

Preliminary analysis of the Survey for the Milwaukee County Area Agency on Aging Plan

Survey analysis is ongoing, but in order to share public response with Committee members to inform discussions, full public response to *selected* questions are below. **Please do not share this document.** This document does not contain additional context, or comments and notes to questions written in the survey, which will be a part of the full report.

Survey Response from the Community

There were 1,061 responses to the survey. Thirty surveys were filled in from the newspaper, 215 were generated online, and 816 were from the paper version mailed to a sample of clients, shared by members of the Commission on Aging, and distributed by Division on Aging staff and vendors to housing sites and religious groups.

Respondents to the survey are more diverse racially and ethnically than the older adult population of Milwaukee County, skewing slightly more similarly to the actual service population of Milwaukee County Division on Aging programs. Females made up three quarters of all respondents.

Prioritized Responses for Goal Development by Committees to the Commission on Aging

Respondents were asked to rate prompts according to topics, on a five point scale from **Excellent (5) to Poor (1)**. The following prompts are displayed from high to low order as rated by respondents regarding their opinion on the quality of existing services in the following areas.

Health and Wellness:

3.62	High quality social services for older adults
3.47	High quality healthcare for older adults
3.42	Affordable fitness activities for older adults
3.38	Affordable and accessible health and wellness classes such as nutrition, stopping smoking, and weight control
3.21	Affordable home care services including housekeeping
3.00	Buildings, and spaces accessible for all residents

Housing and Livability:

3.69	Conveniently located health and emergency care
3.46	Convenient residential access to parks and recreational opportunities
3.34	Affordable to remain in my own home
3.15	Affordable rental housing options that meet my needs.
3.09	Well-maintained, safe, public senior housing
3.08	Affordable assisted living, or senior apartments

Activities and Engagement

3.48	Faith communities or spiritual activities
3.26	Activities that are specifically for older adults
3.24	Activities that are affordable or free
3.08	Cultural activities for diverse populations
3.00	Activities that involve both younger and older people
2.80	Local schools that involve older adults

Employment

2.86	Ability to get to work in a timely manner
2.80	Jobs that are adapted to meet the needs of people with disabilities
2.78	Flexible job opportunities for older adults
2.74	Jobs ensuring equal opportunity for older adults
2.66	Job training opportunities for older adults

Volunteerism

3.34	A range of volunteer activities to choose from
3.09	Volunteer training opportunities
2.92	Easy to find info on volunteer opportunities
2.84	Opportunities to participate on public boards

Continuing Education and Self-Improvement

3.12	Affordable adult education offerings
3.10	Continuing education, social or hobby clubs
2.89	Opportunities to travel or explore places and cultures

Transportation

3.36	Transit Plus for people with disabilities
3.25	MCTS Public Transit System
3.16	MCDA Transportation for older adults
3.13	Accessible and affordable private transportation
2.96	Accessible sidewalks, walkways, and bike paths.
2.90	Volunteer driver programs

Transportation Destination Ranking

Respondents reported access to a park, trail, or outdoor recreation site as the most important destination for transportation, followed by visiting a friend/relative in a hospital or nursing home, going to the pharmacy, a healthcare appointment, and attending a social activity.

When asked about engaging in **educational or wellness classes** respondents indicated that they had attended sessions at the following locations, the percentage for each was:

- 63.8% Senior Center or Community center
- 37.3% City or Village Department of Health or Recreation Department or library
- 29.8% Faith community or congregation
- 25.3% Milwaukee County DHHS Division on Aging
- 12.8% University or Technical College or Public School

When asked about difficulty in preparing or **cooking meals**, 20.9% of respondents said “Yes”, while 79.1% said “No.”

Nearly half of respondents had eaten at a **community meal site** whether affiliated with Milwaukee County (32.2%), or another club or organization (7.2%). Just over a quarter (27.3%) have not eaten at a meal site, but would be interested in doing so, and one third indicated they are not interested (33.3%).

Almost all respondents indicated that it is important to **live independently** in their own homes as they age, with 87.7% saying “Extremely” or “Very.”

Most respondents (62%) had daily **contact with family, friends or neighbors** they didn’t live with, while 13% indicated they rarely or never experienced such contact.

When asked about **isolation**, respondents indicated that they:

- Lack companionship: always (8.0%), often (29.1%);
- Feel left out: always (6.2%), often (22.1%) ; and
- Feel isolated from others: always (6.7%), often (20.9%).

In the past year, nearly half (48.7%) of respondents had experienced a **traumatic event**, including: depression, anxiety, unresolved grief, and/or the unplanned loss of employment, housing, marriage or volunteer engagement.

Seventeen percent (17.0%) of respondents said they **are caregivers** for another person. Of these respondents most cared for another adult, either an adult aged 60+ (46.7%), a spouse or partner (30.6%), another non-familial adult (21.1%), or an adult child with a disability (15.6%). Few respondents are caregivers to grandchildren (16.1%), or an unrelated minor (5.0%).

Caregivers providing unpaid care said that the following **caregiver support** would be the most helpful: Financial support (43.9%), Opportunities to take care of yourself while caregiving (42.9%), and Resource guide for caregivers (42.3%).¹

¹ Other categories of caregiver support were rated less than 30% and will be included in the full survey report.

In terms of **limited access** to services, one in ten (10%) respondents has faced a civil legal issue or challenge with a public benefit program for which they could not afford a private attorney.

Nearly two in ten (17.9%) have been **treated differently, been denied, or felt unable to access services**. Respondents indicated that they felt the reasons they were treated differently were their age (50.8%), their disability (43.0%), their race or skin color (30.5%).²

For **information on services** for older adults, respondents were most likely to reach out to the Milwaukee County Aging Resource Center (63.4%). The rest of the top five most accessed resources were: their doctor or other healthcare professional (57.7%), Senior Centers (47.2%), the internet (39.6%), and faith-based organizations, churches, mosques, or synagogues (26.2%).

Regarding **connectivity and online access**, 70.7% of respondents indicated that they have access to a computer, the internet or a mobile phone. Another 10.9% responded that they have access, but are uncomfortable using it, and 18.4% said that they do not have access.

No additional context or write in comments have been provided to these responses, although these will be available in the final report.

Listening sessions were held on April 30, May 11, and June 15 with 44 public participants.

Major topics that arose in the sessions included:

- Aging can look very different from person to person. Needs and interests vary widely across populations and individuals.
- Communication about the breadth and availability of services to connect folk in need of support is a priority.
- Vendors to the County which continued to operate during the COVID pandemic were positively perceived, including caterers, meal site managers and ERAS.
- Areas of Need identified by participants included: lack of accessible, affordable housing, support for people with mental illnesses, transportation, the shortage of care attendants.



On July 5, the federal Aging Network partners met to discuss goals and collaboration, represented by ERAS Senior Network (RSVP), Social Development Commission (Senior Companions, Foster Grandparents), GWAAR (Senior Employment), & LAW (SeniorLAW). The group expressed the desire to convene the Aging Network providers on a regular basis to provide a forum to share information and exchange ideas. All focused on increasing awareness of services, creating a better referral network, and improving health equity by focusing on social determinants of health, data sharing, and decentralized community-based services.

² Other categories were chosen by respondents at less than 10% and will be included in the full report.