act and more importantly how they might respond to older adult centres. It will also help identify the major competitors that older adult centres are facing.

The future of older adult centres will ultimately be shaped by their ability to attract the "baby boomers" to their programs and services. This marketing approach is not as simple as offering the right programs and services but must also deal with socio-economic factors, program quality, diversity and initially the balance between the boomer generation and the non boomer generation.

There is also some value to the notion that you "can't be all things to all people" and maybe older adult centres should not be concentrating on the younger senior population (age 50 to 65), but rather focus on the older seniors. At the very least, centres may need to choose what market segment they want to serve rather than trying to serve a population ranging from 50 to 95 years old.

D. Overview of A Profile of Older Adult Centres in Ontario

Understanding the impact of older adult centres is a challenging task because every centre is unique and has its own set of characteristics. Whether it is mission, governance style, age, physical infrastructure, geographic location, demographics of the community it serves or a range of other factors, there is a vast difference in older adult centres throughout the province.

Through this report, *A Profile of Older Adult Centres in Ontario*, OACAO is hoping to capture both the overall impact that older adult centres have on seniors in Ontario and our healthcare system along with the things that make centres unique. Through an analysis of the basic components of older adult centres along with identifying current trends and issues facing centres, this report will provide an in depth look at older adult centres both at the present time and also looking to the future.

OACAO believes that it has a large role to play in assisting older adult centres to plan for the future and adjust to the demographic changes that are just starting to impact on centres. This report, *Building Bridges to Tomorrow: A Profile of Older Adult Centres in Ontario,* is designed to provide the association with key strategies for serving older adult centres in the future. The report also touches on the services that OACAO provides to its membership at the present time and includes an analysis of the quality of these services from the membership perspective.

[2] OACAO Membership Profiles, 1998, 2000, 2002, 2004, 2006

II. Methodology

The purpose of this report is to present a profile of older adult centres in Ontario based on feedback from the centres through a questionnaire. The OACAO Membership Satisfaction and Profile Questionnaire was designed to accomplish the following three goals (See Appendix I);

1) Conduct a satisfaction survey from the current membership about OACAO services
2) Develop a profile of older adult centres including participation, volunteers and financial data
3) Gather thoughts and insights from older adult centres on their major issues

The Building Bridges project also developed a questionnaire for non-member centres with similar goals (See Appendix II). This questionnaire was also designed to determine why these organizations were not members of OACAO.

The member questionnaire was mailed out to 85 member centres in July, 2007 and had a return of 55 questionnaires representing a return rate of 65%. The non member questionnaire was mailed to 136 non member centres with a return of only 12 questionnaires for a return rate of 9%. Unfortunately, the non member return rate is too low to achieve any statistical relevance though the results from these returns will be used in a limited, narrative approach.

Both questionnaires were designed with mostly discrete, closed questions to facilitate a more scientific analysis. The data was analyzed using the SPSS statistical package.

III. Profile of Older Adult Centres

A. Overview of Older Adult Centres

Regional Distribution

The survey respondents were fairly evenly distributed across the province with the Central Region representing the largest group of Centres (22%) followed by Toronto (16%) and Golden Horseshoe (16%) (See Table 1).

Table 1: Regional Distribution of Respondents		
Region	**Responses**	**Percent (%)**
Central	11	22%
Eastern	6	12%
Golden Horseshoe	8	16%
Grand River	5	10%
North Central	1	2%
North West	7	14%
South West	4	8%
Toronto (Metro)	8	16%
Total	50	100%

Type of Centre

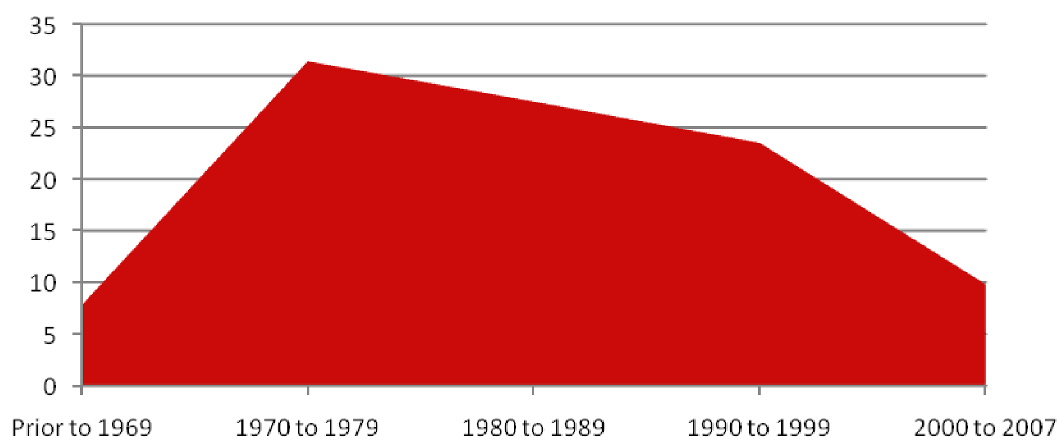
There was a fairly even split between the type of centre with 59% of the centres being not-for-profit while 41% were municipal centres (See Table 2). Traditionally, the OACAO membership profiles have suggested a more even split of 50/50 in past years but this distribution does provide a solid basis for an analysis of both types of centres.

Table 2: Type of Centre		
Type	**Number**	**Percent (%)**
Not-for-Profit	30	59%
Municipal	21	41%

First Year of Operation

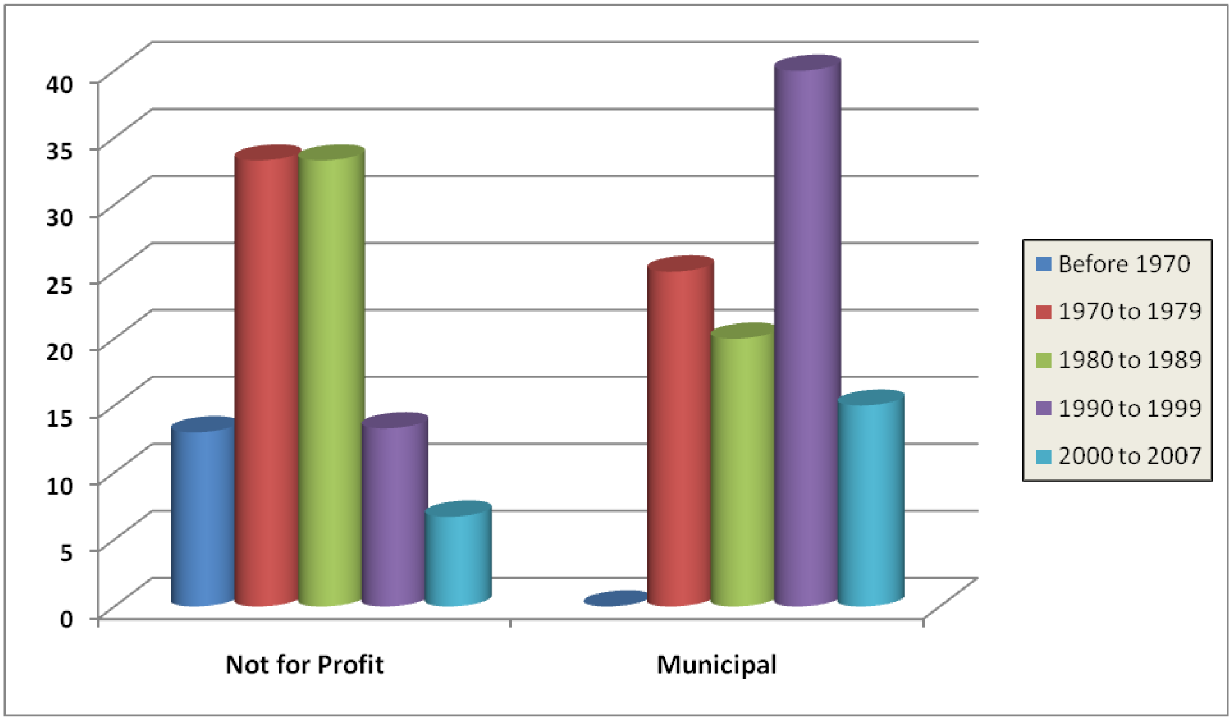
The majority of the centres began operation either between 1970 to 1979 (31.4%) or 1980 to 1989 (27.5%) while many centres were also built between 1990 and 1999 (23.5%) (See Table 3). The average for all older adult centres was 1983. This suggests that almost 40% of the older adult centres in Ontario are more than 28 years old and two thirds of the centres are at least 18 years old. This would indicate that many older adult centres are dealing with an aging infrastructure and physical plant.

Table 3: First Year of Operation



It is further noted that the not-for-profit centres tend to be older than the municipal centres (See Table 4). The average not-for-profit centre was built in 1980 while the average municipal centre was built in 1989. In fact, more than 50% of the municipal centres were built after 1990 (55%) while almost 80% of the not-for-profit centres were built prior to 1980 (78%).

Table 4: First Year of Operation by Type of Centre



Size of Centre

The majority of older adult centres are fairly small in nature ranging from less than 5,000 square feet (38.5%) to between 5,000 and 10,000 square feet (15.4%) (See Table 5). However, there are also a number of large centres between 10,000 and 20,000 square feet (25.6%) and 20,000 to 35,000 square feet (15.4%). The average centre size is 10,974 square feet with municipal centres averaging 12,677 square feet and not-for-profit centres averaging 9,981 square feet. The average square foot per member is 10.75 square feet.

Overall, municipal centres tend to be larger in terms of size with almost two thirds of the centres being over 10,000 square feet (64%) while almost two thirds of the not-for-profit centres are less than 10,000 square feet (63%) (See Table 6). This trend is supported somewhat by the notion that Municipalities have greater capital resources to dedicate to facilities than the not-for-profit sector.

Table 5: Square Footage of Older Adult Centres

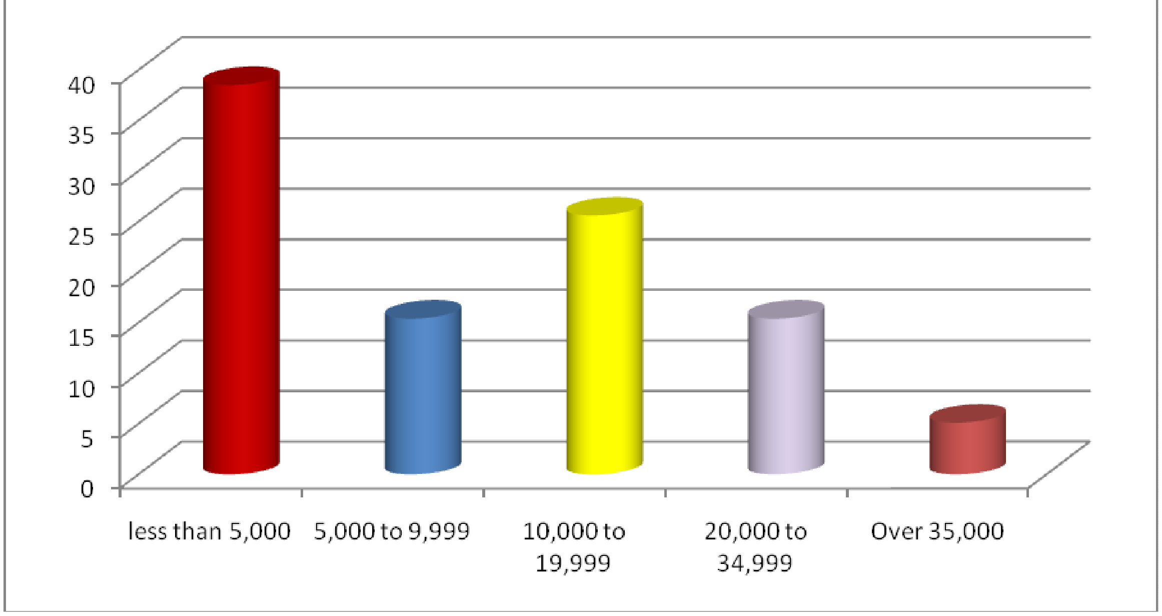
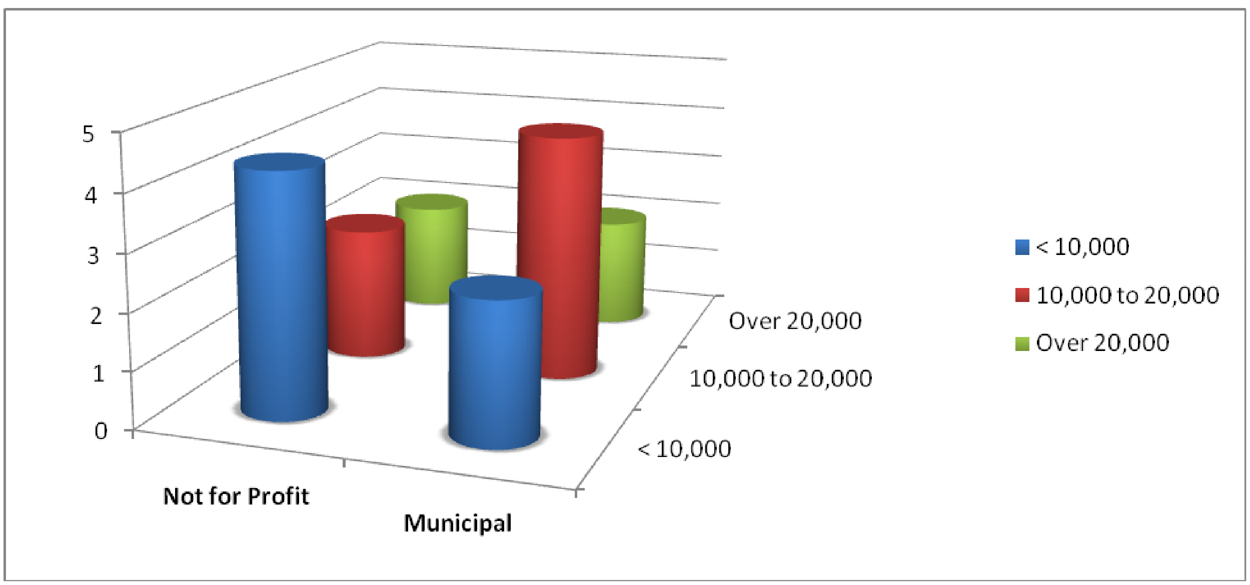


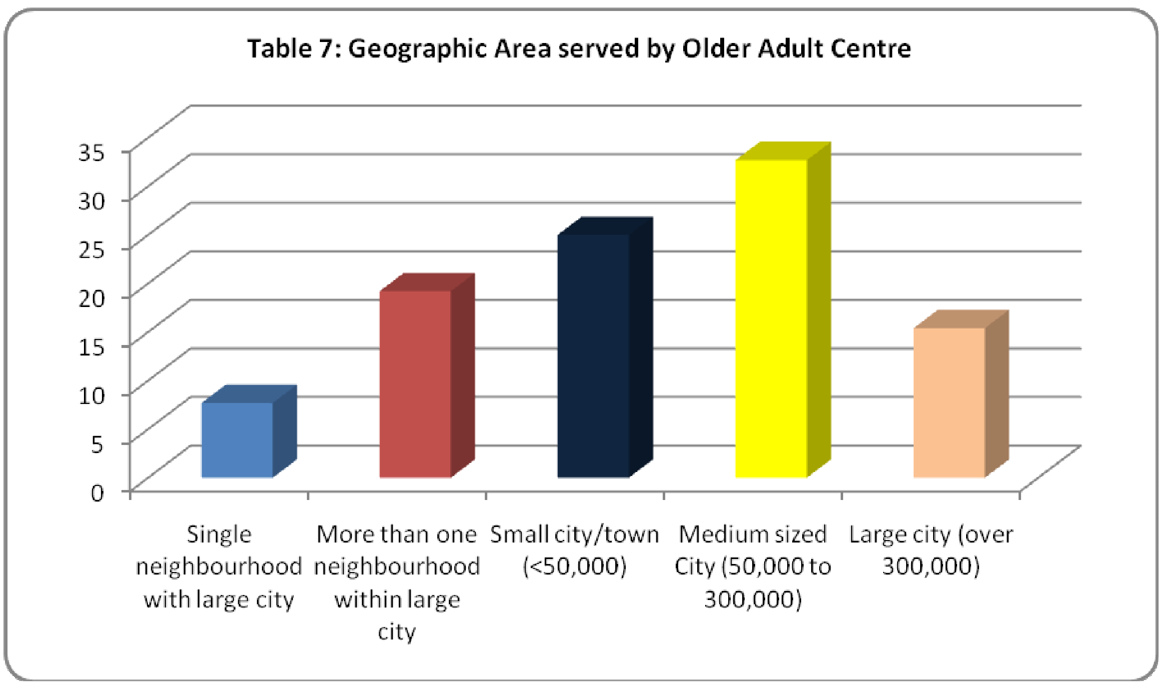
Table 6: Square Footage of Older Adult Centres by Type of Centres



Geographic Area Served

The majority of older adult centres tend to be located in small or medium size towns or cities (57.7%) though many centres also serve larger cities (42.3%) (See Table 7). There does not seem to be any noticeable trends between the type of centre and geographic area served. In addition to the geographic areas served, it is apparent that most older adult centres serve a predominantly urban membership. More than 60% of the centres stated that 90%or more of their membership was from an urban area. (See Table 8). In addition to this, more than 2% of the older adult centres that had a rural membership approaching 50% and only 20% of the centres had a rural/urban mix of greater than 20%.

The overall average for urban membership was 87.5% while the overall average for rural membership was 15.9% (Due to the nature and structure of the data collection method, the sum does not exactly equal 100%).



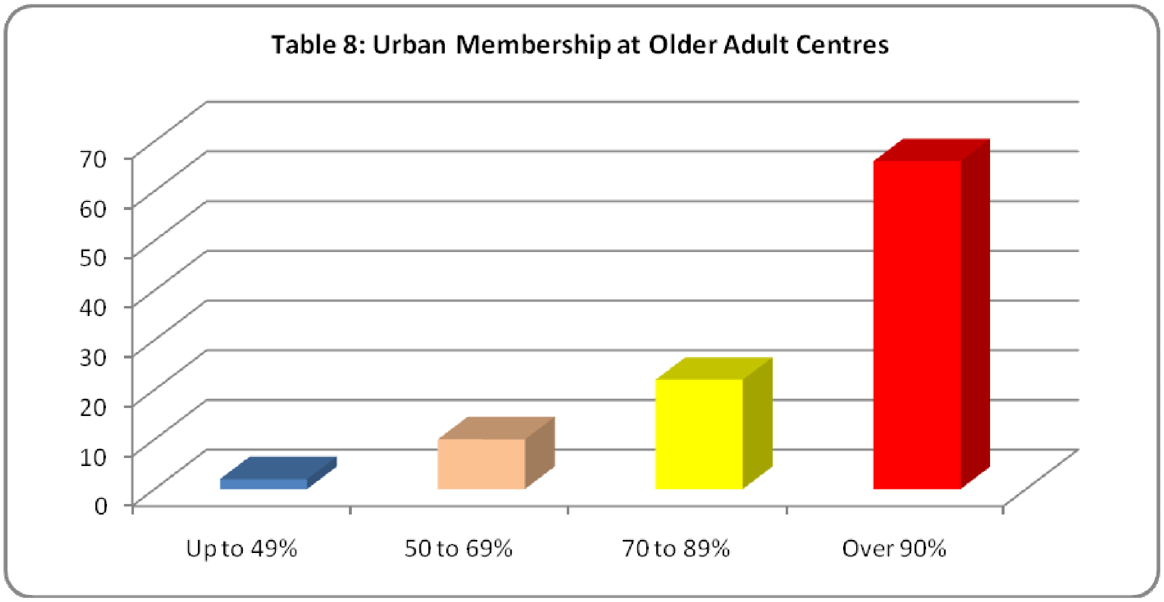


Table 8: Urban Membership at Older Adult Centres
70
60
50
40
30
20
10
0
Up to 49%
50 to 69%
70 to 89%
Over 90%

B. Membership of Older Adult Centres

Membership Size

The average membership size of an older adult centre was 1,020 in 2007. This average size is somewhat misleading because there are a number of very large centres with up to 5,500 members which has distorted this average. The median number of members (548) is probably a more accurate indicator of the average size of older adult centres. The majority of the centres have between 200 and 499 members (35%) or 500 to 1,000 members (28%) (See Table 9). It should also be noted that more than 10% of the centres have a membership size of more than 2,500.

The municipal centres tend to be much larger than the not-for-profit centres with a median membership size of 845 compared to a median membership size of only 495 for the not-for-profit centres. However, between 2005 and 2007 the average size of a not-for-profit centre increased by 9.7% while the average size of a municipal centre declined by 2%.

In total, this survey captures a total of 45,900 members and it is projected that approximately 150,000 older adults in Ontario belong to older adult centres.

One of the interesting trends that is occurring in older adult centres is a noticeable decline in membership for almost half of the organizations surveyed. More than 42% of the older adult centres indicated that they had a declining membership from 2006 to 2007 while 48% indicated that they had an increasing membership (See Table 10). It is interesting to note that almost 14% of the centres had a membership decline of more than 10% while 16% also had a membership increase of more than 10%.

It is interesting to note that 40% of the not-for-profit centres had a membership decline between 2006 and 2007 while 46% of the municipal centres experienced a decline. However, almost 25% of the not-for-profit centres had a decline of more than 10% while there were not any municipal centres who had a decline of more than 10%.

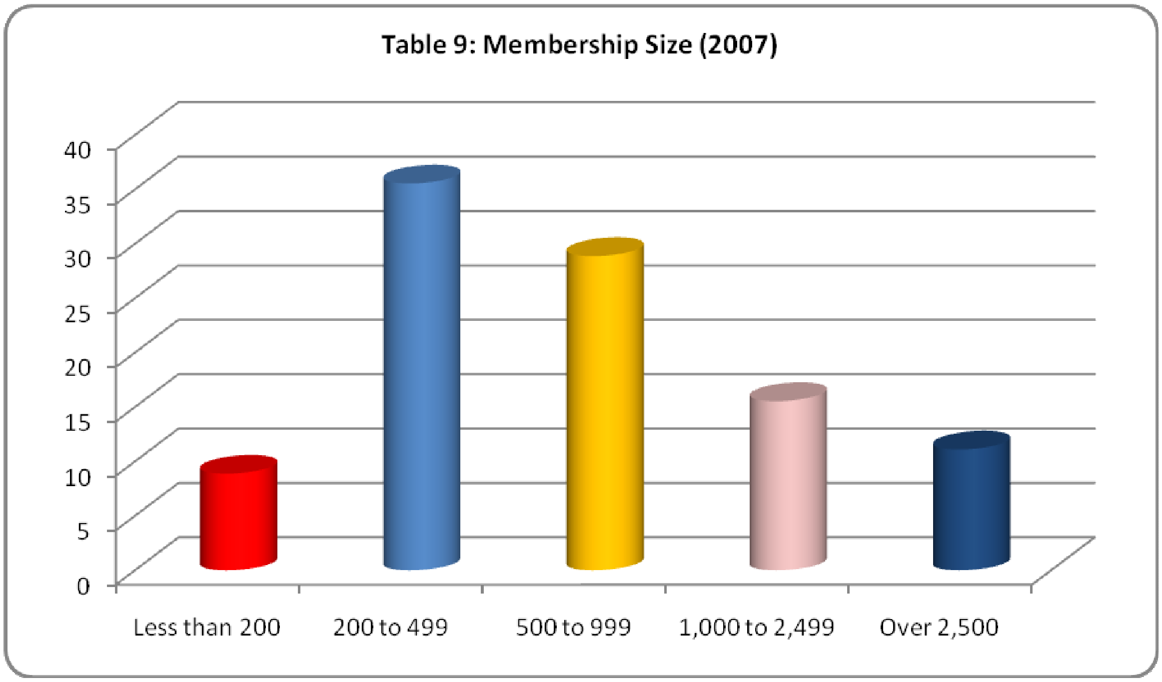


Table 9: Membership Size (2007)
40
35
30
25
20
15
10
5
0
Less than 200
200 to 499
500 to 999
1,000 to 2,499
Over 2,500

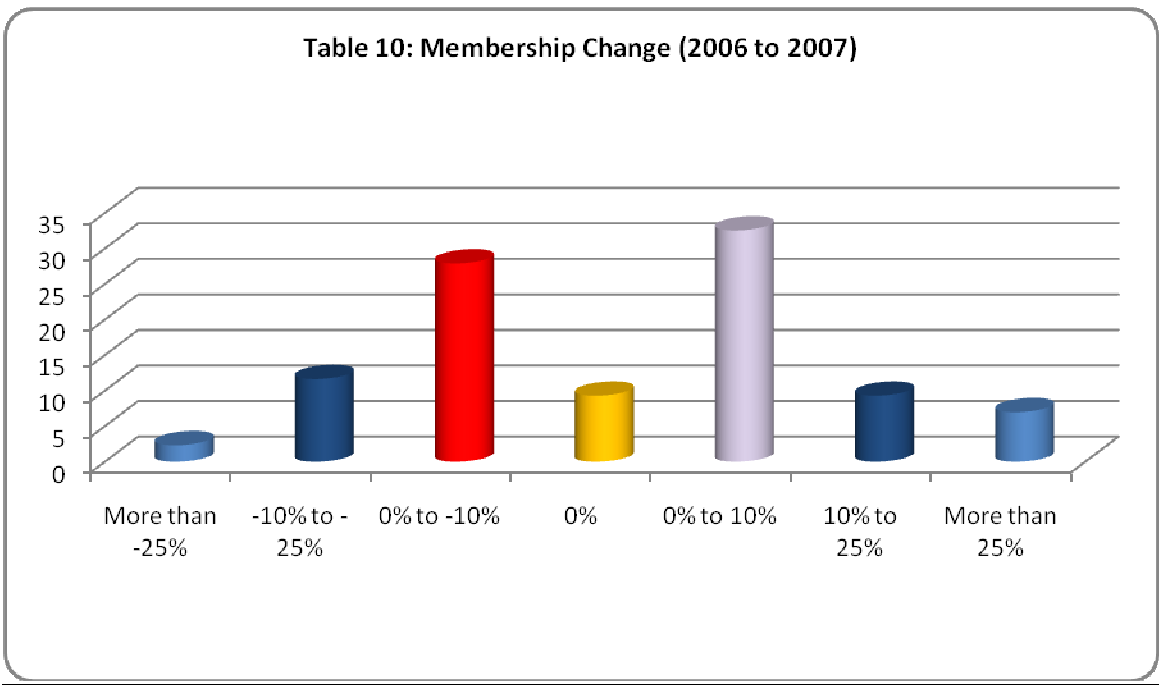
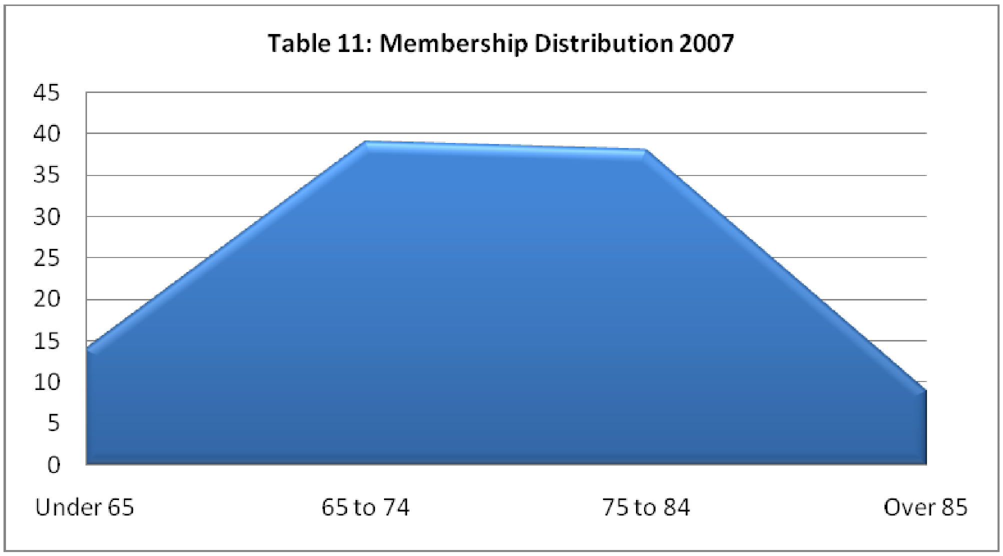
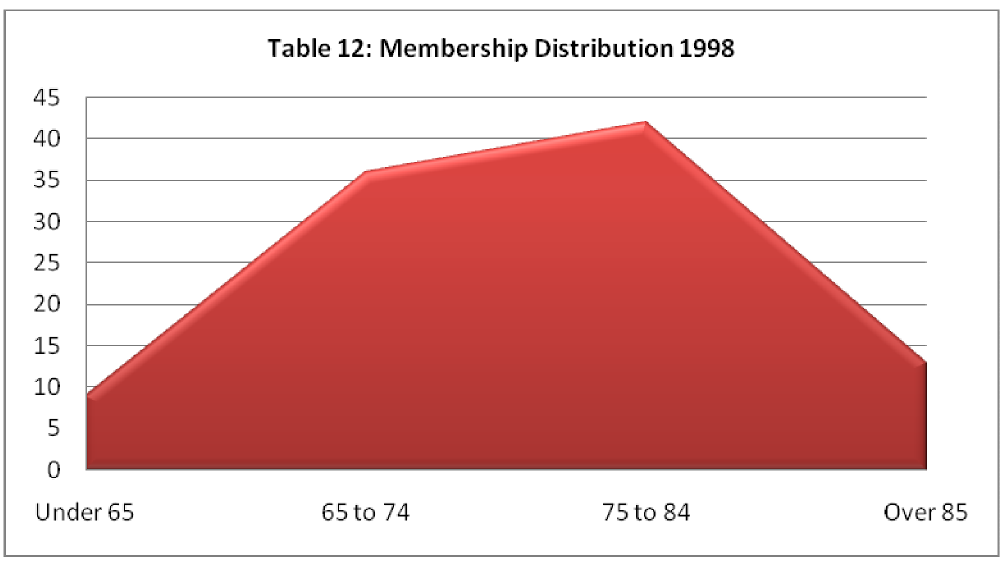


Table 10: Membership Change (2006 to 2007)
35
30
25
20
15
10
5
0
More than -25%
-10% to - 25%
0% to -10%
0%
0% to 10%
10% to 25%
More than 25%

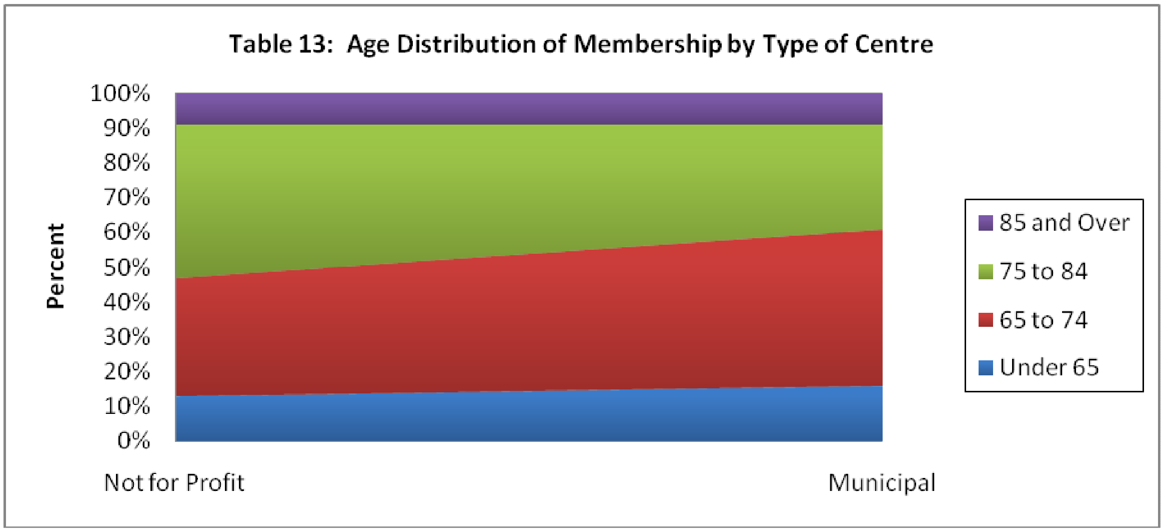
Age and Gender of Membership

The average age of members within an older adult centre is 65 to 74 (39%) or 75 to 84 (38%) (See Table 11). There are still many members under 65 (14%) and over the age of 85 (9%). Based on previous surveys, it would appear that older adult centres are getting slightly younger and are starting to penetrate the "Boomer" market. In 1998, only 9% of the membership was under the age of 65 as compared to 14% in 2007 suggesting a 5% growth in the "Boomer" segment (See Table 12). In addition, the 65 to 74 year old segment also grew by 3% while the membership segment over the age of 75 declined by 8%.

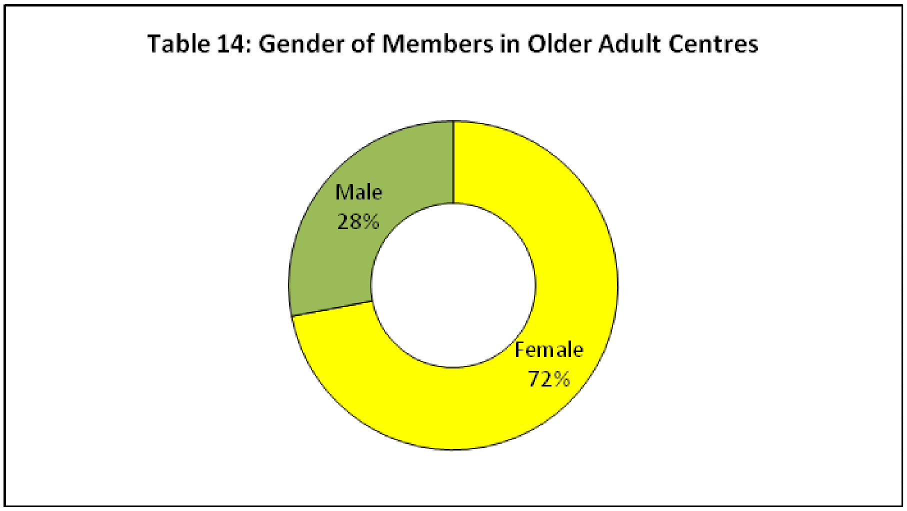




In general, municipal centres tend to serve a slightly younger population with over 60% of the membership being under the age of 75 while not-for-profit centres have only 49% of their members under the age of 75 (See Table 13). This trend would appear to be related to the programs available in each type of centre where municipal centres tend to offer a greater range of recreation programs while not-for-profit centres often offer other community support services for frail seniors.

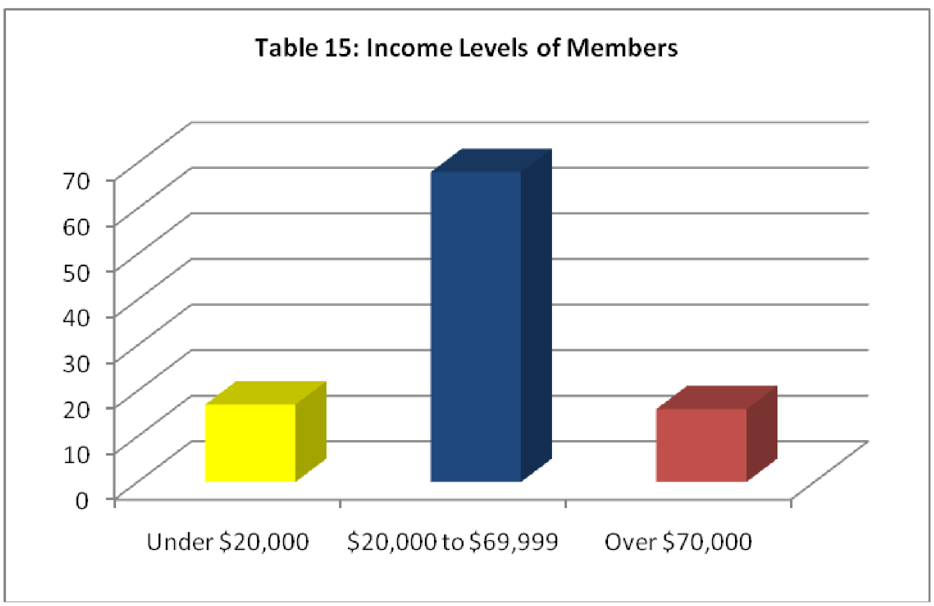


The majority of older adult centres attract female members (72%) as opposed to male members (28%) (See Table 14). This has been a traditional trend in older adult centres and has not changed by more than 2% over the past 10 years. There also appears to be only minor variances between municipal and not-for-profit centres.



Income Levels

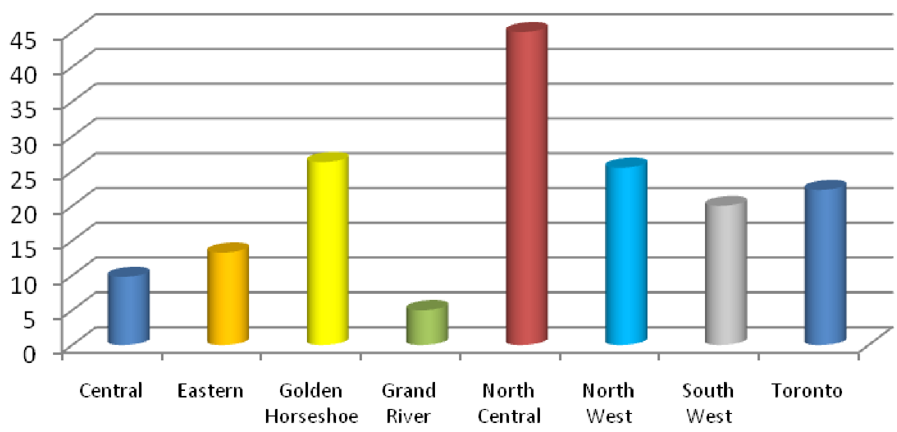
The majority of members in older adult centres tend to fit into the middle income bracket of $20,000 to $70,000 (71%) though there is a substantial number of members below the poverty line of $20,000 (17%) along with higher income members with annual incomes of greater than $70,000 (16%) (See Table 15).



Overall, there was little difference between municipal and not-for-profit centres. However, it is worth noting that municipal centres did have a substantially higher percentage of high income members (19.5%) as compared to not-for-profit centres (11.2%).

From a regional perspective, there is some indication that certain regions have a greater number of members below the poverty line. Most notable, North Central has a poverty level of 45% followed by Golden Horseshoe (26.5%), North West (25.5%) and Toronto (22.3%) (See Table 16). This data suggests that there are specific geographic regions and specific centres that are serving a substantial portion of the population with very limited income levels. One trend that seems to be emerging from the data is the overall lower income levels represented in the older adult centres in Northern Ontario.

Table 16: Low Income Seniors Served by Region



C. Volunteers

The average older adult centre has 153 volunteers who provide 12,072 hours of service each year or an average of 78.9 hours per year. The majority of centres have between 100 and 200 volunteers though there are a number of centres with more than 200 volunteers (18%) (See Table 17). The ratio of volunteers to members is 1 to 6.6 or approximately 15% of the current members of older adult centres are also volunteers within the centre. In addition, almost 70% of the volunteers (69%) are over the age of 65 and a further 24% are between 50 and 64 years of age. Slightly less than 2% of the centre volunteers are under the age of 18. Given the recent education programs requiring high school students to volunteer in the community for 40 hours as part of their curriculum, it is somewhat surprising that the proportion of youth volunteers is not higher.

In total, there were 7,692 volunteers represented by this survey who contribute more than 531,000 hours per year. Within the entire older adult sector, it is projected that there are more than 23,500 volunteers who contribute more than 1.6 million hours per year. This is equivalent to 880 full time employees or roughly $24 million based on a modest hourly wage of $15.00.

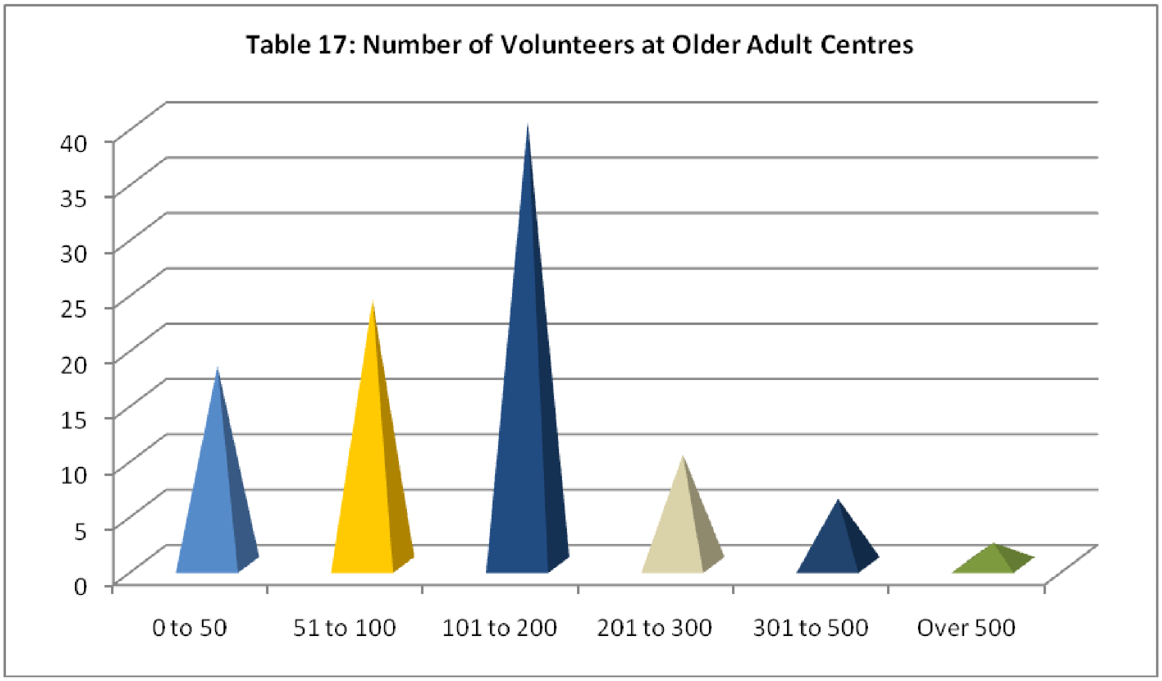
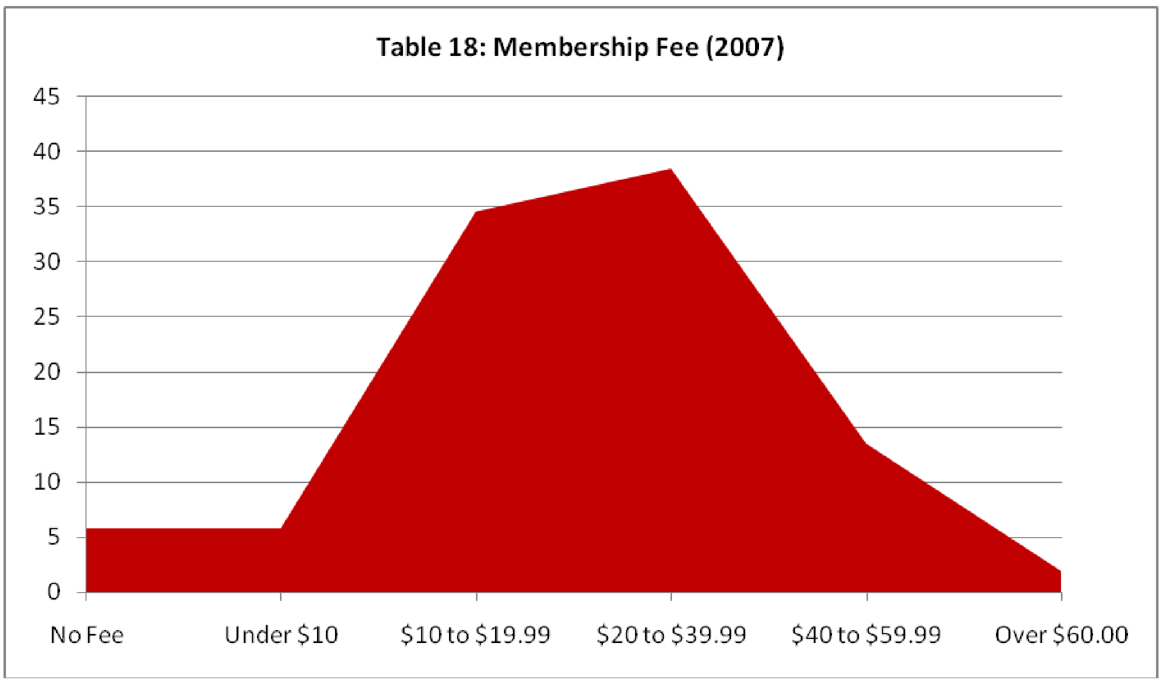


Table 17: Number of Volunteers at Older Adult Centres
40
35
30
25
20
15
10
5
0
0 to 50
51 to 100
101 to 200
201 to 300
301 to 500
Over 500

D. Financial Information

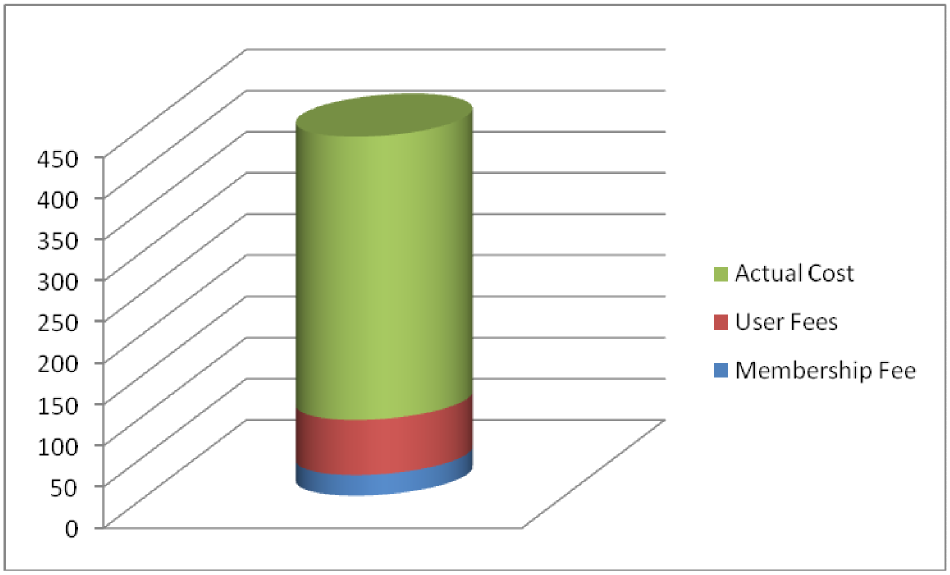
Membership Fees

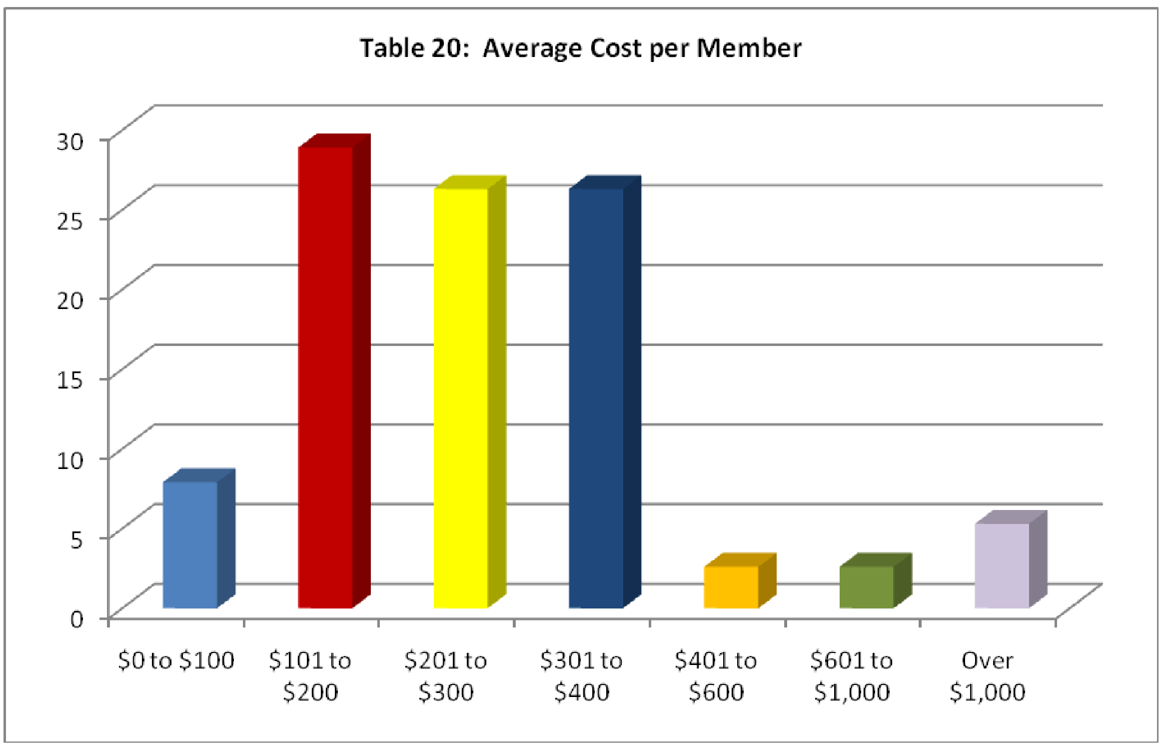
The majority of older adult centres have an annual membership fee of between $10 and $20 (34.6%) or $20 to $40 (38.5%) with the average fee being $25.18 per year (See Table 18). While the average membership has slightly increased over the past 10 years from an average of $20.00 per year, the annual membership fees still represent a value to older adults. For example, the average weekly cost of belonging to an older Adult centre is still less than 0.50¢.



While there is great variation in the annual cost per member, the average cost per member of operating an older adult centre is $344.74 per year (See Table 19). The average cost per member compared to the average membership fee suggests that members are only contributing 7.25% of the total costs through their membership fees (See Table 18). It should be noted that there are other user fees for programs that might substantially increase this contribution.

Table 19: Membership Fee compared to Total Cost





Revenue and Expenditures

The majority of the centres had a total expenditure budget between $200,000 and $500,000 per year with the overall average being $291,000 (See Table 21). There are a number of smaller older adult centres with a budget of less than $200,000 per year (43%) while only 13.5% of the centres had an operating budget of more than $500,000 including 4.5% of the organizations with a budget over $1.0 million.

It is surprising that not-for-profit centres actually have a larger average operating budget ($312,000) than municipal centres ($255,000). This trend may partially be attributed to the fact that often municipal centres do not include centre staff within the operating budget for the centre and that many facility costs such as, maintenance and utilities are often covered through other budgets.

Based on the average budget size per type of centre, municipal centres have a much lower annual unit cost per member at $199.84 compared to the not-for-profit annual unit cost per member of $348.60. Again, the comparison of actual expenditures may not be accurate given the different cost structures found in the municipal sector.

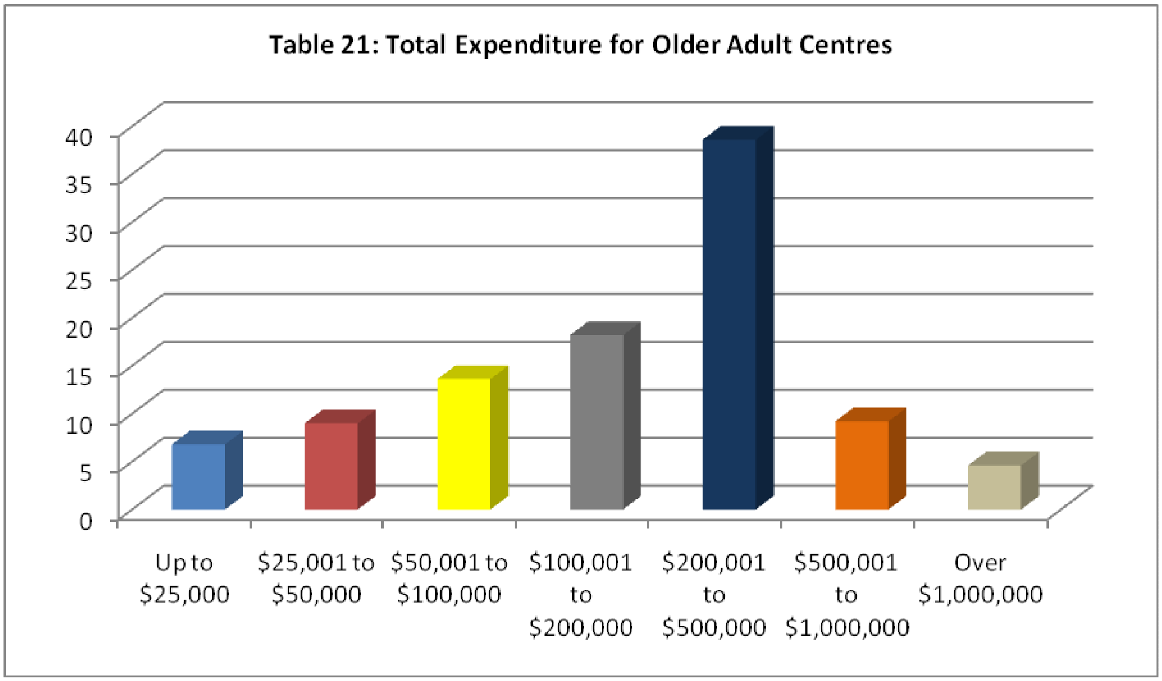


Table 21: Total Expenditure for Older Adult Centres
40
35
30
25
20
15
10
5
0
Up to $25,000
$25,001 to $50,000
$50,001 to $100,000
$100,001 to $200,000
$200,001 to $500,000
$500,001 to $1,000,000
Over $1,000,000

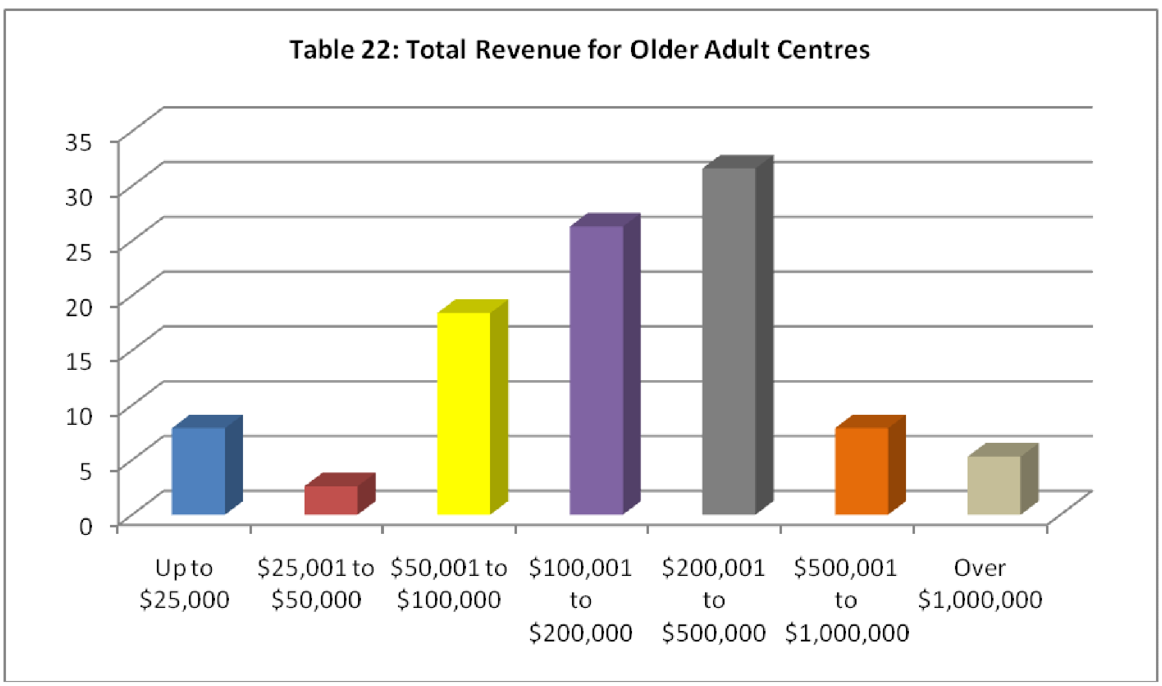
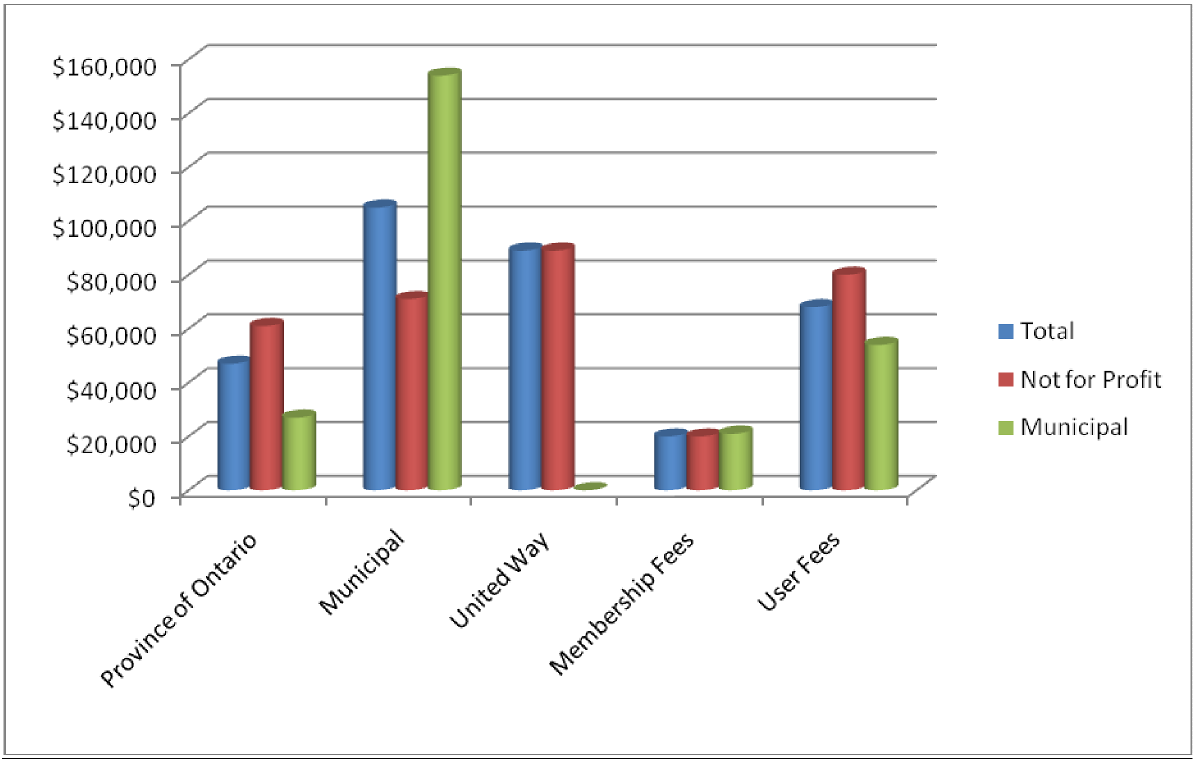


Table 22: Total Revenue for Older Adult Centres
35
30
25
20
15
10
5
0
Up to $25,000
$25,001 to $50,000
$50,001 to $100,000
$100,001 to $200,000
$200,001 to $500,000
$500,001 to $1,000,000
Over $1,000,000

The total revenue for older adult centres is very similar to the expenditures with the average annual revenue being $268,000 (see Table 22). There are two primary sources of revenue for older adult centres; government grants (including United Way) and user fees. For government grants, municipalities are the leading funder of older adult centres followed by the Province of Ontario and the United Way. Municipal Governments account for 32.7% of the total revenue for Older Adult Centres followed by User Fees (23.9%) and the provincial government (17.3%) (See Table 23). The United Way only accounts for 4.9% of the revenue and only 12% of the respondents are members of the United Way. In terms of user fees, program user fees account for 24% of the revenue followed by other sources (8%), membership fees (7%) and fund raising (6.27%).

Not-for-profit centres tend to receive more funding from the Province of Ontario ($61,000) than municipal centres ($27,000) while municipal centres tend to get much higher municipal funding ($154,000) compared to not-for-profit centres ($71,000). Not-for-profit centres have access to United Way funding which is not available to municipal centres and they also generate more user fees ($80,000) as compared to municipal centres ($54,000). There is no significant difference in revenue from membership fees or fund raising.

Table 23: Revenue Comparison for Type of Centre



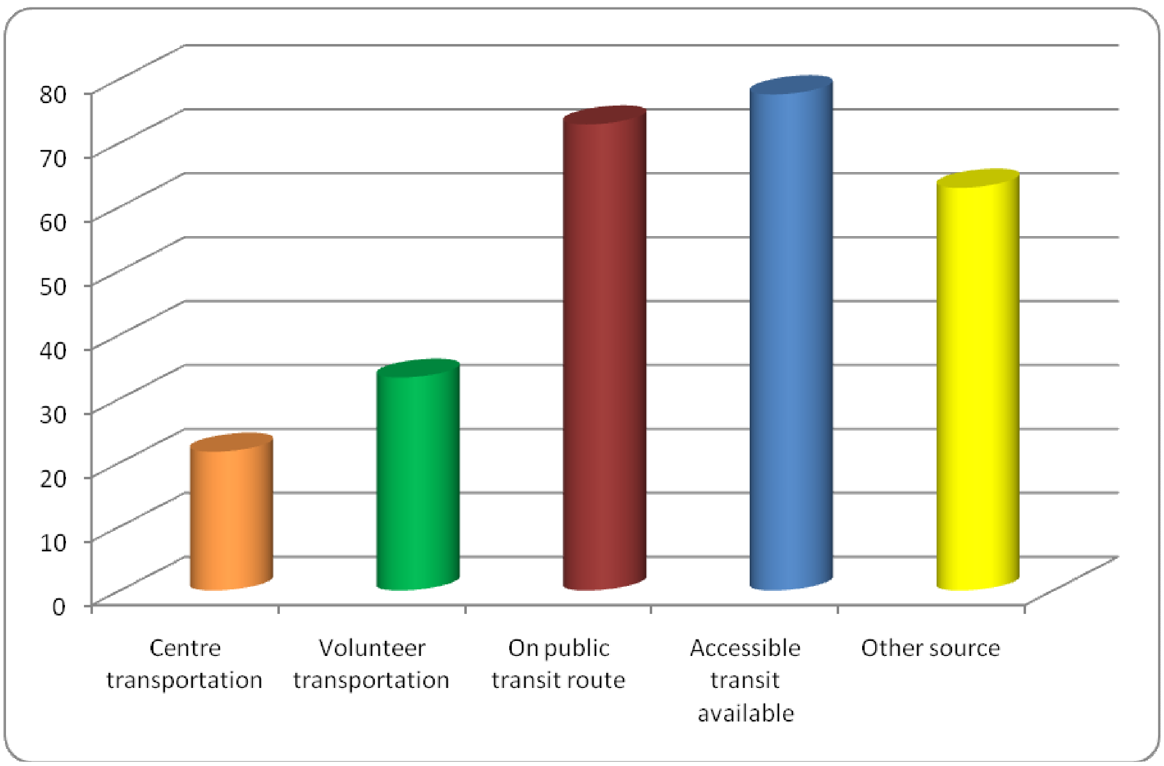
E. Centre Programs and Operations

Transportation

The majority of older adult centres do not operate transportation programs (78.3%) or their own volunteer transportation program (66.7%) (See Table 24). However, many communities do have municipal accessible transportation (77.6%) or other options such as, taxis (63.0%). As well, over 70% of the centres are located in areas that are accessible by public transit.

Overall, the transportation system for members of older adult centres is adequate to meet the needs of most members. The only concern is for older members who can no longer use public transportation, but may not be eligible for accessible transportation. The lack of centre operated transportation or volunteer transportation may limit participation by frail or older members at some point.

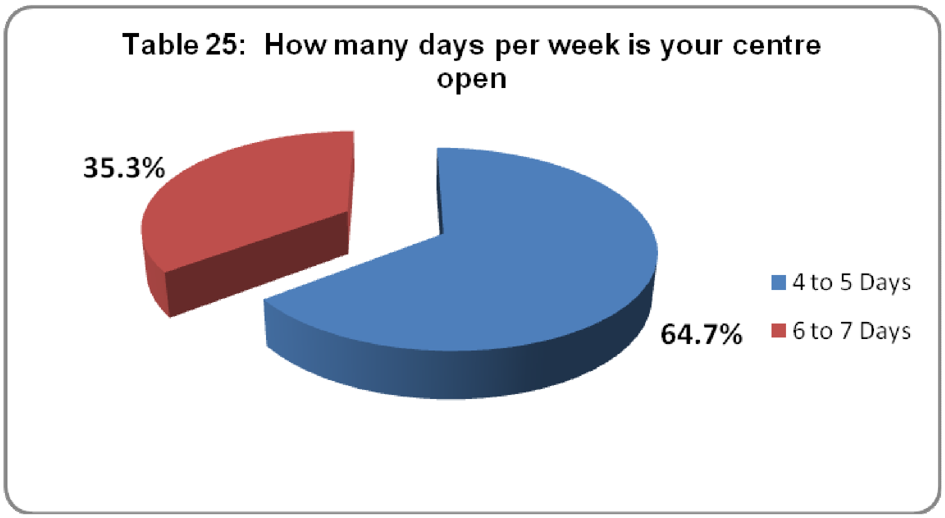
Table 24: Sources of Transportation Available



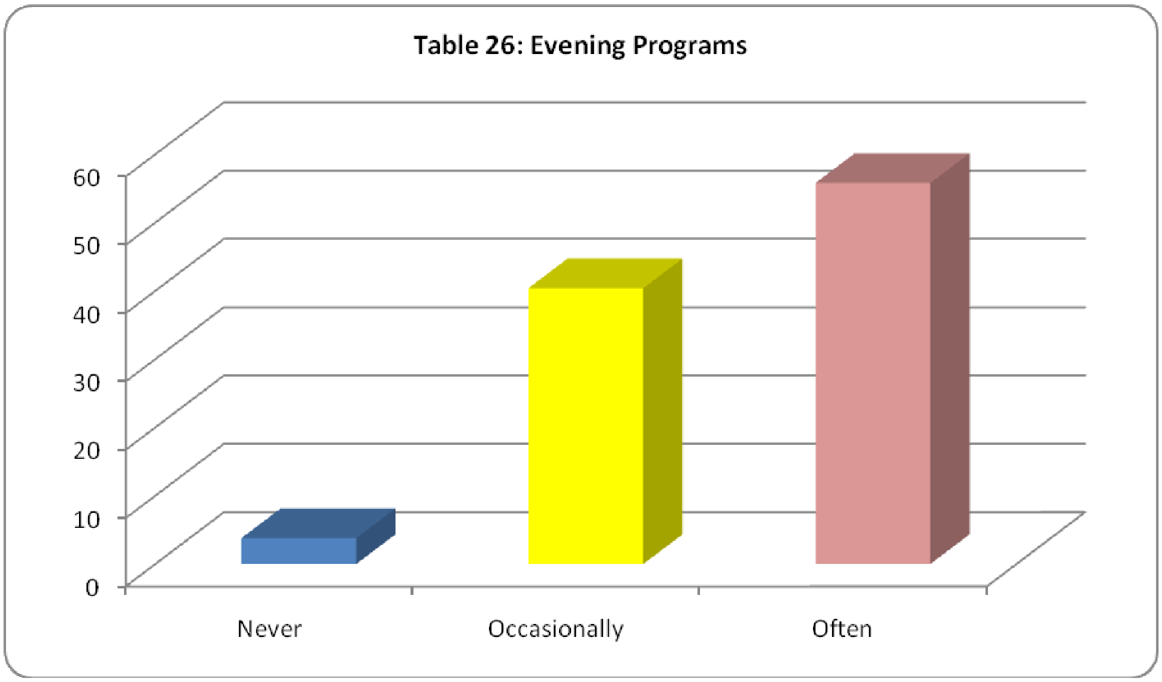
One third of the not-for-profit centres did offer transportation services, while only 5% of municipal centres offered their own transportation service. It should be noted that 40% of the municipal centres provided volunteer transportation and 28% of the not-for-profit centres provided volunteer transportation.

Hours and Days of Operation

The majority of centres are open for regular programs 4 to 5 days per week (64.7%) and over one third of the centres are open 6 to 7 days per week(See Table 25). There is little variation in terms of days of operation between municipal and not-for-profit centres.



The majority of older adult centres are offering some type of evening programs either occasionally (40.4%) or often (55.8%) (See Table 26).



Intergenerational Programs

+Older adult centres would seem like an ideal venue to provide intergenerational programs. However, there are very few intergenerational programs available in centres on a regular basis. 40% of the centres did not provide any intergenerational programs while 46% of the centres only provided 1 to 3 intergenerational programs per year (See Table 27). Only 14% of the centres provided intergenerational programs 4 or more times per year.

For those centres that provide intergenerational programs, three quarters of the programs did at least sometimes create several interactions or meetings between the participants while 25% of the programs were one-time interactions. Further, more than 70% of the centres felt that their intergenerational programs were highly organized and planned.

More than one third of the centres (42%) felt that they would increase their intergenerational programs if resources were available and a further 48% stated that they might increase their intergenerational programs. Only 10% of the centres stated that they were not interested in intergenerational programs.

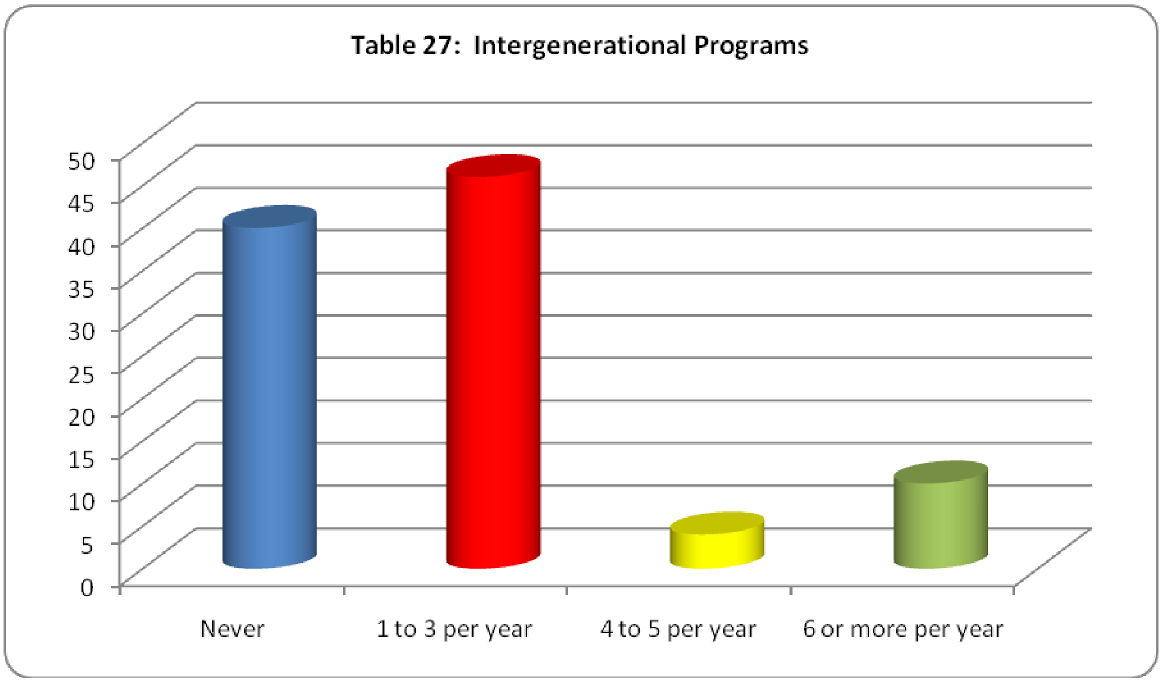
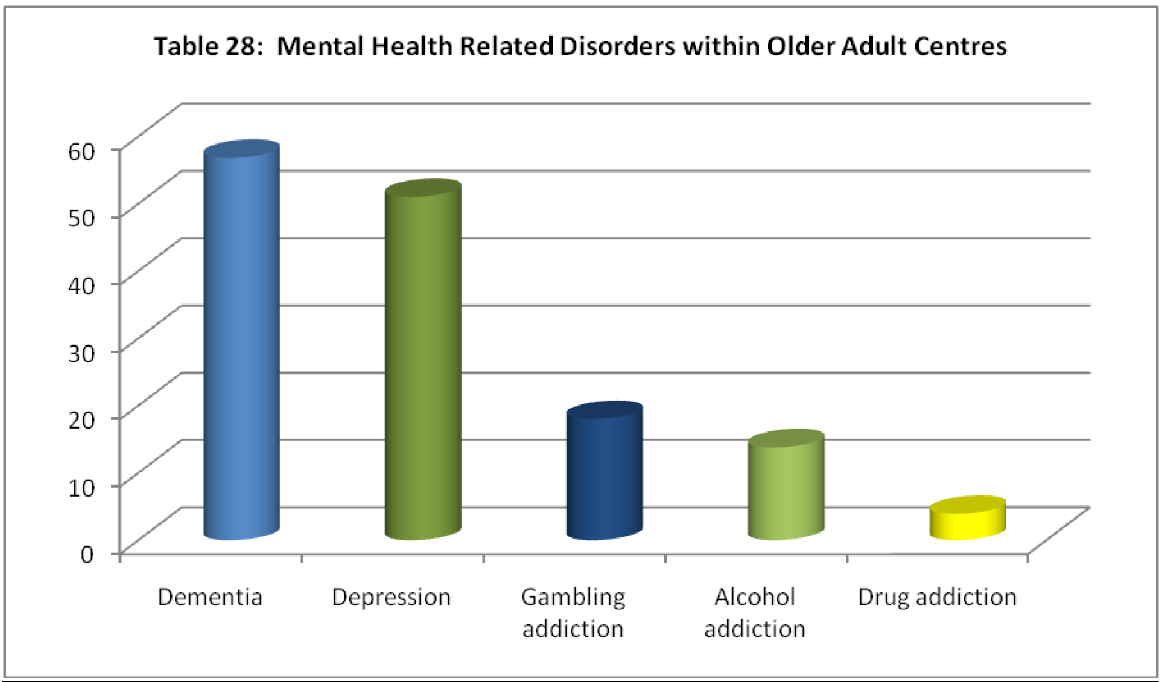


Table 27: Intergenerational Programs
50
45
40
35
30
25
20
15
10
5
0
Never
1 to 3 per year
4 to 5 per year
6 or more per year

Addictions and Mental Health

Overall, there does not appear to be a great number of known disorders within older adult centres (See Table 28). Dementia would appear to be the most prevalent disorder with a recognition factor of 56.8% followed by depression (51.1%). All of the other disorders are well below 20% and do not appear to be an issue. In terms of running centre programs to help members deal with these disorders, again there are few resources available. Only 16% of the centres have programs for dementia or depression while drug addictions, alcohol addiction and gambling addiction are well below 5% in terms of centre programs.

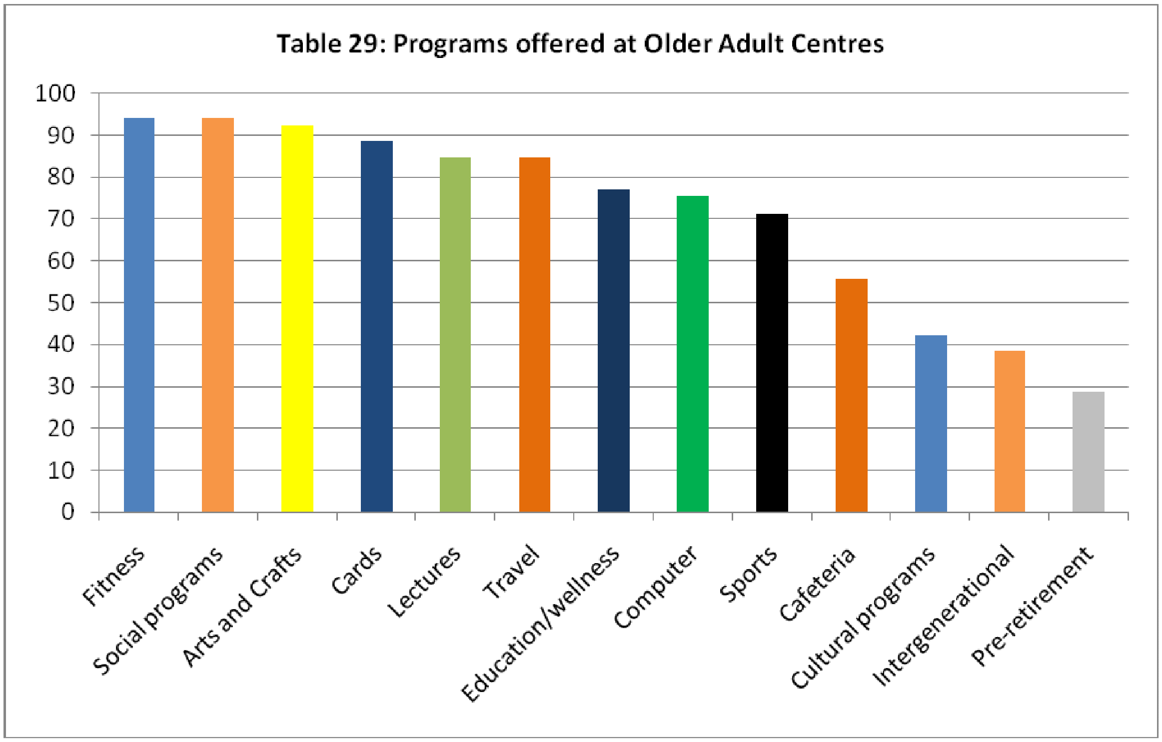


Programs and Services

In terms of programs offered by older adult centres, there is a great deal of similarity across the entire survey with the standard programs of fitness, arts and crafts, social programs and cards all being in 90% or more of the centres (See Table 29). It was also interesting to note that 75% of the centres provide computer training though it is also worth noting that cafeteria services were only 55% and cultural, intergenerational and preretirement programs were all well below 50%.

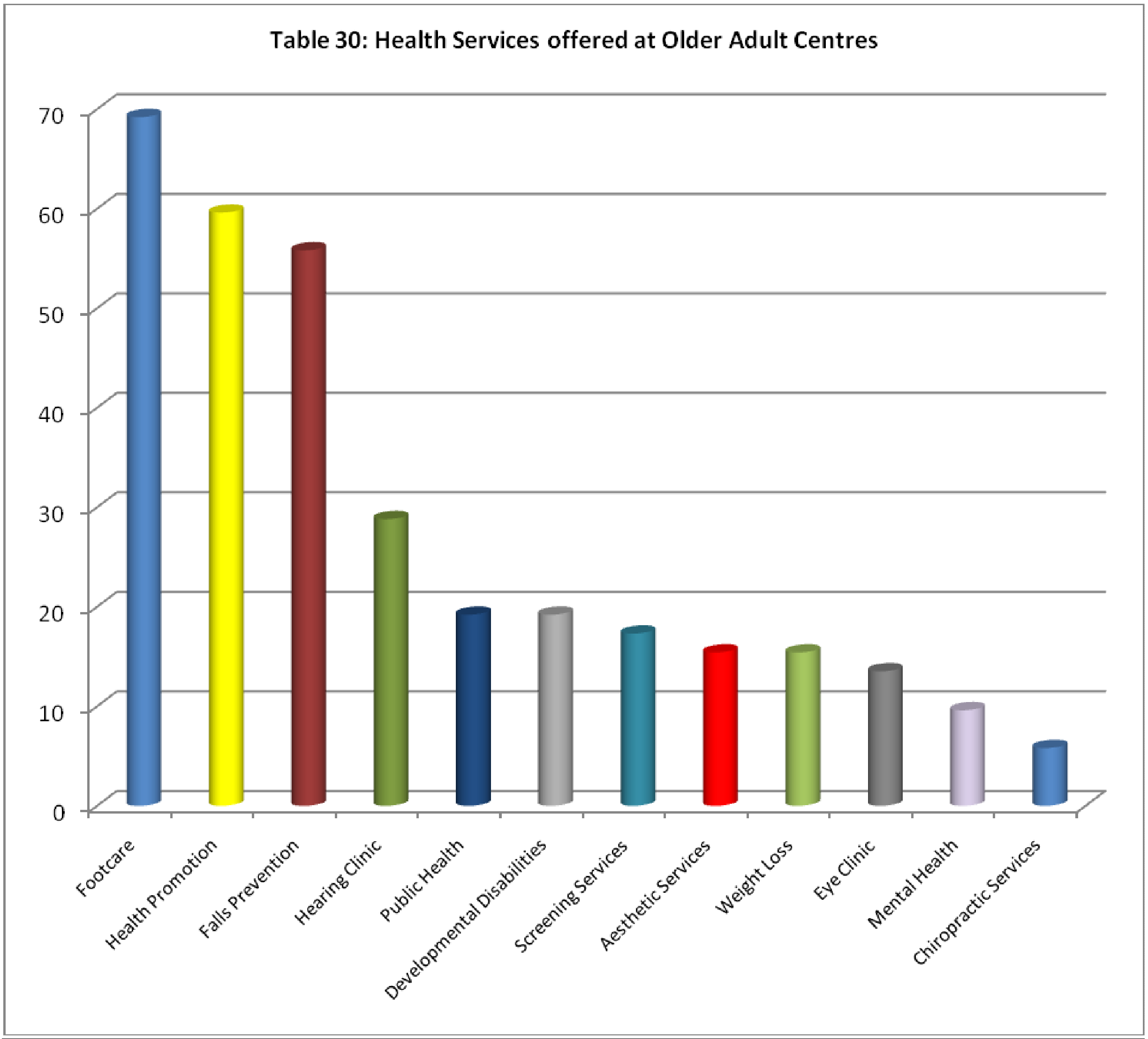
There are some distinct differences between the programming offered in not-for-profit and municipal centres. For example, more than half of the not-for-profit centres offer cultural programs (53%) while less than one quarter of the municipal centres (23.8%) provide cultural programs. A similar ratio exists for intergenerational programs with 46% of the not-for-profit centres providing these programs and only 28% of the municipal centres offering these programs. Sports activities are more prevalent in municipal centres (81%) than not-for-profit centres (66%) as are computer courses (86% to 70%), pre-retirement courses (38% to 23%) and lectures (100% to 76%).

Overall, the differences in programs can be largely attributed to the different mandates between municipal centres and not-for-profit centres along with the availability of resources. However, some of the contrasts were somewhat surprising and the municipal centres are moving beyond the traditional recreation focus within older adult centres.



In terms of health services offered at older adult centres, the largest programs include; footcare (69.2%), health promotion (59.6%), falls prevention (55.8%) (See Table 30). Following these three services, there is a large drop off in the availability and consistency of health services within older adult centres. The one observation that is apparent from these results is that with the exception of footcare, there is not a great deal of health screening or direct service clinics within centres.

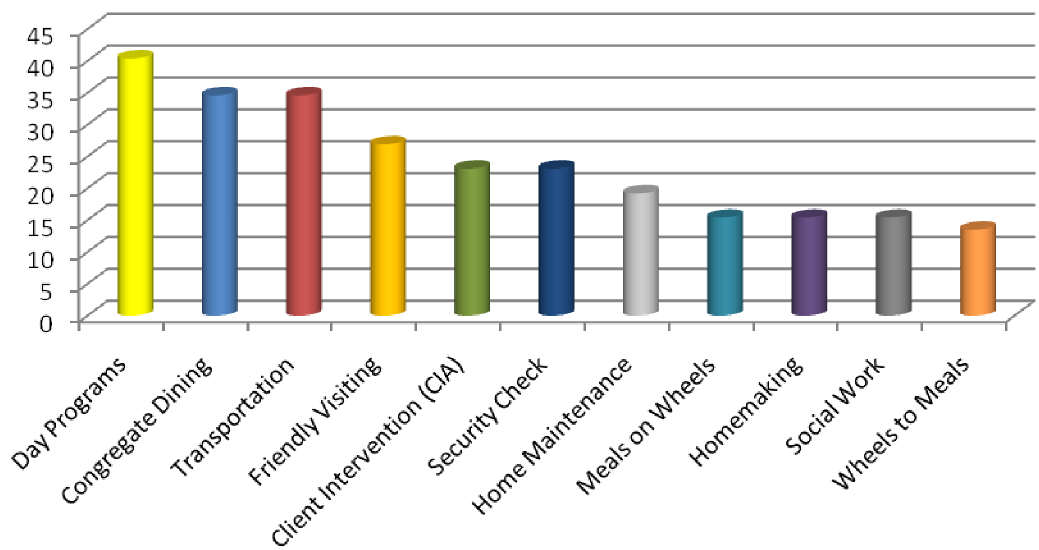
It is also interesting to note that municipal centres actually are providing more health services than not-for-profit centres in most cases. For example, health promotion in municipal centres is 67% while it is only at 56% for not-for-profit centres. Footcare is also very high in municipal centres (86%) as compared to a moderate level for not-for-profit centres (60%).



In terms of home support services, there are only a small number of older adult centres providing the full basket of home support services (15.4%) though there are specific services that are more prevalent in centres such as, adult day programs (40.4%), transportation (34.6%) and friendly visiting (26.9%) (See Table 31). It would appear that even though many home support services in Ontario began in the early 1980's through older adult centres, most of these services are now provided by other organizations and have only a fringe relationship with centres.

It is interesting to note that the provision of home support services in older adult centres is not largely dependent on the type of centre and that many municipal centres are almost as active as not-for-profit centres in providing these services. Overall, not-for-profit centres are slightly more active (21.3%) than municipal centres (13.3%) but the difference is not very significant given the overall low provision rate.

Table 31: Home Support Services offered in Older Adult Centres

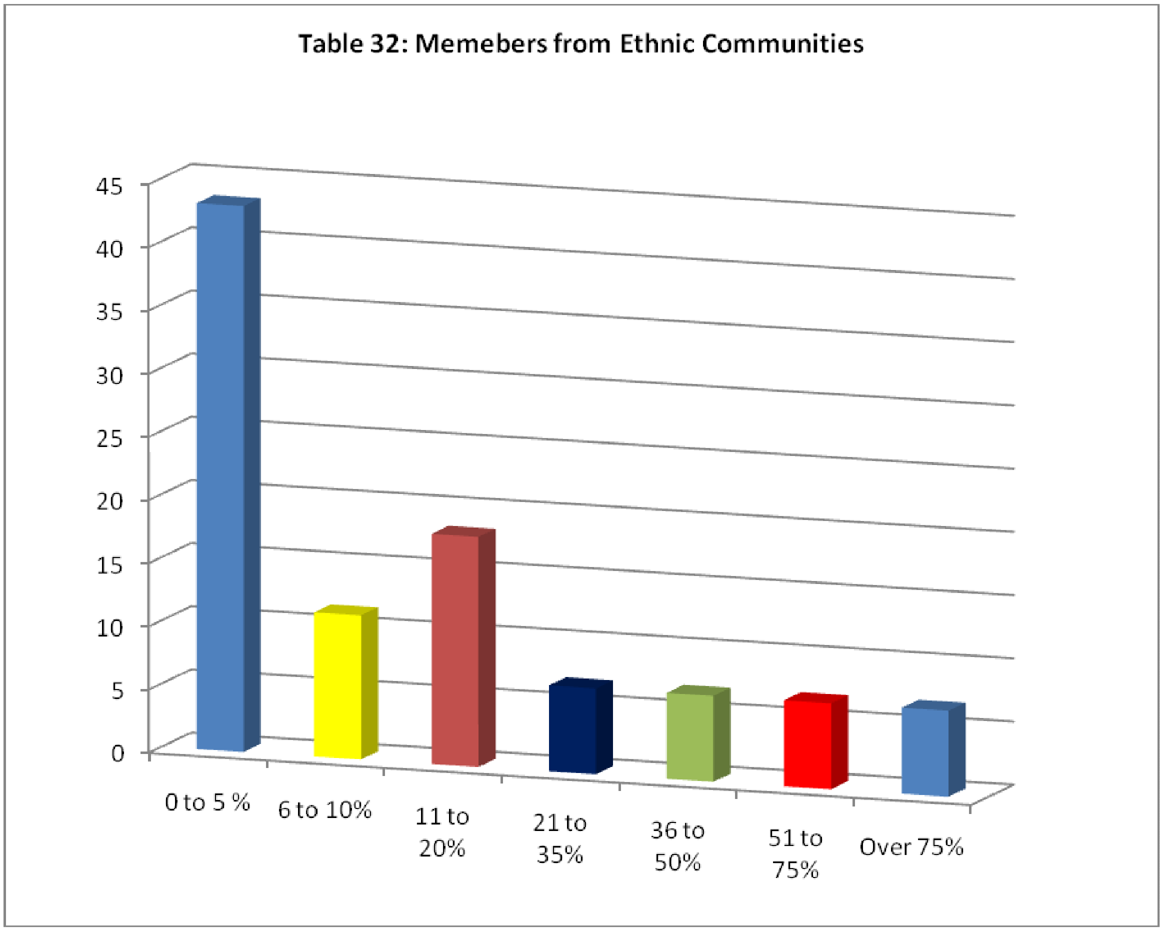


It is also interesting to note that there are some major regional disparities in terms of the provision of home support services within older adult centres. Generally, the Eastern Region and Toronto are the largest provider of in-home services while the Central Region and South West Region are strong providers of facility based home support services along with the Eastern Region and Toronto. There is a distinct lack of home support services through centres in the northern regions. This result is largely caused by the past regional funding approaches of the Ministry of Health and the disparities and different approaches that existed throughout the province.

Diversity in Older Adult Centres

Overall, older adult centres are not overly effective in meeting the ethnic diversity needs of our population in Ontario. Despite some great individual older adult centres that cater to ethnically diverse communities, the overall level of diversity in centres is fairly low. In fact, almost 50% of the centres (45%) have a diversity level in their membership of 5% or less and three quarters of the centres have a diversity level of under 20% (See Table 32). Only 12% of the older adult centres could be classified as ethnic centres in terms of serving a majority of members from ethnic communities while almost 20% of the centres (19%) could be deemed to have a true ethnic focus with at least one third of the members from ethnic communities.

The Toronto Region centres (24%) and the Central Region centres (19%) are the most ethnically diverse centres in the province though the results are still very low considering the demographic profiles of many communities. For example, more than 55% of the Toronto population are from ethnically diverse communities .



There seems to be solid recognition within older adult centres that they are not satisfied with their current level of diversity. Only slightly more than one third of older adult centres are very satisfied with their approach to diversity (36%) while almost half of the centres (44%) are somewhat satisfied and 20% of the centres are very unsatisfied with their approach to diversity (See Table 33). This is supported by the fact that almost one third of the centres (30%) felt that they were not representative of the communities that they serve and that 36% of the centres stated that their board composition is not at all representative of the communities that they serve. In general, only about 30% or less of the older adult centres are satisfied with their approach to diversity.

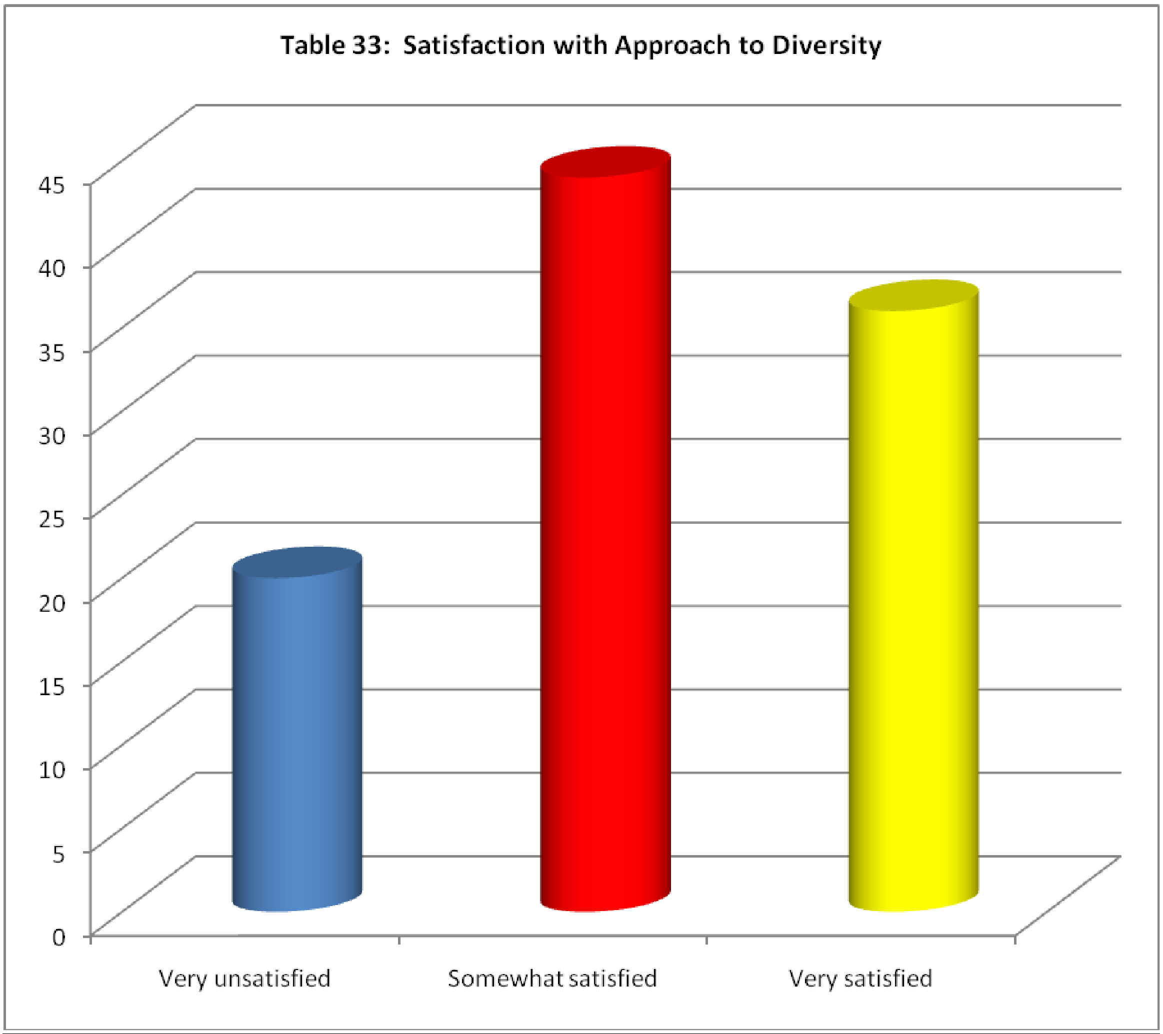


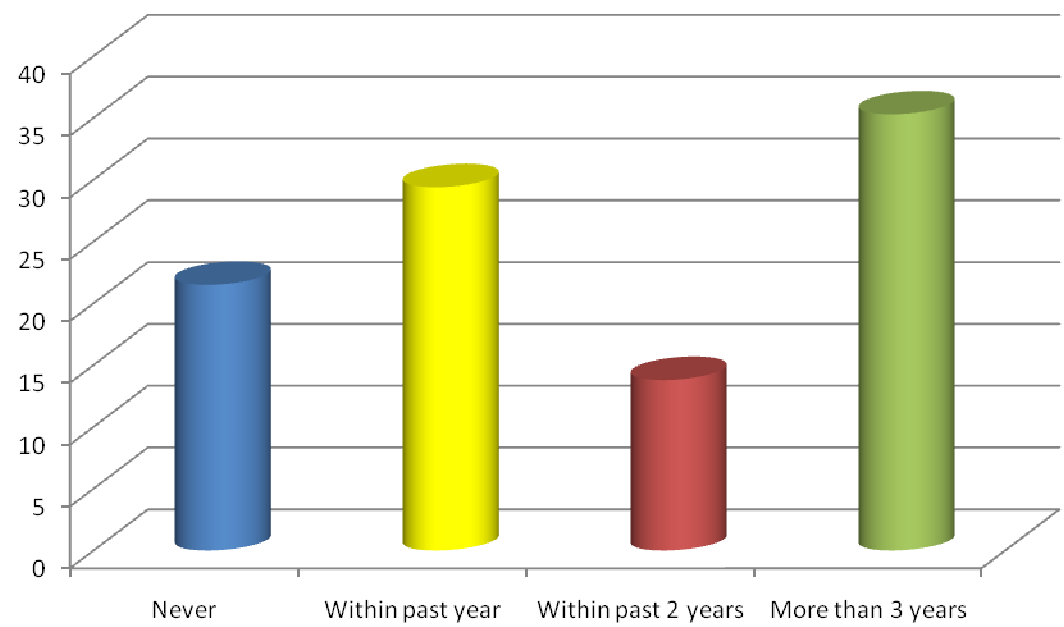
Table 33: Satisfaction with Approach to Diversity
45
40
35
30
25
20
15
10
5
0
Very unsatisfied
Somewhat satisfied
Very satisfied

F. Issues facing Older Adult Centres

Strategic Planning

It is a well known fact that older adult centres have limited staffing resources that are usually focused on day-to-day operation as opposed to planning and governance issues. It is therefore not surprising to see that over one thirds of older adult centres have not conducted a strategic planning process for more than 3 years (35%) and close to one quarter of the centres have never conducted a strategic planning process (22%) (See Table 34). With almost 6o% of the centres struggling with strategic planning, there is a great opportunity for OACAO to provide a valuable and needed service to its membership.

Table 34: Strategic Planning Process



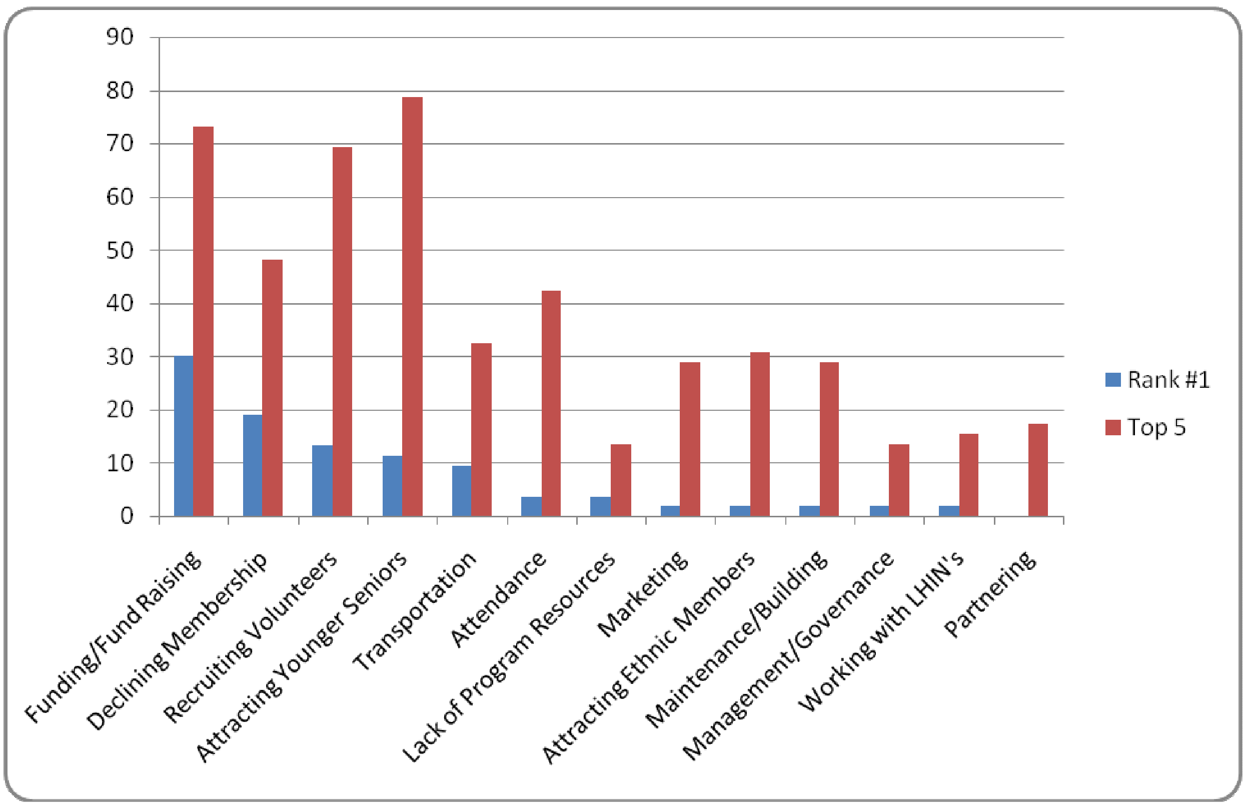
Major Issues facing Older Adult Centres

There are many issues facing older adult centres today in Ontario. Not surprisingly, funding and fund raising is the #1 issue for centres in Ontario, showing up as the top issue for more than 30% of the centres and having the highest weighted score (103)(See Table 35).

Declining membership is also an issue for many centres as stated earlier in the report. Despite the fact that less than half of the centre are experiencing declining membership, this was still the second highest #1 issue (18.9%). Other issues included recruiting younger members, recruiting volunteers and attendance.

The weighted scores (See Table 36) suggest that the top five issues for older adult centres are; 1) funding/fund raising, 2) attracting younger members, 3) recruiting volunteers, 4) declining membership and 5) attendance. It is somewhat surprising that working with LHINs, diversity and governance were not ranked higher by the centres.

Table 35: Top Issues Facing Older Adult Centres



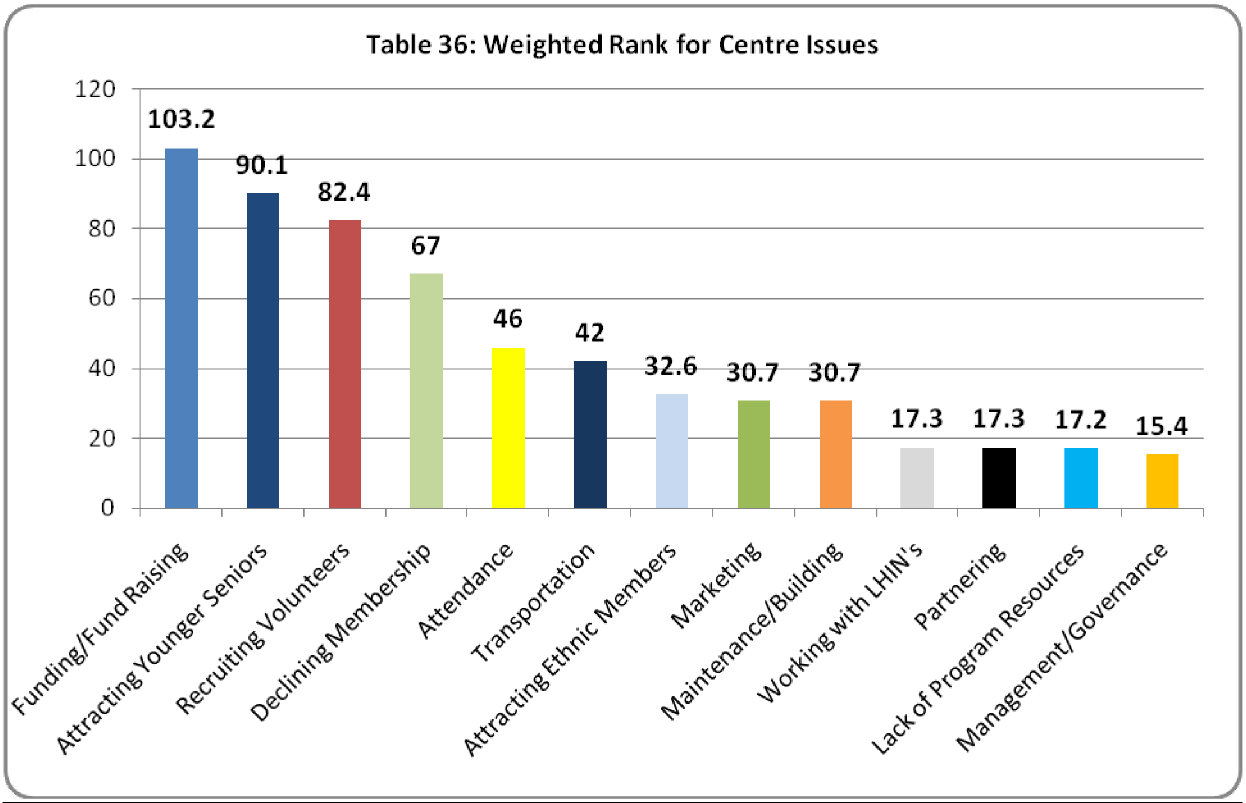


Table 36: Weighted Rank for Centre Issues
120
100
80
60
40
20
0
103.2
90.1
82.4
67
46
42
32.6
30.7
30.7
17.3
17.3
17.2
15.4
Funding/Fund Raising
Attracting Younger Seniors
Recruiting Volunteers
Declining Membership
Attendance
Transportation
Attracting Ethnic Members
Marketing
Maintenance/Building
Working with LHIN's
Partnering
Lack of Program Resources
Management/Governance

IV. Conclusions

The profile of older adult centres in Ontario presents an impressive overview of one of the most under recognized resources within our health system. The fact that an estimated 150,000 seniors in Ontario participate in older adult centres is a truly impressive statistic and suggests that almost 10% (9.1%) of the seniors in Ontario belong to a senior centre[3]. Though it is a well known fact that older adult centres have fairly small budgets and generate a vast number of programs and services with very few financial resources, the impact and contribution of volunteers within older adult centres is even more impressive, accounting for more than $24 million in donated labour each year or the equivalent of 880 full time employees.

The cost effectiveness of older adult centres has been well documented by OACAO in past years through the bi-annual membership profile. This is supported in this survey by an average cost per member of only $344.00 per year. In fact, past studies by OACAO have suggested that the average unit cost for a member participating in a program or activity at a centre is roughly $1.00 per unit[4]. There are not many programs or services within our healthcare sector that can point to this kind of financial return or efficiency.

The profile of older adult centres identified some key issues that many centres are facing today. Specifically, there is a major issue coming for many not-for-profit older adult centres with the **aging of facilities**. Since many of these facilities were built prior to 1980, they will be reaching the limits of their usefulness over the next 10 to 20 years. Unlike their municipal counterparts, not-for-profit centres cannot rely on the tax base to build new facilities and the Ministry of Health no longer provides any capital funding for new centres as was the case in the 1970's.

There also seems to be a trend in almost half of the older adult centres with **declining membership**. Though the magnitude of this decline is not always that significant, there is a definite decline happening in many centres. The trend seems to impact on both municipal and not-for-profit centres though the rate of decline is greater within the not-for-profit sector. There is also a converse trend happening with many centres experiencing rapid growth almost equal in numbers to the declining centres. Though this is an area that requires much more study, it would appear that the aging of the "boomer" generation is starting to affect participation in many older adult centres.

[3] Statistics Canada, Census, 2006

[4] OACAO Membership Profile, 2002.

One of the common themes that older adult centres often discuss is the incoming wave of "boomers" and the need to **attract younger members**. If you spoke to every older adult centres in Ontario, the majority of centres if not all would tell you that one of their goals is to attract younger seniors or younger members. To some extent, this trend is happening across older adult centres as is seen by the increase in younger members from 9% to 14% from 1999 to 2007. Within not-for-profit centres, they tend to serve a slightly older population and offer more supportive programs than the municipal sector. Perhaps, many older adult centres need to re-think this "younger member" thrust and focus on the aging members that are already using the centres. This segment of the population will also continue to grow as the life expectancy rates continue to increase and seniors remain healthier for much longer. Through our focus groups and key information interviews we have heard many comments about "you can't be all things to all people". One of the challenges for older adult centres is to try and offer programs for fifty year old "boomers" at the same time as meeting the needs of many members who are 85 years of age and above. This dilemma could be seen as a different spin on the old expression "generation gap" and the "generation gap" within older adult centres could become a major issue in the future as centres strive to meet the needs of the "boomer" generation.

Another major issue for older adult centres is the challenge of **serving lower income seniors** or seniors at or below the poverty line. While this issue has not been widely recognized to this point, the pressure to attract the younger, wealthier "boomers" may give this issue more attention. Can older adult centres attract the younger members while at the same time allow for the inclusion of lower income seniors? From a marketing and program perspective, it would seem that attracting younger members will require a higher level and quality of programs which will require higher user fees. This approach is in direct opposition to meeting the needs of a low income membership.

From the survey results, it is apparent that many centres are not aware of the **mental health issues** that may exist within their own members. Beyond the two major illnesses, dementia and depression, there appears to be little awareness of what issues might exist within the membership of an older adult centre. Further to this, even if the awareness does exist there are very few programs in place to help deal with these issues.

The **lack of health services within older adult centres** was also a major surprise in this survey. Beyond foot care and health promotion, there is very little in the way of health services available through older adult centres and very little in the way of actual screening services available.

The penetration of older adult centres into **home support services** is also very low. With only about 15% of the older adult centres providing in-home services, this component of the healthcare system is obviously being delivered through other types of organizations. Despite this fact, older adult centres would seem to be a good option for promoting in-home services given the vast number of seniors that belong to centres.

The **diversity within older adult centres** was also somewhat surprising. With almost half of the centres having a membership ethnic mix of 5% or less, there are major issues to be looked at by many centres. While most centres seemed quite aware of this issue and noted themselves that not even their boards of directors were representative of the ethnic mix of the communities that they serve, it seems like centres are looking for a model or a strategy to improve their ethnic mix within the centre and better meet the needs of their community. In other words, this problem does not exist because of a lack of openness to serving other ethnic groups but it exists because of a lack of response from the community and the lack of knowledge and resources to address the issue on behalf of the centres.

Most older adult centres operate on a very small budget with limited staffing resources. This would explain the **lack of strategic planning** that is occurring within many older adult centres across Ontario. When more than 55% of the centres have not conducted a strategic planning process for more than 3 years including more than one third of this group who have never conducted a strategic planning process, there is a definite lack of planning within the sector. This may partially explain some of the other issues that have been identified such as, declining membership and lack of diversity though it also points to the need for a greater focus on planning for the future to deal with emerging issues such as, the aging of the "boomer" generation.

The **other major issues** identified in the survey are typical of where older adult centres are today. Funding is always at the top of the list and the need to attract younger members is a sector wide trend that corresponds with the aging of the "boomers". It was also interesting to note the importance of declining membership and attracting volunteers within the top five issues. Perhaps, just as interesting as the major issues that were identified in the survey by older adult centres are the issues that did not get much recognition. Specifically, the lack of interest in working with LHINs or in developing partnerships was surprising as was the low attention paid to diversity and intergenerational programs.