

Milwaukee County Area Agency on Aging Survey

THANK YOU for taking the time to complete this survey. Your answers will help Milwaukee County plan to improve the well-being of older adults. Your answers will be anonymous. If you help an elder complete this survey, please answer the questions from *their* viewpoint. Return the completed survey to: **Division on Aging, 1220 W. Vliet Street, Ste. 302, Milwaukee, WI 53205.** The survey is intended for older adults (age 55+) residing in Milwaukee County. For info visit: <https://county.milwaukee.gov/Aging>. Surveys will be entered into 3 drawings for \$50.

Q1. As a place for people to live as they age, how would you rate Milwaukee County? ☐ Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor

Q2. What do you like BEST about living in Milwaukee County as an older adult?

Q3. What do you like LEAST about living in Milwaukee County as an older adult?

Please think about the services, supports, and opportunities available to older adults in Milwaukee County. On a scale from Excellent (5) to Poor (1), rate the quality of services in the following areas. If you do not have an opinion, please leave the question blank.

Q4. Health and Wellness

- a. Affordable and accessible health and wellness classes such as nutrition, stopping smoking, and weight control ☐5 ☐4 ☐3 ☐2 ☐1
- b. Affordable fitness activities for older adults ☐5 ☐4 ☐3 ☐2 ☐1
- c. High quality healthcare for older adults ☐5 ☐4 ☐3 ☐2 ☐1
- d. High quality social services for older adults ☐5 ☐4 ☐3 ☐2 ☐1
- e. Affordable home care including housekeeping ☐5 ☐4 ☐3 ☐2 ☐1
- f. Buildings and spaces accessible for all residents ☐5 ☐4 ☐3 ☐2 ☐1

Q5. Housing and Livability

- a. Affordable to remain in my own home ☐5 ☐4 ☐3 ☐2 ☐1
- b. Affordable rental housing that meets my needs ☐5 ☐4 ☐3 ☐2 ☐1
- c. Affordable assisted living, or senior apartments ☐5 ☐4 ☐3 ☐2 ☐1
- d. Well-maintained, safe, public senior housing ☐5 ☐4 ☐3 ☐2 ☐1
- e. Convenient residential access to parks and rec. ☐5 ☐4 ☐3 ☐2 ☐1
- f. Conveniently located health & emergency care ☐5 ☐4 ☐3 ☐2 ☐1

Q6. Activities and Engagement

- a. Activities that are specifically for older adults ☐5 ☐4 ☐3 ☐2 ☐1
- b. Activities that are affordable or free ☐5 ☐4 ☐3 ☐2 ☐1
- c. Activities involving both younger & older people ☐5 ☐4 ☐3 ☐2 ☐1
- d. Cultural activities for diverse populations ☐5 ☐4 ☐3 ☐2 ☐1
- e. Local schools that involve older adults ☐5 ☐4 ☐3 ☐2 ☐1
- f. Faith communities or spiritual activities ☐5 ☐4 ☐3 ☐2 ☐1

Q7. Employment

- a. Flexible job opportunities for older adults ☐5 ☐4 ☐3 ☐2 ☐1
- b. Job training opportunities for older adults ☐5 ☐4 ☐3 ☐2 ☐1
- c. Jobs accommodating for people with disabilities ☐5 ☐4 ☐3 ☐2 ☐1
- d. Jobs ensuring equal opportunity for older adults ☐5 ☐4 ☐3 ☐2 ☐1
- e. Ability to get to work in a timely manner ☐5 ☐4 ☐3 ☐2 ☐1

Q8. Volunteerism

- a. A range of volunteer activities to choose from ☐5 ☐4 ☐3 ☐2 ☐1
- b. Volunteer training opportunities ☐5 ☐4 ☐3 ☐2 ☐1
- c. Opportunities to participate on public boards ☐5 ☐4 ☐3 ☐2 ☐1
- d. Easy to find info on volunteer opportunities ☐5 ☐4 ☐3 ☐2 ☐1

Q9. Continuing Education and Self-Improvement

- a. Affordable adult education offerings ☐5 ☐4 ☐3 ☐2 ☐1
- b. Continuing education, social or hobby clubs ☐5 ☐4 ☐3 ☐2 ☐1
- d. Opportunity to travel, explore places & culture ☐5 ☐4 ☐3 ☐2 ☐1
- e. Opportunities of interest to you: _____

Q10. Transportation

- a. Accessible & affordable private transportation ☐5 ☐4 ☐3 ☐2 ☐1
- b. MCTS Public Transit System ☐5 ☐4 ☐3 ☐2 ☐1
- c. Transit Plus for people w/ disabilities ☐5 ☐4 ☐3 ☐2 ☐1
- d. MCDA Transportation for older adults ☐5 ☐4 ☐3 ☐2 ☐1
- d. Volunteer driver programs ☐5 ☐4 ☐3 ☐2 ☐1

Q11. MCDA offers transportation for seniors. Please RANK order these destinations from least (1) to most important (7) to you:

- | | |
|---|---|
| Healthcare appointment | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 |
| Pharmacy | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 |
| Grocery store | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 |
| Public, legislative or court hearing | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 |
| Visit friend in a hospital/nursing home | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 |
| Attend a social activity | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 |
| Park, trail, or outdoor recreation | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 |

Q12. Do you engage in educational or wellness classes through:

- ☐ a. Milwaukee County Division on Aging
- ☐ b. City / Village Health or Recreation Department or Library
- ☐ c. Faith community or congregation
- ☐ d. University or Technical College or Public School
- ☐ e. Senior Center or Community center

Q13. Do you have difficulty preparing your main meals? ☐ Y ☐ N

Q14. Pre COVID-19, would you eat at a community meal site?

- ☐ a. Yes, at a Milwaukee County Senior Dining Site.
- ☐ b. Yes, at another club or organization.
- ☐ c. No, but I would be interested in doing so in the future.
- ☐ d. No, I am not interested in eating in a community setting.

Q15. How important is it for you to be able to live independently in your own home as you age?

- ☐ Extremely ☐ Very ☐ Somewhat ☐ Not very ☐ Not at all

Q16. How often do you have contact with family, friends, or neighbors who do not live with you?

- ☐ Everyday ☐ Monthly ☐ Rarely ☐ Never

Q17. How often do you feel the following? Always Often Rarely

- a. I lack companionship: ☐ ☐ ☐
- b. I feel left out: ☐ ☐ ☐
- c. I feel isolated from others: ☐ ☐ ☐

Q18. In the past year, have you experienced: Depression; Anxiety; Unresolved Grief; or Unplanned Loss of Employment, Housing, Marriage, or Volunteer Engagement? ☐ Yes ☐ No

Q19. Do you have concerns about your own memory or the memory of someone you care for? ☐ Yes ☐ No

Q20. Are you a caregiver for another person?

(Check all that apply. If not a caregiver, skip to Question 22).

- ☐ For an older adult (age 60 or older).
- ☐ For my spouse or partner.
- ☐ For my adult child with a disability.
- ☐ For a grandchild[ren].
- ☐ For a minor who is not my child or grandchild.
- ☐ For another adult, who is not my spouse, partner, or child.

Q21. If you are a caregiver providing unpaid care, which of these would be helpful to you? Check all that apply.

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

Q22. In the last year, have you ever gone without the following because you could not afford them: Food, Housing, Health or Dental Care, Prescription Medicine, Utilities, Phone? ☐ Yes ☐ No

Q23. In the past year, have you faced any civil legal issues or challenges with public benefit programs for which you could not afford a private attorney? ☐ Yes ☐ No If so, what was the issue:

Q24. In the past year have you been treated differently, been denied, or felt unable to access employment, transportation, healthcare, education, or public programs? ☐ Yes ☐ No Basis:

- ☐ Age ☐ Race or skin color ☐ Ethnicity ☐ Immigration status
- ☐ Disability ☐ Sex or Gender Identity ☐ Sexual Preference/LGBT
- ☐ Religion ☐ Limited English Proficiency ☐ Criminal Conviction

Q25. Which resources would you turn to if you needed information about services for older adults? Check all that apply.

- ☐ Senior Centers ☐ Milwaukee County Aging Resource Center
- ☐ IMPACT 2-1-1 ☐ Internet ☐ Phone book
- ☐ Faith-based organizations, churches, mosques, or synagogues
- ☐ Union/Veterans/Service Club ☐ Local Health Dept or Library
- ☐ Your doctor or other healthcare professional

Q26. Do you have access to computer technology, the Internet, or use a mobile phone? ☐ Yes ☐ No ☐ Uncomfortable Using

Q27. Do you have other ideas to improve older adult well-being?

D1. What is your 5-digit ZIP code? _____

D2. Do any of the following people live in your household?

- ☐ Child[ren] ☐ Adult Child[ren] ☐ Another adult aged 18–59
- ☐ Another adult aged 60 or older ☐ I live alone

D3. Does any disability or chronic disease keep you from participating fully in work, school, home, or activities? ☐ Y ☐ N

D4. How do you identify your gender?

- ☐ Male ☐ Female ☐ Non-Binary

D5. What is your age as of your last birthday? []

D6. Do you consider yourself (Check all that apply):

- ☐ Asian ☐ AmerIndian/Native Alaskan ☐ White or Caucasian
- ☐ Black or African American ☐ Hawaiian or Pacific Islander

D7. Are you of Hispanic or Latino origin or descent? ☐ Yes ☐ No

D8. Do you primarily speak a language other than English at home? ☐ Yes ☐ No

D9. In terms of your current housing, do you live in:

- ☐ Own Home ☐ Rental ☐ Assist'd Living ☐ Nursing ☐ Homeless

D10. Do you actively vote? ☐ Yes ☐ No

D11. What was your 2020 household income before taxes?

- | | Single | Couple |
|--|----------|-----------|
| <input type="radio"/> Up to \$12,880 | \$12,880 | \$17,420 |
| <input type="radio"/> Up to \$30,913 | \$30,913 | \$41,809 |
| <input type="radio"/> Up to \$75,000 | \$75,000 | \$150,000 |
| <input type="radio"/> More than \$75,000 | \$75,000 | \$150,000 |

D12. ☐ For more information or to be entered into the drawing:

Name:

Phone:

E-mail: