

**Older Adult Centres' Association of Ontario
(OACAO) Member
and
Seniors Active Living Centre (SALC)**

2020 PROFILE SURVEY

June 2020

OACAO

The Voice of Older Adult Centres
La voix des centres pour aînés



Older Adult Centres' Association of Ontario (OACAO) Member and Seniors Active Living Centre (SALC) 2020 Profile Survey

A profile report of centre membership, programs and services, funding, and strategic planning.

This report has been prepared by the OACAO. We are a non-profit provincial organization that is a recognized leader in the develop of quality services, resources, and supports for our network 180+ community-based older adult centres and associate members. We share a strong commitment to ongoing liaison and advocacy with government and other provincial associations in matters which affect older adult centres, SALCs and older adults.

We recognize that the work of the OACAO and our members takes place on traditional territories of Indigenous people who have lived here and cared for this land for thousands of years. We are grateful to have the opportunity to work on this land, and by doing so, give our respect to its first inhabitants.

This work was supported with funding from the Ministry for Seniors and Accessibility.

The OACAO would like to acknowledge the staff, volunteers and board members in Centre across Ontario who participated in this project.

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EXECUTIVE SUMMARY

This report presents the findings from a profile survey conducted with 136 Older Adult Centres/Seniors Active Living Centres across Ontario.

- Centres are long-standing pillars of the community, serving over 10,000 seniors every day across the province.
- While most centres have some paid staff, all rely on dedicated volunteers to support their programs.
- Centre participants were predominately older women who were in their 70's.
- Centres have been successful at reaching equity-seeking and vulnerable older adults, including those who live alone, those with physical disabilities and those from ethno-cultural groups.
- Centres have access to a variety of amenities and offer innovative health, recreation, social programs in multiple languages.
- Seniors Centre Without Walls are increasing in popularity among centres across Ontario and represent a new opportunity to promote engagement and reduce isolation in an era of physical distancing.
- Centres engage in strategic planning and program evaluation to inform program development.
- Most centres rely on funding from federal, provincial and municipal partners; funding from non-government sources (such as program fees and donations) have been negatively impacted due to COVID-19 closures.
- Most centres have been successful at creating accessible spaces, but some face challenges due to aging buildings and require more funding to remove barriers.
- The OACAO is a recognized leader, providing valuable resources and opportunities for training and networking.



METHODS

The OACAO conducted a province-wide profile survey of OACAO members and non-member Seniors Active Living Centres (SALC) to gather vital information about current trends and issues facing the sector.

About the Survey:

The survey included 82 questions that examined:

- 1) Overview of centre/SALC program
- 2) Centre participants
- 3) Programs and services offered
- 4) Funding and participant fees
- 5) Planning and decision making
- 6) Use of OACAO resources

About the Participants:

Survey participants included:

- OACAO Members – Older Adult Centres
- OACAO Members – Seniors Active Living Centres
- Non-Member - Seniors Active Living Centres

Each member/SALC was asked to complete the survey once; therefore, organizations with multiple SALCs were asked to complete it multiple times.

A total of 252 organizations were invited to participate, with responses from 136 (54% response rate).

Data Collection:

The survey was available on SurveyMonkey from March 2nd to April 30.

Due to the COVID-19 pandemic, the survey was extended as long as possible.

Those who completed the survey were entered into a draw for a chance to win a free introductory OACAO membership (for new members) or 50% off their 2020-2021 OACAO membership (for current members).

The term “centre” will be used throughout this report, as respondents include both a mix of SALC and non-SALC funded organizations.

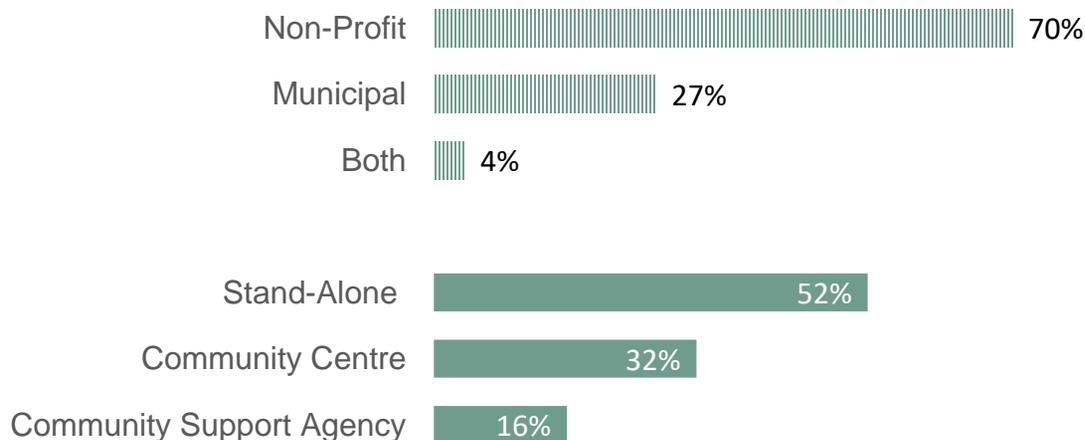


CENTRES AT A GLANCE

Centres were a mix of municipal and non-profit agencies; five centres indicated they were both, suggesting they were municipally operated with a non-profit board of directions. While half of centres were stand-alone, the other half were part of a community centre (32%) or a community support agency (16%). While some centres were new (built within the past 10 years), most have been serving older adults in the community for several decades.

There is diversity in both the type of centre and organizational affiliations

Based on responses from 135 centres.



30

Average number of years centres have been in operation

5.5

Number of days per week centres are open

10,965

Number of older adults attending a centre across Ontario each day

Centres Rely on Dedicated Staff and Volunteers



STAFF

Centres had an average of 5 paid staff members, made up of three part-time positions and two full-time positions. Non-profit centres had half as many staff members as municipally run centres.

Centres with more staff had larger operating budgets and served more members.

Nearly one half of centres wanted more staff, and 15 had no paid staff, relying entirely on volunteers to maintain centre operations.



VOLUNTEERS

On average, centres had 116 volunteers that provided 11,000 hours of service to the centre.

Centres run entirely by volunteers had small operating budgets (\$54,000 per year) and served approximately 18 participants each day.

Centres excelled in volunteer recognition and appreciation, but half would like more training and resources on volunteer recruitment and management.



INSTRUCTORS

While one quarter of centres had no paid program instructors, the remaining centres had an average of 11.

Paid instructors usually facilitated specialized fitness or skill-based classes such as yoga, Zumba, quilting, or art, and centres frequently charged registration fees to cover the additional costs.

One third of centres expressed difficulty attracting high-quality program instructors.



CENTRE PARTICIPANTS

Centre participants were predominately women (70%) who were in their 70's. Centres that had a website advertising their programs and services had a greater proportion of participants under age 65, while those without a website had more members over age 85.

Centres were interested in attracting more male participants (51%) and baby boomers (57%).

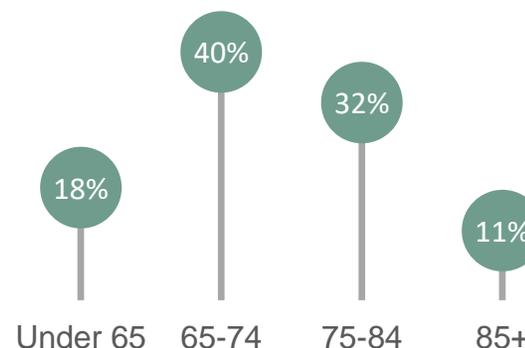
Centres have experienced growth in membership over past year

Based on responses from 118 centres.



Centre participants are diverse in age

Based on responses from 113 centres.



On average, centres served around 70 participants each day, although 40% of centres were interested in attracting new participants to their centre. Centres that charged participants program registration fees tended to have higher daily attendance, as did those that offered programming in the evening, as well as those who offered programming for older men.

Centre attendance was usually tracked individually through sign-in sheets (61.7%); however, one third of centres used software such as MySeniorCenter. Only 10% did not track attendance at the centre.

Centres Are Reaching Diverse Seniors

Centres across the province have been successful at engaging equity-seeking and vulnerable older adults

Based on responses from 118 centres.

90%

Centres that served seniors living alone

88%

Centres that served seniors with physical disabilities

73%

Centres that served seniors from ethnocultural groups

66%

Centres that served seniors with developmental disabilities

58%

Centres that served francophone seniors

58%

Centres that served rural dwelling seniors

56%

Centres that served LGBTQ2S seniors

44%

Centres that served Indigenous seniors

Almost all centres reached seniors living alone, representing between 50% and 90% of members; other equity-seeking and vulnerable groups represented between 10% and 25% of members. Some centres target their programs and services to specific groups. For example, there are several Francophone centres that offer programs exclusively in French.

42% of centres felt that there were equity-seeking groups in their neighbourhood that were not well-represented in their membership.

Many centres reported challenges reaching older adults from Indigenous (22%) and LGBTQ2S (24%) communities, as well as seniors from ethno-cultural groups (18%).

Many centres are operating at capacity (both in terms of space and staff), which limits their ability to develop programs targeting vulnerable or equity-seeking older adults; offering programs in multiple languages was noted to be especially challenging

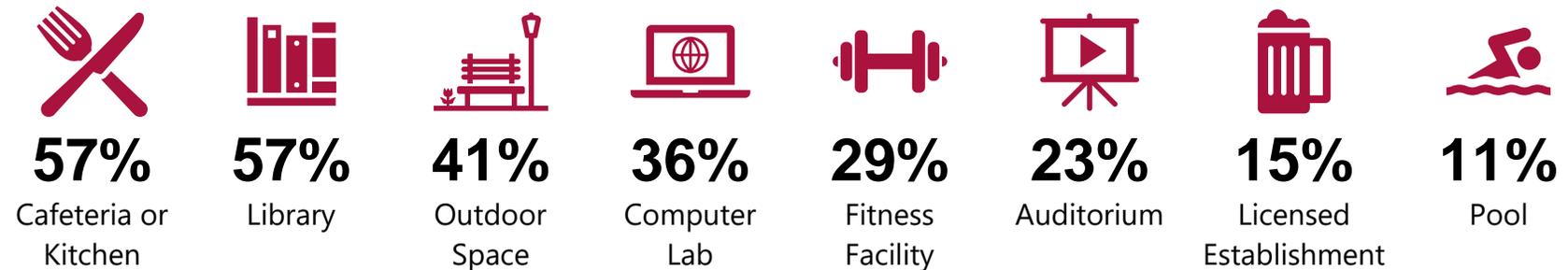
Centres highlighted a need for more membership education to promote inclusivity and create safe spaces for all older adults.



AMENITIES, PROGRAMS AND SERVICES

Centres have access to a variety of amenities on-site

Based on responses from 127 centres.

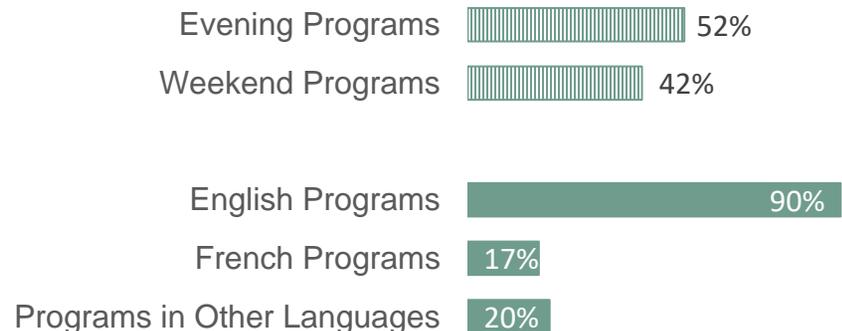


The majority of centres (74%) had started new programs over the past year. **One key new program was Seniors Centre Without Walls, which has been instrumental for reducing social isolation during centre closures due to COVID-19.** Other new programs included social prescribing, kickboxing, arts programs, and a variety of fitness and dance classes.

Several centres (28%) have also stopped programs that were not getting high attendance, or when they no longer had access to a suitable program space.

Centres offer programs on evenings/weekends and in multiple languages

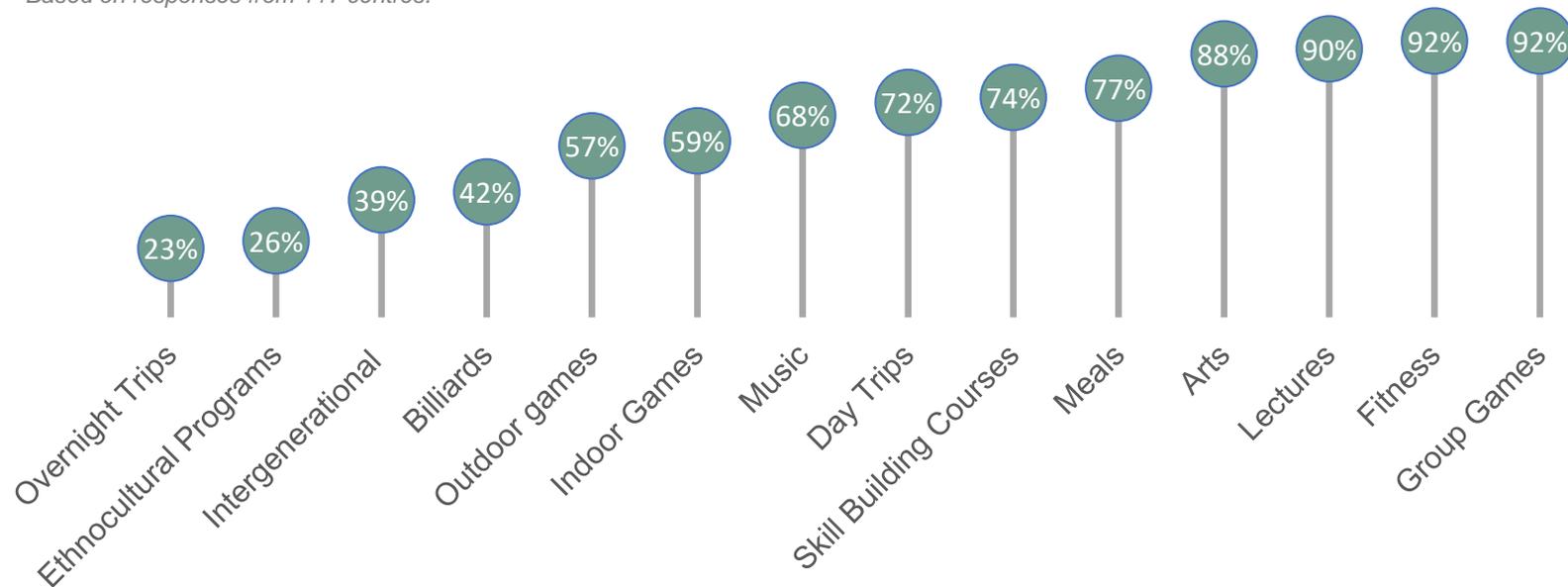
Based on responses from 117 centres.



Centres Offer Recreation & Social Programs

Fitness programs, group games, lectures and arts programming are available almost all centres

Based on responses from 117 centres.



Fitness programs and group games (e.g., euchre) are the programs that centre offer most frequently. Fitness programs and special events, including daytrips, have the highest attendance.

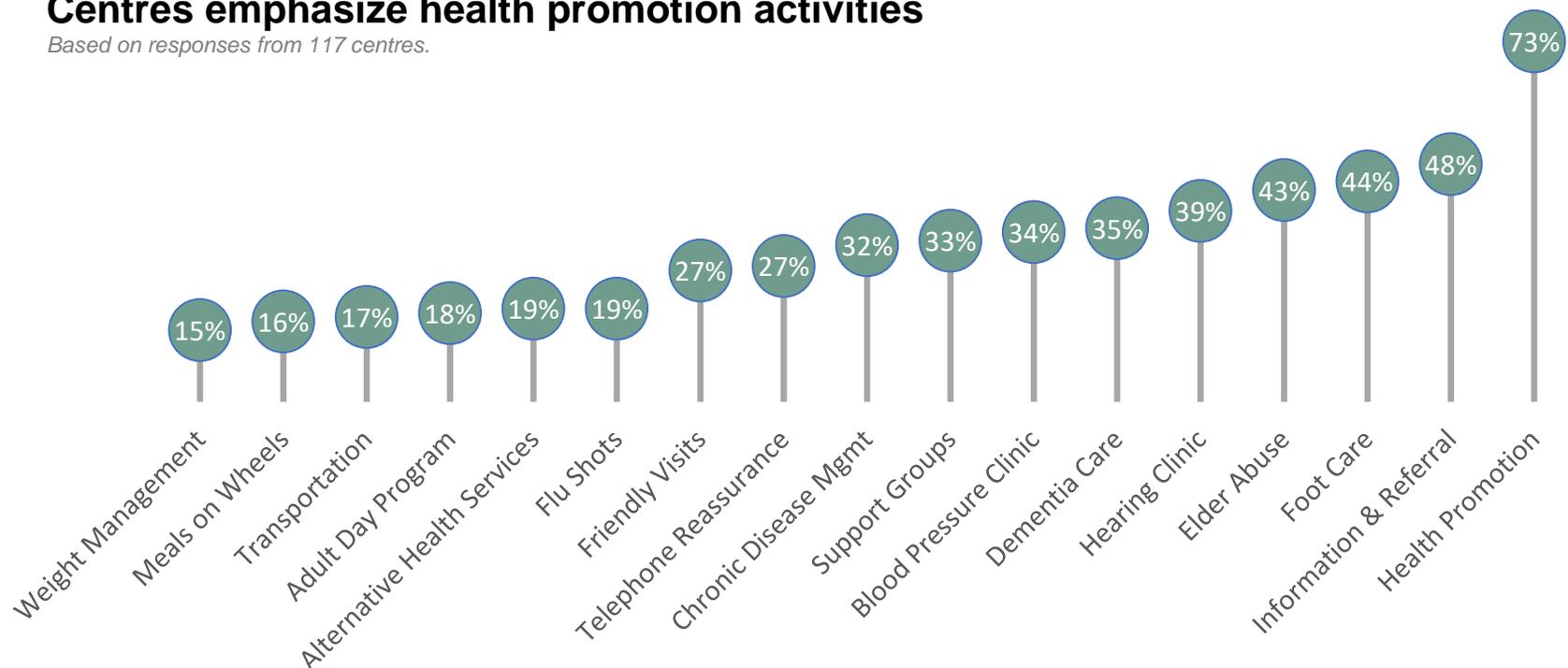
50% of centres offered specific programming targeting older men, including woodworking (23%), fitness (19%), music (9%), breakfast club (8%) and Men’s Shed (8%).

Other programs that centres targeted towards older men included lapidary and silversmithing, billiards, euchre, and discussion groups on topics of interest.

Centres Provide Health and Support Services

Centres emphasize health promotion activities

Based on responses from 117 centres.



Most centres engage in health promotion activities through educational seminars, health clinics (e.g., foot clinics, hearing clinics), and chronic disease management.

Community support services such as transportation, meals on wheels, and adult day programs, were more common among centres affiliated with a community support agency.

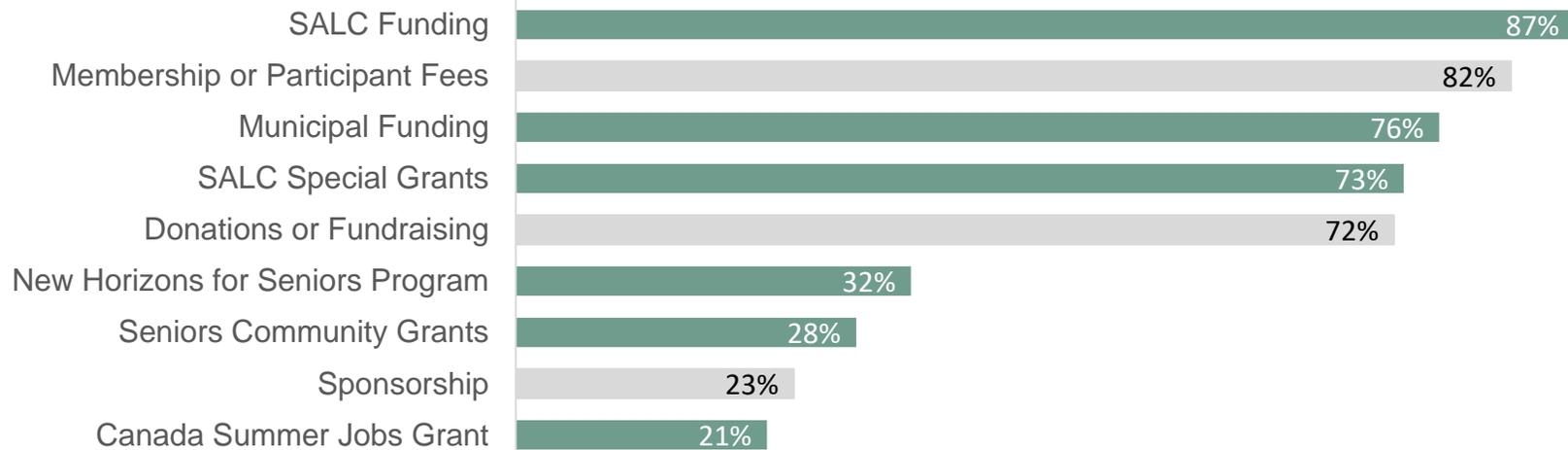
Home maintenance, homemaking and snow removal were less common, available in less than 10% of centres.



FUNDING

Many centres rely on funding from municipal, provincial, and federal governments; budgets are supplemented by user fees and fundraising, which have been impacted by COVID-19.

Based on responses from 125 centres.



The median annual budget was \$150,000; annual budget did not differ by centre classification (Not-for-profit, Municipal or Charitable), but centres serving more older adults had larger budgets. For most centres, SALC funding was their largest funding source, representing over 40% of their total budget.

One third of funding came from non-government sources, such as donations/fundraising (including lottery licensed events), participant fees, and sponsorship. Non-profit centres were more likely to rely on these funding sources.

Although most centres had SALC funding, 75% expressed interest in applying for new SALC funding should the opportunity become available.

Centres Face Many Funding Challenges

Access to funds for capital improvements is inadequate

45% of centres faced challenges accessing funds for capital improvements, making it difficult to make necessary upgrades to enhance accessibility and improve the layout of the program space.

Centres struggle to prepare grant applications and report to funders

39% of centres lacked the expertise to prepare grant applications and report on program outcomes to their funding agencies. As many centres are reliant on government funding, additional resources are needed to help centres understand the requirements of funding agencies.

Access to core funding is limited

39% of centres experienced challenges obtaining or sustaining core funding, such as SALC funds, and 75% were interested in applying for additional SALC (core) funding. Many non-profit centres rely on monetary and/or in-kind support from their municipality; however, the COVID-19 pandemic has threatened this municipal support, which may put current SALC funding at risk.

Securing monetary and in-kind donations is challenging

29% of centres have difficulty securing monetary and in-kind donations. Non-profit centres in particular rely on donations, fundraising and sponsorship to maintain diverse and affordable programs; however, current centre closures have caused significant revenue losses, as these sources of funding are unavailable when programs are not running.

Utility costs are rising

8% of centres are concerned about rising utility costs. These centres were all non-profit, stand-alone agencies that were not affiliated with a larger health service or community agency.

8.5 out of **10**

centres had an annual membership

Annual membership fees ranged from \$5.00 - \$200, for an average of \$35 per year across all centres.

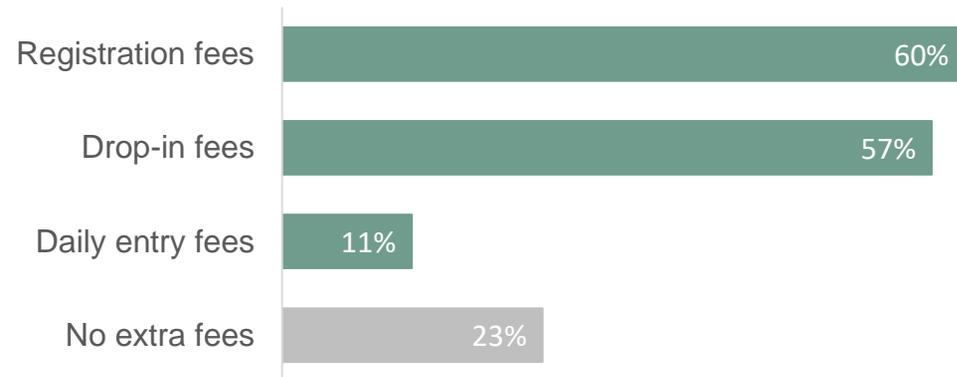
Some centres had higher fees for non-residents, and some offered discounts for couples and low-income older adults. Many offered free lifetime memberships for those over age 85 or 90.

At most centres, participants pay extra for special events and meal programs. Additional "supply fees" may be charged to cover costs of program materials.

48% of centres found it difficult to keep membership and participant fees low, with several raising their fees in the past year.

In addition to their membership fee, most centres charged extra fees to access programs and services; these revenue sources have been impacted by COVID-19 closures.

Based on responses from 124 centres.



15% of centres had no annual membership fee. For centres without a membership fee, half charged drop-in fees or had a registration fee, especially for programs with specialized instructor. The other half provided programs and services entirely free for all participants.

Centres that were entirely free were mostly non-profits affiliated with a larger health service or community agency. These centres relied extensively on funding from government sources, including SALC, LHIN, New Horizons for Seniors, and their local municipality.



ACCESSIBILITY

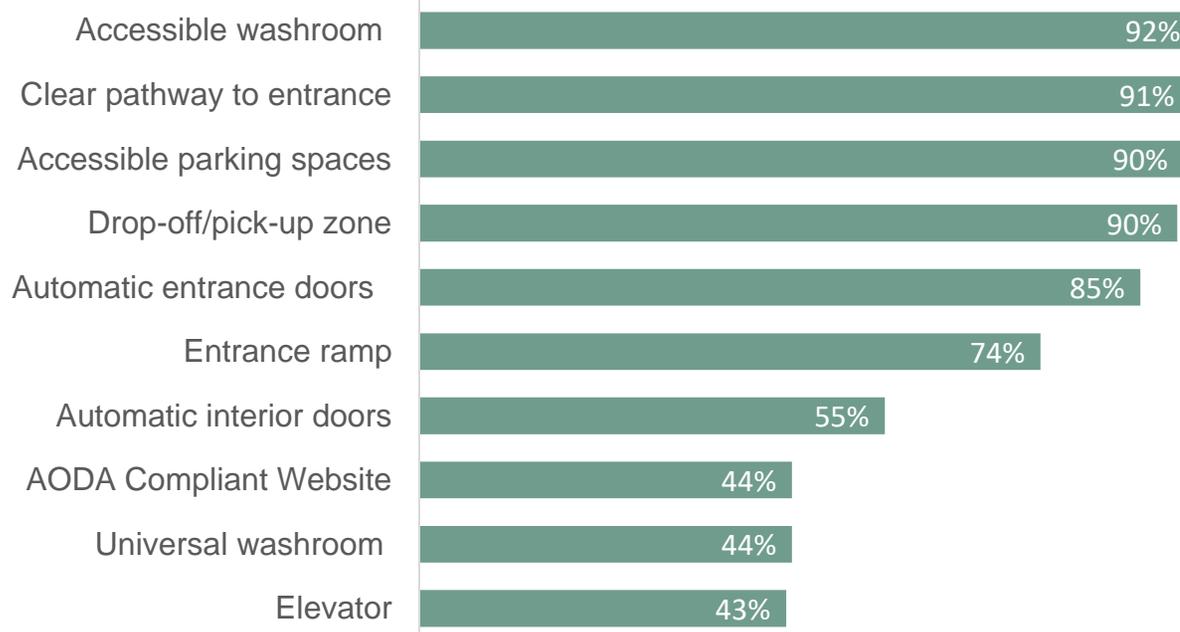
Centres experienced great success making their centre accessible for older adults with physical disabilities but felt there was opportunity to provide more accessible programs and services to older adults with cognitive, hearing and vision impairments.

For some centres, the physical space created challenges being fully accessible. Many buildings are aging, and retrofits (such as elevators, ramps and automatic doors) are difficult to complete. Centres that rented their space also had limited ability to address accessibility upgrades.

Centres want more training on AODA requirements, particularly as it relates to designing accessible print materials and websites.

Most centres have been successful at creating accessible spaces.

Based on responses from 136 centres.



Centres expressed interest in additional training opportunities for staff and program conveners to ensure programming is inclusive to all needs.

Centres need more funding to remove barriers. 21% of centres indicated that additional funding for accessibility improvements was a top priority.



PLANNING AND DECISION MAKING

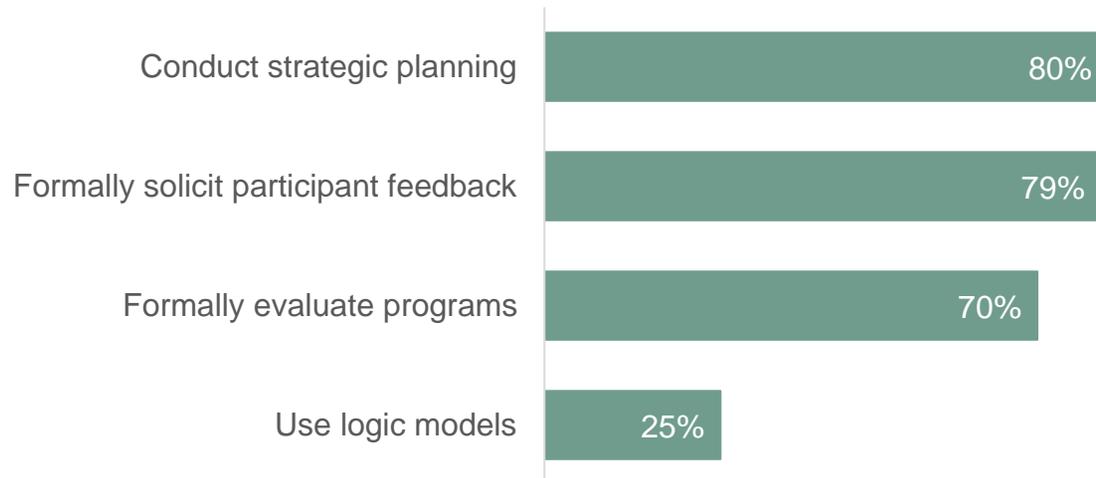
The majority of centres engaged in strategic planning, either independently or with their larger organization. Many want more training, particularly on how to conduct strategic planning (20%) and effectively engage members in decision making processes (41%).

Centres create opportunities for members to provide feedback on their programs and services. Feedback was most commonly obtained through surveys (70%) or focus groups (46%); many (65%) also had a suggestion box for ongoing quality improvement.

Most centres had formally evaluated one or more of their programs; 57% evaluated registered programs, 45% evaluated special events, 43% evaluated drop-in programs, and 42% evaluated education programs. Health services were generally not evaluated.

Centres engage in evaluation activities to inform program development.

Based on responses from 112 centres.

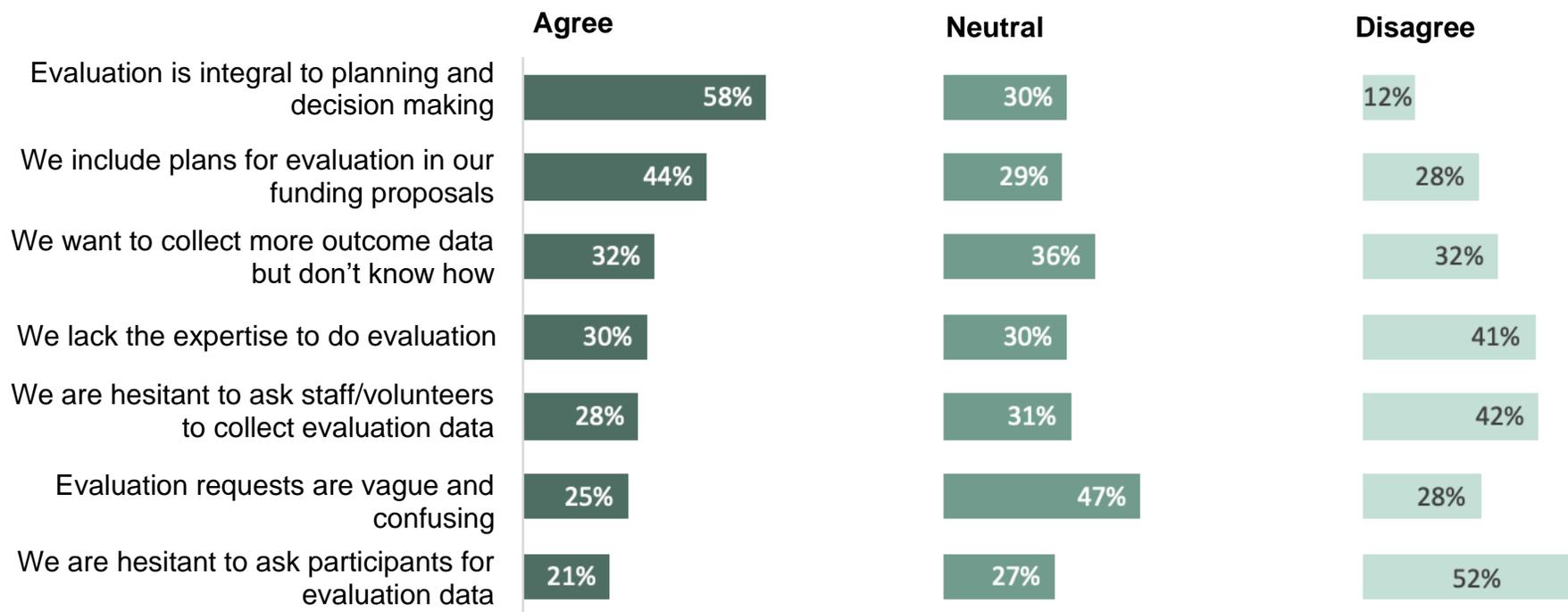


To support evaluation activities, centres collected background information on their members, most commonly age (87%) and gender (78%), health status (36%) and language (28%). Other socio-demographic factors such as living arrangements, education, income, transportation, and use of mobility devices or hearing aids were collected less often.

Centres Recognize the Value of Evaluation

For many centres, evaluation was integral to planning and decision making, and nearly one half included evaluation plans in their funding proposals. Furthermore, the majority of centres felt comfortable asking staff and volunteers to carry out evaluation activities and engaging their participants in evaluation data collection.

There is a subset of centres who felt they lack evaluation expertise and found evaluation requests from funders to be vague and confusing. In particular, outcome evaluation was an area where centres expressed interest in future training, particularly around selecting appropriate outcome measures to demonstrate the success of their programs.

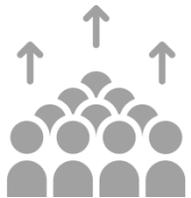


Centres Identified Strategic Goals for 2020-2021



Complete Capital Improvement Projects

Centres are carrying out capital improvement projects, such as replacing windows, putting in new floors, removing accessibility barriers and expanding parking lots. Funding support from donations, sponsorship and grant opportunities are critical to the success of these projects.



Grow Centre Membership

Many centres have developed plans to widely promote their programs and services in the hopes of increasing their membership. While some centres want to grow their membership broadly, others are targeting specific groups of older adults, including older men and those that are LGBTQ2S+, socially isolated, from rural areas, or part of the baby boomer generation.



Design and Implement Innovative Programs

Centres want to grow their program offerings to include more food-based programs and outdoor activities. Some centres are looking to expand programs to satellite sites, and many are working to create online programming to promote community engagement during a new era of physical distancing.



Create New Partnerships and Enhance Operations

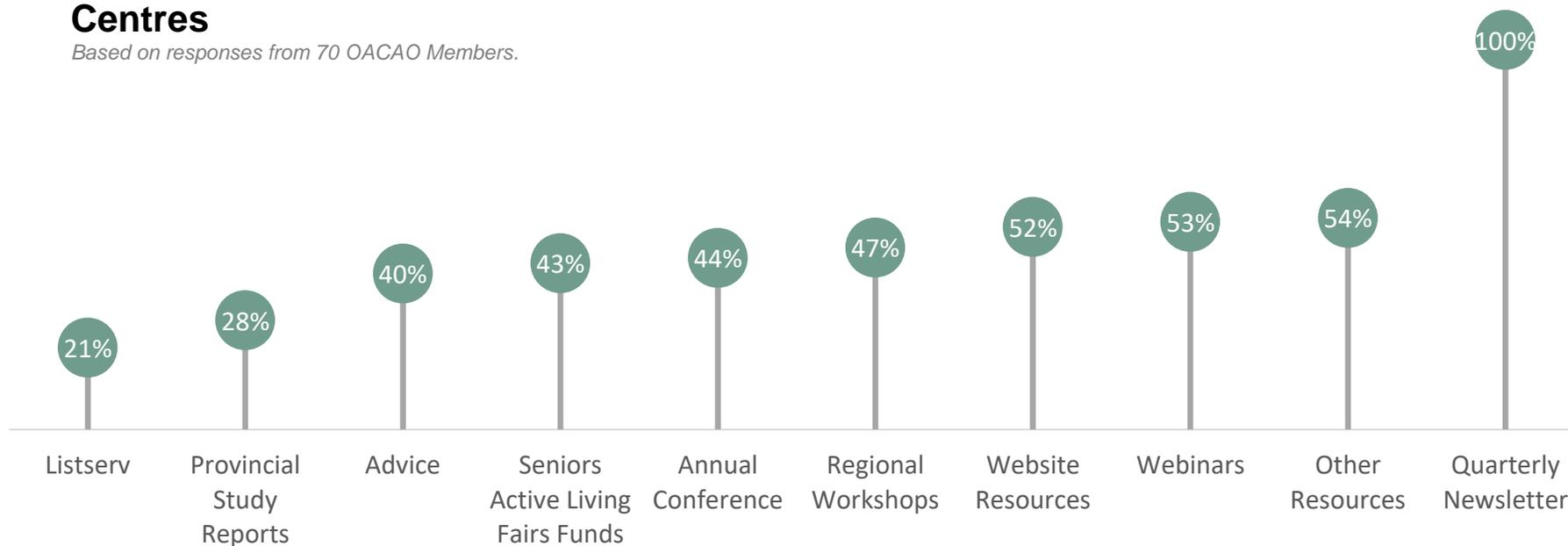
Centres are working towards fostering new partnerships with other community agencies and health services in order to offer more diverse programs and expand outreach initiatives. Many centres are also enhancing their operations by moving to digital record keeping systems, implementing online program registration, enhancing social media presence, and changing their centre's name to an "older adult centre."



ROLE OF THE OACAO

The OACAO Provides Valuable Resources, Funding, and Networking Opportunities for Centres

Based on responses from 70 OACAO Members.



65% of survey respondents were members of the OACAO. The quarterly newsletter was most popular, but other resources commonly accessed by members included discounts from business partners and OASSIS Employee Benefit Package for non-profits.

Members were grateful for the support of the OACAO, and suggested they include “teasers” of resources (e.g., resources for program evaluation or creating programs for older men) in the newsletter to attract new members.

Most non-members were aware of the OACAO’s advocacy work on behalf of centres. Non-members were most frequently interested in the quarterly newsletter (78%), program evaluation resources (66%), and training webinars.