

Q1. How would you rate your current community as a place for people to live as they age?

5 Excellent 4 Very good 3 Good 2 Fair 1 Poor

What do you like BEST about living in Milwaukee County as an older adult or caretaker?

What do you like LEAST about living in Milwaukee County as an older adult or caretaker?

Q2. How important is it for you to be able to live independently in your own home as you age?

5 Extremely important
4 Very important
3 Somewhat important
2 Not very important
1 Not at all important

Q3. How would you rate housing affordability, access, and livability for older adults in Milwaukee County?

Excellent Very good Good Fair Poor

- a. Affordable to remain in a home I own.....
- b. Affordable rental options that meet my needs (or the older adult for whom I care)
- c. Affordable congregate housing options for adults of varying income such as older adult residential communities, assisted living, and independent apartments in a continuum of care. 5 4 3 2 1
- d. Well-maintained, safe, public and subsidized housing for older adults... 5 4 3 2 1
- e. Convenient residential access to parks and recreational opportunities.....5 4 3 2 1
- f. Conveniently located health and emergency care centers..... 5 4 3 2 1

Q4. How would you rate transportation options in your community?

Excellent Very good Good Fair Poor

- a. Accessible affordable and convenient transportation.....5 4 3 2 1
- b. Public Transportation that takes you where you want to go with stops that are accessible to people of varying physical abilities..... 5 4 3 2 1
- c. Special transportation services for people with disabilities (Transit Plus) and older adults (MCDA Transportation) 5 4 3 2 1
- d. Volunteer driver programs

Q5. In the last year, were you unable to do any of the following because you did not have transportation? (Check all that apply) ☐

- a. Get to a health care, counseling, or dental appointment
- b. Grocery shop or shop at a food pantry or farmer's market
- c. Pick up a meal, food box, or take out from a Milwaukee County Senior Dining site
- e. Go to a pharmacy
- f. Vote, Register to Vote, or Obtain a State ID or Driver's License
- g. Attend a public meeting, legislative hearing, or court hearing
- h. Visit a friend or relative in a hospital, nursing home, or care facility
- i. Go to a social activity that was important to you
- j. I was able to do all of the above

Q6. Thinking about health and wellness services in your community, would you rate your community as excellent, very good, good, fair, or poor on having the following?

Excellent Very good Good Fair Poor

- a. Affordable health and wellness programs/classes in areas such as nutrition, falls prevention, smoking cessation, and weight control..... ☐5 ☐4 ☐3 ☐2 ☐1
- b. Affordable fitness activities specifically geared towards older adults..... ☐5 ☐4 ☐3 ☐2 ☐1
- c. Conveniently located healthcare and social services ☐5 ☐4 ☐3 ☐2 ☐1
- d. Information and Assistance services to help older adults find and access health and supportive services ☐5 ☐4 ☐3 ☐2 ☐1
- e. Affordable home care services including personal care and housekeeping ☐5 ☐4 ☐3 ☐2 ☐1

Q7. How often do you have contact with family, friends, or neighbors who do not live with you?

- ☐7 Everyday
- ☐6 Several times a week, but not everyday
- ☐5 Once a week
- ☐4 Once every 2 or 3 weeks
- ☐3 Once a month
- ☐2 Less than monthly
- ☐1 Never

Q8. How often do you feel the following?

Always Often Sometimes Rarely Never

- a. I lack companionship ☐4 ☐3 ☐2 ☐1
- b. I feel left out..... ☐4 ☐3 ☐2 ☐1
- c. I feel isolated from others ☐4 ☐3 ☐2 ☐1

Q9. In the past year, have you experienced any of the following (Check all that apply):

- a. Depression
- b. Anxiety
- c. Confusion
- d. Grief due to loss of loved ones
- e. Significant decline in physical health
- f. Eviction or unplanned change of residence
- g. Financial worries
- h. Unplanned loss of employment or volunteer engagement

Q10. In the last year, have you ever gone without the following because you could not afford them?

- a. Housing
- b. Food
- c. Healthcare
- d. Dental Care
- e. Prescription Medication
- f. Heat or electricity
- g. Phone, Computer, or Internet Service
- h. Transportation

Q11. Do you have difficulty preparing or cooking your main meals?

Yes.

No.

Q12. Do you eat at a community meal site?

- a. Yes, I often eat at a Milwaukee County Senior Dining Site.
- b. Yes, I occasionally eat at a Milwaukee County Senior Dining Site.
- c. Yes, I eat community meals at a private club or organization.
- d. No, I don't like eating in a community group setting.
- e. No, I don't like where the Milwaukee County Senior Dining sites are located.
- f. No, I prefer to eat out in a restaurant.
- g. I would, but I don't know how to find out about them in my community.
- h. I would, but I don't have transportation to get there.

Q13. Do you have concerns about your own memory or the memory of someone you care for?

- a. Yes
- b. No

Q14. Do you use the following sources for continuing education or self-improvement workshops in your community? Yes No

- a. Milwaukee County DHHS Division on Aging
- b. Municipal Department of Health or Recreation ☐1 ☐2
- b. Faith community or congregation ☐1 ☐2
- c. University or Technical College or Public School..... ☐1 ☐2
- d. Community center..... ☐1 ☐2
- e. Senior center ☐1 ☐2
- f. Offerings through my work/union ☐1 ☐2
- g. Online programs..... ☐1 ☐2
- h. Some other source..... ☐1 ☐2
- i. I do NOT participate in any continuing education/self-improvement classes..... ☐1 ☐2

Q15. Would you rate your community as excellent, very good, good, fair, or poor on the following?

Excellent Very good Good Fair Poor

- a. Activities geared specifically towards older adults..... ☐5 ☐4 ☐3 ☐2 ☐1
- b. Activities that are affordable to all residents ☐5 ☐4 ☐3 ☐2 ☐1
- c. Activities that involve both younger and older people ☐5 ☐4 ☐3 ☐2 ☐1
- d. A variety of cultural activities for diverse populations ☐5 ☐4 ☐3 ☐2 ☐1
- e. Local schools that involve older adults in events and activities..... ☐5 ☐4 ☐3 ☐2 ☐1
- f. Continuing education or social clubs to pursue new interests, hobbies or passions..... ☐5 ☐4 ☐3 ☐2 ☐1

Q16. Would you rate your community as excellent, very good, good, fair, or poor on the following?

Excellent Very good Good Fair Poor

- a. A range of volunteer activities to choose from ☐5 ☐4 ☐3 ☐2 ☐1
- b. Volunteer training opportunities to help people perform in their volunteer roles☐5 ☐4 ☐3 ☐2 ☐1
- c. Opportunities for older adults to participate in decision making bodies such as community councils or committees..... ☐5 ☐4 ☐3 ☐2 ☐1
- d. Easy to find information on available local volunteer opportunities..... ☐5 ☐4 ☐3 ☐2 ☐1
- e. Transportation to and from volunteer activities for those who need it..... ☐5 ☐4 ☐3 ☐2 ☐1

Q17. In the past year, have you faced any legal issues for which you could not afford a private attorney?

- a. Housing
- b. Medicare or private health insurance
- c. Medicaid
- d. Public Benefits
- e. Employment / Unemployment
- f. Business or Economic Development
- g. Guardianship/Powers of Attorney/Assisted Decision Making
- h. Discrimination
- i. Disability Access or Accommodation
- j. Elder Abuse
- k. Consumer Protection/ Debt Collection / Bankruptcy
- l. Other

Q18. Would you rate your community as excellent, very good, good, fair, or poor on the following?

Excellent Very good Good Fair Poor

- a. A range of flexible job opportunities for older adults 5 4 3 2 1
- b. Job training opportunities for older adults who want to learn new job skills within their job or get training in a different field of work..... 5 4 3 2 1
- c. Jobs that are adapted to meet the needs of people with disabilities..... 5 4 3 2 1
- d. Policies that ensure older adults can continue to have equal opportunity to work for as long as they want or need to regardless of their age..... 5 4 3 2 1

Q19. Are you currently a family caregiver providing unpaid care to an adult loved one to help them take care of themselves?

1 Yes [GO TO D19]

2 No [SKIP TO D20]

Q20. What do you feel would be most helpful to you as a caregiver?

- ☐ Resource guide for caregivers
- ☐ Respite care
- ☐ Support group
- ☐ Training on advocating for my loved one
- ☐ Financial support
- ☐ Assistance advocating with healthcare professionals
- ☐ Assistance advocating with Medicare/insurance companies
- ☐ Opportunities to take care of yourself while caregiving
- ☐ Coaching on how to talk to your family about sharing the burden
- ☐ Other _____

Q21. Would you turn to the following resources if you, a family member or friend needed information about services for older adults such as caregiving services, home-delivered meals, home repair, medical transportation, or social activities? Yes No Not sure

- a. Local Senior Centers..... 1 2 0
- b. Milwaukee County Aging Resource Center / Division on Aging 1 2 0
- c. Family or friends..... 1 2 0
- d. Local nonprofit organizations..... 1 2 0
- e. AARP or other Senior Groups..... 1 2 0
- f. Faith-based organizations like churches or synagogues..... 1 2 0
- g. Internet 1 2 0
- h. Phone book..... 1 2 0
- i. Your doctor or other health care professional..... 1 2 0
- j. Local government offices like the Health Department..... 1 2 0
- k. Library..... 1 2 0
- l. Some other source..... 1 2 0 [LIST]

Q22. Would you rate your community as excellent, very good, good, fair, or poor on the following?

Excellent Very good Good Fair Poor

- a. Access to community information in one central source..... 5 4 3 2 1
- b. Clearly displayed printed community information with large lettering..... 5 4 3 2 1
- c. Free access to computers and the Internet in public places such as the library, senior centers or government buildings 5 4 3 2 1
- d. Community information that is delivered in person to people who may have difficulty or may not be able to leave their home 5 4 3 2 1
- e. Community information that is available in a number of different languages..... 5 4 3 2 1

Q23. How often do you access computer technology, the Internet or use mobile phone?

Every Day Occasionally Rarely Never I don't own a device.

- a. Computer or Tablet
- b. Internet Service at Home
- c. Internet Service through a Library or other Public Portal
- d. "Smart" Phone with Internet Access
- e. Cell or Mobile Phone without Internet Access

Q23. Do you have any other suggestions about what could help older adults in Milwaukee County?

D1. What is your gender identity.

☐1 Male

☐2 Female

☐ Binary

D2. What is your age as of your last birthday? [AGE IN YEARS]

D3. Besides you, do you have any of the following people living in your household? Yes No

a. Child/children under 18 ☐1 ☐2

b. Child/children 18 or older..... ☐1 ☐2

c. Child/children away at college ☐1 ☐2

d. Parents..... ☐1 ☐2

e. Another adult aged 60 or older..... ☐1 ☐2

f. Another adult relative or friend 18 – 59... ☐1 ☐2

D4. Does any disability or chronic disease keep you from participating fully in work, school, housework, or other activities? [CHECK ONLY ONE]

☐1 Yes

☐4 No

D5. What is your race? [CHECK ALL THAT APPLY]

☐1 Asian

☐2 American Indian or Native Alaskan

☐3 Black or African American

☐4 Native Hawaiian or other Pacific Islander

☐5 White or Caucasian

☐6 Other, please specify: _____

D5. Are you of Hispanic, Spanish, or Latinx origin or descent?

☐ Yes

☐ No

D6. Please indicate which language you usually speak at home?

- ☐ English
- ☐ Spanish
- ☐ Arabic
- ☐ Chinese
- ☐ Russian
- ☐ Hmong
- ☐ Karen
- ☐ Other _____

D8. Thinking about state or local elections in the last 10 years, how often have you voted?

- ☐ 5 Always
- ☐ 4 Most of the time
- ☐ 3 About half of the time
- ☐ 2 Seldom
- ☐ 1 Never

D9. What was your annual household income before taxes in 2020?

- ☐ 1 Less than \$12,880 for individuals or \$17,420 for a couple
- ☐ 2 More than (1) but less than \$19,320 for individuals or \$26,130 for a couple
- ☐ 3 More than (2) but less than \$25,761 for individuals or \$ 34,841 for a couple
- ☐ 4 More than (3) but less than \$30,913 for individuals or \$41,809 for a couple
- ☐ 5 More than (4) up to \$75,000 for an individual or \$150,000 for a couple
- ☐ 6 More than \$75,000 for an individual or \$150,000 for a couple

D17. What is your 5-digit zip code? ____ _

D18. OPTIONAL:

- ☐ I would like more information about the Area Aging Plan and the results of this survey.
- ☐ I would like information about programs offered through the Milwaukee County Division on Aging.
- ☐ I would like to receive public policy advocacy updates on issues related to older adults.

Name:

E-mail Address:

Phone: