ABSTRACT

This paper builds upon ongoing research of the University of Delaware’s Leadership Program and the Institute for Public Administration (IPA) on aging-related policy issues and best practices. Recognizing the impact of the United States’ increasing population age 60 and older, it identifies leadership theories, approaches, and models appropriate for community-based organizations that provide services to older adults and their families. Further, the project gathers quantitative and qualitative data to address the question of potential linkages between specific positional and non-positional leadership characteristics and external measures of high-quality programs and service for seniors.
ACKNOWLEDGEMENTS

This paper is jointly submitted by faculty, staff, and students affiliated with the University of Delaware’s Institute for Public Administration (IPA) and Leadership Program. The Principal Investigators are Julia O’Hanlon, Policy Specialist II, Institute for Public Administration, and Dr. Karen Stein, Director, Leadership Program, University of Delaware. The principal investigators, authors, and contributors, recognize several individuals for their efforts in developing the overall research project and paper. University of Delaware faculty member, Eric Jacobson, and staff member, Sharon Merriam-Nai, greatly assisted in forming the overall project framework, developing the field work instrument, and editing. Special thanks to staff members of the University of Delaware’s Center for Applied Demography and Survey Research (CADSR) for their assistance with the statistical analysis portion of the field work.
INTRODUCTION

In light of the United States’ (U.S.) increasing elderly population, the role of senior service agencies, notably senior centers, is expanding. As the share of the nation’s senior population continues to grow, identifying and recognizing appropriate leadership models and organizational best practices for managers and directors in community-based senior service organizations will become increasingly important. The primary purpose of this paper is to identify whether leadership theories and approaches can be applied to senior centers and whether any connections exist between higher-quality senior center programs and services and specific leadership approaches.

The introduction begins with a broad description of the significance of the nation’s increasing senior population and the policies and programs that currently exist to address the issue. From a more narrow perspective, this section describes the role of community-based nonprofits, specifically senior centers, in addressing wide-ranging needs and interests among baby boomers, and the importance of assessing centers’ leadership capacities.

Demographics, Profiles, and Trends of Today’s Senior Population

Many nations are experiencing a significant increase in their population aged 60 and older (60+). People are living longer and economic and technical progress has influenced many advanced nations’ standards of living and healthcare systems (Reinhardt, 2000). A decline in birth rates among developed nations is exacerbating these trends (Eggers and Pellegrino, 2006). In the Netherlands, for example, it is projected that by 2030, the nation will have four million inhabitants older than 65, a figure that represents almost 25 percent of its total population (Dutch Ministry of Health, Welfare, and Sport, 2005). Similar to the growth in the number of seniors living in the U.S., the anticipated growth in the Dutch population is attributable to the post war baby boom and the increase in the number of births until about 1970 (Dutch Ministry of Health, Welfare, and Sport, 2005).

The U.S. population aged sixty and older (60+) is expected to grow to nearly 40 million by 2010, an increase of more than six million within the next 10 years (U.S. Census Bureau, 2005). In 2000, 12.4 percent of the population was 65 years of age or older. By 2030, the percentage is expected to increase to 19.6, or approximately 71 million seniors, and 19.5 million seniors are likely to exceed 80 years of age (Jacobson, O’Hanlon, Condliffe, Bennett, Sloan, 2005). States that currently have the highest percentage of elderly (based on percentage comprising total population) include Florida, Maine, Wyoming, and New Mexico (Eggers and Pellegrino, 2006).
Along with this increase, today’s seniors have varied interests and experiences. Baby-boomers (common U.S. term referring to individuals born between 1946-1964), whose characteristics are different from previous generations, have historically been a very independent generation. As a result of their birth place in history, boomers also tend to be a highly-educated, innovative generation interested in promoting social change. Between 1970 and 2002, the percentage of seniors who obtained high school degrees increased by 42 percent (Jacobson et. al, 2005). In addition to having varied interests and lifestyles, baby boomers are also culturally diverse.

For example, it is estimated that by 2030 about one out of four seniors will be a member of a minority group (Jacobson et. al). These characteristics, combined with a focus on self-fulfillment, give many boomers the desire to give something back to society (Harvard School of Public Health, 2004). As baby boomers age, they are expected to be more civically engaged and willing to donate time and money to charitable causes and programs. Participation in voting, government decision making, and volunteering are among the examples of engaging activities in which boomers are more likely to take part than previous generations. Since boomers are often perceived as generally healthier and more financially stable than preceding generations, they are also expected to live longer than previous age groups (Trickery, 2006). With higher levels of education, greater financial resources, and stronger family support, consumers of this generation are likely to demand better health and social services, as well as high quality lifestyles (Jacobson et. al, 2005).

In some ways, boomers are healthier in retirement than their parents. However, researchers are tracking unhealthy trends among the cohort, which could increase the need for assistance programs and exacerbate healthcare costs (Stein, 2007). Studies have identified boomers as less physically active because of desk jobs and having to drive to and from work. Obesity and stress are also current concerns (Stein, 2007). To address these issues, health research and policies on the aging should be focused on comprehensive health promotion programs and services.

**Policy Implications Associated with an Increasing Senior Population**

According to Eggers and Pellegrino (2006), as the number of individuals aged 65 and older (65+) increases, most developed nations will experience a rise in dependency ratios. In other words, there will be fewer taxpayers to support social program and service benefits. In the U.S., a reduced labor supply, coupled with increased Social Security, Medicare, and Medicaid expenditures, implies more regional disparities and new fiscal burdens for governments and local communities (Eggers and Pellegrino, 2006). To illustrate, consider that in 2003, elderly care accounted for 26 percent of total Medicaid expenditures and that approximately half of all nursing home care was paid for by Medicaid (Kaiser Commission on Medicaid and the Uninsured, 2004, Centers for Medicare and Medicaid Services, 2005).
Elderly demographic trends and senior programs for the aging population have been at the forefront of U.S. policy and initiatives for some time. In 1950, as a result of shifting demographics and an increasing elderly population, President Harry Truman directed the Federal Security Administration to hold a national conference on aging.

President Lyndon B. Johnson increased attention to policy on the aging and made it a government priority when, in 1965, he signed into law The Older Americans Act (OAA). The OAA created the Administration on Aging (AoA) within the Department of Health, Education, and Welfare, which still serves as a primary federal agency. The Administration on Aging (AoA) is a division of the U.S. Department of Health and Human Services and one of the nation's largest providers of home- and community-based care for older persons. In addition to helping society prepare for an increasing senior population, the mission of the AoA is to “develop a comprehensive, coordinated and cost-effective system of long-term care that helps individuals maintain their dignity in their homes and communities while helping society prepare for an aging population” (AoA, 2007).

Since implementation of these pivotal developments, demographic shifts and policies on the aging have become increasingly important and recognized in the U.S. as human service areas affecting various sectors. The “graying” of the U.S. population is forcing many state governments to review current programs for the elderly and identify best ways to address the vast array of elderly needs with the resources available (Eggers and Pellegrino, 2006).

For example, as the U.S. population ages and the birth rate decreases, there will be fewer workers available to support an increasing percentage of the elderly population (Eggers and Pellegrino, 2006). Therefore, in addition to issues related to extending retirement ages and reducing benefits, governments at all levels will be required to identify how their agencies are organized, how their services are delivered, what funding sources are available, and whether their programs are effective. As described by Eggers and Pellegrino (2006), today’s elderly population has such varying needs compared to other population cohorts, state and local agencies may need to consider new service-delivery methods and increase partnerships with private and nonprofit organizations.

As a result of the first formal White House Conference on Aging (WHCoA) held in 1961, further research and action in the field of aging has become a priority. The conference, now a decennial event, has significantly influenced aging policies in the U.S. (WHCoA, 2005). The most recent WHCoA held in 2005, The Booming Dynamics of Aging: From Awareness to Action, took place as the youngest cohort of baby boomers began preparing for retirement. Results of the conference included fifty resolutions with specific recommendations and implementation strategies, which were adopted by regional delegates and presented to the President and Congress to help direct national aging policies for the next ten years and beyond (WHCoA, 2005).
Resolutions and recommendations developed by the 2005 WHCoA delegation were wide-ranging and included the following: incentives for older employees to continue working, transportation options that help maintain mobility and independence, support for families and caregivers, health promotion, and disease prevention. A separate, stand-alone resolution focused on encouraging the redesign of senior centers for wide-ranging appeal and community participation among the senior population.

The American Association of Retired Persons (AARP), another nationally-recognized association devoted to advocating for and supporting the needs of older adults, is actively involved in a number of initiatives designed to highlight important issues related to the U.S.’s increasing elderly population. In its *Reimaging America: AARP’S Blueprint for the Future*, AARP (2005) discusses challenges related to the increasing elderly population and provides recommendations similar to those generated at the WHCoA. In addressing the need to create a national system for home- and community-based care and support, AARP recognizes the importance of international dialogue and the exchange of best practices on global aging issues. Understanding other nations’ experiences and practices will help strengthen U.S. policies that shape citizens’ quality of life and address important healthcare issues (AARP, 2005).

As the U.S.’s elderly populations increase and become more heterogeneous over the next several decades, communities will continue to rely heavily on the collaborative work of governments, nonprofits, private organizations, and advocacy groups. As described by (Eggers and Pellegrino, 2006), programs and services that promote healthy, independent lifestyles through preventative healthcare, wellness centers, and health clubs are likely to increase in popularity among consumers and community stakeholders. Such programs will help build effective methods of coping with both a greater demand for senior services and a heightened potential for aging-related increases in healthcare costs.

**Collaborative Governance in Responding to the U.S.’s Senior Population**

Advocates and leaders within the field of aging continue to identify ways to help government leaders recognize and address the growing need for policies, programs, and services among local communities. An important step in identifying new or improved service-delivery methods is through increased partnerships between the various sectors. For example, private organizations greatly affect the quality of programs and services offered by public and nonprofit organizations to the communities through funding support and external marketing. These partnerships, as described during the 2007 conference of the Southern Consortium of University Public Service Organizations (SCUPSO), are becoming increasingly recognized as effective means of addressing important public policy issues and providing appropriate social services and programs (Carlson and Wian, 2007).
According to Carlson and Wian (2007), collaborative governance can be defined as “a variety of practices in which leaders convene all sectors – public, private, and civic – to work together to achieve effective, lasting solutions for public issues that go beyond what any sector could achieve on its own.”

The U.S. government has become increasingly reliant on community-based nonprofit organizations to provide essential research and programming in health care, environmental issues, education, and community improvement (NCNA, 2004). As indicated by the National Council of Nonprofit Associations (NCNA) (2004) in its Nonprofit Agenda: A Blueprint for Action, government-nonprofit partnerships are well-established in the U.S. and benefit communities nationwide. In another, relatively recent report by the NCNA (2004), human service organizations are identified as the largest percentage of reporting charitable nonprofits in 2003.

The emergence of the nonprofit sector over the last several decades has increased challenges for these organizations in relation to their external resource dependencies (Heimovics et. al, 1993). Given that the oldest baby boomers started turning 60 in 2006, local communities are already facing opportunities to accommodate their interests in volunteering and donating to charitable causes. Therefore, partnerships between government and nonprofit agencies will continue to play an important role in addressing demographic trends and issues related to the nation’s increasing elderly population. In particular, these collaborations will unleash the role of government agencies in addressing current and emerging social issues and allow agencies to focus on other societal functions (Eggers and Pellegrino, 2006).

**Role of Senior Centers in Addressing Increasing, Diverse Service Demands**

Senior centers have traditionally served as valuable agencies that address important issues and needs of older Americans. Today, they exemplify the increasing role that human service, community-based organizations play in the overall continuum of care for the elderly. In addition, they serve as models of collaborate governance, as their programs and services depend on support from and coordination among the public, nonprofit, and private sectors. Supported federally by the AoA and recognized by the National Council on Aging (NCOA) as community points that foster independence and healthy, active lifestyles, senior centers are recognized and designated as community focal points through the OAA (NISC, 2005). Unlike nursing homes which serve as long-term, residential care facilities, senior centers are nonprofit facilities where healthier, more active seniors participate in relatively inexpensive daily health promotion activities and programs.
The National Institute of Senior Centers (NISC) (2005) defines senior centers as places where “older adults come together for services and activities that reflect their experience and skills, respond to their diverse needs and interests, enhance their dignity, support their independence, and encourage their involvement in and with the center and the community.”

In the past, senior centers provided basic support services such as nutrition, transportation, and social programs; however, new, contemporary senior centers exemplify the need for additional, more comprehensive community-based services that meet the varying needs and consumer demands of the U.S. elderly population. In addition to providing resources to older adults and their families, senior centers support local communities with creative service-delivery ideas and approaches for caregivers, professionals, local leaders, and students (NISC, 2005).

**Health Promotion and Quality of Life**

*Physical Health Promotion*
Senior centers throughout the nation offer a variety of physical health-promotion activities including aerobics, strength conditioning, and yoga. Many centers also provide congregate meal programs to help meet the daily nutritional needs of their participants. These activities and programs are valuable, given that various research studies prove that regular physical activity and a healthy diet can ward off heart disease, cancer, diabetes, and Alzheimer’s disease (Fackelmann, 2004).

Furthermore, research from the Robert Wood Johnson Foundation (2004) indicates that seniors who practice regular physical activity tend to have overall improved cardiovascular health, better balance, and increased joint mobility, making them less prone to falls and long-term disabilities. Health and wellness programs and support groups are also offered. Outreach efforts provide resources and information to individuals and their families on how to locate other, off-site social services, such as legal and elder abuse resources, home-based health care providers, and family support services.

*Mental Health Promotion*
Social and educational activities have also become prevalent among senior centers. Examples include singles clubs, recreational teams (e.g., bowling, ballroom dance), art and language classes, and computer courses. Numerous research articles, including a publication in The New England Journal of Medicine, report that social networking and participation in cognitively demanding leisure activities reduce seniors’ risk of developing depression, dementia, and Alzheimer’s disease while increasing their ability to defend against and recover faster from illness (Coyle, 2003). Educational opportunities also help seniors develop intellectual skills to stay cognitively engaged.
Mobility and Independence

Senior centers provide vans and busses for transportation to and from the center and also for medical, shopping, and recreational trips. For seniors who may be struggling with mobility or transportation issues, this service allows them to continue participating in activities in and around their communities. As the baby boomer generation ages, more people, who now rely heavily on personal vehicles as a primary method of transport, will seek transportation alternatives.

This is critical, since, unlike many European nations, U.S. residents rely heavily on the use of private vehicles as their primary method of transportation. Driving has always played a critical role in maintaining mobility and independence in many communities throughout the United States (Transportation Research Board, 1999). The loss of driving privileges may lessen one’s accessibility to engage in important social opportunities, work or community activities, and social services (e.g., healthcare). Therefore, many older adults without a reliable, accessible, and affordable alternative mode of mobility are subject to social isolation, lack of volunteer and economic opportunities, overall poor health, and decreased life expectancy (Genevieve, Hu, and Lee, 2003).

Senior Centers in an Era of Change: New Thinking, New Leadership

Senior Centers, because of their mission to promote healthy, independent lifestyles among the elderly, serve as ideal outlets for baby boomers. Not only do they help maintain or improve health and well-being, but they also offer a place for boomers to serve other seniors who might benefit from shared experiences. Centers are offering a variety of services and programs that are of interest to younger, more active seniors (e.g., physical fitness programs, educational enrichment programs, social and recreational trips), and they also help fulfill baby boomers need to continue their contributions to society through volunteerism, teaching, and facilitating important, health-promoting social services.

As baby boomers become more involved in senior center activities, senior center administrators face critical challenges. That is, to continue offering services that meet the needs of older participants and their families while also providing new, innovative programs that attract and benefit younger seniors (Dionne, 2003). Marketing and savvy budgeting techniques are critical to this endeavor. Collaboration and coordination among senior centers, community agencies, businesses, and local governments can also help bridge financial strains and effective service-delivery while building or improving valuable programs and services (Nyegran and Millbrandt, 2003). In addition, senior centers play a key part in the community’s awareness of local and national trends, and the development of resources necessary to address diverse needs and interests.
As senior centers’ role in providing important social services and outlets for the nation’s aging population increases, accountability to their communities and funding partners will also be critical. Knowledge and understanding of performance measures, best practices, and participant feedback are important components of senior centers’ overall accountability and effectiveness (Kinney and Simms, 2003). Given the many challenges and opportunities facing senior centers today and in the future, the question arises as to who will be charged with providing appropriate, effective senior center services and whether these individuals will understand how to employ a variety of stakeholders and represent a multitude of interests. Based on the many activities, functions, and roles that senior centers will continue undertaking, employing strong leadership is an apparent necessity. As current senior center directors and board members continue to age themselves, transitioning individuals into leadership positions will be critical to the long-term success and effectiveness of these organizations.

The Anne E. Casey Foundation (2005) is examining whether older, nonprofit leaders are adequately preparing for the next generation of leaders in terms of knowledge, education, and enthusiasm. In its 2004 Nonprofit Executive Leadership and Transitions Survey, the foundation discovers several key findings about today’s nonprofit leaders and the prospects for change during the next several decades. Survey findings point out that baby boomers, who are now in their 40s and 50s, represent almost 75 percent of all nonprofit leaders. In terms of planning for the next generation of nonprofit leaders, many organizations’ senior management has relatively limited experience with transition planning (Casey Foundation, 2005). The same survey finds that there is limited diversity (cultural and otherwise) among leaders within the nonprofit sector (Casey Foundation, 2005).

As described by the Casey Foundation (2005), “the sector [nonprofit] should listen to younger leaders and staff and develop an understanding of what will motivate ‘tomorrow’s leaders to stay engaged. These and other steps can help ensure the long-term health and vitality of nonprofit organizations and the important work they do in our communities.” Increasing opportunities in gerontology and healthcare management provide new and viable opportunities for future careers within the nonprofit and public sectors. However, it is important that younger generations understand the particular needs, interests, and trends associated with different senior age cohorts. For example, senior center leaders must recognize their role in promoting opportunities for satisfying mental, physical, emotional health and well-being among baby boomers (Endres and Holmes, 2006-2007). In addition, they will need to understand what it takes to effectively lead people and manage resources, since effective leadership in organizations provides higher-quality, more efficient services (Van Wart, 2003).

Van Wart (2003) notes that being a leader today may perhaps be more challenging than in the past. Specifically noted are changes in shared-power environments and less public tolerance for leaders’ mistakes.
Due to the nature of their mission in working for “social profit,” leaders of such organizations employ different aspects of leadership than leaders in “for profit” organizations. This message is reiterated by Carson and Wian (2007) in discussing trends and challenges associated with multi-sector environments and collaborative governance programs. As diverse societal demands increase, there is an expectation that employees and leaders have good communication skills, an ability to work with a variety of people, and effective problem-solving techniques.

Finally, nonprofits, as described by Endres and Holmes (2006-2007), must increase their experience in working with older adults who are interested in contributing to society in their later years. Older volunteers can serve as vital resources to maintaining and expanding important programs and services (Endres and Holmes, 2006-2007). This is certainly true of senior centers, as their roles expand over the next twenty to thirty years. While many baby boomers will likely be interested in volunteering their time to community-based services and programs during or after retirement, these enthusiasts will need motivation to devote their busy, active lives to senior centers. Positive program outcomes and opportunities for engagement can foster motivating and inspiring environments.

LITERATURE REVIEW

Overview of Research

The purpose of this literature review is to expand upon the introduction that describes the emerging role of senior centers in addressing the needs and interests of the U.S.’s increasing elderly population. In conjunction, it revisits the apparent need for qualified, effective individuals in leadership positions within these organizations to answer the following questions:

1) Based on theoretical leadership frameworks and pragmatic approaches, are there leadership theories or approaches that can be or have been applied to community-based senior service organizations such as senior centers?

2) Why is identifying these theories and approaches important to senior center directors, communities, government and public policy leaders, and future leaders of organizations that provide services and programs to seniors?

As detailed in the introduction, there is extensive literature on the nation’s increasing elderly population and how senior center directors and their staff help meet the diverse needs and interests of the 60+ population. However, there is little research that explicitly connects leadership theories and approaches to senior centers. A Google search of “leadership and senior centers” reveals no hits at all for scholarly works or academic research projects.
A search on the University of Delaware’s Clearinghouse on Abuse and Neglect of the Elderly (CANE) database, found that, in the past 20 years, although there have been 102 articles catalogued on the topic of community-based services, including 15 that specifically reference senior centers in the abstract, and 26 that reference leadership, only several reference leadership and senior centers together (National Center on Elder Abuse, 2006).

In expanding the search to include articles on health prevention and health promotion (while simultaneously excluding articles referencing abuse and neglect), only one article (out of 39 on health prevention and 20 on health promotion) was found to reference senior centers in the abstract. More daunting was a similar search that revealed over 500 articles on nursing homes with no references to senior centers in the abstracts. CANE serves as the nation's largest archive of published research, training resources, government documents, and other sources on elder abuse, but also references materials of a more general gerontological nature (National Center on Elder Abuse, 2006).

Despite the underdeveloped breadth of literature directly connecting leadership theories and approaches to senior centers, research from both fields helps shape an appropriate framework for analysis and amalgamation. In terms of a theoretical context, senior centers can more easily be linked to the leadership field through an organizational lens.

Based on research and applied knowledge of senior center activities, best practices, and organizational functions, it is evident that nonprofit organizational trends and issues provide an appropriate applied framework for identifying and presenting important linkages between leadership approaches and senior centers. A benefit of using this applied framework is that substantial research already exists on leadership within community-based, nonprofit organizations.

**Conceptual Framework**

The first step in applying leadership concepts and approaches to senior centers is establishing a theoretical or conceptual framework. According to Yukl (2006), there are four primary levels of conceptualizing leadership: intra-individual, dyadic, group, and organizational levels. While all four levels should be considered, Yukl (2006) suggests that emphasizing one level is particularly important in selecting appropriate variables to evaluate leadership. In this research, the focus is on the organizational processes level, as it entails developing effective strategies, adapting to the environment, assessing constituency needs, gaining cooperation and support from outsiders, and influencing community stakeholders (Yukl, 2006). Senior centers, from this context, can be defined as a collaboration of individuals and resources that come together to accomplish the overall organizational goal of addressing elderly needs through the organizational objectives listed above.
Organizational leadership is characterized differently from other types of leadership. Van Wart (2005) suggests that organizational leaders are focused on delivering services through their organization, and, therefore, a set of duties that likely entail assessing internal capacities. These duties and needed skills may change over time as organizations adapt to their changing environments. Van Wart (2005) notes that as organizational environments change, leadership skills of particular positions may also change.

Today’s senior centers, because of an increasing demand for elderly-based services and programs, are involved in various organizational functions and changes, many of which reflect the organizational processes and capacities as described by Yukl (2006) and Van Wart (2005). Given the previously mentioned changes and trends in the aging field, the importance of identifying leadership abilities among senior center staff and volunteers based on these processes is reaffirmed. As described by Yukl (2006), organizational leaders, in serving their constituencies, are components of larger systems. This is the case for senior center executive directors, their staff, and center volunteers, as their effectiveness is dependent upon their ability to adapt to changing environments, represent a variety of interests, and acquire support and resources from their communities. Heimovics, Herman, and Coughlin (1993), in referencing Bolman and Deal (1991), discuss how organizational frameworks involve multiple frames or perspectives, which leaders should consider in guiding their organizations. Knowledge of the structural, human resource, political, and symbolic frames can help leaders understand various perspectives and methods of appropriately addressing situations (Heimovics et al., 1993). This is particularly true of senior centers as they deal with demographic changes, address their communities’ interests, and offer additional services on behalf of, and in coordination with, their state and local governments.

As described by Cyndee Sims at the 2005 National Council of Aging Conference, many senior centers today are recognizing the need to revisit their overall mission and reconsider their organizational practices to offer programs and services that meet changing needs, interests, and issues related to the nation’s increasing aging population. While many centers are already focused on activities or practices that promote independence and healthy living, 21st century model centers go beyond just these activities by rethinking their programs, services, and administrative roles and incorporating practices that consider the multi-faceted functions that centers are expected to perform within their communities (Sims, 2005).
Applied Framework

Community-based, nonprofit organizations, in terms of their compositions, best practices, and primary functions, provide an appropriate applied framework for identifying how leadership approaches can apply to senior centers. For example, senior centers, like most nonprofits, are generally structured into three major elements including governance, programs, and central administration (McNamara, 2007).

The governance element helps determine strategies and goals for the organization, which are carried out by programming and evaluation functions. Programs are developed with specific, intended outcomes, such as improved physical, mental, and emotional health. These elements involve specific functions and core competencies involving vision, management-leadership interchange, and the employment of various leadership skills, traits, behaviors, and styles.

Composition and Structure

Central administration, which generally includes an executive director, board of directors, and staff is responsible for providing overall strategic direction to the organization and administering programs to their constituency (McNamara, 2007). Senior center leadership and staffing, like that of most community-based nonprofits, also involves the interplay of a variety of people and positions to perform primary organizational functions and tasks. For example, senior centers, depending on their size and phase of development, rely on program coordinators, volunteers, and outside professionals to help carry out daily functions and activities.

Like many nonprofits, senior centers often require that a primary leadership position serve as the nexus of coordination among all players and functions (Casey Foundation, 2003). Individuals in executive director positions are often viewed as the key to an organization’s overall success. Experience in visiting senior centers reveals that senior center executive directors typically serve as the focal point of the various players involved in carrying out their organization’s activities (see Appendix A). Senior center executive directors, as leaders, do not work in isolation. They are connected to and rely upon other key players and administrators, including the board of directors (Casey Foundation, 2003). In addition, the success of their organization depends on his or her ability to establish relationships with community stakeholders. As described later, their roles and responsibilities are wide-ranging and reflect the primary functions and objectives of their organizations.
Many executive director responsibilities involve daily management and task-oriented functions. However, other responsibilities, including advising the board of directors on policy and programmatic issues, fundraising, and outreach to the community, are more visionary and reflect goals and objectives established through a strategic planning and evaluation process. Many theorists, in defining leadership attempt to compare leadership and management.

In fact, drawing distinctions between management and leadership has become a common controversy in leadership research and literature. While some researchers attempt to group managers and leaders into two different categories, Yukl (2006) argues that categorization may be insensitive, considering that the term manager is merely a title, and in comparison to leadership, is often regarded more negatively. Leadership, by Yukl’s definition (2002), is a process of inspiring, developing, and empowering followers.

Kotter (1990) maintains that management and leadership differ in terms of their processes and intended outcomes, but that both are necessary for organizational success. Management is characterized as promoting stability, while leadership involves forecasting and addressing change (Kotter, 1990). In the case of senior centers, the division between an executive director’s management and leadership duties may depend on the type of center, its size, and its number of employees. However, providing successful services to an aging population demands that senior center directors demonstrate effective leadership by embracing change.

As described by Denhardt and Denhardt (2006), management and leadership can be analogized as a science and an art, respectively. Like science, management relies mostly on rules and order, while leadership assumes more creative qualities. However, managers should be able to lead as they coordinate the interaction of people and functions. In many respects, this balance of management and leadership calls for leaders to use two sets of knowledge and skills as described by Denhardt and Denhardt (2006). To perform his or her job, a leader needs both substantive skills, as well as process skills that provide employees the opportunity to work and interact in an improvisational environment. Creating this environment requires that leaders work openly and effectively with people in order to foster growth and empowerment among their staff (Denhardt and Denhardt, 2006).

Overall, it appears that both management and leadership practices are important in the success of senior centers. Their dynamic environments rely on stability through planning and effective management practices. Effective management, however, needs to compliment change and development through leadership processes. As centers address emerging trends within their communities and in the field of aging, managing change will call for transformational leaders, who are visionary, proactive, and innovative (Empey, Peskett, and Lees, 2002).
Best Practices

As described by Hunt, Clark, and Johnson (1997), in discussing the transformation of nonprofits in addressing changing societal trends, nonprofits that appear to thrive have leaders in place to anticipate future needs, learn from best practices, and seek to improve their overall viability. Given the increasing role of senior centers in promoting independent, engaged, and healthy living among various cohorts of the elderly population, many are guided by national standards and best practices. These practices assist senior center administrators, directors, staff, and volunteers to develop appropriate operating principles and programs within their centers and communities. The National Institute of Senior Centers (NISC), a subsidiary of the National Council on Aging (NCOA), has developed an accreditation process for centers to gain official acknowledgement of their professionalism and use of best practices. To become nationally accredited, senior centers must comply with nine operating standards. These include participating in cooperative community planning activities and creating effective relationships among participants, staff, and the community (NCOA, 2007).

These standards also provide a basis for how and why centers develop their programs, manage their staff and volunteers, and implement fundraising strategies to meet new and challenging demands. As described by Dr. Eugene Smiley (NCOA, 2007), NISC past-chair, “every senior center is different, and accreditation acknowledges that…through accreditation we can be sensitive to our centers’ uniqueness and ethnic diversity, and at the same time operate out of a common senior center philosophy.”

The NISC accreditation standards, which serve as an established set of nationally-recognized best and core competencies for senior centers, are important resources for center directors and staff. They provide a positive portrayal of centers’ purpose, operations, and services, and like the core competencies discussed by Hunt et al. (1997), NISC standards reflect important considerations for many senior centers as they face change, seek to improve their overall potential, and remain accountable to their stakeholders.

While not all senior centers aspire to achieve national recognition, the standards set forth by the accreditation process provide important benchmarks and a common language for a variety of centers to use in planning, program development, and administration. Since there is little information available for centers in terms of specific training or leadership modules, it is important to recognize standards as key elements in helping directors and staff effectively lead their operations.

In addition to the NISC standards, the NCOA recently sponsored the RespectAbility Promising Practices project, which established contemporary principles and best practices for nonprofits that promote civic engagement and volunteer opportunities among older adults (Endres and Holmes, 2006-2007).
Included among the ten principles are ideas for reframing traditional organizational practices to include issues and actions that focus on the following areas: building relationships between volunteers and clients, empowering participants, expanding cultural competence to support an increasing diverse society, and developing partnerships to support civic engagement. These areas are important for senior centers and are carried out through the senior center organizational functions and leadership approaches as described in the following section.

**Primary Organizational Functions**

Senior center compositions and established best practices, coupled with the nonprofit literature, provide the basis for centers’ primary organizational functions. As described by Hunt et al., (1997), primary functions emphasize long-term planning for anticipated demographics changes, as well as organizational sustainability and civic engagement. Senior center functions are based on societal trends of the 21st century and have expanded over time due to the their increasing role in providing important social services, networks, and continued community involvement for people entering new life phases. Often, it is up to the executive director to ensure that these functions are carried out.

Most relative to this research, these functions demonstrate how leadership approaches, (e.g., skills, traits, behaviors, and styles) can be specifically applied to senior centers (see Appendix B).

1. **Strategic Planning and Mission**

   A mission statement provides a reason for an organization’s existence and provides the basis for the strategic plan. Strategic planning is essential for senior centers’ overall operations as the process reflects their individual philosophies and defines their primary purpose. As described by the NCOA (2005), strategic planning should include a regular schedule for reviewing and reconfirming centers’ mission statements, as well as short-and long-term goals, objectives, and action plans. Strategic planning helps board members, staff, volunteers, and participants relay information to the community about their centers’ accomplishments and provides accountability for support funding support and resource development (NCOA, 2005). Strategic planning requires that executive directors follow trends in the field of aging and further educate themselves on emerging trends and issues. It also requires them to rely on their knowledge and understanding of their center, as well as their local community and constituency needs. Continual learning, technical skills, and analytical abilities, as identified by Van Wart (2005), are all effective leadership skills involved in the strategic planning process.
Furthermore, carrying out an organization’s mission requires that employees and volunteers understand their roles within the center and how they represent the overall purpose of the center. Executive directors, as senior center focal points, are responsible for creating environments that will help staff and volunteers effectively operate (Cusak, 1994). This requires an ability to identify goals, motivate staff, and recognize individuals for their work. In this way, senior center directors are responsible for sharing a vision, which reflects an inspirational style of leadership as described by Van Wart (2005).

2. Program Planning and Evaluation

Senior centers engage in program planning and evaluation to fulfill their missions and identify services that are appropriate to the needs and interests of their communities (NCOA, 2005). During program planning and evaluation, senior center directors and staff consider participant feedback and suggestions made by community members and other community and government stakeholders to measure and analyze program outcomes and issues. Evaluations should be outcome-based with the purpose of improving program effectiveness, providing accountability for funding and resources, engaging stakeholders, and identifying challenges (Bryant, Altpeter, and Whitelaw, 2006).

They also should be part of the strategic planning process and regularly reviewed. In addition to performing program evaluations, senior centers are also encouraged to conduct process evaluations, which reveal whether activities and services are carried out according to a specified framework and a predetermined schedule (NCOA, 2005).

Centers often address the most relevant issues affecting the elderly by offering continuous programs and bringing in outside lecturers. To create such opportunities, directors may rely on various leadership styles such as gaining feedback from their members about programs offered, ensuring that employees are part of assessing programs, and allowing employees and volunteers to make their own decisions about their role in managing programs. Both Van Wart (2005) and Yukl (2006) refer to these approaches as supportive, delegative and participative styles, respectively. In budgeting for new programs or services, directors might rely on either their ability to analyze and organize data and/or their ability to follow goals set forth. These approaches, as described by Van Wart (2005), involve the use of analytical skills and require resilience and flexibility.

3. Community Advocacy

Senior centers are designated as community focal points through the OAA and the National Institute of Senior Centers (NCOA, 2006). In addition to offering important information and resources to older adults, senior centers also serve the entire community with information on aging (NCOA, 2005).
Outreaching to the community may be carried out through various leadership methods and approaches. Methods most commonly employed include contacting people by telephone, meeting individuals in person, and developing processes or plans for building relationships. Serving on local committees or boards is another way to meet people and share information about an organization. Internal and external environments play a significant role in how directors choose to reach out to their communities. Therefore, directors are likely to use approaches with which they are most comfortable or ones that have proven to be previously successful.

4. Governance and Administration

To maintain an effective organizational structure, senior centers should develop clear and comprehensible administrative and human resource policies that identify the various roles and responsibilities of the staff and volunteers (NCOA, 2005). Written documents such as by-laws and constitutions help in defining the organizational structures of senior centers, including their governance and administrative formations, which are vital to the success of programs and services. Participant involvement is also important in the recruitment and management of staff and volunteers (NCOA, 2005).

Working with volunteers will be inevitably different from working with paid staff, especially considering motivation. It requires directors to consider structural, human resource, and symbolic perspectives, as described by Heimovics et al. (1993), in referencing Bolman and Deal (1991). In addition, it requires people skills. Cusack (1994) refers to effective leaders in senior centers as “relational leaders,” who are focused on creating effective relationships with others. Creating relationships that both encourage and inspire, which are social skills defined by Van Wart (2005), will become particularly important for directors. For example, baby boomers generally prefer developing their own contributions based on the needs of the center and the skills that they have to offer.

5. External Relationship Building

In addition to fostering community planning and service linkages, today’s senior centers should partner with other agencies within the community to carry out strategic planning, program planning and evaluation, and community advocacy activities (NCOA, 2005). As described by Shoichet (1998), organizations are increasingly aware of their need to understand stakeholder relationships. Like many nonprofits today, senior centers are shifting away from a basic two-dimensional model of their organizational capacity (Shoichet, 1998). This is evidenced by their role in addressing new, increasing needs and interests from their participants. Marketing techniques can be used to educate the community, promote programs and services, and encourage the private sector to support activities that enhance the overall image and well-being of older adults (NCOA, 2005).
Common methods of building external relationships include dissemination of information through newsletters, posters, and event flyers. As senior centers generally have similar missions and purposes, it is not uncommon for directors to share ideas as they develop their centers and serve their communities.

Therefore, center directors will rely on building alliances and networking with key players, which necessitate bargaining and negotiating techniques (Heomovics et al., 1993). However, the ways in which directors seek these partnerships may vary. For example, while some maintain contact with near-by centers to share ideas and information, others may be more likely to engage in strategic partnerships by developing larger networks.

Whether directors engage in people-, task-, or organizational-oriented leadership behaviors as described by Van Wart (2005) may depend on the characteristics of their centers’ participants and communities. Some directors may invite potential stakeholders or professional experts to the center, which could help in developing additional funding support. Others may contact individuals or agencies who they know are already likely to support the center and any new programs.

**Summary**

It is evident that effective leadership has become an increasing focus of nonprofit and public sector organizations. Community-based organizations are undergoing changes in how they operate in order to meet the growing number of needs within their locale. This process is challenging and rewarding, particularly given current and emerging demographic trends. Leadership in senior centers should be of interest to various stakeholders in all sectors.

Senior centers address a variety of community and regional trends, issues, and interests through contemporary organizational and leadership approaches. This is revealed through an organizational process lens, as well as an applied framework that identifies leadership approaches compatible with senior centers’ compositions, best practices, and primary organizational functions. As organizational, nonprofit leaders, executive directors play a crucial role in sustaining and developing their centers by planning and evaluating programs, advocating to/for the community, recruiting volunteers, developing fundraising strategies, understanding issues relevant to their constituencies, and partnering with other the community agencies.

These organizational functions and responsibilities illustrate the many challenges that senior centers face as they address service-delivery demands imposed upon them by their local governments, communities, and diverse participants.
While there are various leadership approaches applicable to senior centers, it is important that senior center directors develop a greater awareness of their prevailing assumptions and perspectives while becoming more in tune with their personal leadership approaches that may either promote or inhibit their organization’s overall effectiveness. This should become an important part of the evaluation and program planning process as senior centers assume greater roles within their communities. Finally, research that bridges service quality and specific leadership approaches will be critical in identifying whether professional development and training opportunities are necessary for senior center leaders in the new era of aging.

FIELD WORK STUDY

Purpose of Study

Based on the literature review, the senior center leadership pilot study addressed two main research questions:

1) What leadership approaches, if any, are most commonly employed by Delaware senior center executive directors in carrying out primary functions of their organizations?
2) What specific leadership approaches, (i.e., skills, traits, behaviors, styles), if any, can be linked to centers with higher-quality senior center programs and services?

Sample

Approximately half of the executive directors of Delaware’s senior centers were chosen to participate in the study. The directors were selected from a sampling frame stratified by senior center size, service level, and location. Directors were contacted initially via email (or telephone or fax if email unavailable) and invited to participate in the study. Follow-up telephone calls were made to schedule and confirm in-person interviews. Of the original 25 directors contacted, one director did not respond to the initial email and again to subsequent telephone calls, and one director was unable to participate in the actual interview (although scheduled to participate). Therefore, the sample size for this pilot study was 23 participants: 8 from New Castle County, 4 from Sussex County, 4 from Kent County, and 9 from the City of Wilmington.

Design

Structured, in-person interviews were conducted by three members of the research team to gather quantitative and qualitative data from the senior center executive directors. A survey protocol was designed to inform each participant about the research project and survey process (see Appendix C).
Before administering the survey, a research team member reviewed the protocol with the participant and collected each participant’s signed informed consent form. For consistency, the same project team member administered all 23 interviews, while other project members took notes and recorded answers to open-ended questions. Each interview lasted approximately one hour and was audio recorded for accuracy. The 23 interviews took place over a five-week period between February and March, 2007. Participants were offered a choice as to where the interviews would take place. One interview took place at the University of Delaware’s main campus in Newark, Delaware. The remainder of the interviews took place at the participants’ respective senior centers.

**Survey Instrument**

The survey instrument was reviewed and approved by the University of Delaware’s Human Subject’s Review Board. The survey instrument consisted of three sections: (Section One) background information about the senior center, (Section Two) multiple choice questions that specifically focused on senior center primary organizational functions, and (Section Three) open-ended questions (see Appendix D).

Section One consisted of seven quantitative questions related to the centers’ number of employees, volunteers, and administrators, hours of daily operation, and tenure of the current executive director. Section Two consisted of 15 questions that were organized according to four sub-sections (Employees/Volunteers, Programs/Services, Budget, and Outreach). Each sub-section included questions related to leadership approaches directors use when faced with particular issues and situations. The questions also reflected tasks associated with the primary organizational functions as described in the literature review (see Appendix B).

Multiple choice answers were coded according to the leadership traits, skills, styles, and behaviors discussed in the research on leadership and non-profit organizations. Section Three consisted of seven open-ended questions including one related to executive directors’ primary roles and responsibilities and several related to training and development activities for senior center leaders of the future.

**Study Analysis**

Descriptive statistics were run on the quantitative data from Section One (background information). The multiple choice survey data was analyzed using SPSS version 14.0. Overall findings and common trends among the multiple choice responses were reported. Open-ended questions were analyzed by identifying primary topic areas and themes derived from participant responses to each question.
Crosstab analysis was used to examine the relationship between leadership approaches and a set of explanatory variables including service quality, and the tenure of the current executive directors. Chi-square tests also were conducted to measure the strength of these relationships. For each center, the service quality index is a measure of the number and scope of services offered in nine program areas (see Appendix E). Program area criteria were based on program evaluation measures used in the Delaware Senior Center GIA Funding Formula. For additional information about the funding formula project, please visit www.ipa.udel.edu/healthcare/scenters/.

Essentially, participating centers were grouped into two service level groups using the service quality index. Group A centers were identified as those offering several basic programs and services as defined by the Delaware funding formula project. Group B centers were defined as centers with a higher service quality index given a greater number and scope of services offered. For example, a center offering only basic support services such as social and recreational activities, a nutrition program, and transportation services was categorized as a Group A center. A center offering a greater number of daily programs and services, including a variety of educational classes, outreach services, and health education sessions, was categorized as a Group B center.

Study Results

Overall Findings: Multiple Choice Section

In discussing job expectations with new employees and volunteers, directors portray task-oriented leadership behaviors, as reflected by the 91 percent of directors who answered that they mostly define job responsibilities and ensure that individuals understand their roles. In contrast, 91 percent of respondents reported that they mostly portray organizational- and people-oriented behaviors in working with new volunteers by allowing volunteers to determine their own work based on their background, experiences, and needs of the center.

Traits most commonly portrayed by directors in improving their leadership skills are personal integrity and emotional maturity. For example, many respondents identified that they are most likely to ask employees and volunteers for feedback on how they operate and reflect on how they can manage and coordinate activities differently.

The prevalent leadership approach used by directors in managing their programs and services is a participative style, defined as consulting with staff, taking others opinions into account, and establishing a creative work environment (Van Wart, 2005). In fact, 83 percent of the directors indicated that they gain feedback from members and participants about potential programs before offering. In addition, 78 percent reported that they discuss new program ideas with their employees and volunteers to gain input on the best way of managing the program or service.
In terms of budget development and resource management, a majority of directors interviewed (68 percent) reported that they consult with their board of directors and staff to determine the best approaches for funding a new program. This approach portrays people-oriented behavior, as it entails soliciting information from others and involving them in the decision-making process (Van Wart, 2005). Approximately one-fifth of the survey respondents indicated that they primarily rely on self-confidence and experience when faced with financial challenges or budget cuts.

To share ideas and connect with other senior centers, directors indicated that they mostly develop small support networks for idea sharing, which reflects people-oriented leadership behavior. In preparing to educate seniors on issues relevant to them, a majority of directors interviewed (44 percent) reported that they talk directly to participants to better understand their concerns and interests. Finally, 74 percent of the directors indicated that they contact local agencies that might be the best to serve their participants’ interests and to share their centers’ vision.

Overall Findings: Open-Ended Section

1. Primary Roles and Responsibilities of Senior Center Directors

   Program Development
   A majority of the directors surveyed indicated that one of their primary responsibilities is to develop and manage new programs that would better attract and serve their local seniors. Several discussed the significance of outreaching to the local community to bring more people to their centers.

   Personnel Process
   Coordination of employees and volunteers was another commonly identified role among the directors interviewed. In particular, directors referred to general human resource functions such as recruiting, hiring, training, and overseeing employees and volunteers. There was considerable emphasis placed on how these functions are executed. Many directors identified inspirational styles and strategic planning tasks, such as leading by example and motivating others to be a part of the center’s purpose, vision, and mission. Creating a team-based work environment was also emphasized.

   Operations Management
   As directors described their primary roles, it was evident that overseeing and executing daily operational tasks are largely their responsibility. “Day-to-day operations” was a term used by a number of the directors in describing their roles in operations management.
Serving Seniors
Over half of the directors surveyed discussed their role in serving seniors. Many indicated that creating a safe and friendly atmosphere is key to ensuring that seniors are happy and engaged.

Organizational and Financial Development
Many directors revealed the use of general financial management practices as one of their primary responsibilities. These include fundraising strategies and budget management practices. While the scope of financial and budgetary responsibilities seems to vary among center directors, they were mentioned by most as an important part of their position. Three directors specifically referenced strategic planning in relation to carrying out budgetary responsibilities. Several directors mentioned their responsibility for creating short- and long-term plans.

2. Working with Employees and Volunteers
A major theme that emerged from questions related to this topic involved consulting regularly with the employees and volunteers. Several directors mentioned the importance of recognizing and praising employees and volunteers for the contributions.

Effective communication and listening skills were also emphasized by a number of respondents in describing how to best work with employees and volunteers. Phrases such as “open minded,” “open communication,” “being an effective listener,” and “having a good ear,” were commonly used by directors in responding to questions on this topic. Many directors also indicated that creating a positive work environment is very important. One director referred to his/her center’s environment as “family-like,” since support is available to participants in crisis situations.

Another director stressed the importance of making each day special for employees and volunteers by showing enthusiasm for the center and inspiring the staff. Many directors also talked about building relationships with employees and volunteers, and creating team-oriented environments based on co-worker friendships. Communication skills, including oral communication and listening skills were highly stressed.

3. Approaches Used in Outreaching to the Local Community
In terms of techniques or approaches used to outreach to the local community, directors discussed media advertising as their primary means. Newspapers, fliers, television, and radio were those most commonly discussed by the directors. A few centers discussed specific outreach programs that focus on recruiting new members to the center. Such programs, however, did not seem to be a common approach used by directors.
A number of directors reported that they employ organization-oriented leadership behavior in executing outreach activities. Many also identified networking, whether through personal contacts, or with other organizations and community groups, as important to the outreach function. However, specific reasons for networking varied among responses. For example, some identified networking as important to increasing the visibility of their center, while others rely on networks for growth and expansion of their services.

4. Important Qualities that Future Senior Center Directors Need to Possess

When directors were asked to identify the most important qualities and skills that senior center directors of the future ought to possess, many indicated education and awareness of demographic trends and issues about the aging population as most important. Some directors suggested that following trends in the field of aging and recognizing the needs of different senior cohorts is especially important in developing appropriate and effective services.

Another quality deemed necessary for working with seniors is compassion. For a number of directors this equated to caring for their participants, providing necessary support, and maintaining the ability to relate to seniors and understand their needs. Directors identified interpersonal skills, general and financial management skills, and public relations skills as important for directors of the future.

5. Training and Development Activities Necessary to Prepare Future Senior Center Leaders

Many directors suggested that training and development activities would benefit senior center directors of the future in understanding issues related to the growing senior population. Conferences and workshops were identified as appropriate methods for helping directors identify and respond to the specific needs of their community.

Financial management training and human resource management were also indentified as important components for training senior center leaders of the future. Some directors also discussed the importance of regional and national networking, developing partnerships, and collaborating with other centers and community-based agencies.

Findings: Crosstabs Analyses of Service Quality and Leadership Approaches

There were no statistically significant results for the crosstabs analyses of the two independent variables with each multiple choice question. However, there were several noteworthy percentage trends related to the leadership approaches used by directors in Group A (centers offering several basic support services) and Group B (centers with a higher service quality index offering a variety and greater scope of services).
1. Employees and Volunteers

Very slight differences were identified between the two groups in terms of the approaches used by directors to improve staff coordination. A majority (57 percent) of Group A directors indicated that they ask employees and volunteers for feedback (indicative of the personal integrity trait), while a majority (53 percent) of Group B directors reported that they reflect on what they can do differently (representative of emotional maturity).

Similarities between the two groups were observed in the approaches used to motivate employees and volunteers. For example, a strong majority (100 percent and 73 percent) of directors from both Groups A and B respectively, indicated that they use social skills to create relationships with their employees and volunteers that will both motivate and inspire. In terms of discussing job expectations with new employees/volunteers, 86 percent of Group A directors and 93 percent of Group B directors define specific job responsibilities to ensure that individuals understand their roles.

2. Programs and Services

In evaluating how directors decide on creating new programs or services, 63 percent of Group A directors (versus 40 percent of Group B), indicated that they research trends in the aging field, assess the needs of their population, and apply the research to creating a new program. This answer is representative of the continual learning leadership skill. Conversely, 60 percent of Group B directors, (versus 37 percent of Group A), reported that they use their knowledge and understanding about their center, its resources, and the needs and interests of the center’s participants to create the new program/service. A majority of directors from both groups indicated that they gain feedback from members when determining whether to continue offering a program or service.

3. Budget

In terms of managing a budget, a majority of directors (100 percent Group A, 53 percent Group B) reported using people-oriented behaviors when consulting with the board, employees, and volunteers to determine the best approach to increase funding for a new program/service (p=.09).

4. Outreach

Indicative of an organization-oriented approach, most directors (63 percent Group A, 87 percent Group B) reported that attending conferences and workshops is the best way to partner with other senior centers (p=.07). In terms of developing a lecture series of outside experts or professionals, most directors reported using as inspirational leadership style.
For example, a majority of directors in both groups (a slightly higher majority for Group A) indicated that they determine which agencies might be best to serve their center participants’ interests and needs and contact the agencies directly to share their vision (100 percent of Group A and 60 percent of Group B).

**Discussion**

In this study, the researchers aimed to verify information from the literature review and determine leadership approaches commonly used by senior centers to carry out their organization’s primary functions. In addition, the study explored whether any relationships exist between specific leadership approaches and higher-quality senior programs and services.

As expected, many of the study results are consistent with the material presented in the previous sections of this paper. For example, in describing their primary roles and responsibilities, many directors referenced the senior center organizational functions and specific activities associated with those functions as described in the literature review. In addition, directors were very familiar with the answer choices presented in the multiple choice section (which reflected several leadership approaches), and at times had difficulty choosing one best answer. These results indicate that senior center functions and roles are interrelated and that multiple leadership approaches can be used depending on specific issues and circumstances.

Through the interviews, it was confirmed that senior center directors’ roles are also diverse and can range from daily management, task-oriented functions to more visionary functions that require the use of people-oriented and relational leadership approaches. For example, task-oriented behavior was selected by most survey participants to questions about establishing job expectations with employees and volunteers. Task-oriented behavior, as described by Van Wart (2005), is often associated with clarifying roles, establishing specific objectives, and defining job responsibilities (Van Wart, 2005).

On the other hand, many directors chose answers that reflect participative and supportive leadership styles to questions related to motivating staff and maintaining relationships. Van Wart describes the supportive style as the one in which a leader considers the needs of his or her followers, and strives to create a “friendly” work environment (Van Wart, 2005). This is consistent with directors’ responses related to consulting with staff, asking for feedback, and encouraging open communication.

The notion of “serving others” was described by many directors as a primary incentive for working in a senior center. In describing their relationships with employees and volunteers, a number of directors identified with this service mentality. Service mentality is defined by Van Wart (2005) as an “ethic of considering other’ interests, perspectives and concerns,” which is translated into service to employees and customers.
Supportive and inspirational leadership styles appear to be commonly employed by senior center directors in community advocacy and outreach activities. These responses reveal the importance of building long-term relationships with staff, community stakeholder groups, and funding partners. They also support the idea that senior center directors, as agents of collaborative governance, are engaged in a variety of networks to develop effective programs and expand current services. People-oriented behaviors and relational styles were also approaches described by directors in idea-sharing and connecting with other center directors. Such connections provide opportunities for centers to work together on common issues relevant to seniors.

Many directors recognized the importance of personal growth and improving leadership abilities. Many also identified the need for training and development for senior center directors of the future. Responses regarding training in the areas of human resources, financial planning, and senior trends and issues indicate the need for continual learning and flexibility as described by Van Wart (2005). In responding to demographic changes and issues facing seniors, directors need to be flexible and willing to embrace change. This will become increasingly important as senior centers’ roles emerge to meet the needs and interests of baby boomers.

Finally, while no direct connections were identified between service quality and specific leadership approaches, the crosstabs analyses present several important correlations. For example, a majority of Group A directors reported that they research trends in the aging field and assess the needs of their population before creating new programs or services. On the other hand, a majority of Group B directors indicated that they use their knowledge and understanding of their center and the needs and interests of its members before creating a new program or service. These differences may indicate that Group A directors (directors of centers offering basic support services) are still learning about the aging field and the population that they serve, whereas Group B directors (directors of centers offering a greater number and scope of programs and services) may have more of an established knowledge base regarding aging trends and how to best serve the needs of their members. Moreover, all of the Group A center directors used people-oriented behaviors (e.g., consulting with their board of directors) in determining how to increase funds for a program or service. Although a majority of Group B center directors also chose this behavioral approach, other Group B center directors indicated that they use more task and organizational behaviors in managing a program budget. This might suggest that the Group A centers work with smaller, unyielding budgets, which requires them to gain support from higher authorities. Conversely, Group B centers might have larger budgets and more flexibility in managing them; thus, it is not always necessary for them to consult with their board or other administrators.
In addition, the crosstabs analyses support the overall study results in terms of approaches most commonly used by directors in carrying out primary organizational functions. Centers from both service quality groups identified social and people skills as most important in working with employees and volunteers. In addition, an inspirational style was favored among centers from both groups in terms of motivating employees and volunteers, as well as in developing a lecture series of outside experts or professionals. As previously mentioned, this data indicates that regardless of service quality level, most directors use similar, relational skills, traits, and/or behaviors in leading their senior centers.

**Limitations**

As with most projects, there were several limitations to this study. The first is the small sample size used to conduct the study. Although the response rate of senior center directors asked to participate was high (23/25), only 25 directors were contacted. Furthermore, the sample was hand-selected so that it represented each of the state’s four jurisdictions and the profiles of the various centers (e.g., number of participants, services offered). Only Delaware senior center directors were interviewed. These limitations were based on the timeframe established for conducting the interviews given the overall project schedule. Future research should consider using a larger, less homogeneous sample of senior center directors.

Finally, the study involved one-time interviews representing the current conditions of the centers and approaches used by their directors. Data collection and analysis on changes in the centers over time was not possible due to the project timeline and funding schedule. Future related studies should consider centers’ new or expanded programs, changes in leadership approaches, and shifts in service or participation levels to determine whether leadership approaches used by center directors impact service quality and/or participation over time.

**CONCLUSION**

National demographic projections indicate a significant increase in the U.S. senior population over the next several decades. Consequently, a renewed awareness of current and emerging issues related to seniors exists among nonprofits, social service agencies, and policy makers. Of particular attention to stakeholders is the aging of the baby boomers, a generation of activists, who, upon retirement, will remain civically engaged and emerge as volunteer leaders within their communities. Opportunities for boomers’ continuous contribution to local causes and social services will be provided by nonprofits and community-based institutions. With the increase in the senior population and the aging of the baby boomer generation, the demand for community-based social services that promote physical and mental health services will also increase. Many of these services will be found in local senior centers.
However, to effectively address the needs of older adults and support programs and services offered by senior centers, collaboration among the various sectors and stakeholders is necessary.

For senior centers, trends and issues related to the increasing senior population is an opportunity to align staff and volunteer leadership with new and emerging needs and interests. Senior center leaders will therefore face many challenges in offering opportunities and designing programs to meet these needs. Executive directors, who serve as the nexus of this process, are charged with motivating a number of players and coordinating a variety of tasks necessary to carry out primary organizational functions. Therefore, knowledge and application of appropriate leadership approaches will continue to be important.

The literature that directly connects leadership and senior centers is somewhat limited; however, the breadth of research related to nonprofit leadership helps bridge the gap between the two areas of study. Senior center directors, like many nonprofit leaders, work for “social profit.” They are actively engaged in leading and managing their organizations through strategic planning, program planning and evaluation, community advocacy, volunteer and staff management, fundraising, and building relationships with other community agencies. These organizational functions require networking, inspiring others, and involving center participants in decision making and program development.

The field study interviews conducted with Delaware senior centers reveal common leadership traits, behaviors, skills and styles applied by senior center directors in executing the core functions of their organizations. The results of the study identified directors’ tendencies to apply people-oriented behavior, such as consulting with staff, considering members’ needs, and creating positive relationships among all players involved. Participative and supportive leadership styles were most prevalent in working with employees and volunteers, as evidenced by many directors’ commitment to creating a friendly work environment. Inspirational styles were preferred by most directors in sharing their centers’ vision and mission with the local community.

While a small sample size and narrow timeframe limited the field work, the study results support several overall findings as described in the literature review. Senior center directors are required to concurrently exercise management and leadership skills. Traditional management skills such as human resource and financial management will remain important in performing organizational functions. In addition, keeping abreast of current and emerging trends will help directors understand their constituencies and plan for the future. However, most important to effectively leading their centers, is directors’ ability to motivate and inspire staff, volunteers, and participants while outreaching to the community for support and advocacy.
As senior center programs expand to meet the increasing needs and interests of a diverse senior population, leaders within these centers will rely most heavily on open-communication, social skills, and inspirational styles to effectively serve their aging communities. Further research on leadership approaches used by senior center directors may evolve into training and development activities that assist current and future senior center directors meet the challenges associated with their communities’ growing demands.
APPENDICES

Appendix A: Senior Center Leadership Chart
Appendix B: Senior Center Organizational Performance Leadership Model
Appendix C: Senior Centers and Leadership Survey Protocol
Appendix D: Senior Centers and Leadership Survey: Interviewer Version
Appendix E: Senior Center Program-Area Criteria & Descriptions
APPENDIX A
Senior Center Leadership Chart

Interplay of Various Roles and Primary Functions

Executive Director
(nexus of organizational functions role coordination)

- Staff
- Volunteers
- Participants
- Board of Directors
- Professional Experts
- Community Advocacy
- Program Planning/Evaluation
- Governance
- External Relations

Strategic Planning

Diagram showing the interplay of various roles and primary functions within a senior center leadership structure.
APPENDIX B
<table>
<thead>
<tr>
<th>Organizational Performance Functions</th>
<th>Related Field Work/Interview Topics Areas</th>
<th>Specific Tasks and Responsibilities</th>
<th>Applied Leadership Approaches (Skills, Traits, Behaviors, Styles)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategic Planning/ Mission</strong></td>
<td>Employees/Volunteers</td>
<td>*Develop a mission statement, goals, objectives, action plans</td>
<td>---Task/ People/ Organizational Behavior</td>
</tr>
<tr>
<td></td>
<td></td>
<td>*Ensure that employees and volunteers understand their role in the overall purpose and mission of the center</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>*Create relationships with staff that motivate and inspire</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>*Follow trends in the aging field</td>
<td></td>
</tr>
<tr>
<td><strong>Program Planning/ Evaluation</strong></td>
<td>Programs/Services</td>
<td>*Identify needs and interests of participants and consider their feedback</td>
<td>---Participative Style</td>
</tr>
<tr>
<td></td>
<td></td>
<td>*Conduct both program and process evaluations</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>*Focus on center's mission and goals</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>*Consult with board and staff and consider their input</td>
<td></td>
</tr>
<tr>
<td><strong>Community Advocacy</strong></td>
<td>Outreach</td>
<td>*Meet and talk with community stakeholders/ consulting</td>
<td>---Communication Skills/ People Behavior</td>
</tr>
<tr>
<td></td>
<td></td>
<td>*Market programs and services</td>
<td>---Task Behavior</td>
</tr>
<tr>
<td></td>
<td></td>
<td>*Create strategic plan for building relationships</td>
<td>---Organizational Behavior</td>
</tr>
<tr>
<td><strong>Governance/ Administration</strong></td>
<td>Employees/Volunteers</td>
<td>*Establish job expectations</td>
<td>---Task Behavior</td>
</tr>
<tr>
<td></td>
<td></td>
<td>*Create by-laws and define organizational structure</td>
<td>---Communication Skills/ People Behavior</td>
</tr>
<tr>
<td></td>
<td></td>
<td>*Work with volunteers to accommodate their needs</td>
<td>---Supportive Style</td>
</tr>
<tr>
<td></td>
<td></td>
<td>*Carry out budget</td>
<td>---Analytical Skills/ Resilience Trait</td>
</tr>
<tr>
<td><strong>External Relationship Building</strong></td>
<td>Outreach</td>
<td>*Develop support networks</td>
<td>---People Behavior</td>
</tr>
<tr>
<td></td>
<td></td>
<td>*Share vision &amp; goals with other organizations and community</td>
<td>---Inspirational Style</td>
</tr>
<tr>
<td></td>
<td></td>
<td>*Identify how other organizations can partake in reaching center's goals</td>
<td>---Partnership Style</td>
</tr>
</tbody>
</table>

*Updated pedagogical content*
SENIOR CENTER LEADERSHIP QUESTIONNAIRE

INTERVIEW PROTOCOL

INTRODUCTION-
I’m ________ and this is ______________ and we’re with the University of Delaware’s Institute for Public Administration. We’re working with the School of Urban Affairs Leadership Program on a research study involving leadership characteristics used by Senior Center directors and their staff.

PURPOSE-
As we indicated to you in our original correspondence (e-mail/fax/mail) to you, the primary purpose of our survey is to understand leadership approaches used by senior centers. With this information, we want to compare current leadership literature and senior center best practices with leadership characteristics and styles actually used by senior center directors. We hope to also determine ways to help prepare and empower students and professional leaders for careers and research opportunities in organizations that serve senior citizens.

One of the other primary objectives of the project is to merge two academic units (Leadership program and a research unit of the School of Urban Affairs & Public Policy) and to provide a research opportunity to undergraduate and graduate students of both units.

An academic paper will be developed from our research and this survey information and will be presented at a conference at the University of Delaware in late May/early June. We are also hoping to submit the paper for publication in a scholarly journal.

WHY WE CHOSE THEM-
We chose you to participate in this survey because as the leader of your senior center we rely on your expertise as the Director and would like to gain further knowledge about your leadership styles and approaches.

BREAK DOWN of the SURVEY SECTIONS-
This survey is broken down into 3 different sections:

Section 1: Background about your senior center

Section 2: Multiple Choice- you will choose the best answer as it pertains to you and your center

Section 3: Open Ended Questions- you can explain any specifics about your center and how you run your business.
HAND INFORMED CONSENT TO DIRECTOR…then explain each section.

INFORMED CONSENT SECTIONS-

We have an informed consent form that we’d like for you to sign and return back to us. We’ll give you a copy of this in case you need to contact us.

**Paragraph 1**: Explains the background of this project

**Paragraph 2**: Explains who we’ve chosen to participate in this survey; as indicated, your responses will be used to summarize and analyze the information in the aggregate (collectively) and will not be tied to you personally or individually identify your center

**Paragraph 3**: Explains our confidentiality and anonymity with your answers. It also discusses our need to tape record this interview for answer accuracy. NOTE** we will not publish, print, or do anything with this tape other than to use it for reference purposes in analyzing our data. If you would not like us to tape this interview, please let us know.

**Paragraph 4**: Contains all of our contact information in case you have any questions about the project.

**You can refuse to answer any questions or choose to stop the interview at any time without negative consequences**

HAVE THEM SIGN THE INFORMED CONSENT AND HAND IT BACK TO YOU

YOU THEN HAND THEM THEIR COPY OF THE I.C. WITH A COPY OF THE SURVEY (to follow along)

Do you have any questions before we begin?

Let’s get started…
APPENDIX D
Section 1: Senior Center Background Information

1. Number of professional employees (not including volunteers) __

2. Number of volunteers (on average) __

2a. Number of board members __

2b. Number of participants/members (daily average) __

2c. Number of years senior center has been in operation __

3. Number of hours per week senior center is open __

4. How long have you been the senior center Executive Director? __

5. Has your senior center undergone any modifications within the last 2-3 years (e.g., facilities, programs, employees/volunteers, etc.)? If yes, please explain.
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

If 5, then 6

6. As a result of these modifications to your center, what skills, knowledge, and/or techniques did you use to adapt to changes taking place?
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

7. As a leader within your senior center, what do you consider your 3-5 primary roles/responsibilities?
A.________________________________________

B.________________________________________

C.________________________________________

D.________________________________________

E.________________________________________
Section 2: Multiple Choice Questions

This section includes a series of multiple choice questions. It is organized according to several broad senior center functions (staffing, programming, budgeting, and outreach) to provide a point of reference for you in relation to the answer choices offered. We understand that you might do some, none, or all of the items listed as choices. We ask that you try to pick one choice based on what you mostly do. If you do something entirely different than the answer choices provided, please feel free to share with us what it is that you actually do. Please keep in mind that there are no right or wrong answers, as the answer choices provided simply reflect different styles or approaches.

A. Employees/Volunteers (sub-section relates to managing and working with employees/volunteers)

A.1 When discussing job expectations with new employees/volunteers, you mostly:
   a) Define specific job responsibilities and ensure that individuals understand their roles. (task)
   b) Provide incentives or rewards and recognize individuals for their work. (people)
   c) Select detailed project goals and identify how they will be measured. (organization)
   __ Other (see attached and/or tape)

A.2 When you determine that there is room for improvement in how you coordinate employee/volunteer duties, you mostly:
   a) Ask employees/volunteers for feedback on how you operate. (personal integrity)
   b) Reflect on what you can do differently. (emotional maturity)
   c) Find ways to train yourself further in the area that needs improvement. (self-confidence & continual learning)
   __ Other (see attached and/or tape)

A.3 In dealing with new volunteers at your organization, you mostly:
   a) Provide individuals with specific tasks and monitor progress. (task)
   b) Assign individuals to an experienced employee, a volunteer mentor, or a program team. (people)
   c) Allow individuals to determine their work based on their background and experience as well the needs of the center. (organizational)
   __ Other (see attached and/or tape)

A.4 To motivate your employees/volunteers, you mostly:
   a) Create reward systems. (influence skills)
   b) Create relationships with employees/volunteers that will both motivate and inspire. (social skills)
   c) Assess their abilities and assign them specific tasks. (analytic skills)
   __ Other (see attached and/or tape)
B. Programs/Services (sub-section relates to developing, implementing, and assessing programs/services)

B.1 In creating a new program/service, you mostly:
   a) Use your knowledge and understanding about your center, its resources, and the needs and interests of its members/participants. (technical skills)
   b) Research trends in the aging field, assess the needs of population you serve and apply that information to creating a program/service. (continual learning)
   __ Other (see attached and/or tape)

B.2 In determining whether or not to continue offering a program/service, you mostly:
   a) Gain feedback from members/participants about the program/service. (participative)
   b) Focus on your center’s mission and goals in relation to that program/service. (external)
   c) Ask that a program coordinator/employee decide whether to continue offering the program/service based on his/her work experience with the program/service. (directive)
   __ Other (see attached and/or tape)

B.3 In preparing to launch a new program/service, you mostly:
   a) Inform employees/volunteers of their roles in implementing the program/service. (directive)
   b) Listen to what employees/volunteers feel they could do best in regard to the program/service and accommodate their needs. (supportive)
   c) Discuss program ideas with employees/volunteers and get their input on the best way of managing the program/service. (participative)
   d) Allow employees/volunteers to make decisions regarding their role in launching the program/service. (delegative)
   __ Other (see attached and/or tape)

C. Budget (sub-section relates to developing, implementing, and carrying out a budget)

C.1 If confronted by a budget cut that will affect an existing program/service, your initial response would most likely be to:
   a) Seek information or experiences that could help you address the situation. (self-confidence)
   b) Act quickly, as you already have a plan in place to address the situation. (decisiveness)
   c) Maintain optimism as you proceed with addressing the situation. (energy)
   d) Consider participant and employee concerns and perspectives before making any decision. (service mentality)
   __ Other (see attached and/or tape)
C.2 In carrying out your center’s annual budget, you **mostly rely** on:

- a) Your ability to analyze or organize data and information. (analytic)
- b) Your ability to follow the goals you set out as you designed the budget. (resilience)
  __ Other (see attached and/or tape)

C.3 In attempting to increase funding for a new program/service offered by your center, you **mostly**:

- a) Consult with the board and employees/volunteers to determine the best approach. (people)
- b) Delegate specific fundraising tasks to a program coordinator/employee. (task)
- c) Develop a network of potential external partners to create a fundraising plan. (organization)
  __ Other (see attached and/or tape)

D. Outreach (sub-section relates to working with the local community to offer programs/services)

D.1 In reaching out to the local community, you are **most likely** to:

- a) Contact people by telephone or in writing. (task)
- b) Develop a process or plan for building relationships. (organization)
- c) Meet people in person over lunch. (people)
  __ Other (see attached and/or tape)

D.2 In partnering with other senior centers for services or to share ideas, you **mostly**:

- a) Request written descriptions of services or ideas and contact the center later if you are interested. (task)
- b) Attend a conference or workshop related to your interests/ideas. (organization)
- c) Develop a small network of center directors for support and idea sharing. (people)
  __ Other (see attached and/or tape)

D.3 In preparing to educate seniors on issues relevant to them (e.g., Medicare, public affairs, financial planning), you **mostly**:

- a) Educate yourself through literature/media on the issues most relevant to the local community that you are serving. (continual learning and analytical skills)
- b) Talk to the members/participants to better understand their concerns and what they are interested in learning about. (supportive)
- c) Discuss with your employees/volunteers what they perceive are the relevant topics that seniors should be educated about. (participative)
  __ Other (see attached and/or tape)
D.4 In identifying organizations or individuals in the local community to help support the operation of a new program/service, you mostly:

a) Share with people why the new program/service is important to the center and the local community. (inspirational)
b) Identify several challenging goals and share with people in the local community how they may be part of reaching the goals. (partnership)
c) Identify and contact organizations and individuals who you know are already likely to have an interest in supporting your center and any new programs/services. (external)
   __ Other (see attached and/or tape)

D.5 In developing a lecture series of outside experts or professionals, you mostly:

a) Assign employees/volunteers to call outside agencies. (delegative)
b) Determine which agencies might be best to serve your member’s/participants’ interests and needs and contact them yourself to share your vision. (inspirational)
c) Consult with an employee/volunteer assigned to coordinate and schedule the series. (participative)
   __ Other (see attached and/or tape)
Section 3: Open-Ended Questions

1. What do you consider most important in working with your employees/volunteers?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. What techniques or approaches do you use to reach out to the local community?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3. What do you consider to be the most important qualities that senior center directors of the future need to possess?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

4. What training and development activities, if any, do you consider necessary to prepare senior center leaders of the future?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Thank you for participating in this survey!
APPENDIX E
### Senior Center Program-Area Criteria & Descriptions

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>1. Transportation</th>
<th>2. Nutrition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DESCRIPTION OF CRITERIA</strong></td>
<td>Providing transportation to and from a senior center allows those seniors who prefer not to drive or who are unable to drive to remain active participants; prevents and/or counteracts isolation and immobility.</td>
<td>A congregate meal program is offered to ensure that seniors are receiving the nutrition essential for proper health and functionality. Food provided should comply with the <em>Dietary Guidelines for Americans</em>.</td>
</tr>
<tr>
<td><strong>PREFERABLE REQUESTS</strong></td>
<td>✓ Transportation schedule ✓ Evidence of vehicle (e.g., van or bus registration, driver’s license)</td>
<td>✓ Menu schedule</td>
</tr>
<tr>
<td><strong>FREQUENCY</strong></td>
<td>Transportation to and from a center should be available at least twice a day during regularly scheduled senior center hours.</td>
<td>Congregate meals should be offered at least once daily during regularly scheduled senior center hours.</td>
</tr>
<tr>
<td><strong>STAFFING &amp; CERTIFICATION</strong></td>
<td>Fully licensed driver must be available for all transports. Can be paid or volunteer.</td>
<td>Pre-prepared meals delivered by an outside agency are acceptable; upon delivery, meals may be prepared for consumption by volunteer or paid staff.</td>
</tr>
<tr>
<td><strong>EXAMPLES</strong></td>
<td>Other forms of transportation besides to and from the center may include: shopping trips, recreational and cultural outings, and medical appointments</td>
<td>City Fare Program Congregate breakfast, lunch, dinner, weekend Meals on Wheels</td>
</tr>
<tr>
<td>----------</td>
<td>--------------------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>DESCRIPTION OF CRITERIA</td>
<td>Social and recreational activities are offered to stimulate participants’ basic processes such as working memory, speed of processing and verbal knowledge. Such programs should be easily differentiated from programs aimed at physical fitness and/or educational enrichment.</td>
<td>Health, wellness and support programs are those that are designed to promote the mental, spiritual, and emotional health of senior center participants. Support groups may include diabetes, Alzheimer’s, and other programs aimed at counseling and/or nurturing specific groups of participants. Centers should demonstrate efforts to be creative in involving and supporting the elderly community.</td>
</tr>
</tbody>
</table>
| PREFERABLE REQUIREMENTS | ✓ Social and recreational program descriptions  
✓ Schedule of programs offered | ✓ Schedule of health and wellness programs and/or support groups  
✓ Staff resumes that reflect related experience to the programs offered |
| FREQUENCY | Social and/or recreational activities should be offered daily during regularly scheduled senior center hours. | Minimum of two health, wellness or support programs or services per month. |
| STAFFING & CERTIFICATION | May be facilitated by paid staff or volunteers. | Paid staff or volunteer with the educational or job experience needed to support the emotional health of individuals. |
| EXAMPLES | Bingo, card games, arts & crafts, informal walking, movies | Health and Wellness Programs: nutrition counseling, medication management, and health talks/lectures  
Support Groups: Caregiver |
<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>5. Physical Fitness</th>
<th>6. Aquatics</th>
</tr>
</thead>
<tbody>
<tr>
<td>DESCRIPTION OF CRITERIA</td>
<td>A fitness center provides exercise equipment, space for fitness classes, and/or the support staff needed to assist participants with the safe use of equipment and/or development of a safe fitness program. The fitness center should be located in a separate and designated area.</td>
<td>Providing access to a pool offers several benefits to senior participants, including physical fitness activity, relaxation activities, and rehabilitation for certain physical ailments associated with aging.</td>
</tr>
<tr>
<td>PREFERABLE REQUESTS</td>
<td>✓ Sample fitness plans ✓ Written safety rules of fitness center ✓ Schedule of fitness classes or training sessions ✓ Documents that reflect staff certification requirements (e.g., resumes)</td>
<td>✓ Schedule of aquatics classes ✓ Schedule of pool hours ✓ Proof of Transportation to and from pool, if off-site ✓ Contract or method of cooperation with local pool, if off-site</td>
</tr>
<tr>
<td>FREQUENCY</td>
<td>A senior center must provide access to physical fitness services and/or a fitness center during the hours of operation of the center.</td>
<td>An on-site pool should be open at least one day per week or transportation to an off-site pool should be provided at least one day per week.</td>
</tr>
<tr>
<td>STAFFING &amp; CERTIFICATION</td>
<td>Certified fitness instructor on staff, or sufficient access to a certified instructor (at least five hours per week); can be paid or volunteer.</td>
<td>Certified lifeguard must be present during hours of operation. Certified fitness instructor on staff or access to one for classes; paid or volunteer</td>
</tr>
<tr>
<td>EXAMPLES</td>
<td>Fitness center, modified strength training and cardiovascular exercises, walking, line dancing</td>
<td>Pool activities may include arthritis aquatic program, deep-water exercise class, and/or free swim time</td>
</tr>
<tr>
<td>CRITERIA</td>
<td>7. Outreach &amp; Reference</td>
<td>8. Educational Enrichment</td>
</tr>
<tr>
<td>----------</td>
<td>-------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>DESCRIPTION OF CRITERIA</td>
<td>Outreach &amp; Reference services are those that either encourage senior center participants to become more self-sufficient or that assist participants by enhancing their quality of living.</td>
<td>Educational enrichment programs are offered to provide senior center participants with an increased knowledge of specific topics of interest to seniors. Such programs should be easily differentiated from social and recreational activities. Senior centers must offer at least one type of class to receive credit for this criterion.</td>
</tr>
<tr>
<td>PREFERABLE REQUESTS</td>
<td>✓ Schedule of services offered</td>
<td>✓ Schedule of enrichment activities or services offered</td>
</tr>
<tr>
<td></td>
<td>✓ Pamphlets or descriptive brochures</td>
<td>✓ Descriptive program or education plans</td>
</tr>
<tr>
<td></td>
<td>✓ Documents that reflect staff certification requirements (e.g., resumes)</td>
<td></td>
</tr>
<tr>
<td>FREQUENCY</td>
<td>Service should be available to participants at least one to two times per week for 30 weeks or more per year. Services can be provided by phone, appointment, or drop-in.</td>
<td>Educational Enrichment classes should be available at least one to two times per week for 30 weeks or more per year.</td>
</tr>
<tr>
<td>STAFFING &amp; CERTIFICATION</td>
<td>Paid staff member(s) or volunteer with defined responsibility for coordinating the center’s outreach services.</td>
<td>Paid staff or volunteer with educational background and/or life experience in relevant educational enrichment offering.</td>
</tr>
<tr>
<td>EXAMPLES</td>
<td>Outreach: Providing information on housing, transportation, medical insurance Reference: employment, or other</td>
<td>Computer classes, foreign language classes, nutrition education, consumer information classes</td>
</tr>
<tr>
<td>CRITERIA</td>
<td>9. Adult Day Care</td>
<td></td>
</tr>
<tr>
<td>------------------------</td>
<td>-------------------</td>
<td></td>
</tr>
<tr>
<td>DESCRIPTION OF CRITERIA</td>
<td>An adult day care center provides health, social and appropriate support services for functionally impaired adults. Such a center should be a stand-alone facility, meaning that there is a separate room or space designated to this purpose, which could stand alone if required.</td>
<td></td>
</tr>
<tr>
<td>PREFEREABLE REQUISTES</td>
<td>✓ License from the Delaware Department of Health and Social Services (DHSS)</td>
<td></td>
</tr>
<tr>
<td>FREQUENCY</td>
<td>Should adhere to requirements specified by the State of Delaware Regulations for Adult Day Care Facilities.</td>
<td></td>
</tr>
<tr>
<td>STAFFING &amp; CERTIFICATION</td>
<td>Should adhere to requirements specified by the State of Delaware Regulations for Adult Day Care Facilities.</td>
<td></td>
</tr>
<tr>
<td>EXAMPLES</td>
<td>Monitored activities services, such as a nutrition program and social (e.g., arts and crafts, reminiscing) or outreach services</td>
<td></td>
</tr>
</tbody>
</table>
WORKS CITED


