YOUNG AT HEART:

Exploring the Future of Senior Centers in Milwaukee County

April 2019

Report Author:
Sue Moeser, Researcher

Rob Henken, President

TABLE OF CONTENTS

EXECUTIVE SUMMARY

The Older Americans Act of 1965 (OAA) established the foundation for publicly-supported programs to help older adults live healthy, independent lives. Reflective of that objective, Milwaukee County's five county-owned senior centers offer senior-related programming in the community. Each of the centers is located in a county park and, for more than three decades, each has been a place for older adults to go when seeking opportunities for exercise, recreation, education, and social activity.

Unfortunately, each of the senior centers now faces significant facility needs, including aging systems that will be very expensive to replace. In fact, county officials project that the buildings' overall poor condition will merit full building replacement by 2022.

While the facility challenges pose a huge problem, they also offer an opportunity for Milwaukee County officials and the broader community to re-assess the role of senior centers. The Wisconsin Policy Forum was commissioned by the Milwaukee County Department on Aging (MCDA) to identify possible alternatives for providing senior center infrastructure for senior programming. To inform this analysis, we were also asked to identify best practices in older adult programming nationally, as these practices may help to define the types of infrastructure required.

## SENIOR CENTERS IN MILWAUKEE COUNTY

In addition to owning and paying about $1.1 million per year for contracted services at five senior centers, Milwaukee County also financially supports social/recreational programming at four privately-owned centers. There are additional senior centers throughout the county that operate independently from MCDA, as well as school district recreation programs with offerings similar to many found in senior centers.

While the number of older adult residents in Milwaukee County is growing, attendance at the county-owned centers has declined slightly in recent years. Based on 2018 records, the average monthly attendance was 2,379 with a total of 6,608 unduplicated individuals over the course of the year (4% of the county's approximately 172,000 senior residents).

Milwaukee County senior center characteristics and 2018 participation

Senior Center	Age	Size (Square feet)	Avg. Monthly Participants	Annual Unique Participants	Avg. Service Units per month
Clinton Rose	35	35,706	342	1,052	4,628
Kelly	61	17,010	380	1,229	4,741
McGovern	43	12,983	265	655	1,502
Washington	50	30,092	449	1,584	4,312
Wilson	37	35,540	943	2,088	8,488
TOTAL	Ave 45	131,331	2,379	6,608	23,669

Note: Participation numbers do not include most diners, outside meetings, large events, or rentals.
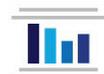
The five county-owned senior center facilities range in age from 35 to 61 years. To better understand the physical status of these buildings, the county conducted a facility condition assessment in 2017. The assessment found the facilities have been reasonably well maintained, but they have systems that are approaching the end of their useful lives. Overall, it is expected that each of the buildings will be graded in poor condition by 2022 and will be in need of full replacement at a combined cost of more than $24 million.

Pressing senior center facility needs are emerging at a time when the county is facing an overall infrastructure crisis caused by a huge backlog of deferred repair needs and the need for several new and extremely expensive building replacement projects, including a $300 million justice center. As the Forum has outlined in several previous reports, the county's financial capacity to address these capital challenges is severely limited by the imperative to limit annual borrowing and to preserve property tax resources for operating needs.

As government and community leaders consider the future of the five centers and the affordability of needed infrastructure work, they should consider the changing characteristics of the county's older adults. Census bureau reports show today's older adults are more educated, have higher incomes, have better health, and are more likely to live alone and have fewer children on whom they can rely for assistance. They are also living longer, creating distinct cohorts of seniors who have very different needs. This includes younger independent and active seniors, seniors in transition between independence and the need for assistance, and frail older seniors who require additional support.

Milwaukee County, for the most part, mirrors these national statistics, yet the data indicate some specific areas of concern. Older adults in Milwaukee County live alone at a higher rate than in the rest of Wisconsin, with women living alone at a higher rate than men. Furthermore, while older adult incomes have risen overall, African American and Latino older adults in Milwaukee County are three times more likely to live below the poverty level than Caucasians.

These characteristics of today's older adults provide direction and guidance for what programs should be offered and how they should be delivered, calling for careful development of models that can effectively serve the changing needs of the county's older adult community.

INSIGHTS FROM PEER COUNTIES

To provide additional context for local policymakers and citizens, we explored how and to what extent senior centers like those in Milwaukee County are used in four peer counties in the Midwest: Allegheny County, Pennsylvania; Dane County, Wisconsin; Franklin County, Ohio; and Hennepin County, Minnesota. We also added Arlington County, Virginia, which we identified as one of the few other counties nationally where county government owns senior centers.

Peer County Overview (figures from 2016)

County	Population	Senior Population 60+	% 60+	% of 60+ Minority	County Owns Sr. Centers
Milwaukee, WI	951,448	174,590	18.3	27.3	Yes
Allegheny, PA	1,225,365	306,880	25.0	12.4	No
Dane, WI	531,273	98,095	18.5	6.5	No
Franklin, OH	1,264,518	209,552	16.6	22.9	No
Hennepin, MN	1,232,483,	235,783	19.1	12.1	No
Arlington, VA	230,050	33,059	14.4%	29.0	Yes

A surprising diversity of priorities, structures, processes, and funding was observed across these counties reflecting the manner in which they provide senior services and, more specifically, how they make use of senior centers. Several important insights that may be relevant to Milwaukee County emerged from our analysis:

- In **Allegheny County**, consolidation of senior center facilities and creative use of low-cost space has freed up funding for needed programs. That is an approach Milwaukee County leaders may wish to consider as they grapple with the physical needs of the five existing centers.

- In **Dane County**, priority services such as nutrition, adult day care, and extensive case management drive the county's overall approach to addressing the needs of older adults, as opposed to investment in physical locations and services that can be offered at those locations. Milwaukee County may wish to consider a similar approach in which contracted service agencies are responsible for providing and maintaining their own facilities (an approach already used for four of the senior centers MCDA supports).

- **Franklin County** programs for older adults exist as part of a framework in which local municipalities, including Columbus, own and operate senior/community centers. A lesson for MCDA could be the value of exploring where the county's role fits in with older adult services offered by municipalities and local community providers.

- Senior centers do not play a significant role in access to senior services in **Hennepin County**, as officials there rejected them as an effective and efficient way to meet the needs of older adults. In light of limited resources and increasing demands for a broad range of older adult services, would Milwaukee County be better served by placing more resources into options like an expanded call center instead?

- **Arlington County** houses all senior centers in multi-generational, multi-purpose community centers and has been successful in gaining support to address facility needs for the centers. Milwaukee County policymakers may wish to consider whether a similar approach could generate broader support to address facility needs and bring greater visibility to senior services.

SUMMARY AND POLICY OPTIONS

Given the diversity of options we observed nationally – as well as the growth and changing characteristics of Milwaukee County's senior population – it appears that the current senior center model used by MCDA may not constitute the best use of the limited resources available to promote older adult independence. In contemplating a different model, policymakers and citizens might frame their discussions by addressing the following questions:

- **Should Milwaukee County own and pay for programming in large facilities that are exclusively devoted to older adult services?** This is not the national trend nor the direction of the OAA (though it is important to remember that MCDA does not use OAA funds to support senior centers). Also, given the cost, it appears to be the option that would be the most difficult for the county to maintain.

- **Should Milwaukee County consider, instead, the use of multi-generational community centers in the hope of expanding the benefits of such facilities to the broader community, achieving more efficient use of space, and engendering broader public support and usage?** This option was supported both by our review of peer counties and as an option identified by the OAA. However, it may require consolidation of senior center operations into fewer facilities, as buildings devoted to multi-generational programming may require modernized infrastructure and costlier operations that the county could not afford to replicate at five distinct sites.

- **If county leaders deem it impractical or unaffordable to own senior or multi-generational facilities, should MCDA focus on funding outside agencies to provide senior center-type programming in their own facilities?** This option was used by each of the counties we observed that uses senior centers as part of its service model and also is used by MCDA at four privately-owned senior centers. It provides the opportunity to consider a broader geographic distribution of senior center services and contractual promotion of efficient low-cost space.

- **Alternatively, should the county simply allow senior centers to be the exclusive domain of municipal and community-based partners, and instead use MCDA's resources for expanded services in areas like transportation, enhanced community supports, and an expanded call center?** It is possible that call center referrals and expanded transportation services could enhance the value and usage of non-MCDA senior centers by ensuring that greater numbers of seniors have the supports they need to access and utilize the centers. If concerns arise about a lack of recreational programming for seniors, then the county could take a cue from Arlington County by folding such programming into its parks and recreation department or partnering with municipal/school district recreation departments to provide such programming.

These are not easy questions for Milwaukee County leaders, nor for the thousands of older adults who utilize and find great value in the existing county-owned senior centers. Nevertheless, even if the county was not facing steep financial challenges, national policy directives and the changing needs and demands of the county's older adult population require that these questions be thoroughly and objectively deliberated. We hope this report launches such a community-wide debate and provides initial, important context to inform it.

INTRODUCTION

The Milwaukee County Department on Aging (MCDA) provides a single point of access to various services for county residents who are 60 years old or older. While not always the provider of such services, MCDA is the owner and operator of five senior centers, which collectively function as the location of some of the most visible senior-related programming in the community. The five – all located in Milwaukee County parks – serve meals to older adults and offer opportunities for exercise, recreation, education, and social activity.

Each of the senior centers has been in operation for more than 35 years and each faces significant facility needs. In fact, per MCDA, county facilities assessment reports indicate that each center will reach a "poor" facilities condition index rating by 2022. Such a rating signifies that consideration should be given to full building replacement. As outlined in *Cracks in the Foundation*, the Wisconsin Policy Forum's 2017 report on Milwaukee County and city of Milwaukee building infrastructure challenges, the problem of aging county senior center facilities exists in an environment of significant countywide facility needs and lagging financial capacity to address those needs.

In 2019, the county has budgeted about $1.1 million in property tax levy to pay a contract agency to provide all of the programming at the five senior centers it owns. A portion of those funds (about 40%) support basic facility maintenance, including items like electricity, trash removal, building maintenance, etc. MCDA's budget also includes an additional approximately $200,000 that it uses to independently support maintenance in the five centers.

In addition to facing facility challenges that will need to be addressed in the county's capital budget, MCDA has identified a need to assess its senior center programming in response to a growing population of older adults whose demand for services and activities appears to have changed during the years since the centers opened. For example, longer life spans and better health care has affected physical and cognitive needs. According to MCDA, initial internal research "suggests that senior programming trends are changing and that the traditional 'senior center' model is outdated."

The Wisconsin Policy Forum was commissioned by MCDA to identify possible alternatives for providing senior center infrastructure for senior programming. To inform this analysis, we were also asked to identify best practices in older adult programming, as these practices may help to define the types of infrastructure required.

For this study, we reviewed relevant literature and conducted telephone interviews with representatives from five peer counties (including four in the Midwest) and from the Area Agency on Aging (AAA) representing each of these counties. Arlington County, Virginia was added to the study when we were unable to find a Midwestern county with a large urban area that owns and maintains senior center facilities. In fact, Arlington County was one of only a handful of counties we were able to identify nationwide that own senior centers.

We sought to identify how the peer counties address the needs of older adults in their communities and whether they have implemented program innovations or new approaches to do so. We then looked at how senior centers or alternative approaches are financed and operated, and the types of infrastructure used to provide these programs.

The report is broken down into four main sections:

- First, we provide background information on the Older Americans Act, which provides the legislative foundation for federal, state, and local government programs for older adults.

- This is followed by background on the MCDA and presentation of data on Milwaukee County's older adult population, current levels of service, and the physical condition and challenges associated with Milwaukee County's senior centers.

- Next, we summarize how peer counties assess the needs of older adults, develop programs to meet those needs, and determine where and how those services are provided. Of particular interest is the role senior centers play in these counties as they strive to provide programing that assists older adults in retaining their independence and remaining active in their communities. We also look at how the counties fund senior programming and, where applicable, how senior center infrastructure is financed.

- Finally, we provide a summary of observations and lessons learned.

It is our hope that this analysis will be of assistance to those charged with programming for older adults in Milwaukee County and to the policymakers who seek to ensure that public resources are used effectively.

THE NATIONAL SETTING

The Federal Older Americans Act (OAA) was passed in 1965. This legislation, which has guided development of older adult services for decades, was passed with the goal of supporting older Americans to live at home and in the community with dignity and independence. It provides the foundation upon which federal, state, and local governments have developed, planned, and delivered home and community-based services. Those include information and referral, congregate and home-delivered meals, health and wellness programs, in-home care, transportation, elder abuse prevention, caregiver support, and adult day care.

Under the OAA, states are required to target services to individuals with the greatest economic and social need, with attention to low-income individuals, older individuals residing in rural areas, and frail individuals. The OAA was designed to foster flexibility in the development of local delivery systems tailored to meet the unique needs of each community.

In 1973, the Older Americans Act Comprehensive Services Amendments established Area Agencies on Aging (AAAs) to be the "on-the-ground" organizations charged with planning, developing, coordinating, and delivering programs to seniors. In keeping with the OAA's intent to tailor programs to local needs, states have established their own distinct structures. Some states have a limited number of AAAs (including Wisconsin, which only has three); while others have dozens (an example is New York, with 59). As shown in **Chart 1**, there also is diversity among states in the oversight structure of the AAA agencies, with counties (including Milwaukee County) serving as the oversight body for only 25% of the agencies.

Chart 1: Oversight bodies for Area Agencies on Aging nationally, 2016
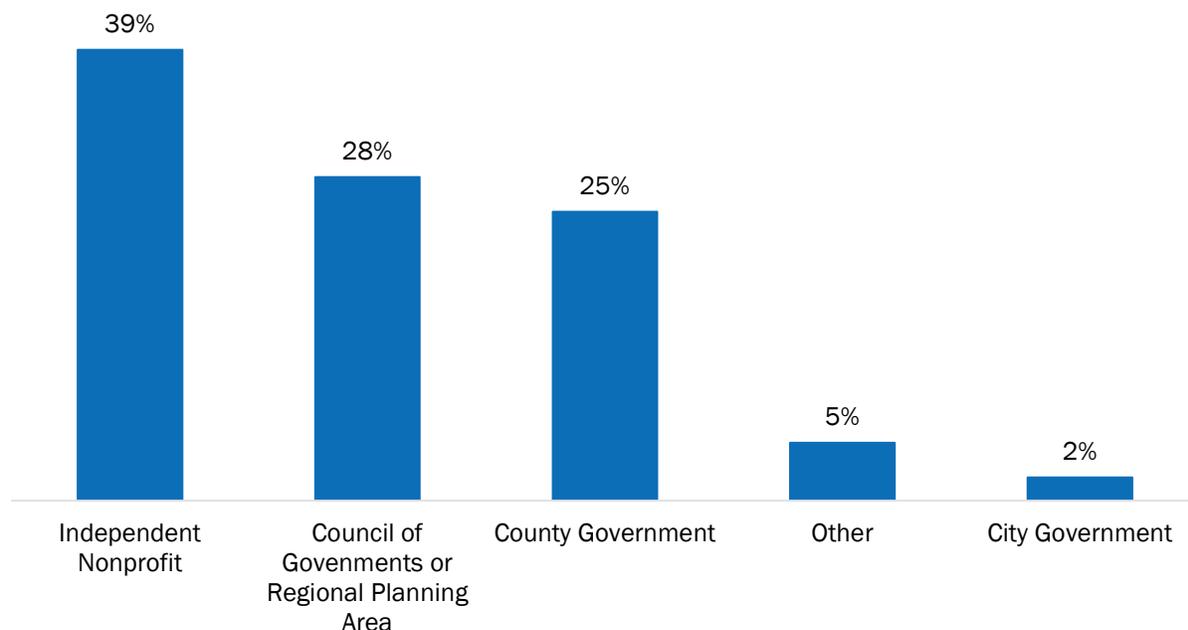
Source: National Association of Area Agencies on Aging
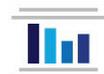
In calling for the establishment of AAAs, the 1973 legislation also required each agency to have one or more visible focal point(s) of contact that citizens can access for help, information, or referral on any aging issue. A focal point is defined as a "facility" established to encourage the maximum co-location and coordination of services for older individuals. In fact, the legislation indicated that special consideration should be given to developing and/or designating multi-purpose senior centers as community focal points, and it authorized grants to local community agencies for such centers. While MCDA does not use OAA funding for senior centers, the goals established by the OAA guide MCDA functions in all areas, including in the way it operates its senior centers to support older adults to live at home and in the community with dignity and independence.

As the law has been reauthorized periodically, policymakers have considered the role of senior centers in the context of seniors' changing needs in much the same way that MCDA has now been motivated to do so. For example, the 2016 legislation directs the Assistant Secretary on Aging to support identification of best practices for modernizing multipurpose senior centers; and encourages efforts to modernize multipurpose senior centers and promote intergenerational shared-site models in AAA plans.

> ### Efforts to Update the Mission of Senior Centers Occurring Nationally
>
> Our review of pertinent literature reveals efforts on a national scale to reform and update the operation of senior centers. A 2006 study sponsored by the National Institute of Senior Centers identified six "innovative" models that include:
> - community center
> - wellness center
> - lifelong learning/arts
> - continuum of care/transitions
> - entrepreneurial center
> - café program
>
> The study also discussed innovations such as "senior centers without walls," which offer senior programming at multiple sites with no dedicated facility. For the most part, these innovations reflect an effort to modernize, refocus, and re-image traditional senior center functions.
>
> Another major emphasis for senior programming is the concept of developing communities for all ages, as opposed to focusing on programs and facilities exclusively tailored to older adults.
>
> Researchers call for collaboration, responsiveness and accountability if senior centers are to remain relevant and survive in an environment of declining financial support.

While our research finds broad differences in how counties have responded to OAA provisions affecting senior centers, we also observe widespread attention to review of senior centers and their functions in alignment with the direction found in the 2016 reauthorization. For example, one goal in the Pennsylvania Department of Aging 2016–2020 state plan is to identify and disseminate best practices to enhance aging services, and the plan also includes a strategy "to engage with AAAs to evaluate the current role of senior community centers." However, aside from the development of evidence-based programs, there does not yet seem to be clear identification of best practice.[1]

---

[1] Evidence-based programs are those that have been reviewed by the Federal Administration for Community Living and found to meet scientific standards indicating they improve the health and well-being or reduce disease, disability, and/or injury among older adults. These programs meet the highest-level criteria for Title IIID funding under the OAA. For both a historical review of senior centers and a discussion of innovation see: NISC (2009) *New Models of Senior Centers Taskforce, Final Report* sagepub.com/content/31/1/52, and

MILWAUKEE COUNTY AGING PROGRAMS

The MCDA was created in 1991 to provide a single point of access to services for people aged 60 and over, with a special emphasis on working to assist older adults to live as independently as possible. The department consists of two divisions: the Aging Resource Center (ARC) and the AAA.

The ARC offers information, referral, consultation, and assistance regarding short- and long-term care services for older adults through both a call center and an online database. The ARC call center is a core feature of MCDA's programs for older adults. Transportation also is a central focus of the ARC, which coordinates rides to senior centers, meals sites, grocery stores, and appointments.

The Milwaukee County AAA is one of three AAA's in Wisconsin. The two are the Dane County AAA and the Greater Wisconsin Agency on Aging Resources, a nonprofit agency serving the state's remaining 70 counties and 11 tribes. These three agencies are responsible for the OAA-funded development of a coordinated system for the delivery of home and community-based services for older adults.

In its 2019-2021 Area Plan, MCDA identifies goals in the following areas for its AAA: advocacy-related activities, nutrition programs (congregate and home-delivered meals), services in support of caregivers, services to people with dementia, healthy aging, and elder justice. Local priorities include coordination of transportation and provision of senior centers. As we will see in our study of peer counties, MCDA's emphasis on the operation of senior centers appears somewhat unique, as others appear to define senior centers as one potential tool that can be utilized to reach broader goals.

SENIOR CENTERS IN MILWAUKEE COUNTY

The county owns five senior center facilities. Senior center programming is provided by an outside agency under contract with MCDA (totaling about $1.1 million in property tax levy in the 2019 budget) and includes meals, health and wellness programs, exercise and fitness, life-long learning classes, arts and crafts, and social events. In addition, MCDA is budgeted to allocate a total of $241,000 from its state Community Aids allocation to four privately-owned senior centers to support social and recreational programming (Milwaukee Christian Center, United Community Center, LGBT Community Center, and Greater Galilee Baptist Church).

There are additional senior centers throughout the county that operate independently from MCDA, as well as school district recreation programs with offeri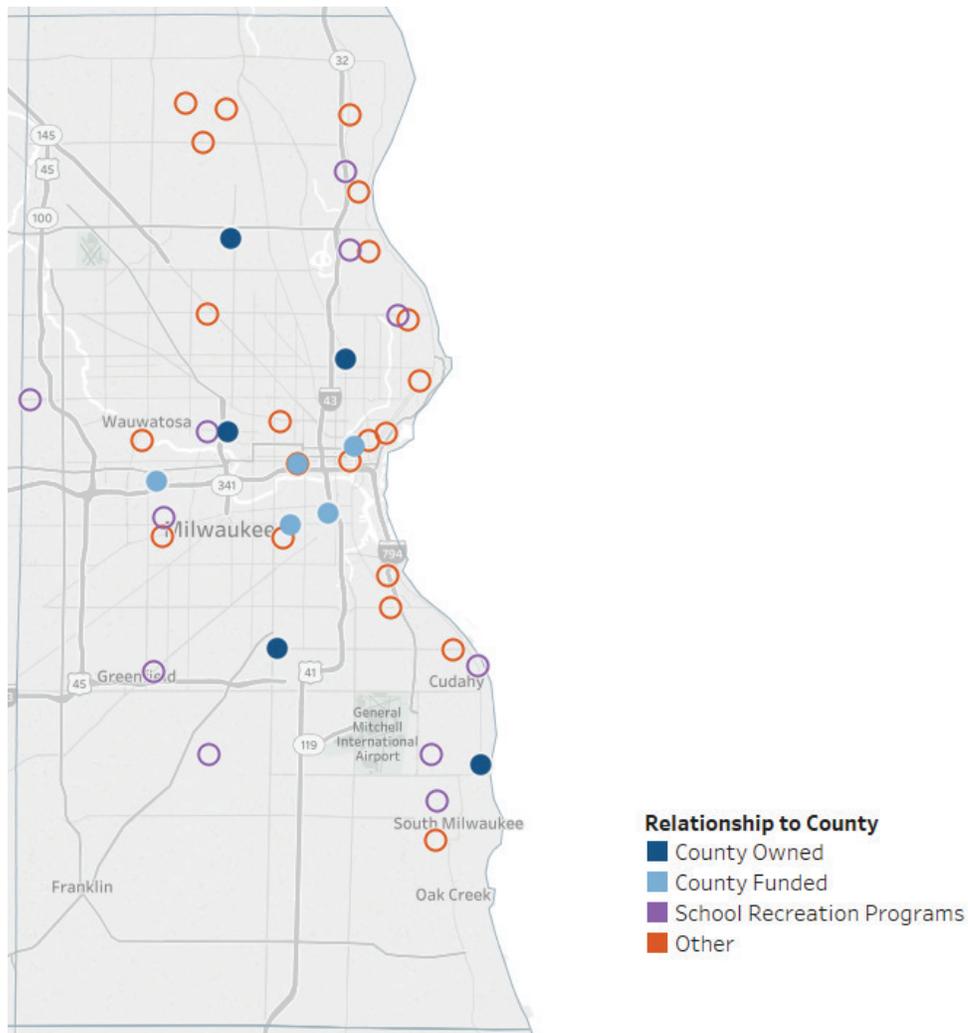ngs similar to many found in senior centers. **Map 1** (on the following page) shows the location of senior centers and recreation programs in Milwaukee County, indicating whether they are county-owned senior centers, privately-owned senior centers under county contract, non-county-affiliated senior centers, or school recreation programs.[2]

Pardasani M. and Thompson, P. (2012) *Senior Centers: Innovative and Emerging Models,* Journal of Applied Gerontology. http://jag.

[2] Information used for this map and additional information pertaining to older adult programming in the county can be found on MCDA's website at https://county.milwaukee.gov/files/county/department-on-aging/PDF/PhaseISupplementalMaterialsforBinder.pdf

Map 1: Senior centers and recreation programs in Milwaukee County

Although they function as part of a wide array of senior centers and recreation programs spread across the county, the centers associated with MCDA play an important role in the fabric of the department's older adult programming and activities. In fact, in gathering data for the Milwaukee County AAA 2019-2021 Area Plan, MCDA received input from older adults that senior centers play a key role in avoiding isolation, and that they provide opportunity for socialization, continued learning, engagement, purpose, physical activity, and a place to share their wisdom.

While the number of older adult residents in Milwaukee County is growing, attendance at the centers has declined slightly in recent years. Based on records from the company contracted to operate senior centers in 2018,[3] and as shown in **Table 1**, the average monthly attendance was 2,379 with a total of 6,608 unduplicated individuals over the course of the year (4% of the county's approximately 172,000 senior residents).

---

[3] MCDA elected to contract with a new vendor to provide programming at its senior centers in 2019 after the previous contracted vendor became embroiled in legal and financial difficulties.

Table 1: 2018 Milwaukee County senior center participation

Senior Center	Ave. Monthly Participants	Annual Unique Participants	Ave. Service Units per month
Clinton Rose	342	1,052	4,628
Kelly	380	1,229	4,741
McGovern	265	655	1,502
Washington	449	1,584	4,312
Wilson	943	2,088	8,488
TOTAL	2,379	6,608	23,669

Note: Participation numbers do not include most diners, outside meetings, large events or rentals.

The five county-owned senior center facilities range in age from 35 to 61 years. The oldest is the Kelly Center in Warnimont Park, which originally was built as a Nike Missile site. To better understand the physical status of these buildings, the county conducted a facility condition assessment in 2017. The resulting report is useful both in assessing short-term maintenance needs and longer-term capital expenditure needs. **Table 2** summarizes the results.

Table 2: Milwaukee County Senior Center Facility Assessment, 2017

Senior Center	Age	Size (Square Feet)	Replacement Value	FCI Cost	FCI	RI Cost	RI
Clinton Rose	35	35,706	$6,161,452	$263,197	0.04	$5,745,888	0.93
Kelly	61	17,010	$2,529,461	0	0	$2,252,023	0.89
McGovern	43	12,983	$2,404,063	$13,431	0.01	$1,581,315	0.66
Washington	50	30,092	$5,728,747	$228,231	0.04	$4,680,116	0.82
Wilson	37	35,540	$7,433,239	$131,813	0.02	$6,224,642	0.84
TOTAL	Ave 45	131,331	$24,258,962	$636,673	0.03	$20,483,984	0.84

The Facility Condition Index (FCI) provides a measure of the costs associated with needed short-term building repairs and improvements as a percentage of the building's replacement value. Each of the five senior centers currently has an FCI of less than .05, which indicates a good condition based upon short-term needs. The need for short-term repairs is growing, however, and by 2022, the county estimates it will need to spend $8.5 million on repairs and system replacements. Furthermore, it is anticipated that FCI ratings by that time will indicate the buildings to be in poor condition and in need of replacement at a cost of over $24 million.[4]

To supplement the FCI, county engineers also use a Replacement Index (RI), which is a more thorough calculation of upcoming capital costs, typically within a 10- to 20-year window. Again, the cost of identified projects is divided by the building's replacement value to calculate the RI. If the cost of identified future projects exceeds 50% of the building's replacement value in a 10- to 20-year window (i.e. it receives a score of 0.5 or above), then building replacement should be considered.

---

[4] These numbers do not include non-construction "soft" costs or contingencies.

All five senior centers have an RI that exceeds 0.5, indicating a need to replace. The current positive FCIs and negative RIs indicate facilities that have been reasonably well maintained, but that have systems that are getting close to the end of their useful lives. In addition, the five senior centers have concerns with accessibility for people with disabilities.

Pressing senior center facility needs are emerging at a time when the county is facing an overall infrastructure crisis caused by a huge backlog of deferred repair needs and the need for several new and extremely expensive building replacement projects, including a $300 million justice center.[5] As the Forum has outlined in several previous reports, the county's financial capacity to address these capital challenges is severely limited by the imperative to limit annual borrowing as a means of controlling debt and preserving property tax resources for operating needs.

Chart 2 illustrates the magnitude of the problem. The chart shows the local cost of projects requested by county departments each year from 2019 to 2023 (including those related to senior centers) and compares those costs to the county's capital financing capacity as defined by internal policy. In each year, the total amount of local funding requested exceeds the amount available by tens of millions of dollars. Meanwhile, projects not funded each year cause the backlog to grow. By 2023, when the new justice center project is scheduled to be initiated, capital requests and the accumulated backlog exceed available financing by approximately $450 million.

Chart 2: County financing for capital requests, 2018-2022 (In millions)[6]
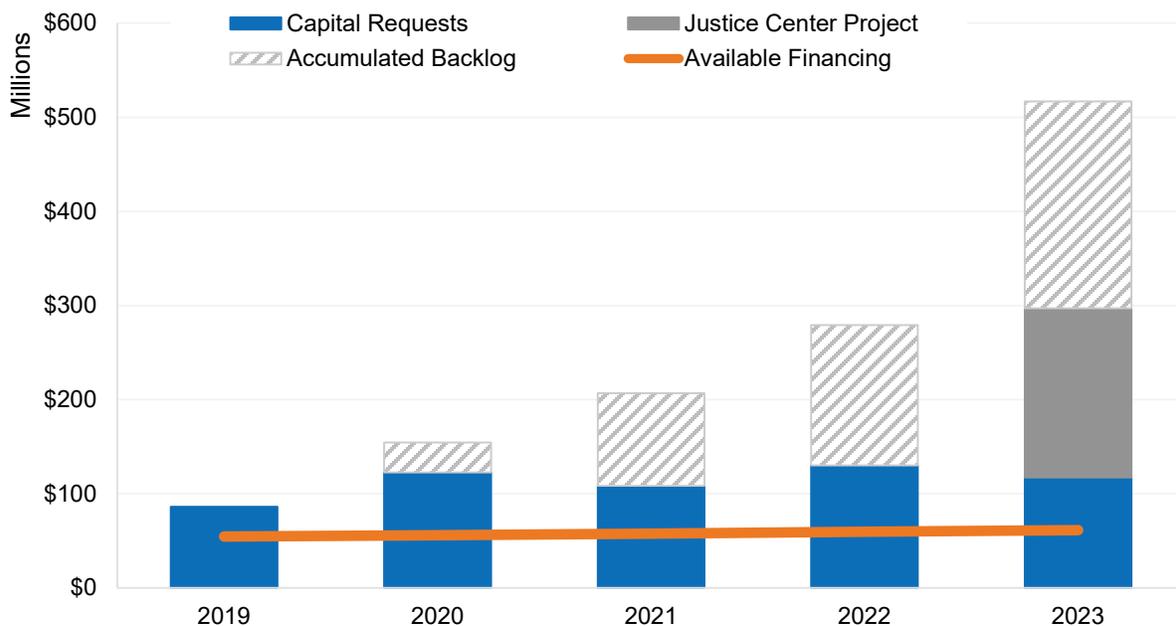
Source: Milwaukee County Capital Improvements Committee and Department of Administrative Services

---

[5] The Forum has produced four reports on Milwaukee County infrastructure needs since the fall of 2016 and will wrap up its series of reports with a fifth installment in mid-2019. The four previous reports can be found at https://wispolicyforum.org/research/delay-of-game-an-analysis-of-repair-and-replacement-needs-for-milwaukee-countys-parks-recreational-facilities-and-cultural-institutions/.

[6] The "Available Financing" line reflects an assumption that the County follows its self-imposed bonding limit each year (i.e. General Obligation bonding is increased 3% annually) and meets its 20% cash financing goal.

DEMOGRAPHIC CHANGES

Milwaukee County parallels the rest of the United States in its growing population of older adults. **Table 3** shows anticipated growth in the number of residents age 60 and over between 2010 and 2040 in Milwaukee County. The senior population is projected to increase substantially as a proportion of Milwaukee County residents and is expected to be 46% larger in 2040 than in 2010.

Table 3: Residents age 60 and over in Milwaukee County, 2010 and 2040

	2010	2015	2040	% 65 and over 2010	% 65 and over 2040
Milwaukee	153,556	172,310	223,950	16.2%	22.0%

Wisconsin Department of Administration Updated Population Projections for Counties by Age: 2010-2014
https://www.dhs.wisconsin.gov/aging/demographics.htm

Furthermore, the characteristics of Milwaukee County residents age 65 and over when the senior center facilities opened look very different from the characteristics of today's seniors. For example, seniors who frequented the earliest centers in 1970 were born close to the turn of the 20th century, a time when the county was largely rural and agrarian. Today's seniors were born in the 1950s and 1960s, at a time when Milwaukee County had become largely industrial.

Census bureau reports shows that today's older adults are more educated, have higher incomes, have better health, and are more likely to live alone and have fewer children on whom they can rely for assistance. They are also living longer, creating distinct cohorts of seniors who have very different needs. This includes younger independent and active seniors, seniors in transition between independence and the need for assistance, and frail older seniors who may require additional support.

Census data also show seniors have a strong desire to be productive, either through volunteer or paid employment. On the other hand, 88% do not get enough exercise, and 25% of those between the ages of 65 and 74 limit their driving to daytime hours because of changes in their vision.

Milwaukee County, for the most part, mirrors these national statistics, yet the data indicate some specific areas of concern. Older adults in Milwaukee County live alone at a higher rate than in the rest of the Wisconsin, with women living alone at a higher rate than men. This is a known risk factor for loneliness and isolation, which are tied to morbidity and illness.

Furthermore, while older adult incomes have risen overall, African American and Latino older adults in Milwaukee County are three times more likely to live below the poverty level than Caucasians. This fact is particularly important alongside the knowledge that the minority population is growing. According to MCDA, the Milwaukee County Hispanic/Latino older adult community has grown by more than 40% since 2000 and the African American older adult community has grown at a rate of 27%.

Finally, while older adults generally report improving health, obesity levels in Wisconsin are high, with nearly 27% of adults reported as being obese and 65% overweight or obese. This increases the risk for type 2 diabetes, cardiovascular disease, certain cancers, asthma, arthritis, high blood pressure,

high cholesterol levels, and depression. Many of these health outcomes directly contribute to the top causes of death for Milwaukee County's older adults and to a growing rate of Alzheimer's Disease.[7]

These characteristics of today's older adults provide direction and guidance for what programs should be offered and how they should be delivered, calling for careful development of models that reflect best practice and the use of evidence-based programs designed to best serve the specific and changing needs of the county's older adult community.

---

[7] Milwaukee County Department on Aging, *2019-2021 Area Agency on Aging Area Plan.*

INSIGHTS FROM PEER COUNTIES

In this section, we take a closer look at how and to what extent senior centers like those in Milwaukee County are used in four peer counties in the Midwest: Allegheny County, Pennsylvania; Dane County, Wisconsin; Franklin County, Ohio; and Hennepin County, Minnesota. We also include Arlington County, Virginia, which was identified through the National Association of Area Agencies on Aging as one of the few counties they could identify nationally where county government owns senior centers.

For each of the peer counties, we attempted to speak with both the person in charge of senior services within county government and with the Director of the AAA providing services in each of the counties. In some instances, this was the same person. Also, some counties identified additional individuals to whom we spoke, such as a representative from a state association of senior centers or the individual overseeing county facilities. We also obtained information from the National Association of Senior Centers and the National Association of Area Agencies on Aging. This report reflects the knowledge and opinions of these local and national experts.

We discuss the senior center service model found in each of these counties, how these services are funded, and, where applicable, the way in which senior center infrastructure is provided. **Table 4** provides an overview of the demographics of the peer counties and some key characteristics related to the county programs.

Table 4: Peer County Overview, 2016

County	Population	Senior Population 60+	% 60+	% of 60+ Minority	Number of State AAAs	County Serves as AAA	County Owns Sr. Centers
Milwaukee, WI	951,448	174,590	18.3	27.3	3	Yes	Yes
Allegheny, PA	1,225,365	306,880	25.0	12.4	52	Yes	No
Dane, WI	531,273	98,095	18.5	6.5	3	Yes	No
Franklin, OH	1,264,518	209,552	16.6	22.9	12	No	No
Hennepin, MN	1,232,483,	235,783	19.1	12.1	7	No	No
Arlington, VA	230,050	33,059	14.4%	29.0	25	Yes	Yes

Source: https://agid.acl.gov/

A surprising diversity of priorities, structures, processes, and funding was observed across these counties reflecting the manner in which they provide senior services and, more specifically, how they make use of senior centers. This may be, in part, a reflection of the design of the OAA, which calls for services to be targeted to local need.

ALLEGHENY COUNTY, PENNSYLVANIA

Pennsylvania has 52 AAAs. Most are county-based with a few representing clusters of smaller counties. Allegheny County – whose largest city is Pittsburgh – serves as an AAA and houses its older adult services in its Department of Human Services. With a 60-plus population that comprises 25%

of its total population, Allegheny County has one of the largest older adult population cohorts in the country.

Performance-Based Contracting Model

Allegheny County does not own senior centers, but contracts with multiple providers for senior center services at 44 different locations. Thirteen of these senior centers belong to the city of Pittsburgh (the city owns the buildings and contracts with the county to provide all services).

About a decade ago, county leaders determined that senior center operations were in need of substantial change. The older adult population was growing, yet the county observed a 30% decline in the number of seniors coming to senior centers. The centers also were in a state of disrepair and it was felt that many of the people attending were doing so out of habit, not because they were receiving need-based services.

This observation pushed Allegheny County to evaluate the senior services it was providing. An independent, neutral facilitator was hired through the University of Pittsburgh School of Public Health to complete a compressive assessment of county-contracted senior centers. The process, which took three years to complete, was described by the county director of the AAA as "painful, political and necessary." Representatives of the senior centers and residents of the county were an integral part of the process, which included focus groups with center administrators and community surveys.

The results of this assessment led to a re-imaging of the centers that included the following components:

- Senior centers were told that funding would cease if they remained the same.

- The county developed a tiered pay-for-performance continuous improvement contracting system. Using mostly OAA funding, centers now receive 50% of their funding from the county contingent on basic performance goals being met, including attendance levels and provisions for congregate meal site programs.

- Centers receive additional funding based upon increased attendance and/or implementation of progressive measures such as:
    - evidence-based programs
    - senior centers without walls (programs that offer senior programming at multiple sites, with no dedicated facility)
    - community/family focus
    - intergenerational programming
    - accreditation by the National Institute of Senior Centers
    - health or diet-related programs
    - pairing with research at a university

- The county looks at site-based requirements and strives to build strong programs based upon local need. A center may focus on culture and language – for example, Allegheny County has a Nepalese center. Income-based need may also determine service requirements while in some centers, jobs or nutrition might be given priority status.

- Senior centers are identified as strong focal points for the development and implementation of overall county senior services.

Funding

Profits from the Pennsylvania Lottery are dedicated exclusively to senior services. In 2017-18, the lottery contributed more than $366 million to AAAs for services and support for older adults.[8] In addition, the lottery funded more than $164 million for transportation services and $152 million for low-cost prescription assistance. Over the past three years, the Pennsylvania Department on Aging has awarded over $6 million in state lottery grants to senior community centers to update facilities or implement innovative programs.

Lottery funding is provided to local governments through block grants, and Allegheny County uses some of its lottery funds to support senior centers. As noted above, the basic pay-for-performance contract provides only half the funding for each center. Even if the center achieves additional funding for meeting progressive program goals, the organizations that own and/or operate the centers are responsible for providing some of their funding. Consequently, they are actively engaged in fund raising and seeking additional community support, which officials say provides a sense of purpose and ownership.

Infrastructure

While Allegheny County does not own senior center facilities, it has played a role in specifying the desired physical nature of centers owned by contracted owners and operators. When the county developed its new system of performance-based contracting for senior centers, it hired a special project person to help locate cost effective space for the centers that would remain in the network. Difficult decisions were made regarding centers that were not financially viable or that had limited use or functionality, and the number of facilities in the network was reduced by 50%.

In making these decisions, the county considered geographic distribution and availability of services. Some centers had hours and services reduced, while others were closed and services were consolidated at more viable centers, with transportation provided for those who lost access to a neighborhood site. When possible, centers were moved to less expensive alternatives. For example, one center now operates in a strip mall store front at a cost of $1 a year. Centers also are located in unused municipal space, rental space in privately owned buildings, and city parks.

As noted above, 13 of the facilities are owned by the city of Pittsburgh. Much like the facilities in Milwaukee County, these 13 senior centers are aging. In 2017, Pittsburgh completed a Facilities Optimization Plan which looked at the condition of nine of these buildings. One of the centers received a critical rating (with an estimated replacement cost of $2 million), while five were rated "fair" and three "good" with repair costs ranging from $137,000 to $561,000. In 2016, one of Pittsburgh's senior centers was remodeled into a multigenerational center. The city hopes to convert more centers into multigenerational facilities but there are no current specific plans for this work.

---

[8] https://www.palottery.state.pa.us

Insights for Milwaukee County

- While Milwaukee County currently includes performance standards in its senior center contracts, those standards potentially could be strengthened to more closely resemble Allegheny County's comprehensive approach. Performance-based contracting can play an important role in needs assessment, program identification, and goal setting, and it can foster the use of best practices for older adult services. The tiered performance-based contracts used by Allegheny County that set specific goals, are targeted to the needs of each senior center, and are based upon continuous improvement could serve as a model for MCDA as it enters into a new contractual arrangement for its senior center services.

- In Allegheny County, consolidation of senior center facilities and creative use of low-cost space has freed up funding for needed programs. That is an approach Milwaukee County leaders may wish to consider as they grapple with the physical needs of the five existing centers.

- The city of Pittsburgh is moving towards the goal of multigenerational centers established by the 2016 OAA reauthorization legislation. Again, this could provide food for thought for Milwaukee County policymakers.

DANE COUNTY, WISCONSIN

Dane County serves as one of three AAAs in Wisconsin. The Dane County AAA is housed in the county's Department of Human Services.

Unlike Milwaukee County, Dane County does not own senior centers and does not view senior centers as a primary service. Instead, senior centers are one of several agency options used to provide a central location (or focal point) where county services for older adults can be offered. We identified at least a dozen senior centers located in Dane County, including ones owned by the cities of Madison, Monona, and Middleton. Senior centers in Dane County also are owned by outside nonprofit agencies, a church retirement home, and an organization belonging to the national senior village network.

> **City of Madison Plays Major Role in Senior Center Services**
>
> While Dane County does not own or operate senior centers, several of its municipal governments fulfill that role. For example, the Madison Senior Center serves 866 unduplicated older adults per year, focusing on avoiding disease, engagement with life, and maintaining high cognitive and physical functioning. The city provides 94% of the almost $600,000 required to operate the center. It is also supported by a nonprofit foundation that has over 200 donors. The center was built in 1983 at a cost of about $1 million.

Contracted Focal Point Model

In providing services to older adults, Dane County uses a contracted service model. The county is divided into 15 geographic areas served by 15 contracted agencies, each of which serves as a focal point for senior programming. These focal point agencies provide entry points through which older persons and their families access a broad array of programs and services.

Some Dane County focal point agencies are independent senior centers, some are units of local government (e.g. Middleton through its senior center), some are nonprofit organizations, and some

represent coalitions formed by a church or community center. In 2019, the four focal point agencies serving the city of Madison merged in order to offer more competitive salaries and benefits to staff. All the Dane County focal point agencies are independent of one another.

As the AAA, Dane County pays focal point agencies to provide specific programs. Service priorities are determined each year during the budget process and generally include nutrition, adult day care, and extensive case management aimed at promoting independence. To receive case management, a senior must be in a home setting where he or she is visited by a social worker to identify needs and services and complete funding and eligibility assessments. Senior isolation is a concern and must be addressed by case managers and nutrition sites.

Dane County also provides evidence-based falls prevention classes through a contract with Safe Communities.[9] New this year, the AAA is funding a part-time evidence-based program coordinator. The Wisconsin Institute on Healthy Aging (WIHA) tracks chronic disease and diabetes for the county.

The county AAA also conducts advocacy to address other priorities – such as transportation and mental health care – that are the responsibility of other government agencies. For example, the city of Madison, with the support of federal and state funding, provides door-to-door transportation to meal sites and provides weekly shopping trips to grocery stores.

Funding

Dane County provides funding via contract to focal point agencies (which may be senior centers) to provide priority services, including nutrition, adult day care and case management. The county provides 40% of case management funding using just under $1 million per year of county tax levy. The focal point agencies provide 60% of the case management funding.

Infrastructure

Senior center infrastructure for older adult services is not a concern for the county, which instead chooses to invest in programs and services and rely on its contracted providers to provide and maintain necessary facilities.

Insights for Milwaukee County

- In Dane County, priority services such as nutrition, adult day care, and extensive case management drive the county's overall approach to addressing the needs of older adults, as opposed to investment in physical locations and services that can be offered at those locations. Milwaukee County may wish to consider a similar approach in which contracted service agencies are responsible for providing and maintaining their own facilities (an approach already used by MCDA in four privately-owned senior centers).

- Dane County ensures that all geographic areas of the county are equally served by giving special consideration to geographic distribution of contracted focal point providers. Milwaukee County

---

[9] Safe Communities is a Dane County nonprofit coalition that "brings together public and private sector partners to save lives, prevent injuries and make the community safer".

may wish to similarly review its geographic distribution of services as it reviews its overall service array.

- Dane County's collaboration with other levels of government helps to provide comprehensive access to needed services. For example, the county works with the city of Madison to provide door-to-door transportation to AAA-funded meal sites. MCDA provides for these services itself but could consider enhanced collaboration with municipal governments to enhance services.

FRANKLIN COUNTY, OHIO

Franklin County government is not an AAA. Instead, Franklin County – whose largest city is Columbus – is part of the eight-county Central Ohio Area Agency on Aging (COAAA). COAAA is operated by the Parks and Recreation Department of the city of Columbus. The city has two 50+ community centers and three multigenerational community centers. In addition, Columbus has senior centers that are owned and operated by nonprofit agencies, and several other municipalities in the county similarly operate senior centers via their parks and recreation departments. Most of the parks and recreation department programs require membership fees.

While the Franklin County Office on Aging is not an AAA and does not own and operate senior centers, it provides centralized access to diverse programs and individualized services for older adults and their families so they can preserve their independence. More than 7,000 older adults receive services each month. These programs are provided through service contracts with outside agencies.

Call Center-Based Case Management Services

Franklin County's main service emphasis is a "one-stop shopping" call center for information and referral and/or access to service. The call center receives more than 4,000 calls each month, providing phone-based case management through a "Senior Options" program. If a service is required that cannot be taken care of over the phone, the caller is referred to the AAA for face-to-face service.

The Senior Options program provides home-delivered meals, homemaker services, personal care, respite care, adult day care, emergency response systems, incontinence supplies, durable medical equipment, and home repairs that are 100% funded by a special county property tax levy (known as the "senior levy"). Seniors also are provided up to 70 miles of transportation service per month, including transportation to medical appointments, church, hair dresser, etc. This transportation service is income-based and those above the income limit are charged a co-pay.

While not an owner and operator itself, Franklin County does provide service- specific grants to senior centers (some of which are operated by local municipalities). For example, senior centers currently receive grants for education services.

Franklin County currently is discussing with the Ohio State College of Social Work the possibility of conducting a needs assessment to identify the most beneficial senior service model with the best outcomes for meeting the needs of older adults. One concern officials hope to address is undiagnosed and untreated mental health needs of older adults, which officials see as leading to stigma and isolation.

Funding

Ohio has had a special property tax dedicated to senior services for 26 years, with local funding providing more dollars to provide senior services than state and federal funds combined. The levy amount must be approved by county voters every five years, which also provides opportunity to increase it on a periodic basis. While this approach may lead to disparate service levels across counties in Ohio, it does provide counties and their residents with the ability to independently determine the resources required to appropriately meet the needs of older adults. Franklin County has the lowest percentage of its population in the age 60 or older cohort among Ohio counties, but it assesses the greatest amount in senior service levy dollars of all Ohio counties ($35 million in 2016).[10] Franklin County voters have passed the levy in all six levy cycles since it was enacted – always with at least 60% of the vote. The last levy, which included a significant funding increase, was approved with 84% of the vote.

Infrastructure

Infrastructure is not a concern for Franklin County administrators given that the county does not own senior centers and does not fund their operation outside of service-specific grants.

Insights for Milwaukee County

- Franklin County programs for older adults exist as part of an eight-county AAA in which the city of Columbus is the oversight agency for the AAA and in which local municipalities, including Columbus, own and operate senior/community centers. This structure and the role of other local governments and providers is different from that found in Milwaukee County. A lesson for MCDA could be the value of exploring where the county's role fits in with older adult services offered by municipalities and local community providers. Is there opportunity for enhanced or different forms of coordination and collaboration that might better serve the needs of Milwaukee County residents?

- Franklin County views transportation as a key element in the services it provides to older adults. Milwaukee County may wish to similarly consider whether enhanced investment in transportation services should be prioritized.

- Franklin County has a dedicated senior levy which gives it the ability to fund older adult programs and services in a manner that is not possible in Milwaukee County, where senior services compete for finite tax levy resources with a broad range of other social service, quality of life, and public safety services. Residents of Franklin County have been highly supportive of this levy for the 26 years it has been in existence, which raises the question as to whether state policymakers should provide similar opportunity to Milwaukee County residents to support similar dedicated funding for seniors.

---

[10] The Center for Community Solutions, February 26, 2018, https://www.communitysolutions.com/research/address-determine-access-aging-services-analysis-senior-tax-levies-ohio/

HENNEPIN COUNTY, MINNESOTA

In Minnesota, services are developed and provided by seven AAAs. Significantly, the Minnesota Board on Aging and Minnesota Area Agencies on Aging do not use senior centers as focal points for service. This is a change that occurred over time as senior centers were increasingly seen as outdated. As a result, Minnesota has witnessed a steep decline in the number of senior centers over the last 10 to 15 years.

Senior LinkAge Line (Call Center-Based Program)

Older adult programs in Minnesota are driven by promotion of independence and are grounded in a statewide Senior LinkAge Line, supported by both state funding and federal OAA dollars. The Senior LinkAge Line is a call center with an 800 number that serves all residents across the state. This line represents Minnesota's brand for senior services and is the gateway to older adult services. The line provides information and assistance and has a strong client tracking data base with strict service protocols for client follow-up. The system is also capable of multi-party calling to ensure needs are met. During 2016, more than 270,000 contacts were made to the line.

> ### Senior centers in Minnesota tend to be market-based and recreation-focused
>
> In light of increasing senior populations, some communities in Minnesota are incorporating senior centers as part of new multigenerational community centers. This is being done as a response to local community demand and is supported with a strong private pay component (i.e. older adults pay for the service through memberships and fees). The centers mainly provide leisure activities and health and wellness programs.
>
> Our scan also identified a new partnership in Minneapolis that includes the Public Housing Authority, health care providers, and the YMCA, among others. Offering an innovative model for adult services, this enterprise recently opened the Cora McCorvey Health and Wellness Center, providing a location for clinic services, exercise classes, physical therapy, occupational therapy, a learning lab, and recreation programs. This is reminiscent of an effort closer to home in Waukesha, where the YMCA recently announced that an Active Adult Center serving individuals aged 50+ will open in New Berlin later this year.
>
> https://mphaonline.org/hpssc/about-hpssc/
> https://www.gwcymca.org/Blog/New-Facility-Announcement

The Senior LinkAge Line refers older adults to services provided at the local level that are funded by AAAs. A seven-county Metropolitan Area Agency on Aging (MAAA) serves Hennepin County, and that agency provides funds to 37 providers for services including assisted transportation, congregate dining, home-delivered meals, caregiver support, legal assistance, education, chore and homemaker services, and health promotion classes. Senior centers are not part of the publicly-funded service array in Hennepin County or elsewhere in the state.
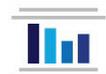
Funding

Services for older adults in Minnesota are funded primarily by state and federal dollars using a centralized statewide Senior LinkAge Line for information, referral, and case management. Services are developed and provided by seven AAAs. For 2019, the MAAA, one of seven in the state and the AAA that serves Hennepin County, is providing $8 million to its 37 service providers. Individual counties rely on this centralized call center and the services provided by the AAA to which they are assigned.

Infrastructure

Hennepin County does not own senior center buildings and relies on state investment for senior services.

Insights for Milwaukee County

- Hennepin County provides the only example in our scan of a county in which senior centers do not play a significant role in access to senior services. In fact, officials there did not see senior centers as an effective and efficient way to meet the needs of older adults. While we have no data to determine if a different model would better meet the needs of older adults in Milwaukee County, limited resources and increasing demands indicate it may be appropriate to examine that question. For example, would Milwaukee County be better served by placing more resources into an expanded ARC call center instead?

- The Minnesota model reflects the development of a statewide solution that begs consideration of the benefit of larger geographic service areas to serve seniors. Would a statewide service model in Wisconsin deliver more efficient and effective services, or would it ignore important local needs?

ARLINGTON COUNTY, VIRGINIA

In Arlington County, the AAA is operated under the Arlington County Division of Human Services. Separate from the AAA, five senior centers are operated under the Arlington County Division of Parks and Recreation. The senior centers are housed in county-owned community centers and typically consist of one or two rooms in the center dedicated to senior programming. In addition, if available and needed, senior center programming can make use of other parts of the community centers.

The county AAA provides direct service delivery, 80% of which occurs in the community. The AAA provides outreach and case management, sending social workers to clients' homes to conduct assessments and provide assistance with money management, nutrition, and legal and mental health services. The AAA also provides meals on wheels and funding for congregate meal sites, three of which are provided at the county's largest and most popular senior center sites. The AAA covers the cost of the meals and transportation to the site.

Congregate meal programs have been rebuilt in a café model called 60+ Cafes. Under this new program, all participants still have the same menu, but the county obtained a new food vendor which has been well received. Transportation to meal sites is provided by taxi at a cost of $2.50 per ride or through public transportation. The AAA also operates an adult day care center out of one of the county senior centers.

Parks and Recreation Program Senior Centers

Within the Parks and Recreation Department, Arlington County's five senior centers are viewed as recreational endeavors and offer a variety of options under the county's 55+ program. Senior center activities include exercise and sports, social events, classes and guest speakers, discussion groups, clubs, travel, games, crafts, and music. The 55+ programs are available through a 55+ Pass providing access to free or discounted programs. The Pass can be upgraded to a 55+ Gold Pass

which includes county fitness facilities, and there is an income-based fee reduction program. **Table 5** shows the cost of the Arlington County 55+ program for older adults.

Table 5: Arlington County 55+ Program Costs

Membership Classification	55+ Pass	55+ Gold Pass
Arlington County resident	$20	$60
Arlington County household	$30	$90
Non-Arlington County resident	$45	$90
Non-Arlington County household	$65	$135

Fitness and travel are the most popular and well-attended programs. Special senior fitness programs range from seated exercise to boxing and include karate and yoga. There are 6,700 55+ members serving an age span of almost 50 years. Programs are developed to serve three populations: younger older adults; transitioning older adults; and frail, less independent adults. Twenty full-time and 30 to 40 part-time or contracted employees operate the programs.

Funding

Seventy-five percent of program costs for Arlington County's 55+ programming offered at county-owned senior centers comes from county tax levy. Membership fees cover the remainder. Senior center facility costs cannot be identified because they are not broken out from community center facility costs.

Infrastructure

The community centers housing Arlington County's five senior centers provide services for residents of all ages.[11] According to the county's parks and recreation facilities director, this broad array of services increases visibility for older adult programming, offers opportunities for multigenerational programming, increases public support for the centers, and helps to ensure that facility needs are addressed. It also ensures that facilities are cost effective and used to capacity.

In addition to the 13 community centers owned by the county, the county had an additional senior center located in a rented space in an aging low-income assisted living facility. That center was recently closed. Arlington County found it difficult to control the upkeep of the rented space and was concerned with issues related to the age of the building.

Using capital improvement dollars approved by voters in a 2016 referendum, the county is constructing a new community center that will provide programs for youth, adults, and seniors, including a pre-school, senior center, gymnasium, fitness center, and multi-purpose rooms for recreation programming and community use. It will also house about 70 Department of Parks and Recreation employees.

---

[11] In addition to senior center services, Arlington County community centers offer head start, preparation for preschool/kindergarten, drop-in activities, after school learning, outdoor playground, indoor playtime for ages one to five, after school teen programs and lounge, game room, WI-FI and public computers, English as a second language, fitness rooms, computer class rooms, employment centers, Department of Human Services community outreach, art studios, and rooms for rent.

Insights for Milwaukee County

- Arlington County houses all senior centers in multi-generational, multi-purpose community centers and has been successful in gaining support to address facility needs for the centers. Milwaukee County policymakers may wish to consider whether a similar approach could generate broader support to address facility needs and bring greater visibility to senior services.

- The function of the Arlington County AAA is separate from the senior center functions provided by parks and recreation. In fact, senior centers are defined as a recreation function. Milwaukee County policymakers may wish to examine a similar approach, in which senior centers would fall under the purview of the parks and recreation department and be part of a more comprehensive approach to recreational programming for citizens of all ages. It is worth noting that Arlington County, with a senior population that is only about one fifth the size of Milwaukee County's, serves the same number of older adults every year as Milwaukee County.

- Arlington County covers 25% of the costs of its older adult recreation program through membership fees that are adjusted on a sliding income-based scale. If Milwaukee County placed older adult recreation programs in the parks and recreation department, it could be more inclined to consider implementing fees for such programs.

- Arlington County makes a deliberate effort to develop separate programing for three cohorts of older adults: the younger active cohort, transitional cohort, and the cohort of frail older adults in need of more assistance. This may be one reason Arlington County has a significantly higher percentage of its older adults attending senior center programing than Milwaukee County.

SUMMARY AND POLICY OPTIONS

The Milwaukee County older adult population is growing, both in terms of numbers and the proportion of residents represented. In addition, changes in the characteristics of that population call for reconsideration of how best to meet MCDA's mission of assisting older adults to live independently in the community.

Current efforts place significant resources into five aging senior center facilities with annual repair costs that are projected to grow to $8 million by 2022. Furthermore, it appears the county will need to consider full replacement of each of the five facilities by that date at a cost exceeding $24 million. Meanwhile, operation of the centers, through an outside vendor, requires annual expenditures of nearly $1.3 million (of which approximately 40% is directed to basic facility maintenance).

Given these realities and the county's finite capital and operational resources, does repairing and replacing the five senior centers represent the optimal path forward? In this report, we sought to provide insight into that question by reviewing national best practices; exploring how other Midwestern and peer counties organize and prioritize their older adult services; and considering how and to what extent senior centers fit into the service models used in those counties.

We found "modernization" of senior centers to be a national theme. The 2016 Reauthorization of the Older Americans Act called for identification and implementation of innovative best practices, including potential replacement of senior centers with multi-generational community centers. Our review of peer counties found that several had heeded that call. We found examples of counties where senior centers play only a minimal role in the service delivery system, as well as one county that has revitalized their use through comprehensive performance-based contracting. We also observed a county that sees senior centers as part of its broad parks and recreation function, as opposed to a component of the older adult service continuum.

Given the diversity of options we observed – as well as the growth and changing characteristics of Milwaukee County's senior population – it appears that the current senior center model used by MCDA may not constitute the best use of the limited resources available to promote older adult independence. In contemplating a different model, policymakers and citizens might frame their discussions by addressing the following questions:

- **Should Milwaukee County own and pay for programming in large facilities that are exclusively devoted to older adult services?** This is not the national trend nor the direction of the OAA (though it is important to remember that MCDA does not use OAA funds to support senior centers). Also, given the cost, it appears to be the option that would be the most difficult for the county to maintain.

- **Should Milwaukee County consider, instead, the use of multi-generational community centers in the hope of expanding the benefits of such facilities to the broader community, achieving more efficient use of space, and engendering broader public support and usage?** This option was supported both by our review of peer counties and as an option identified by the OAA. However, it may require consolidation of senior center operations into fewer facilities, as buildings devoted

to multi-generational programming may require modernized infrastructure and costlier operations that the county could not afford to replicate at five distinct sites.

- **If county leaders deem it impractical or unaffordable to own senior or multi-generational facilities, should MCDA focus on funding outside agencies to provide senior center-type programming in their own facilities?** This option was used by each of the counties we observed that uses senior centers as part of its service model, and also by Dane County as part of its focal point agency approach. It also is used by MCDA at four privately-owned senior centers. This option provides the opportunity to consider a broader geographic distribution of senior center services and contractual promotion of efficient low-cost space. Also, one county reported success with the use of performance-based contracting geared toward continuous improvement, and we would certainly recommend consideration of that approach should a contract model be continued.

- **Alternatively, should the county simply allow senior centers to be the exclusive domain of municipal and community-based partners, and instead use MCDA's resources for expanded services in areas like transportation, enhanced community supports, and an expanded call center?** It is possible that call center referrals and expanded transportation services could enhance the value and usage of non-MCDA senior centers by ensuring that greater numbers of seniors have the supports they need to access and utilize the centers. If concerns arise about a lack of recreational programming for seniors, then the county could take a cue from Arlington County by folding such programming into its parks and recreation department (using an income-based fee approach) or partnering with municipal/school district recreation departments to provide such programming.

These are not easy questions for Milwaukee County leaders, nor for the thousands of older adults who utilize and find great value in the existing county-owned senior centers. Nevertheless, even if the county was not facing steep financial challenges, national policy directives and the changing needs and demands of the county's older adult population require that these questions be thoroughly and objectively deliberated. We hope this report launches such a community-wide debate and provides initial, important context to inform it.