Reframing Communications about Senior Community Centers

Recommended Communication Strategies in Pennsylvania

Pennsylvania Department of Aging

FRAME WORKS

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Executive Summary

Senior community centers (SCCs) are an essential but often underrecognized part of Pennsylvania's community infrastructure. While these centers support connection, wellbeing, participation, and healthy aging, public understanding of their role frequently lags behind the reality of what they offer. Many people continue to associate senior community centers (SCCs) with institutional care settings such as nursing homes or assisted living facilities, rather than viewing them as vibrant community spaces that help people remain engaged, active, and connected while continuing to live independently.

This report presents findings from Phase 2 of the "Reframing Communications about Senior Community Centers in Pennsylvania" project, a partnership of the Pennsylvania Department of Aging and the National Center to Reframe Aging. The research, conducted by the FrameWorks Institute, included stakeholder interviews, focus groups, and surveys with Pennsylvanians to identify and test communication strategies that improve public understanding of SCCs and strengthen support for participation and public investment.

The findings show that public perceptions of SCCs improve significantly when communications focus on what these centers do rather than solely on who attends them. Messages that emphasize connection, opportunity, wellbeing, contribution, and prevention of loneliness performed especially well in testing. The research also found that people respond more positively when SCCs are framed as part of the everyday community infrastructure that helps people stay well over time—similar to libraries, parks, and other accessible public resources.

The report outlines five evidence-based framing recommendations:

1. **Clearly define SCCs.** Communications should consistently explain that SCCs are local, non-residential community hubs that provide opportunities for activities, learning, wellness, meals, and connection.
2. **Focus on what helps people stay well over time.** Messages should emphasize how SCCs support health, engagement, routine, access to resources, and ongoing participation in community life.
3. **Highlight systems and structures that prevent loneliness.** Communications should show how SCCs create opportunities for connection through accessible spaces, activities, transportation, and partnerships, rather than perceiving loneliness as an individual problem.
4. **Keep positive, future-focused outcomes front and center.** Communications should emphasize possibility, contribution, and continued growth instead of decline, dependency, or crisis.
5. **Engage participants as trusted messengers.** Current participants are among the most effective ambassadors for SCCs because they help normalize participation and provide relatable, authentic examples of the value of engagement.

These strategies provide a roadmap for modernizing communications about SCCs across Pennsylvania. They shift away from outdated narratives and toward messages that emphasize vitality, prevention, connection, and community infrastructure. Our recommendations can help organizations and policymakers increase awareness, reduce stigma, expand participation, and strengthen public support for SCCs.

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Introduction

Senior community centers (SCCs) play a vital role in communities across Pennsylvania, but public understanding of what they are and why they matter often lags behind. Persistent, outdated narratives continue to frame aging in terms of decline, dependency, or withdrawal, shaping how people perceive aging and the institutions that support people as they grow older. Reframing SCCs is therefore inseparable from the broader effort to reframe aging and shift how aging is understood toward a more accurate view that emphasizes connection, contribution, and continual participation in community life.

This Phase 2 report of the "Reframing Communications about Senior Community Centers in Pennsylvania" project, a partnership of the Pennsylvania Department of Aging and the National Center to Reframe Aging, draws on a multiphase research project to identify framing strategies that align with and advance this larger reframing effort. Through stakeholder interviews, experimental survey testing, and focus groups with Pennsylvanians, the FrameWorks Institute examined how different messages influence public thinking about aging and SCCs. The research explores how to move beyond limiting assumptions and position these centers in ways that reflect their full role in supporting wellbeing over time.

The findings point to clear opportunities. When SCCs are framed as part of the community infrastructure that enables people to stay connected, engaged, and supported over time, they reinforce a more productive understanding of aging while also increasing public support. These strategies help reduce stigma and make the value of SCCs more visible. This brief translates those insights into practical guidance for communicators, advocates, and policymakers—outlining what to say, what to avoid, and how to position SCCs in ways that build durable public will and investment.

Framing Strategy

The following recommendations outline a set of evidence-based framing strategies to shift how people understand and value SCCs. They offer practical guidance for communicating in ways that increase awareness, reduce stigma, and build broader support.

Recommendation 1: Include a short definition of SCCs.

To address low awareness and build a shared understanding, communications should consistently include a brief, clear definition of SCCs. This definition should appear early and often across materials, channels, and touchpoints and should concisely explain what these centers are (local, non-residential community hubs) and what they do (connect older people to activities, services, and social opportunities).

Why this matters:

Findings from the qualitative and quantitative research point to a central communications challenge rooted in limited public awareness rather than negative perceptions of senior centers. In qualitative testing, most participants were unfamiliar with SCCs and had little to no direct experience with them. This lack of exposure shapes how people understand these spaces.

A dominant pattern was confusion between senior centers and long-term care settings. Participants frequently described senior centers as if they were nursing homes or assisted living facilities—places associated with loss of independence, declining health, end-of-life care, and limited activity.

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Quantitative results suggest that when given a short definition of what SCCs are and what they do, people are generally able to correctly identify what senior centers are, indicating a baseline level of recognition without deeper engagement.

Despite limited knowledge, once SCCs were defined, survey participants expressed consistently positive associations. Large majorities linked senior centers with words like *friendship* (90%), *active* (81%), *fun* (75%), and *lively* (68%). At the same time, very few survey participants endorsed negative descriptors such as *lonely* (13%), *quiet* (19%), *depressing* (10%), and *boring* (10%).

Once given the definition, survey participants also connected senior centers to a range of positive outcomes. These included reducing social isolation, fostering a sense of purpose, maintaining or improving physical mobility, supporting mental health, and building social networks. Even with minimal messaging, people intuit that senior centers play a beneficial role in older people's lives.

How to do it:

Communicators can develop creative communications strategies to consistently reinforce what SCCs are, what they are not, and what they offer without sounding repetitive. This requires varying language, formats, and storytelling approaches while maintaining a clear, shared core message.

- *Define SCCs consistently in communications.* Including a brief, clear definition helps build a shared understanding and addresses low awareness by explaining what these centers are and what they offer. The definition should avoid jargon or words that only make sense to people working in these spaces.
- *Use images that highlight their non-residential nature.* Visuals showing older persons engaged in community-based settings—rather than institutional environments—help audiences accurately understand what participation looks like. Include imagery that emphasizes the relationships, activities, and sense of belonging that SCCs cultivate, rather than focusing solely on the physical space.
- *Distinguish SCCs from assisted living and nursing homes.* Clarifying these differences reduces confusion while maintaining respectful, neutral language that avoids reinforcing negative perceptions of other care settings.
- *Equate SCCs to familiar local infrastructure like libraries or parks.* Positioning SCCs alongside well-understood community assets helps people see them as accessible, everyday resources that contribute to community wellbeing and connectivity.

What it looks like:

Before

- *SCCs in Pennsylvania are local spaces where people gather for hobbies, meals, wellness programs, and much more while continuing to live in their own homes.*

After

- *In Pennsylvania, SCCs are neighborhood spaces for active, independent older adults, distinct from residential settings where people live on site.*

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Recommendation 2: Focus on what helps people stay well over time.

Communications should emphasize how SCCs support wellbeing over time, alongside who they serve.

Why this matters:

Frames that emphasize what SCCs do rather than focusing primarily on who attends consistently performed better in testing (see Figure 1). When communications highlight functions such as providing access to resources, creating opportunities for connection, and supporting health and wellbeing, they help audiences understand the broader purpose and value of these centers. This approach reduces the tendency to rely on assumptions or stereotypes about specific groups and instead positions SCCs as active contributors to community infrastructure. By focusing on roles and outcomes, communicators make it easier for a wider range of people to see the relevance and benefits of these centers.

How do we know which framing strategies work?

To test the effectiveness of different framing strategies quantitatively, we conducted a randomized survey experiment in which participants were assigned to one of several conditions. Each group read a short message (or "treatment") describing SCCs using a distinct frame. These included:

- ***Prevention***: A frame that positions SCCs as important sites to prevent loneliness
- ***Social Connection***: A frame that positions senior centers as important sites to make social connections
- ***Purpose, Routine, and Contribution***: A frame that positions senior centers as places to engage in other activities that are not directly about social connection
- ***Space for Community***: A frame that positions SCCs as places where existing communities gather
- ***Community Infrastructure***: A frame that positions senior centers as similar to other community infrastructure and places where participants are not stigmatized for attending
- ***Social Cohesion***: A frame that positions senior centers as places that build community cohesion

After exposure to the frames, participants answered a series of questions designed to assess their perceptions of SCCs, willingness to engage with or recommend them, and support for investment. Participants in the control group received no message but answered the questions. This design allows us to isolate the effects of each frame and compare how different ways of communicating influence attitudes and understanding. See Appendix A for more detail on the research methodology.

As shown in Figure 1, all framing strategies performed well. However, the *Prevention* and *Cohesion* frames were the most powerful.

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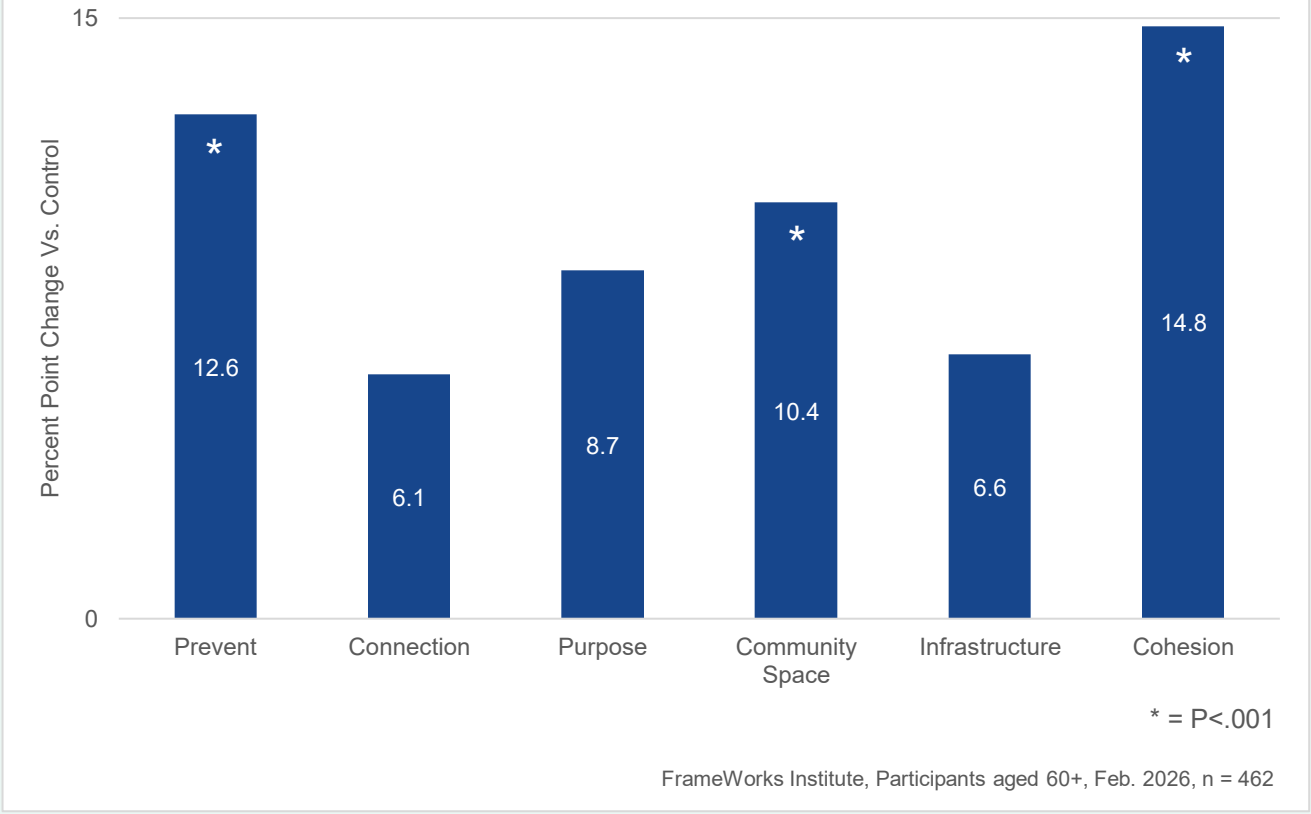

Figure 1 Certain framing strategies significantly increase willingness to attend a senior center.

Emphasizing isolation prevention and social cohesion strengthens this approach by focusing attention on ongoing processes that help people and communities stay well over time. Rather than reacting to problems after they emerge, this framing highlights how consistent opportunities for engagement, relationship-building, and access to supports can maintain health and independence. It also underscores that wellbeing is shaped by the availability of community-based structures that foster connection and participation. This forward-looking orientation encourages audiences to see SCCs not as reactive services, but as essential, preventative and proactive resources that contribute to stronger, more connected communities.

How to do it:

Here are some tips for putting this recommendation into practice:

- *Lead with outcomes, not audiences.* Start messages by naming what supports health and wellbeing over time (e.g., routine, connection, access to resources), then introduce SCCs as one way to deliver those supports.
- *Describe functions and benefits.* Emphasize what centers do—create consistent opportunities for movement, nutrition, learning, and social participation—rather than who attends them. Individual centers can support this by clearly communicating the general programs and offerings that distinguish their work and the benefits of those offerings in the community.
- *Use life span framing.* Position supports as resources everyone needs to stay well as we age, making centers part of a broader system that enables ongoing wellbeing.

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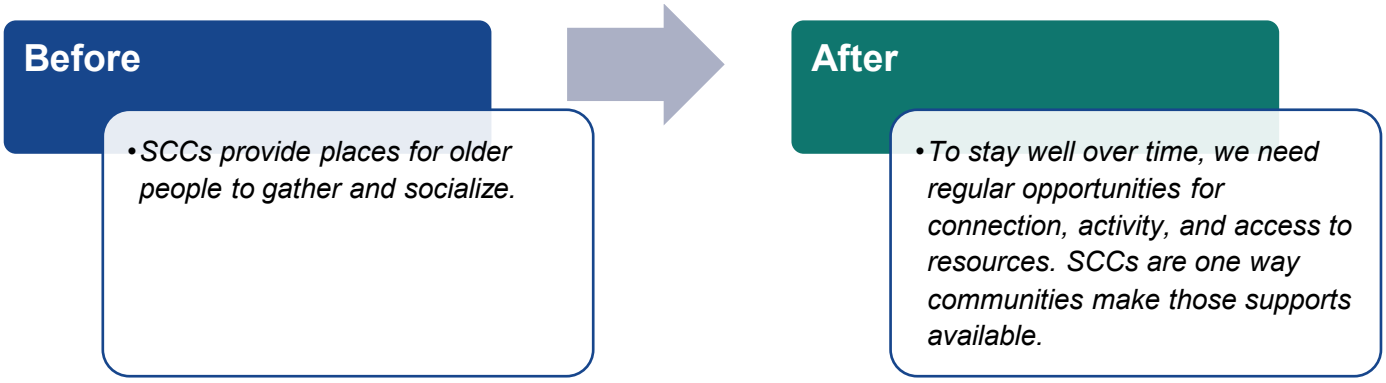
What it looks like:



Recommendation 3: Focus on community supports and resources that prevent loneliness over time, rather than individual traits.

Communications should highlight how community systems and structures create ongoing opportunities for connection, rather than focusing on individual characteristics or choices. Position SCCs as part of those structures.

Why this matters:

Lack of social connection later in life, rather than age itself, emerged as the primary stigmatized characteristic in discussions of SCCs in the focus groups. This finding suggests that negative perceptions are less about aging and more about how people interpret social *dis*connection. When communications implicitly link SCCs to people who lack social connection, they risk reinforcing stigma, narrowing the perceived relevance of these spaces, and deterring potential participants. Framing SCCs primarily as places to make friends may lead some audiences to see them as unnecessary or irrelevant for people who already have established social networks. As a result, this emphasis can inadvertently limit their appeal and deter potential participants.

By contrast, positioning centers as spaces that prevent loneliness and social disconnection helps avoid activating these stigmatized associations and broadens appeal.

In focus groups, participants often described feelings of loneliness or disconnection later in life as something to be hidden, expressing embarrassment or shame. This dynamic can make individuals less likely to seek out or engage with resources perceived as being for people who lack social connection. As a result, communications that foreground social connection (particularly its absence) may unintentionally create barriers to participation.

Avoid messages that imply that a potential senior center participant does not already have a social life, as well as messages that narrow appeal for audiences with established social connections.

Framing SCCs as places that offer regular opportunities for engagement, learning, and contribution—rather than as responses to a problem—can reduce this barrier and support more positive engagement.

How to do it:

- *Pair loneliness prevention with concrete examples.* Describe how community supports and resources work in practice, such as regular group activities, shared meals, transportation access,

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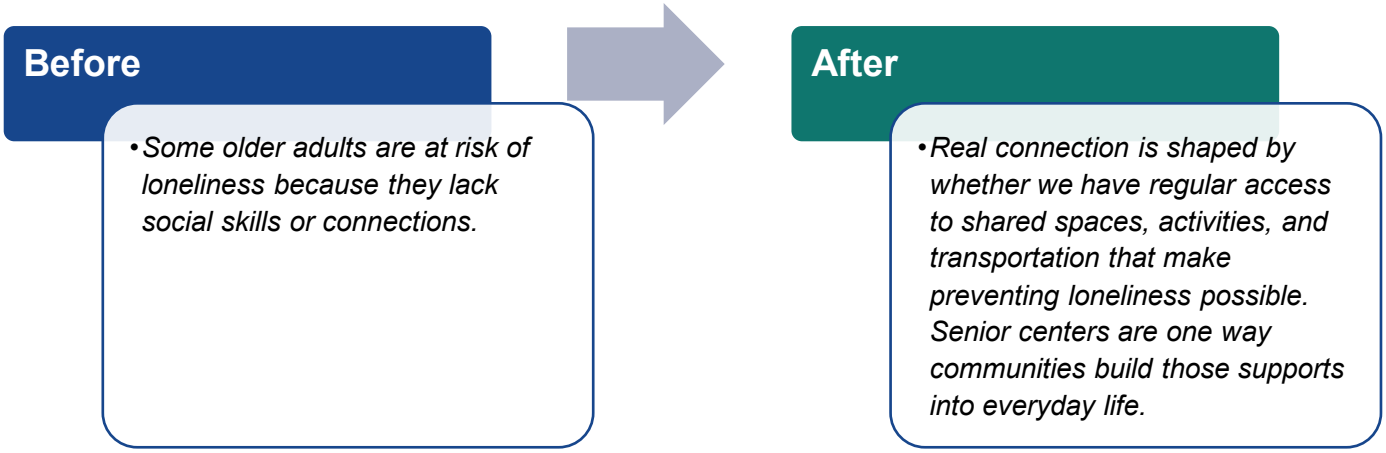
and partnerships with local organizations. Show how senior centers create ongoing opportunities for connection.

- *Use relatable, everyday scenarios.* Offer examples that feel conceivable and inclusive (including intergenerational activities), avoiding portrayals that feel exceptional.
- *Avoid individual-deficit language.* Frame loneliness as something shaped by access, design, and opportunity—not personal traits—by emphasizing how environments can either support or limit those opportunities.

What it looks like:



Recommendation 4: Keep future, positive outcomes front and center.

Keeping a clear focus on what's possible rather than what's lacking is critical to shifting how people understand and value SCCs. This approach moves thinking away from decline and dependency, and toward a vision of aging that is dynamic and full of opportunity, which supports broader efforts to reduce stigma and increase participation.

Why this matters:

Emphasizing positive outcomes helps redirect attention away from common narratives of decline and dependency. By highlighting opportunities for learning, connection, and contribution, communications position SCCs as places where people and communities continue to grow and engage. This framing reinforces a more accurate and constructive understanding of aging and reduces the likelihood that audiences default to deficit-based assumptions.

Focusing on future benefits makes SCCs relevant before challenges arise. When communications underscore how regular participation supports ongoing wellbeing, they frame engagement as a proactive, preventative choice rather than something people turn to only in response to need or crisis. This approach expands the audience and supports earlier, more sustained participation.

Clearly articulating the positive benefits of senior community centers—for individuals, families, and communities—strengthens the case for investment. When these centers are understood as contributing to community wellbeing, social connection, and public health, they become visible as essential infrastructure. This broader framing helps build public and institutional support by demonstrating that the benefits extend beyond individual participants.

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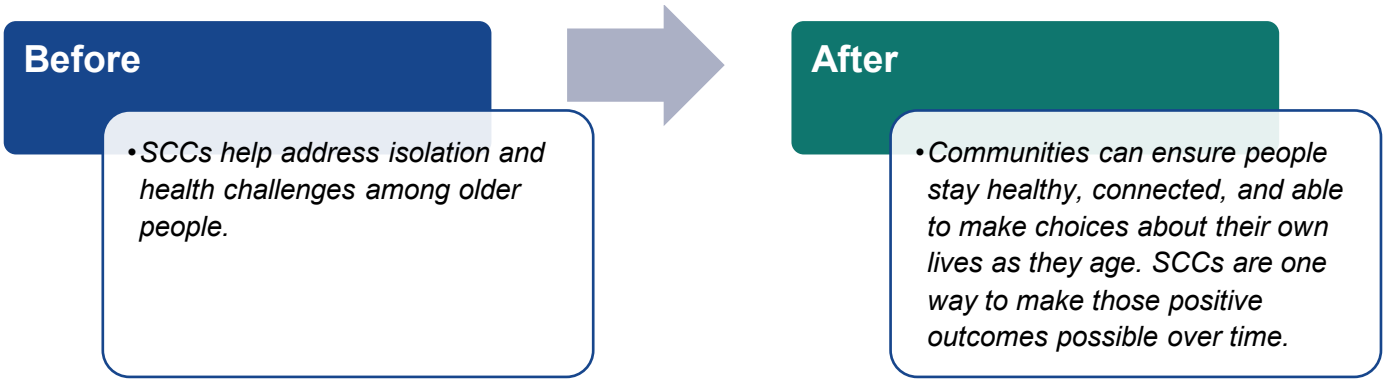
How to do it:

- *Lead with what's possible.* Start with clear, forward-looking outcomes or what people gain over time (stronger health, sustained independence, meaningful connection) before describing programs or services.
- *Make the future tangible.* Pair positive outcomes with concrete, everyday examples of how senior centers help build them (e.g., consistent routines, accessible activities, welcoming spaces).
- *Avoid problem-saturated framing.* Minimize emphasis on decline or crisis; instead, show how systems and supports enable people to stay well and connected as we age.

What it looks like:



Recommendation 5: Strategically engage senior center participants in any marketing strategy.

To strengthen credibility and relevance, communications should intentionally engage SCC participants as part of marketing efforts, drawing on their perspectives and experiences to inform and shape outreach.

Why this matters:

Because the decision to visit SCCs is closely tied to identity, peers are particularly effective messengers. People are more likely to see these spaces as relevant and welcoming when they hear from others who share similar experiences, interests, or life stages. Peer voices help normalize participation, reduce uncertainty, and provide concrete, relatable examples of what engagement looks like in practice. This form of communication is especially important in contexts where stigma or hesitation may otherwise limit interest.

Consistent with this, senior center directors report that current participants are their most effective recruiters. Participants often share their experiences informally through social networks, offering trusted, firsthand accounts of the benefits and activities available. These organic forms of outreach carry credibility that formal messaging cannot replicate. Structuring communications to elevate participant voices—through testimonials, ambassador programs, or community partnerships—can extend this influence and strengthen overall engagement efforts.

How to do it:

- *Co-create marketing plans with participants.* Engaging participants in the development of outreach strategies ensures that messaging reflects real experiences, the right priorities, and language that resonates with intended audiences.

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- *Train and support ambassadors.* Providing guidance, tools, and ongoing support helps participants communicate effectively and confidently, strengthening the consistency and impact of peer-to-peer outreach.
- *Compensate their labor.* Recognizing participants' time and contributions as valuable work promotes equity, builds trust, and supports sustained engagement in outreach efforts.
- *Make participants' stories visible.* Sharing authentic experiences across communication channels helps normalize participation, illustrate benefits, and make SCCs more relatable and relevant to a wider audience.

Conclusion

In Pennsylvania, SCCs represent a largely underrecognized but highly effective form of community infrastructure that supports connection, health, and ongoing participation as people age. This research demonstrates that shifting how these centers are framed can improve public understanding, increase participation, and build support for investment. By defining what SCCs are; emphasizing the systems that sustain wellbeing; and keeping future, positive outcomes at the forefront, communicators can move beyond outdated narratives and present a more accurate, constructive view of SCCs and even the process of aging. These recommendations provide a clear, evidence-based path forward to position SCCs not as marginal or reactive services, but as essential, visible, proactive, and valued parts of thriving communities.

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Appendixes

Appendix A: Research methodology

After analyzing how the candidate frames performed in peer discourse session interviews, FrameWorks researchers refined the frames to bring forward for testing in the survey experiment. An online experimental survey was conducted in February 2026 with a total sample of 1,437 adults who live in Pennsylvania. The survey tested the effectiveness of various frames on shifting public understanding, attitudes, and support for senior centers. Target quotas were set according to national benchmarks for age, sex, race/ethnicity, household income, education level, and political party affiliation. See Table 1 for more information about the sample composition for each experiment. Data was not weighted.

Participant recruitment and survey hosting were provided by Dynata. Participants were recruited from some combination of the following sources: proprietary loyalty panels, open invitation, or integrated channels that recruit from partnerships with external sources, such as publishers or social networks. All participants opted in to complete the survey. Participants with Dynata earn points for completing surveys, which they can then exchange for rewards. These rewards vary by panel and recruitment method but may include airline miles or gift cards.

Demographic Variable	Frequency	Percent
Age		
18–24	81	6%
25–34	203	14%
35–44	296	21%
45–59	395	27%
60+	462	32%
Sex		
Male	594	41%
Female	843	59%
Nonbinary/Other	0	0%
Ethnicity		
White, non-Hispanic	963	67%
Hispanic/Latino	124	9%
Black	239	17%
Asian	53	4%
American Indian/Alaska Native	19	1%
Southwest Asian/North African	0	0%
Hawaiian/Pacific Islander	16	1%
Biracial, multiracial, other	23	2%
Income		
$0–$24,999	218	15%
$25,000–$49,999	339	24%
$50,000–$99,999	458	32%
$100,000–$149,999	267	19%
$150,000+	155	11%
Education		
High school diploma or less	404	28%
Some college or associate's degree	453	32%
Bachelor's degree	396	28%
Graduate/professional degree	184	13%
Party		
Republican/closer to Republican Party	594	41%
Democrat/closer to Democratic Party	744	52%
Independent/other	99	7%
Marital status		
Single	503	35%
Married	696	48%
Married but separated	20	1%
Divorced	132	9%
Other	86	6%

Table 1 Demographics of adults surveyed.

Participants with Dynata are required to verify their identity at multiple points during survey enrollment and routing. Dynata uses methods such as third-party validation and digital fingerprinting to detect fraud, identify bots, and monitor and detect suspicious activity from participants.

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Participants were not allowed to complete the survey more than once. Participants who did not fully complete the survey were removed from the data and were not paid. In addition, participant data was removed if they completed the survey within 1/3 of the median survey time, straightlined, or provided nonsensical responses to the open-ended questions included in the survey.

After providing consent to participate, participants were randomly assigned to one of several experimental conditions. All frame treatments focused on shifting public understanding, attitudes, and support for senior centers. All tested frames can be found in Appendix B. Each experiment also included a null control condition. Participants assigned to these conditions did not read any message, instead moving immediately to the survey questions.

First, participants assigned to an experimental condition were asked different questions depending on their age. Those aged 60 and older were asked about their attendance at a senior center in the past year, while those younger than 60 were asked about recommending a senior center to a friend or loved one in the past year. Next, participants were asked to read a short message, which they were required to view for at least 30 seconds, before answering a series of survey questions. These questions were designed to measure specific outcomes of interest. Each battery consisted of multiple questions, which were primarily measured using Likert-type items with five- or seven-point response scales. To prevent order effects, the order of batteries shown to participants was randomized, and all survey items within each battery were also randomized. Halfway through the survey items, participants assigned to an experimental condition were re-primed with the message they read at the beginning of the survey. They were required to view the message for at least 20 seconds before continuing with the survey questions. Open-ended questions requiring free-text answers were also included in the survey but were not analyzed.

Prior to any inferential analysis, we conducted a series of randomization checks. Chi-square analyses indicated that all target demographics were evenly distributed across conditions. Final survey items from the experiments can be found in Appendix C.

Exploratory factor analysis with oblique promax rotation was used to determine the psychometric quality of each battery. Items with rotated factor loadings below |.40| were dropped from each battery. After conclusion of the psychometric testing, Cronbach's alpha (α) was used to assess internal consistency among the items in each battery. Given that there are various heuristics for determining acceptable internal consistency, we determined that batteries with internal consistency scores approaching .60 or above would be considered acceptable. Internal consistency scores for each battery can be found in Appendix C. After assessing internal consistency, items within each battery were combined into composite scores that indicated participants' average level of agreement with the statements that articulate the core assumptions of each mindset, attitude, or opinion. All composites have been transposed to a 100-point scale, so 50 represents the midpoint of the scale ("neither agree nor disagree"). Scores approaching zero indicates increasingly strong disagreement with the statements; scores approaching 100 indicate increasingly strong agreement with the statements.

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After conducting the preliminary analyses described above, we used multiple regression analysis to determine whether there were significant differences on the outcomes between each of the experimental frame conditions and the control condition. A threshold of $p < .05$ was used to determine whether the experimental frame conditions had any significant effects. Significant differences were understood as evidence that a term influenced a particular outcome (for example, positive perceptions of senior centers). We also consider $p < .10$ to determine whether the experimental frame conditions had any marginal effects. Though we don't typically make recommendations on marginal effects, we do consider these effects as part of a holistic approach to understanding broader patterns across results. Below, an example is provided to illustrate how regression results were interpreted to inform the strategic guide. The table below provides the coefficient for the control group on positive perceptions of senior centers as well as the coefficient for the *Interconnectedness* condition on positive perceptions of senior centers. The coefficient of 57.95 indicates that, when placed on a scale from 0 to 100, participants in the control condition scored an average of 57.95 on positive perceptions of senior centers. The coefficient of 4.60 indicates that participants in the *Interconnectedness* condition scored an average of 62.55 (57.95 + 4.60) on positive perceptions of senior centers. The p-value of < .05 indicates that the coefficient for the *Interconnectedness* condition is significantly different—in this case, significantly higher—than the coefficient of the control condition.

Condition	Coefficient	p-value
Control	57.95	.001
Interconnectedness	4.60	<.001

Table 2 Positive perceptions of senior centers.

As with all research, results are based on a sample of the population, not the entire population. As such, all results are subject to margins of error.

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Appendix B: Tested framing strategies

Explanations: Health Focused

Prevention (loneliness and social isolation)

As people get older, many experience loneliness or feel socially isolated. These feelings can take a toll on both mental and physical health over time. Senior centers help address this by creating opportunities for older people to spend time together instead of being alone.

By offering regular group activities and shared experiences where people can socialize and form friendships, senior centers provide people with opportunities to stay involved in their communities. This fosters connection and prevents loneliness.

To learn more, you can visit a senior center in your local community.

Social connection

Staying socially connected is an important part of a healthy life at any age. That's because a strong social life can strengthen both mental and physical health over time. Senior centers help support this by creating opportunities for older people to spend time together.

By offering regular group activities and shared experiences where people can socialize and form friendships, senior centers provide people with opportunities to stay involved in their communities. This fosters connection and increases their sense of belonging.

To learn more, you can visit a senior center in your local community.

Purpose, routine, and contribution

Having a regular routine is an important part of a healthy life at any age. That's because having reasons to get out, take part, and contribute to community life can strengthen both mental and physical health over time. Senior centers help support this by providing regular opportunities for older people to stay engaged in meaningful activities.

These centers also provide opportunities for people to lead events, share skills and explore new interests. By organizing recurring group activities, senior centers offer people a way to get involved and support a sense of purpose.

To learn more, visit a senior center in your local community.

Space for community

Having a social community is an important part of a healthy life at any age. That's because feeling a sense of community can strengthen both mental and physical health over time. Senior centers help support this by offering welcoming spaces where groups of older people can easily spend time together.

Senior centers intentionally support gathering, conversation, and group activities for older people. These spaces make it easy for friends, neighbors, and community groups to meet, talk, learn, and relax together. This makes it easier for older people to bring their own communities with them to a senior center.

To learn more, you can visit a senior center in your local community.

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Explanations: Community Focused

Senior center as community infrastructure

Communities build shared spaces, like libraries and parks, so people can stay active and connected. That's because maintaining social connections strengthens both mental and physical health over time. Senior centers are an important part of this community infrastructure. Senior centers are designed to make it easier for older people to socialize with others and stay involved in their community. By planning for aging at the community level, senior centers create places where staying engaged and supported is a normal part of growing older.

To learn more, you can visit a senior center in your local community.

Social cohesion

Senior centers support more than the older adults who attend—they support whole communities. That's because they help families feel confident that their loved ones have places to go and ways to stay engaged. They also help keep more people connected and involved in the community.

When we invest in senior centers, the benefits extend to caregivers, families, and the broader community. By creating spaces for social connection and everyday support, senior centers reduce strain on families and make communities work better for everyone.

To learn more, you can visit a senior center in your local community.

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Appendix C: Survey Items

Below is a list of dependent variables tested in our survey experiments. Unless otherwise noted, participants responded to survey questions on a 7-point Likert scale, ranging from "strongly disagree" to "strongly agree."

Some survey items were filtered by age, and participants assigned to the experimental condition were asked to respond to either the Senior Center Attendance or Social Recommendation battery before reading the experimental frame.

Senior Center Attendance

1. Have you visited a senior center in the last year?
    a. Yes
    b. No
    c. I don't remember

If "yes," participants were shown item 2; if "no," participants were shown item 3; if "I don't remember," participants were moved to the next survey battery.

2. Please explain your main reasons for visiting a senior center.
3. Please explain your main reasons for <u>not</u> visiting a senior center.

Social Recommendation

1. Have you recommended a senior center to an older friend or family member in the last year?
    a. Yes
    b. No
    c. I don't remember

If "yes," participants were shown item 2; if "no," participants were shown item 3; if "I don't remember," participants were moved to the next survey battery.

2. Please explain your main reasons for recommending a senior center to an older friend or family member.
3. Please explain your main reasons for <u>not</u> recommending a senior center to an older friend or family member.

Individual Willingness to Visit a Senior Center $\alpha = .97$

1. I am willing to visit my local senior center.
2. Going to a senior center is something I could see myself doing.
3. I am interested in visiting a senior center.
4. Spending time at a senior center sounds enjoyable.
5. The idea of spending time at a local senior center is appealing.
6. I can picture myself enjoying time at my local senior center.

Willingness to Encourage Others to Visit a Senior Center $\alpha = .89$

1. I would feel comfortable recommending a local senior center to an older loved one.
2. I would recommend senior center programs to an older family member or friend.

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3. I would encourage someone I care about to get involved in activities at a senior center.

Stigma: Age α = .88

1. Senior centers are for people who are past their prime.
2. Attending a senior center signals that someone has aged out of an active life.
3. Going to a senior center means accepting that you are old and declining.
4. Going to a senior center means you're officially "old."

Stigma: Social Connection α = .79

1. People who attend senior centers don't have a real social life anywhere else.
2. You can tell someone is lonely if they go to a senior center.
3. The main reason people go to senior centers is because they are lonely.
4. Social isolation is the number one reason people visit senior centers.

Stigma: Family Support α = .80

1. People usually attend senior centers because their family isn't around.
2. Senior centers are where you end up when family support falls short.
3. If a person's family were truly present, they'd have no reason to be at a senior center.

Positive Perceptions of Senior Centers α = .90

When you think about a typical senior center, how much do you associate it with the following words? [*5-point Likert scale: "Not at all associated," "Slightly associated," "Moderately associated," Very associated," "Extremely associated"*]

1. Active
2. Friendship
3. Empowering
4. Lively
5. Fun

Negative Perceptions of Senior Centers α = .80

When you think about a typical senior center, how much do you associate it with the following words? [*5-point Likert scale: "Not at all associated," "Slightly associated," "Moderately associated," Very associated," "Extremely associated"*]

1. Loneliness
2. Quiet
3. Depressing
4. Boring

Senior Centers: Engagement α = .88

1. Regular visits to a senior center lead to a more active lifestyle.
2. Attending a senior center encourages engagement in meaningful activities.
3. Senior centers provide opportunities that help older adults stay engaged in daily life.
4. Going to a senior center helps older adults stay involved in their community.

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Senior Centers: Sense of Belonging α = .89

1. Senior centers create an ideal space for forming new friendships.
2. Senior centers foster a strong sense of belonging.
3. Attending a senior center helps people maintain important social connections.
4. One of the main benefits of a senior center is the chance to connect with peers.

Positive Perceived Outcomes of Senior Centers α = .90

For each phrase below, please indicate how much you believe a local senior center contributes to the following for older adults? [*5-point Likert scale: "Not at all," "A small amount," "A moderate amount," "A lot," "A great deal"*]

1. Reduce social isolation
2. Create a sense of purpose
3. Improve or maintain physical mobility
4. Support mental health
5. Help people stay physically and mentally fit
6. Build a social network

Negative Perceived Outcomes of Senior Centers α = .79

For each phrase below, please indicate how much you believe a local senior center contributes to the following for older adults? [*5-point Likert scale: "Not at all," "A small amount," "A moderate amount," "A lot," "A great deal"*]

1. Cause depression
2. Foster feelings of loneliness
3. Make people give up on life

Essential, Not Optional α = .89

1. Senior centers are essential to a community.
2. A community without a senior center is missing a vital support system.
3. Senior centers are a necessity for all communities.
4. A community is incomplete without a senior center.

Fund Senior Centers

1. How willing are you to donate money to a local senior center? [5-point Likert scale: "Not at all willing," "Slightly willing," Moderately willing," "Very willing," "Extremely willing"]
2. How willing are you to have some of your tax dollars used to maintain and operate your local senior center? [5-point Likert scale: "Not at all willing," "Slightly willing," Moderately willing," "Very willing," "Extremely willing"]
3. How willing are you to spend your time volunteering at a senior center? [5-point Likert scale: "Not at all willing," "Slightly willing," Moderately willing," "Very willing," "Extremely willing"]

Different from Assisted Living Facilities

In your opinion, which one of the following statements best describes a typical senior center?

1. A medical facility where older adults live full-time and receive 24-hour nursing care.
2. A residential community with private apartments that offers some help with daily tasks.
3. A community center for older adults, offering group activities and social connection during the day.

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Appendix D: Reframing Communications about Senior Center Project Overview

The Pennsylvania Department of Aging (PDA) and the National Center to Reframe Aging are collaborating with key communities of interest and older Pennsylvanians to better understand perceptions and increase public awareness, engagement, and investment in Senior Community Centers (SCCs). An advisory committee, composed of professionals working in the SCC space and older Pennsylvanians, is helping to guide the process.

A three-phase approach is underway, involving 1) to explore perceptions of SCCs, 2) to review current communications about SCCs, and 3) to identify best approaches to promote and strengthen SCCs, as follows:

- *Phase 1: Mapping the terrain.* The focus of the first phase was a statewide survey of aging network professionals to better understand the current practices of SCCs regarding branding, communications, public perception, services/activities, participation levels, and satisfaction. The survey helped inform further work by filling in gaps in understanding of the what and how of SCC communications. The Phase 1 report, distributed to SCCs and other stakeholders in Pennsylvania, provided insights from the survey related to opportunities for growth, value of SCCs, reframing public perceptions, marketing and communications capacity, and what's needed by SCCs for reframing.
- *Phase 2: Developing the strategy.* Informed by the Phase 1 survey findings, the Phase 2 qualitative research included stakeholder interviews, experimental surveys, and focus groups with a representative sample of Pennsylvania residents, to identify and test effective ways to reframe how the public understands and values SCCs. This research produced this strategic brief with five key reframing recommendations. The FrameWorks Institute is the research partner for Phase 2.
- *Phase 3: Equipping the network.* The final phase will create and disseminate practical tools and educational materials and will recommend an action plan to help the aging network implement the new framing strategies and support policy changes.

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