

Madison Senior Center and Older Adult Services: Racial Equity Analysis

FINDINGS AND CONCLUSIONS JUNE 2021

Healthy Aging is a Social Justice Issue

Opportunities to engage in resources and activities for **healthy aging should be available to all older adults regardless of race, ethnicity, gender, sexual orientation, income, education level, or zip code.**

➤ **Key finding from the equity analysis is that** underrepresented groups of older adults in Madison do not have equal access to healthy aging resources.



Madison Senior Center Participation Trends

Unduplicated Participants

2017 – 866

2018 – 775

2019 – 764

Activity/Program Visits

2017 – 25,566

2018 – 25,879

2019 – 25,285

Participant counts and activity/program visits were similar from 2017-2019.

Unduplicated Volunteers & Hours of Service

2017 - 335/7060

2018 -310/6584

2019- 271/5403

Facility Use – Rental Events/Rental Visits

2017 – 83/9397

2018 -96/9514

2019 – 120/9752

Count of volunteers and hours of service decreased slightly from 2017-2019. Rental events and visits increased from 2017-2019.



Race & Ethnicity Data: Madison Senior Center

Race and Ethnicity: Madison Senior Center	
Senior Center Demographics Report 2019	
White	87.7%
Black or African American	5.6%
Asian	3.7%
Other	3.0%
Hispanic	0.1%
*Estimated percentage low income:	54%

*240% of FPL

Race and Ethnicity: Madison Population 60+	
2018 ACS 5 Year Estimates	
White	91.8%
Black or African American	3.8%
Asian	3.2%
Other	1.2%
Hispanic	2.5%
Percentage of 60+ at or below 100% of poverty line*	6.5%

Engagement Summary

Engagement Statistics

4 Focus Groups

- Black/African American
- LatinX
- Chinese
- Capitol Centre Apt Residents
- ❖ 13 of 25 community members contacted participated
- ❖ 12 of 20 older adult service providers contacted participated

Themes

- Little to no awareness of MSC existence, purpose or location
- Little to no awareness of other older adult service providers in Madison
- Older adult providers need to increase awareness about the correlation between engaging with healthy aging resources and aging in place.
- MSC does not feel like a “place for us.”
- Key Barriers Identified:
 - Staff not representative of BIPOC
 - Programs in English only
 - Transportation is a challenge
 - Strong preference for attending programs, activities services in their own neighborhood
 - Need to address basic needs before interest in attending programs offered



Wants and Needs

Desire for Activities such as:

- Art
- Movement
- Multi-Generational Programming
- Basic Technology Classes
- Potluck Socials
- Opportunities to socialize with peers and create relationships
- Activities in other languages and in other places

Highest needs identified among older black, indigenous and people of color, LGBTQ+, and people living with low incomes

- Food
- Personal essentials
- Transportation (door-to-door)
- Support for raising grandchildren
- Affordable Housing

Ideas to increase service to marginalized populations through MSC

- Community wide education and awareness campaign in collaboration with other OA Service Providers – need to consult with a racial equity professional and a marketing professional to develop a strategy > \$\$\$
- Connect with social workers at clinics and hospitals to ask for referrals to MSC healthy aging activities for those at risk
- Connect with neighborhood centers, churches, and low income housing complexes to create partnerships for providing activities and resources at their sites – staff capacity for this is low
- Offer presentations about resources available at MSC to targeted communities
- Recruit volunteers of color to work at MSC in various capacities, especially in alternate languages
- Create a Marketing Plan that identifies at least one targeted audience and at least two new outlets to reach that audience. Improve branding to include representation of minority populations.
- Continue Voices of Color Zoom program



What does this all mean:

- People living with low incomes and/or who are black, indigenous and people of color and/or LGBTQ+ face daily challenges and barriers to services **created by structural racism**.
- **We must build relationships and trust with BIPOC communities, which will take time.**
- **For some BIPOC individuals, basic needs are their highest priority, and these needs must be met before they opt to** engage in healthy aging activities and events.
- People who do not need assistance in meeting basic needs often have several options in the community to meet their healthy aging needs and may not be likely to start coming to MSC due to location, perception of safety downtown, and parking.
- To achieve change, an increase in staff is required. **This could include a** marketing and outreach coordinator to create relationships to inform our programming, increase awareness, educate and market healthy aging services.
- Even with additional staff, increasing participation at MSC by BIPOC and low-income groups will take time and is unlikely unless **relationships are built and individuals** are connected to services to address barriers.



What's next for Madison Senior Center?

- Plan Quarterly multi cultural events at Madison senior center
- Continue offering programming at Madison senior center, add activities in other languages
- Need for marketing: Create awareness, Connect, collaborate, Change, Fail forward
- Take programs and activities off site into neighborhoods- (limited capacity to do so)
- Consider how the Madison Senior Center aligns with the City and CDD's goals to serve BIPOC and low-income residents.

Older Adult Services Funding Process

CHANGES PROPOSED TO FUNDING PROCESS BASED ON FINDINGS OF
RACIAL EQUITY ANALYSIS



Basic Requirements

- Currently required to serve older adults aged 60+ who are at or below 240% of the FPL

Household Composition	Income at or below	FPL
Individual	\$20,608	At or below 160% FPL
Individual	\$20,609-\$25,760	Income between 160%-200% FPL
Individual	\$25,761-\$30,912	Income between 200%-240% FPL
Individual	\$30,913 or greater	Income more than 240% of FPL