

## 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: