

Adding Life to Years

CITY OF WAUWATOSA
2015 SENIOR ASSESSMENT

- A replication of and comparison to the 2002 assessment



September 2015

The City of Wauwatosa Senior Commission
In Partnership with
The University of Wisconsin-Milwaukee
Institute for Urban Health Partnerships &
City of Wauwatosa Health Department



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KATHY EHLEY
Mayor

Dear Wauwatosa Citizens:

We are pleased to present the results of the 2015 Adding Life to Years Senior Assessment. The purpose of this assessment was to replicate the 2002 study and gather any updates on the strengths, needs and concerns of seniors living in the City of Wauwatosa for comparisons between the two surveys.

Surprisingly, the City of Wauwatosa ranks 8th among Milwaukee suburbs in the percentage of adults, age 55 years and older; second highest in the percentage of residents age 85 years. We have an aging population greater in size than many other suburbs, Milwaukee County and the State of Wisconsin.

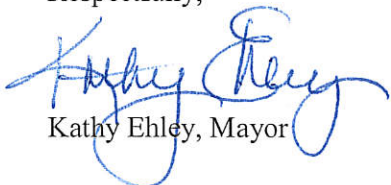
Overall, our senior residents are in good health and enjoy a high level of independence. However, their needs change based on the two different generations of "seniors." The Baby Boomers, ages 55-70, still worked, lived in their own home and are very independent and self-sufficient. The Silent Generation, over 70 years, have greater needs for affordable housing, home maintenance and repair services and more transportation options.

There is an abundance of services available to assist seniors, however the survey indicates they do not know about them. It will important to improve communications and collaborations on community services to seniors, including considering a senior newsletter or dedicated senior section on the City website.

The results of the Adding Life to Years Senior Assessment Update prepare the City, community and its leaders to advocate in the seniors' best interests. It will be useful in the city planning, policy development and decision-making by the Wauwatosa Board of Health, Senior Commission, Development Department, Mayor, City Administrator and Common Council.

This survey snapshot provides an opportunity to make positive changes in Wauwatosa for an ever-expanding, prevalent population and guide future planning for our community.

Respectfully,


Kathy Ehley, Mayor


Judi Parmeter, Chair Senior Commission



Wauwatosa Senior Commission Vision and Mission

The vision of the Wauwatosa Senior Commission is to “Add Life to Years”.

Their mission is to affirm dignity and value for all aging Wauwatosans by:

- Advocating for identified issues or concerns that effect all aging Wauwatosans
- Linking seniors with existing social, health, financial, and support agencies
- Respecting overall physical, social, intellectual, spiritual, and emotional well-being
- Conducting a community assessment to determine strengths and needs
- Communicating assessment findings and recommendations to guide future planning within our community



2015 Adding Life to Years Executive Summary

The City of Wauwatosa Senior Commission (WSC) contracted with the University of Wisconsin—Milwaukee (UWM) Institute for Urban Health Partnerships to conduct the *2015 Adding Life to Years (ALTY) Assessment* of the City of Wauwatosa senior residents, ages 55 and over. The purpose of the 2015 assessment was to update and replicate the 2002 ALTY Assessment (<http://www.wauwatosa.net/index.aspx?nid=125>) that gathered information regarding the strengths and needs of Wauwatosa seniors and to compare the results of the two surveys taken 13 years apart. Information generated from the assessment is shared with community members, City administration, community partners, and interested others as baseline information to guide future planning.

As communities seek to meet the evolving needs of the growing number of aging adults, consideration must be given as to how to best meet needs in a way that is cost-effective, conducive of optimal outcomes for physical health and psychosocial well-being, and respectful of older adults and their preferences. The areas assessed in ALTY included:

- Demographic trends
- Availability of community services and resources
- Housing and neighborhood safety issues
- Modes of transportation and transportation needs
- Health related behaviors and concerns
- Decision-making and legal issues
- Family life and social activities
- Spirituality and end of life issues
- Financial issues.

The WSC Chair and members recruited ALTY participants from November 2014 and March 2015. A convenience sample of Wauwatosa seniors, ages 55 and over, completed a total of 397 (205 paper and 192 online) updated ALTY surveys. A total of 18 seniors participated in three focus groups at local senior program sites. The 2015 ATLY survey and focus group results were compared with the 2002 ATLY results. The next sections include brief descriptions of the 2015 ALTY results along with their related 2015 ALTY Assessment recommendations.

Demographic Trends

Although the numbers of City of Wauwatosa residents ages 60 years and older has stabilized in the last 10 years (U.S. Census Bureau, 2010), it has an aging population greater in size than many other suburbs in the metropolitan Milwaukee area, Milwaukee County, and the State. It ranks 8th among Milwaukee suburbs in the percentage of adults age 55 years and older comprising its population (US Census Bureau, 2010). Wauwatosa also has the 2nd highest percentage of residents age 85 years and older. The 2015 ALTY assessment identified clear developmental differences among of seniors at varying age levels.

ALTY Assessment Recommendations:

- Give thoughtful consideration to the changing needs of the growing aging population, particularly the population of those 55-64 years of age and older. The “graying of America,” (Kausler, 2001) describes population changes across the United States as the Baby Boomer generation moves into older adulthood. The US Census Bureau (2014) projects population increases in this group from approximately 48 million for adults age 65 and older in 2015 to 88 million in 2050. This change brings challenges as well as opportunities. By providing appropriate infrastructure and integrated services, communities benefit in many ways from the knowledge, experience, and perspective that older adults can contribute. Advocacy, planning and collaboration between interdisciplinary professionals together with senior residents are all important in building a community where residents of all ages can thrive (Alley et al., 2008).
- Continue to support and advocate the City’s efforts in community planning to meet the needs of its aging population.

Housing

Despite differences in living arrangements (e.g. more than twice the number of home owners in 2015) and the span of years between the surveys, both groups reported *the same two most serious* problems within their homes or their neighborhoods. These were “**affording housing**” and “**making major home repairs or modifications**”. The two of the most frequently-cited *serious* problems were the same in the two ALTY assessments. These were “**affording housing**” and “**making major home repairs or modifications**”. These were echoed loudly by 2015 focus group members. Another parallel between survey respondents and focus group members was the importance of having people in the neighborhood whom they could contact for assistance. Checking in on neighbors and knowing that someone would be there to assist them if needed are relevant priorities for many seniors. Such neighborhood support is present in engaged communities. The CDC defined community engagement in 1997 as “the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people” (as cited in CTSA, 2011).

ALTY Assessment Recommendations:

- Continue City planning to include affordable housing for seniors in Wauwatosa.
- Increase outreach to seniors to invite their presence and valued input into the ongoing Wauwatosa open planning meetings, and
- Continue to support the city’s plan to complete the housing study in effort to include affordable housing for seniors in Wauwatosa.
- Multiple efforts must be made to address the need for assistance for seniors for home repairs and modifications. It is recommended to make senior-friendly resource information from the Milwaukee County Department on Aging

(<http://county.milwaukee.gov/Aging>) accessible through multiple locations, including both the WHD and WSC websites.

- Resources, such as the AARP Network of Age-Friendly Communities program (<http://www.aarp.org/livable-communities/network-age-friendly-communities/>) that emphasize strategies to foster and maintain community engagement need to be explored by the WSC.
- Investigate and support of the development of a city-wide program recognizing neighbors helping neighbors.

Social Activities

The majority of respondents in both the 2002 and 2015 ALTY reported **being active and involved with many connections with family and friends**. Most said they had someone in whom they could confide. They reported that these connections, their activities, and their spirituality gave meaning to their lives. Most respondents had a positive outlook and were interested in learning and new ideas.

ALTY Assessment Recommendations:

- Leverage the willingness of seniors' interest in teaching someone about "former job skills or my hobbies".
- Strengthening current programs by utilizing seniors' expertise and having seniors offer services related to their skills and talents, as currently takes place at the Hart Park Senior Center (<http://interfaithmilw.org/interfaith-locations/senior-centers/hart-park-senior-center-dining/>).
- Emphasize intergenerational involvement. This would include the generations within the senior age groups themselves as well as the younger generations living in Wauwatosa. This in turn would lead to a more community engagement – one of the seven livability categories in the AARP Livability Index (<https://livabilityindex.aarp.org/>).
 - One solution to engage more Wauwatosa residents across generations would be promotion of the Milwaukee Area Time Exchange (<http://mktimeexchange.org/>) through the WHD or the WSC. Time exchanges or time banks are emerging nationally and provide a network of members sharing knowledge, skills and talents. One hour of service is given which then provides one hour of credit redeemable for other members' services.

Transportation

Both 2002 and 2015 focus group members spoke at length transportation and mobility as crucial for maintaining both independence and quality of life. ALTY respondents identified transportation as related to both the point where seniors need to seek more assistance in housing or other services and things that give meaning to the life across the years. This may be why such emphasis on transportation programs was apparent in both the 2002 and 2015 ALTY Assessments. Affordable, safe, and accessible transportation was important to 2015 focus group members This meant portal-to-portal service since getting to bus stops was seen as a barrier.

ALTY Assessment Recommendations:

- More frequent driver's license renewal tests for older drivers.
- Further dissemination of the WSC 2012 "Senior Transportation Option Brochure" (Appendix E) found on their website (<http://www.wauwatosa.net/index.aspx?NID=248>). It includes door-to-door transportation services options.
- Seek grant funding for vans and shuttles to provide transportation for local senior programs and services.

Community Resources and Communication

In both 2002 and 2015, many ALTY survey respondents (55% to 75%) **knew of community services that were available to them, however, not all respondents needed or utilized the services.** Of particular note was the **growing use of computers** by survey respondents. In the 2015 ALTY, over 88% of the survey respondents reported having a computer in their homes and over 60% used the City website.

ALTY Assessment Recommendations:

- Initiate strategies for getting the word out to senior residents about senior resources, programs and services
 - A centralized number to call in Wauwatosa for information on needed senior services in addition to the existing Milwaukee County Department on Aging (<http://county.milwaukee.gov/Aging>) and WHD Department Information and Referral Lines (<http://wauwatosa.net/index.aspx?NID=121>).
 - Promotion of Impact 211 (<http://www.impactinc.org/>) in locations that seniors frequent, such as the library, and through postings and brochures.
 - Multiple methods of outreach, such as notices in seniors' property tax bills, a Tosa NOW newspaper section dedicated to senior's issues, resources, programs and activities, and a senior programs and services introduction packet for new senior residents
 - Continued communications through multiple media, including the U.S. Postal Service, the internet, Neighborhood Associations Council, City newsletters (mailed and emailed), Wauwatosa NOW, Brochures, and word-of-mouth campaigns.
- Improve communication by framing program planning, evaluation and marketing priorities for services and organizations that respondents in 2015 reported they "did not know about" (Table 20).
 - Programs unknown to >50% of respondents may gain from intensive outreach efforts;
 - Programs unknown to 25%-50% of respondents may profit from more focused outreach; and
 - Well known programs may be employed as models for the other programs.
- Provide senior- focused materials on the City website.
- Regularly update the WSC 2000 brochure, "Who do I call in case of an emergency" (senior resource guide) and disseminate them online and in print at senior programs.

- Foster communication, collaboration and coordination of all Wauwatosa senior services to empower seniors to seek and use needed community services. Consider annual WSC community engagement awards for senior-serving programs that demonstrate collaborative partnerships, open bidirectional communication flows, cooperative outreach and consultations with other community organizations (CTSA, 2011).
- Utilize 2015 ALTY selected demographic variables related to identified problems results in Tables 28 and 29 to assist with program planning, evaluation and marketing priorities.

Health Issues

The 2015 ALTY survey showed an **increase of over 20% in respondents self-rating their health as very good or excellent**. Both the 2002 and 2015 ALTY assessments contained the **same top three self-reported health problems**: arthritis, high blood pressure and high cholesterol (Table 24). Over 20% of respondents in 2015 reported a fear of falling and about 23% reported having fallen in the past year, along with the identified top functional ability issues of climbing stairs, pain, and walking which were reported about 1.5 times more often than in 2002. The responses to the Health Behaviors surveyed revealed that pneumonia shots were needed for over 33% of the respondents and annual flu shots for about 20% of them. Although the reported numbers were low of emotional, physical, and/or physical abuse and problems with drugs or alcohol, they were consistent from 2002 to 2015. These reports indicate a need for professionals to assess emotional/mental health and abuse issues among senior residents.

ALTY Assessment Recommendations:

- Programs targeting seniors for education on self-management of chronic diseases need to be offered and accessible for the younger seniors who may be employed. These could be run through the WHD weekly adult clinics weekly. Other resources that could be explored to support such program development include:
 - The UWM Center for Aging and Translational Research (<http://uwm.edu/catr/>), which aims to facilitate research, education and training excellence and translate effective interventional strategies to broadly promote successful aging in Southern Eastern Wisconsin and beyond , and
 - UWM College of Nursing experts in its Self-Management Science Center (<http://www4.uwm.edu/nursing/about/centers-institutes/self-management/index.cfm>)
 - Froedtert Hospital Patient Support Groups and Classes for condition management (<http://www.froedtert.com/health-library/condition-management>) which includes heart disease and orthopedic conditions, including arthritis.
- Design health education programs address fall prevention, including information about improved balance, pain management, and drug actions and interactions.
- Conduct fall risk screenings with the help of the UWM Center for Aging and Translational Research community services (<http://uwm.edu/catr/communityengagement/fall-risk-screenings/>).

- Expand case management systems. Funding might be sought by the WHD for nurse case management programs. Case management for seniors might be explored by the WFD through a community paramedics program (Lerner, 2013) as launched in Milwaukee in April 2015 (UW, 2015).
- Regular analysis of WFD data including 911 calls can become a local source about health needs for seniors.
- Develop new strategies education, outreach and delivery of immunizations for seniors, focusing on ages of 55-64.
 - Expand WHD immunization services to onsite at local senior programs or in seniors' homes.
 - Invite outreach on immunization services from the local Walgreens stores through senior programs.
- Create an inventory of local senior services for emotional/mental health and abuse issues through the WHD in cooperation with Milwaukee County Behavioral Health Division (<http://www.mrmccampus.org/members/behavioral-health>)

Summary

Strengths identified in the 2015 ALTY included the good health and high level of independence enjoyed by Wauwatosa seniors. Needs identified included accessible, affordable housing; home maintenance and repair services; improved transportation options; communication of available resources; and opportunities for intergenerational community engagement. ALTY 2015 was one step in a long-term civic planning process committed to a senior-friendly city.

Introduction

During the summer of 2014, the City of Wauwatosa Senior Commission (WSC) contracted with the University of Wisconsin—Milwaukee Institute for Urban Health Partnerships to conduct the *2015 Adding Life to Years (ALTY) Assessment* of the senior population residing in the Wauwatosa community. The WSC was established in 2001 by the Mayor with all members being mayoral appointees. The WSC collaborates with the City of Wauwatosa Health Department (WHD). The purpose of the 2015 assessment was to update and replicate the 2002 ALTY Assessment that gathered information regarding the strengths and needs of seniors living in the City of Wauwatosa and to compare the results of the two surveys taken 13 years apart. Information generated from the assessment will be shared with community members, City administration, officials, community partners, and interested others as baseline information to guide future planning.

The 2015 ALTY assessment included three sources of data:

- Epidemiologic/demographic information about the aging population from multiple sources (CDC, 2012; DHS, 2015; NCHS, 2011, 2014; U.S. Census Bureau, 2010, 2014, 2015)
- ALTY survey results addressing communication strategies, community services, housing, transportation, safety, health, and social issues,
- ALTY senior focus group interviews

The UWM consultants used information from the U.S. Census (U.S. Census Bureau, 2010) and the American Community Survey (U.S. Census Bureau, 2015) to describe population and health trends among adults age 55 years and older in the Wauwatosa community. Other local reports were used to provide contextual information about the larger metropolitan community. The survey and focus groups were used to identify specific needs of Wauwatosa seniors that were not available in other reports. The UWM consultants met with the Wauwatosa Senior Commission (WSC) at regular intervals during 2014 to update the assessment including the content of the surveys, focus group process, and methodology. While the age span for seniors has been defined with varying parameters from ages 50 on, the term “senior” for the purposes of the ALTY update was defined as ages 55 and up. This was after WSC discussion and a review of the 2002 survey. Outreach for the assessment focused on Wauwatosa citizens ages 55 and up.

Survey

Methodology

This assessment began with an updating of the 2002 *Adding Life to Years* (ALTY) survey instrument to reflect more current resources in the city (Appendix A). The 2002 survey was based on the Community Health Needs and Utilization Survey (CHNUS) (Lundeen, 1992). An electronic version of the updated survey was offered online using SurveyMonkey® program software through the City of Wauwatosa Health Department (WHD). The survey, including both paper and online versions, was designed to assess:

- the availability of community services
- communication preferences and information seeking behaviors among seniors
- housing and safety issues
- modes of transportation and transportation needs
- select health-related behaviors and concerns
- decision-making and legal issues
- relationships and social activities
- spirituality and end-of-life issues
- financial issues

After approval from the University of Wisconsin-Milwaukee Institutional Review Board for the Protection of Human Subjects, the paper survey was distributed to seniors by members of the WSC (<http://www.wauwatosa.net/index.aspx?NID=248>). The survey was made available at the Hart Park Senior Center and WHD, and distributed to seniors by Public Health Nurses at all WHD adult health clinics between November 2014 and March 2015. The WSC Chair was responsible for publicizing and ensuring widespread distribution of 600 paper surveys, and multiple venues were used in these efforts (Appendix B). The electronic survey was made available online through an activated hyperlink on the WHD website, from January to March 2015, with 192 completed. This version of the survey was promoted through targeted group emails to community professionals working with seniors by both the WSC Chair and the WHD, resulting in the submission of 192 online surveys (Appendix B).

Six hundred paper surveys were distributed between January 2015 and March 2015, with 205 returned (return rate of 34.2%). A total of 397 (205 for paper and 192 online) surveys were filled out. This sample size was adequate to obtain a confidence interval that is within 5% above or below the reported percentage. This means that reported findings are within 10% of accuracy. The results of the survey that are reported below have sample sizes that vary related to data missing for different survey items.

Results

The following information is based on both published data and demographics of older individuals residing in Wauwatosa, followed by the results of the Adding Life to Years Survey in each section. The 2015 Update results reporting followed the 2002 results reporting format in order to facilitate comparisons between the assessments.

Demographic Profile of the Wauwatosa Community

Over the past forty years (Table 1), the total population of the Wauwatosa community declined by 20.9%. Among residents sixty years and older the declines were less severe. The decrease among those 60 and older was 16.0%. Between 1980 and 1990 there was a large increase in the population sixty years of age and older (+33.7%), but this was tempered by reductions during the periods 1970-1980 and 1990-2000. Very small population decreases occurred between 2000 and 2010.

According to the U.S. Census, in 2000, people aged 60 and older comprised 21.7% of the Wauwatosa population, with only a slight increase to 21.8% in 2010. The changes within the total population and those over sixty years of age are described in Table 1.

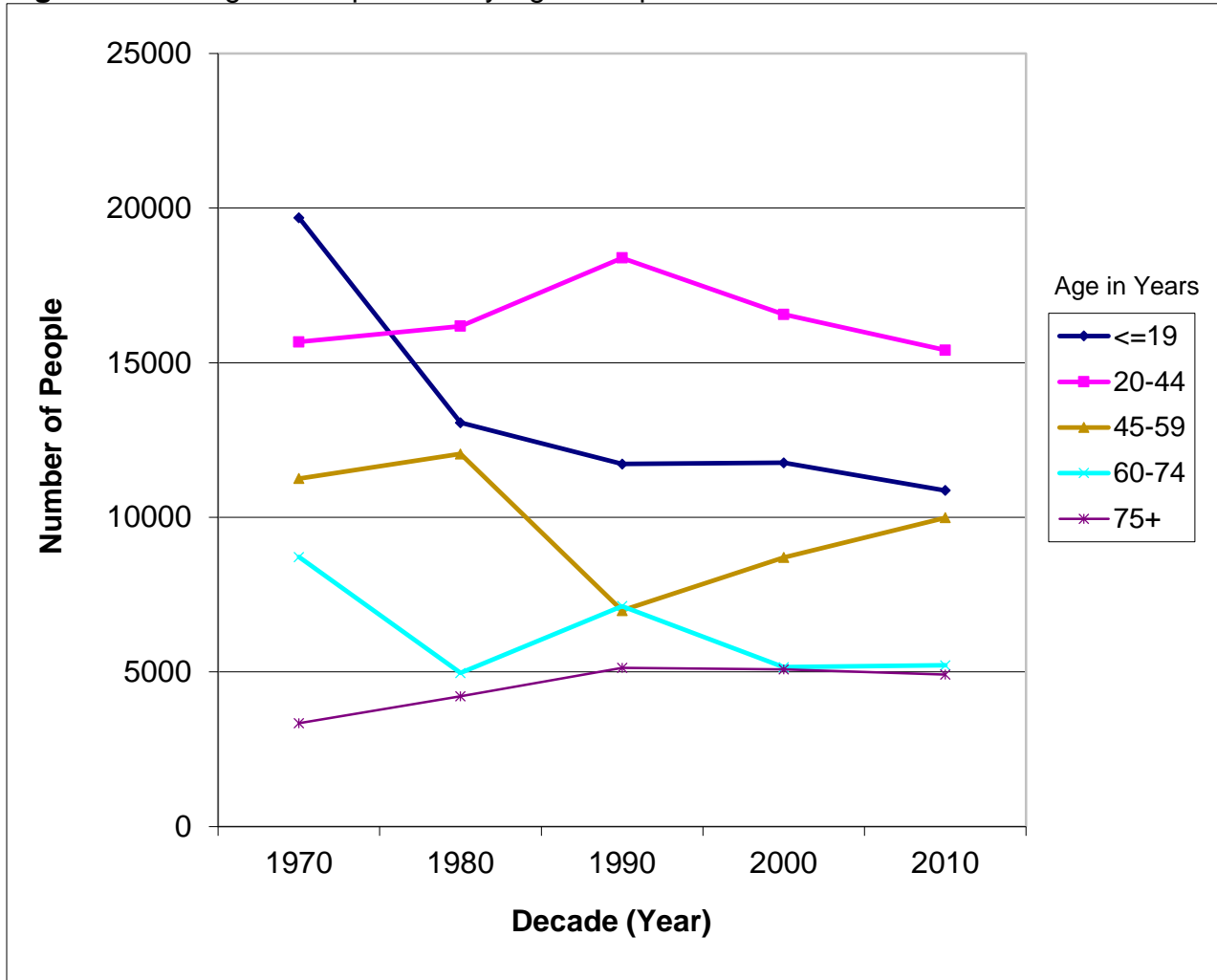
Table 1. Demographic Changes in Wauwatosa, Wisconsin between 1970 and 2010.

	1970 - 2010	1970 - 1980	1980 - 1990	1990 - 2000	2000 - 2010
Total population	-20.9%	-14.0%	-2.2%	-4.2%	-1.9%
Population 60 years and older	-16.0%	-23.9%	+33.7%	-16.5%	-1.0%

Source: U.S. Census 1970 - 2010.

The graph in Figure 1 shows the changes over each ten year period by age grouping. The largest decreases in each ten year period were in the age groups 19 years or younger between 1970 and 1980 and 45-59 years between 1980 and 1990. Further changes amongst people age 60 and older may reflect seniors relocating after retirement. Interestingly, between 2000 and 2010 in the U.S. there was about a 16.5% decrease in people 75-84 years and a 21.9% increase in those over 85 years of age (U.S. Census, 2000-2010), while the same population in Wauwatosa remained stable since 1990.

Figure 1. Changes in Population by Age Group between 1970 and 2010 for Wauwatosa



According to the U.S. Census 2010, there were 13,347 persons (28.8% of the total population) over the age of 55 residing in Wauwatosa (Table 2). **The City of Wauwatosa has a larger group of older residents than all of Milwaukee County and the State, in which the comparative groups are of similar size. This is consistent across age categories of seniors and is described in Table 3.** The median age in Wauwatosa was 39.8 years. In comparison, the median age in Milwaukee County was 33.6 and 38.5 years for the State of Wisconsin. Table 3 includes a more specific description of those age 55 years and above. The distribution of men and women is described in Table 4.

Table 2. Wauwatosa Senior Residents (2010) by Age (n = 13,347)

Age	Number	Percent
55 - 64 years	5,639	42
65 - 74 years	2,789	21
75 - 84 years	2,782	21
85 years +	2,137	16

Source: U.S. Census 2010.

Table 3. Comparison of Population of Wauwatosa Residents Over Age 55 by Age Category with Milwaukee County and State of Wisconsin (2010).

Age	Wauwatosa		Milwaukee County		Wisconsin	
	Number	Percent	Number	Percent	Number	Percent
55 and older	13,347	28.8	210,252	22.2	1,477,125	26.0
65 and older	7,708	16.6	109,133	11.5	777,314	13.7
75 and older	4,919	10.6	57,249	6.0	376,818	6.6
85 and older	2,137	4.6	18,987	2.0	118,505	2.1

Source: U.S. Census 2010.

Table 4. Comparison of Gender of Older Residents (65 and older) with All Residents: Wauwatosa, Milwaukee County, and Wisconsin (2010).

Age	Wauwatosa		Milwaukee County		Wisconsin	
	Number	Percent	Number	Percent	Number	Percent
All Residents	7,708	16.6	109,133	11.5	777,314	13.7
Men	2,862	13.2	43,424	9.5	337,415	12.0
Women	4,846	19.6	65,709	13.4	439,899	15.4

Source: U.S. Census 2010.

Adding Life to Years Survey Results

Age

Overall, the respondents to the ALTY survey were older in comparison to the same population, ages 55 and older, residing in Wauwatosa. Over 72% of the survey respondents were over 65 years of age (Table 5), compared 58% to Wauwatosa residents (Table 2). In the survey sample, the **mean age of the survey respondents was 70.66 (+ 8.94) years with a range from 55 to 95 years and a median age of 69 years**. A description of the frequency of respondents is included in Table 5. Overall, there were a fairly equal number of respondents across age ranges of younger and older seniors (55-84 years), with the bulk of them in the age 65-74 range. The very old seniors, ages 85 years and up were not as well represented. In Table 5, the paper and online survey respondents are differentiated from the total. It is interesting to note that the online survey respondents were significantly younger (46.9% under age 65 and 90.1% under age 75) than the paper survey respondents (12.1% under age 65 and 47.8% under age 75) ($X^2 = 91.224, p = .000$).

Table 5. Frequency of Survey Respondents by Age** (n = 361).

Age	Paper Responses (n = 199)		Online Responses (n = 162)		Total Responses (n = 361)	
	Number	Percent	Number	Percent	Number	Percent
55 - 64 years	24	12.1	76	46.9	100	27.7
65 - 74 years	71	35.7	70	43.2	141	39.1
75 - 84 years	77	38.7	16	9.9	93	25.8
85 years +	27	13.6	0	0	27	7.5

** $p < 0.001$

Race

Respondents were able to pick all the race categories that they felt applied to them. Of the respondents that reported race (n = 365), the vast majority of surveyed respondents picked White (98.1%). Another 1.9% of respondents included three respondents for African American, two for multi-race, and one respondent each for Asian/Oriental/Pacific Islander and Other race. This is consistent with the makeup of the City of Wauwatosa [89.6% White (U.S. Census 2010)].

Education

According to the U.S. Census Bureau (2015) American Community Survey, most of the Wauwatosa residents aged 65 years or older were high school graduates (36.2%), and another 31.3% had a bachelor's degree or higher (Table 6). The educational background of the ALTY survey respondents was higher, with over 60% having a bachelor's degree or higher. Respondents (Table 7) reported having a bachelor's degree (28.2%), master's degree (21.0%), and some college or technical school (19.3%). Table 7 shows that the online survey respondents were almost twice more likely to have graduate education compared to the paper survey respondents (45.6% online and 24.5% paper) ($X^2 = 28.977, p = .000$).

Table 6. Education Level of Wauwatosa Residents Aged 65 years or Over (n = 7,468)

Wauwatosa Residents' Education Level	Estimated Percent of Population Age 65 years and over
Less than high school graduate	6.4
High school graduate, GED, or alternative	36.2
Some college or Associate degree	26.1
Bachelor's degree or higher	31.3

Source: U.S. Census Bureau, 2015

Table 7. Education Level of Survey Respondents** (n = 362)

Education Level	Paper Responses (n = 200)		Online Responses (n = 162)		Total Responses (n = 362)	
	Number	Percent	Number	Percent	Number	Percent
Less than high school graduate	5	2.5	0	0	5	1.4
High school graduate or GED	28	14.0	7	4.3	35	9.7
Some college or technical school	44	22.0	26	16.0	70	19.3
Associate degree (2 yr.)	16	8.0	11	6.8	27	7.5
Bachelor's degree (4 yr.)	58	29.0	44	27.2	102	28.2
Some graduate school	7	3.5	19	11.7	26	7.2
Master's degree	34	17.0	42	25.9	76	21.0
Doctorate degree	8	4.0	13	8.0	21	5.8

Note: ** $p < 0.001$

Work

The respondents were able to select more than one choice for this survey question. Most of the survey respondents were retired (68%) and almost 25% reported that they were working either full-time (13.1%) or part-time (9.8%). Less than 10% chose the other options for work status. These included respondents who were: physically disabled/unable to work (3%); actively seeking employment (2.5%); unemployed (2%); laid off or on strike (0.3%); or emotionally/ psychological disabled/unable to work (0.3%).

Most respondents shared their current or past occupation categories (Table 8). The online survey respondents were more likely to have professional/technical backgrounds than the paper survey respondents ($X^2 = 21.261, p < 0.05$).

Among those who aged 64 years or younger, 80.8% employed full time, 43.6% employed part-time and only 13.1% were retired. For survey respondents who were aged 75 years or older, 42.8% were retired and only 12.8% were employed part-time (Table 9).

Table 8. Percentages of Current or Past Occupations* (n = 352)

Occupation Category	Paper Responses (n = 189)		Online Responses (n = 163)		Total Responses (n = 352)	
	Number	Percent	Number	Percent	Number	Percent
Clerical	24	12.7	14	8.6	38	10.8
Craftsman	5	2.6	2	1.2	7	2.0
Homemaker	22	11.6	8	4.9	30	8.5
Laborer	3	1.6	0	0	5	0.9
Professional/Technical	82	43.4	98	60.1	180	51.1
Manager/Proprietor/Official	21	11.1	26	16.0	47	13.4
Sales worker	8	4.2	2	1.2	10	2.8
Service worker	9	4.8	3	1.8	12	3.4
Operative: assemblers/ machine operators	2	1.1	1	0.6	3	0.9
Other	13	6.9	9	5.5	22	6.3

* $p < 0.05$

Table 9. Employment Status by Age

	64 years or younger	65-74 years	75 years or older
Employed Full-time	42 (80.8%)	10 (19.2%)	0
Employed Part-time	17 (43.6%)	17 (43.6%)	5 (12.8%)
Retired	36 (13.6%)	115 (43.6%)	113 (42.8%)

Income

More than half of the respondents reported receiving income from savings and investments (56.7%) and/or receiving pension/retirement benefits (54.4%). 68.5% reported receiving Social Security benefits as a source of income. Other sources included:

- Military benefits (2.0%)
- Wages/salary (23.9%)
- Supplemental Social Security Income (SSI) (1.5%)
- Other sources (4.5%).

A comparison of one- and two-person households in relation to the Federal Poverty Levels (FPL) [Table 10] is included in Table 11. Regardless of household size, the online survey respondents tend to report a higher income than the paper survey respondents [$X^2 = 17.231$ (one-person household) & 12.201 (two-person household), $p < 0.05$]. This might be because they were overall younger (Table 5), who were more employed (Table 9), and more educated (Table 7) than the paper survey respondents. Overall, respondents to this survey in one-person household were a lower income than the two-person household. There were 17 respondents not included in Table 11 that reported more than two persons residing in their household and their average reported income was \$5,260.50 per month (>300% above FPL).

Table 10. Incomes related to Federal Poverty Level (FPL) – 2014 (HHS, 2014)

	One-Person	Two-Person
Below FPL	<\$973 per month	<\$1,311 per month
150% above FPL	\$973 - \$1,459 per month	\$1,311 - \$1,966 per month
200% above FPL	\$1,460 - \$1,945 per month	\$1,967 - \$2,622 per month
300% above FPL	\$1,946 - \$2,433 per month	\$2,623 - \$3,278 per month
> 300% above FPL	>\$2,433 per month	>\$3,278 per month

Table 11. Survey Respondents Incomes in Relation to the Federal Poverty Level (FPL) – 2014

	One Person Households*			Two Person Households*		
	Paper Responses (n = 91)	Online Responses (n = 46)	Total Responses (n = 137)	Paper Responses (n = 94)	Online Responses (n = 70)	Total Responses (n = 164)
Below FPL	2.2%	4.3%	2.9%	3.2%	0%	1.8%
150% above FPL	18.7%	2.2%	13.1%	10.6%	0%	6.1%
200% above FPL	16.5%	10.9%	14.6%	7.4%	11.4%	9.1%
300% above FPL	19.8%	6.5%	15.3%	9.6%	17.1%	12.8%
> 300% above FPL	42.9%	76.1%	54%	69.1%	71.4%	70.1%

Note: Significance for difference between paper and online responses (* $p < 0.05$).

Respondents also reported the percentage of their incomes they spend on housing, taxes, insurance, and over the counter and prescription medications (Table 12). The results presented below differentiate the results from the online and paper survey respondents, along with their combined totals. On average, the respondents reported spending about 50% of their income on four categories of living expenses. There were no significant differences in spending on these items between the online and paper survey respondents.

Table 12. Average Percentage of Income Expenses on Housing, Taxes, Insurance, and Medications

	Average % of Income		
	Paper Responses	Online Responses	Total Responses
Housing	17.44%	18.11%	17.77%
Taxes	17.12%	15.37%	16.21%
Insurance	9.33%	8.37%	8.82%
Medications	5.69%	4.18%	4.91%

The income information reported by the respondents was compared with their responses to the survey question, “Has your co-pay or deductible kept you from seeking health care in the last twelve months?” (Table 13). Overall, copays and deductibles were not seen as a barrier to seeking health care. However, online respondents were more likely to report the insurance co-pay and deductible as a barrier to seeking health care than paper respondents ($X^2 = 5.271$, $p = .022$). Slightly more (7.1%) online respondents than paper felt these expenses were a barrier to seeking health care.

Table 13. Reports of a deductible or a co-pay as barrier to seeking health care*

	Paper Responses (n = 195)		Online Responses (n = 150)		Total Responses (n = 345)	
	#	%	#	%	#	%
Yes	11	5.6	19	12.7	30	8.7
No	184	94.4	131	87.3	315	91.3

* $p < 0.05$

Of 22 respondents living in one person households reporting incomes under \$1,460 per month (below FPL or 150% above FPL), only 15% felt that co-pay or deductibles kept them from seeking health care.

Housing, Household Composition, and Neighborhood Life

According to the 2010 U.S. Census Bureau, about 35% of Wauwatosa households included a member at least 60 years of age. These households were almost equally split between family (16.6%) and nonfamily (18.1%) households. According to the Census Bureau, a *family* household was defined as including a householder and one or more people living in the household who were related to the householder by birth, marriage, or adoption. A *nonfamily* household included a householder living alone or with non-relatives only (U.S. Census Bureau, 2010). Among the occupants of Wauwatosa households, at the time of the 2010 Census, there were 2,280 women (11.2% of households) and 683 men (3.3% of households) over age 65 living alone. Detailed information about households with older residents is included in Appendix C Table 40.

The survey respondents reported living in Wauwatosa for of 1 to 92 years with an average of 35 years residency. Regarding their home ownership (Table 14): 86.7% owned their homes, 11.7% reported renting, and 1.7% reported “other” arrangement. Among the survey respondents, 59.2% lived with spouse or partner, and another 37.2% lived alone. The remaining 3.6% lived with friends or other relatives or paid helper. The marital status reported by survey respondents (Table 15) was primarily married (58.7%). Interestingly, over three times as many paper survey respondents were widowed when compared to the online respondents.

Table 14. Housing Status Reported By Respondents

Description	Paper Responses		Online Responses		Total Responses	
	Number	Percent	Number	Percent	Number	Percent
Home Ownership* (n = 360)						
Own home	171	83.8	141	90.4	312	86.7
Rent	31	15.2	11	7.1	42	11.7
Other arrangement	2	1.0	4	2.6	6	1.7
Type of Residence (n = 362)						
Single residence	160	78.0	138	71.9	298	75.1
Apartment/Multi unit residence	39	19.0	17	8.9	56	14.1
Assisted living/Apartment with services	1	0.5	3	1.6	4	1.0
Group residential care setting	0	0	1	0.5	1	0.3
Health care facility/Nursing home	0	0	1	0.5	1	0.3
Other type of housing	2	1.0	0	0	2	0.5
Living Arrangement* (n = 363)						
Live alone	86	42.6	49	30.4	135	37.2
Live with spouse/partner	112	55.4	103	64.0	215	59.2
Live with friends or other relatives	4	2.0	8	5.0	12	3.3
Live with a paid helper	0	0	1	0.6	1	0.3
Live in Wauwatosa year round (n = 356)	192	97.5	155	97.5	347	97.5

Note: Significance for difference between paper and online responses (* $p < 0.05$).

Table 15. Marital Status reported by survey respondents** (n=366)

Marital Status	Paper Responses (n = 203)		Online Responses (n = 163)		Total Responses (n = 366)	
	Number	Percent	Number	Percent	Number	Percent
Married/Partnered	111	54.7	104	63.8	215	58.7
Widowed	52	25.6	13	8.0	65	17.8
Separated	2	1.0	0	0	2	0.5
Divorced	25	12.3	27	16.6	52	14.2
Never married	13	6.4	19	11.7	32	8.7

Note: ** $p < 0.001$

About 98% of respondents reported living in Wauwatosa year round (Table 14). This percentage may be inflated due to the distribution of the surveys from January to March. Wauwatosa residents owning winter residences in warmer climates (“snowbirds”) most likely had left the area by January, leaving only year round residents available to complete the survey. Table 14 also includes a more complete description of the housing arrangements reported by survey respondents.

Most survey respondents reported few problems within their homes or their neighborhoods from the 11 choices of home and neighborhood problems listed in the survey. Respondents were asked to indicate whether each of the 11 problems was considered a serious, minor or no problem. Since few problems were reported overall, the serious and minor problems were combined as in the 2015 Adding Life to years report and presented as a percentage of the number of responses ranked by the total most frequent responses (Table 16). The most frequently-cited *serious* problems were “making major home repairs or modifications” (13.3%), affording housing (7.7%), snow shoveling, grass cutting or yard work (6.2%). The most frequent minor problem was making minor home repairs or modifications (28.8%). Table 16 includes a description of the combined serious and minor problems reported by respondents and ranked by the total most frequent responses.

Another indication of the health of the neighborhoods is measured in the response to one Likert scale questions about the ability of neighbors to help each other. **Over 86% of survey respondents reported “always” or “sometimes” having people in the neighborhood whom they could contact for assistance.** About 4% felt they could *never* count on their neighbors for assistance. (See Appendix C, Table 41a and 41b).

Table 16. Number and Percentage of Problems Reported About Homes and Neighborhoods (ranked by total serious and minor problems)

Issue	Paper Responses		Online Responses		Total Responses	
	Serious and Minor Problems (Total)		Serious and Minor Problems (Total)		Serious and Minor Problems (Total)	
	#	%	#	%	#	%
Making major home modifications	82	43.2	65	38.0	147	40.7
Making minor home modifications	73	37.2	51	29.1	124	33.4
Snow shoveling, grass cutting or yard work*	78	39.6	45	25.7	123	33.1
Maintaining/cleaning my home	62	30.7	47	27.2	109	29.1
Affording housing	36	17.8	41	23.7	77	20.5
Feeling safe in my neighborhood	39	19.6	35	20.1	74	19.8
Installing home safety improvements	39	19.8	27	15.5	66	17.8
Have enough money to pay bills	31	15.3	33	19.0	64	17.0
Feeling safe in my home	31	15.3	24	13.7	55	14.6
Getting my garbage/recycling to the street	30	15.0	16	9.1	46	12.3
Preparing or getting meals	17	8.4	17	9.8	34	9.0
Getting my mail	6	3.0	7	4.0	13	3.4

Note: Significance for difference between paper and online responses (* $p < 0.05$).

Transportation

The survey respondents indicated a need for transportation services (Table 17). While 91% reported being able to drive, 5% reported no longer driving. 22% reported that they “do not drive when someone else is available” and 8% reported “only driving when absolutely necessary.” More than 20% reported changing their driving patterns during the past year. Other items of note included:

- 13.6% reported using the bus
- 7.7% reported using other transportation services
- 6.3% reported needing transportation services

Among those reported changing their driving patterns during the past year, 26% were aged 55 to 64 years, 41% were aged 65 to 74 years, 23% were aged 75 to 84 years, and 10% were aged 85 years or older. More specifically, 9-13% stated that they had problems with getting transportation to medical/dental appointments (13%), routine shopping and errands (9%), and social activities (11%).

Table 17. Transportation Services

	Paper Responses		Online Responses		Total Responses	
	n	%	n	%	n	%
Being able to drive**	174	86.1	167	96.5	341	90.9
No longer driving	11	5.8	5	2.9	16	4.5
Do not drive when someone else is available*	52	27.4	26	15.3	78	21.7
Only driving when absolutely necessary	18	9.5	10	5.9	28	7.8
Driving pattern changed	41	21.7	40	23.4	81	22.5
Using the bus	26	14.4	22	12.8	48	13.6
Using other transportation services	18	9.2	10	5.9	28	7.7
Needing transportation services*	17	8.8	6	3.5	23	6.3
Using the City of Wauwatosa transportation brochures	8	4.2	4	2.3	12	3.3

Note: Significance for difference between paper and online responses (* $p < 0.05$; ** $p < 0.001$).

Community Resources

Respondents were asked about their knowledge and use of community resources including various Wauwatosa and Milwaukee County community services and programs. The following were the top 5 services that respondents reported having used (Table 18):

- Wauwatosa Community Recreation Department programs (43.2%)
- Wauwatosa Community Senior Centers (Hart Park) (40.7%)
- Wauwatosa Community Public Schools “Learning never ends” Programs (29.0%)
- Wauwatosa Health Department Flu clinic (27.9%)
- Wauwatosa Health Department Immunization Clinic (25.1%)

Table 18. Knowledge of Senior Services Offered in Wauwatosa Ranked by Most Frequent Response “Have used” the Service

Wauwatosa Senior Services	Paper Responses		Online Responses		Total Responses	
	#	%	#	%	#	%
Wauwatosa Recreation Department Programs	85	43.4	79	42.9	164	43.2
Wauwatosa Senior Centers**	112	55.7	45	24.3	157	40.7
Wauwatosa Public Schools “Learning never ends” Programs	59	30.7	50	27.2	109	29.0
Wauwatosa Health Department Flu Clinic**	71	35.5	38	19.9	109	27.9
Wauwatosa Health Department Immunization Clinic*	61	30.5	37	19.5	98	25.1
Wauwatosa Senior Club**	54	27.3	14	7.6	68	17.8
Milwaukee county Department on Aging Senior Meal program*	39	19.5	18	9.8	57	14.8
Interfaith Older Adult Programs – Greater Tosa	27	13.8	21	11.4	48	12.6
Wauwatosa Police/Fire Departments Home Security Survey	18	9.2	14	7.4	32	8.3
Wauwatosa Health Department Information & Referral Nurse Telephone Line	19	9.7	9	4.9	28	7.4
Wauwatosa Health Department Adult Health Clinic**	26	13.2	2	1.1	28	7.2
Milwaukee County Department on Aging social services	15	7.6	11	6.0	26	6.8
Wauwatosa Police/Fire Departments Tosa Cares	14	7.1	12	6.3	26	6.7
Tosa Community Food Pantry	15	7.5	9	4.9	24	6.3
Wauwatosa Police/Fire Departments Safety Education Programs	14	7.2	9	4.8	23	6.0
AARP volunteer senior tax form assistance	11	5.6	9	4.9	20	5.3
Wauwatosa Health Department “Focus on Health” community educational programs	10	5.2	6	3.2	16	4.2
Wauwatosa Health Department Public Health Nurse Home Visiting Program*	8	4.1	4	2.1	12	3.1
Wauwatosa Health Department Environmental Health Services*	1	0.5	11	5.8	12	3.1
Milwaukee County Department on Aging Elderlink information telephone line	7	3.5	3	1.6	10	2.6
Wauwatosa Police/Fire Departments Lockbox program**	6	3.0	3	1.6	9	2.3
Milwaukee county Department on Aging Home delivery of meals	4	2.0	4	2.2	8	2.1
Wauwatosa Public Works Dept. special garbage collection for the elderly/disabled	5	2.5	2	1.1	7	1.8
Wauwatosa Police/Fire Departments Telephone Reassurance**	4	2.0	3	1.6	7	1.8
Wauwatosa Library homebound delivery services	4	2.1	1	0.5	5	1.3
Interfaith Older Adult Programs - Sherman/Northwest	2	1.2	2	1.1	4	1.1
Wauwatosa Health Department Stop smoking resources	1	0.5	1	0.5	2	0.5

Note: Significance for difference between paper and online responses (* $p < 0.05$; ** $p < 0.001$)

Respondents were also questioned about their knowledge of various services. Between 76% and 30% of the respondents knew about each of the services listed in the survey instrument. Services that respondents knew about, but had not used are included in Table 19. This suggests that most respondents were aware of many senior services, but at the time of the survey had not used them. Table 20 includes a listing of services and organizations that respondents reported they “did not know about.” These findings may have implications for future planning, marketing and programming.

Table 19. Knowledge of Senior Services Offered in Wauwatosa Ranked by Most Frequent Response “**Know About, Have Not Used**” the Service.

Issue	Paper Responses		Online Responses		Total Responses	
	#	%	#	%	#	%
Tosa Community Food Pantry	155	77.9	136	73.5	291	75.8
Milwaukee County Department on Aging Senior Meal program*	142	71.0	135	73.4	277	72.1
Milwaukee County Department on Aging Home delivery of meals	135	68.5	125	69.1	260	68.8
Wauwatosa Senior Club**	115	58.1	121	65.8	236	61.8
AARP volunteer senior tax form assistance	124	63.3	110	60.1	234	61.7
Interfaith Older Adult Programs – Greater Tosa	120	61.2	110	59.8	230	60.5
Wauwatosa Police/Fire Departments Safety Education Programs	123	63.1	108	57.1	231	60.2
Wauwatosa Police/Fire Departments Tosa Cares	119	60.7	104	54.7	223	57.8
Wauwatosa Senior Centers**	85	42.3	137	74.1	222	57.5
Wauwatosa Health Department Immunization Clinic*	110	55.0	112	58.9	222	56.9
Wauwatosa Health Department Stop smoking resources	115	59.6	98	52.1	213	55.9
Wauwatosa Health Department Public Health Nurse Home Visiting Program*	116	60.1	94	50.0	210	55.1
Milwaukee County Department on Aging social services	107	54.3	99	53.8	206	54.1
Wauwatosa Public Schools “Learning never ends” Programs	99	51.6	101	54.9	200	53.2
Wauwatosa Police/Fire Departments Home Security Survey	110	56.4	89	47.1	199	51.8
Wauwatosa Recreation Department Programs	97	49.5	98	53.3	195	51.3
Wauwatosa Health Department Adult Health Clinic**	108	54.8	87	45.8	195	50.4
Wauwatosa Health Department Flu Clinic**	98	49.0	96	50.3	194	49.6
Wauwatosa Police/Fire Departments Telephone Reassurance**	117	58.8	72	38.1	189	48.7
Wauwatosa Health Department Environmental Health Services*	95	49.5	90	47.6	185	48.6
Interfaith Older Adult Programs - Sherman/Northwest	68	41.2	96	52.2	164	47.0
Wauwatosa Health Department Information & Referral Nurse Telephone Line	90	45.9	84	45.7	174	45.8
Wauwatosa Health Department “Focus on Health” community educational programs	86	45.0	75	40.3	161	42.7
Wauwatosa Police/Fire Departments Lockbox program**	98	49.2	56	29.5	154	39.6

Wauwatosa Public Works Dept. special garbage collection for the elderly/disabled	72	36.5	60	32.6	132	34.6
Milwaukee County Department on Aging Elderlink information telephone line	71	35.7	58	31.5	129	33.7
Wauwatosa Library homebound delivery services	60	31.4	52	28.6	112	30.0

Note: Significance for difference between paper and online responses (* $p < 0.05$; ** $p < 0.001$)

Table 20. Knowledge of Senior Services Offered Ranked by Most Responses: “Do Not Know About the Service.”

Issue	Paper Responses		Online Responses		Total Responses	
	#	%	#	%	#	%
Wauwatosa Library homebound delivery services	127	66.5	129	70.9	256	68.6
Milwaukee County Department on Aging Elderlink information telephone line	121	60.8	123	66.8	244	63.7
Wauwatosa Public Works Dept. special garbage collection for the elderly/disabled	120	60.9	122	66.3	242	63.5
Wauwatosa Police/Fire Departments Lockbox program**	95	47.7	131	68.9	226	58.1
Wauwatosa Health Department “Focus on Health” community educational programs	95	49.7	105	56.5	200	53.1
Interfaith Older Adult Programs - Sherman/Northwest	95	57.6	86	46.7	181	51.9
Wauwatosa Police/Fire Departments Telephone Reassurance**	78	39.2	114	60.3	192	49.5
Wauwatosa Health Department Environmental Health Services*	96	50.0	88	46.6	184	48.3
Wauwatosa Health Department Information & Referral Nurse Telephone Line	87	44.4	91	49.5	178	46.8
Wauwatosa Health Department Stop smoking resources	77	39.9	89	47.3	166	43.6
Wauwatosa Health Department Adult Health Clinic**	63	32.0	101	53.2	164	42.4
Wauwatosa Health Department Public Health Nurse Home Visiting Program*	69	35.8	90	47.9	159	41.7
Wauwatosa Police/Fire Departments Home Security Survey	67	34.4	86	45.5	153	39.8
Milwaukee County Department on Aging social services	75	38.1	74	40.2	149	39.1
Wauwatosa Police/Fire Departments Tosa Cares	63	32.1	74	38.9	137	35.5
Wauwatosa Police/Fire Departments Safety Education Programs	58	29.7	72	38.1	130	33.9
AARP Volunteer Senior Tax Form Assistance	61	31.1	64	35.0	125	33.0
Milwaukee County Department on Aging Home delivery of meals	58	29.4	52	28.7	110	29.1
Interfaith Older Adult Programs – Greater Tosa	49	25.0	53	28.8	102	26.8
Wauwatosa Health Department Flu Clinic**	31	15.5	57	29.8	88	22.5
Wauwatosa Senior Club**	29	14.6	49	26.6	78	20.4
Tosa Community Food Pantry	29	14.6	40	21.6	69	18.0
Wauwatosa Health Department Immunization Clinic*	29	14.5	41	21.6	70	17.9
Wauwatosa Public Schools “Learning never ends” Programs	34	17.7	33	17.9	67	17.8
Milwaukee county Department on Aging Senior Meal program*	19	9.5	31	16.8	50	13.0
Wauwatosa Recreation Department Programs	14	7.1	7	3.8	21	5.5
Wauwatosa Senior Centers**	4	2.0	3	1.6	7	1.8

Note: Significance for difference between paper and online responses (* $p < 0.05$; ** $p < 0.001$)

Social Activities



Most respondents reported being very connected to friends and family and having many social contacts. They reported seeing an average of 6.4 relatives and/or 11.2 friends each month. When asked if they had someone in whom they could confide, 95% responded “yes”. Only 4.9% reported having no one in whom they could confide.

Respondents were also asked whether they have responsibility for others. Almost 50% reported that they provided care for children (48.1 %), with few caring for disabled children or adults (6.1%). Three percent reported being a guardian of a child. Of those who reported caring for children, reported reasons included:

- While the parents are at work (20.9%)
- As respite for my children or other parents (22%)
- For emergencies (40.3%).
- Just for fun (58.6%)

Most respondents had a positive outlook and were interested in learning and new ideas. About 45% reported interest in teaching someone about “former job skills or my hobbies” and another 85% who reported interest in discovering ways to stay productive (Table 21). Both of these findings represent community strength and potential volunteers. About 95% of respondents reported they stay informed of city/state/national issues, which reflected the interest of the respondents in the larger community.

Table 21. Percent of Those Interested in Various Social Experiences based on a Likert Scale

	Paper Responses				Online Responses				Total Responses			
	Always	Sometimes	Rarely	Never	Always	Sometimes	Rarely	Never	Always	Sometimes	Rarely	Never
I am open to new ideas* (n = 360)	53.3	39.7	4.0	3.0	61.5	37.3	1.2	0	56.9	38.6	2.8	1.7
I find meaningful activities to use my time and energy (n = 361)	56.3	39.2	2.5	2.0	55.6	40.7	3.1	0.6	56.0	39.9	2.8	1.4
I find opportunities to learn new things* (n = 358)	38.3	52.6	7.7	1.5	53.1	40.1	6.8	0	45.0	46.9	7.3	0.8
I would like to discover ways to stay productive (n = 358)	36.0	48.2	10.2	5.6	46.6	40.4	9.9	3.1	40.8	44.7	10.1	4.5
I actively pursue new learning experience** (n = 363)	29.4	53.2	12.4	5.0	46.9	43.2	9.9	0	37.2	48.8	11.3	2.8
I would like to teach someone about my former job skills or my hobbies* (n = 355)	4.6	32.7	29.1	33.7	8.2	45.3	19.5	27.0	6.2	38.3	24.8	30.7

Note: Results ranked by “**Always Interested.**” Significance for difference between paper and online responses (* $p < 0.05$; ** $p < 0.001$).

When asked about the role of spirituality in their lives, 76.2% of respondents reported that they view their spirituality/religion as a major source of support for well-being. About 95% reported that they believe that their life has purpose and meaning. Almost 65% reported participating in a church/religious institution. Over 15% of the respondents reported that a nurse is associated with their religious community, and 11% of the respondents have consulted with the parish nurse. Two percent reported wanting to talk to someone about spiritual changes in their life.

Communication

In the survey, respondents were queried about the sources of information for news, general health information, and community resources. The first three reported communication sources included (Table 22):

- *Milwaukee Journal Sentinel* (85.8%)
- City of Wauwatosa City Newsletter (82.1%)
- Wauwatosa Now (79.4%)

The least reported source of information was the local free newspaper: Express Coffee. About 88.2% of survey respondents reported having a computer to use in their homes. Of those who used computers, 93.8% used it for Email, 91.4% Internet, 58.3% other functions, and 42.3% games. About 75% of respondents reported that they would be interested in receiving a city newsletter specifically for seniors and almost 62% reported that they would like to learn more about senior services. Most respondents (87%) reported being comfortable communicating with city officials. About 77% reported calling city departments directly (Table 23).

Table 22. Sources of Information Used to Learn about Wauwatosa News, General Health Information, and Resources

Issue	Paper Responses		Online Responses		Total Responses	
	#	%	#	%	#	%
Milwaukee Journal Sentinel	173	87.8	154	83.7	327	85.8
City of Wauwatosa newsletter	160	82.9	148	81.3	308	82.1
Wauwatosa Now	157	80.1	143	78.6	300	79.4
Neighborhood Association Newsletter	146	75.6	143	78.1	289	76.9
City of Wauwatosa web site on the computer*	74	39.2	154	84.2	228	61.3
Block Watch Newsletter	104	55.0	99	54.4	203	54.7
City of Wauwatosa Cable TV channel	39	20.2	40	22.1	79	21.1
Express Coffee (Local Free Newspaper)	32	16.8	29	16.3	61	16.6

Note: Significance for difference between paper and online responses (* $p < 0.001$).

Table 23. Communication Sources

Issue	Paper Responses		Online Responses		Total Responses	
	#	%	#	%	#	%
I call city departments directly**	132	69.5	151	84.4	283	76.7
I would like to learn more about senior services*	133	68.9	99	55.0	232	62.2
I would be interested in receiving a city newsletter specifically for seniors*	157	80.9	121	68.4	278	74.9
I am comfortable communicating with city officials*	162	83.5	162	91.5	324	87.3
I would like to learn how to use a computer**	68	37.6	22	13.5	90	26.2
I have a computer at home to use **	159	79.1	177	98.3	336	88.2
I would like to improve my computer skills**	106	56.1	64	36.4	170	46.6
I use social media**	50	26.0	124	70.1	174	47.2

Note: Significance for difference between paper and online responses (* $p < 0.05$, ** $p < 0.001$).

Health

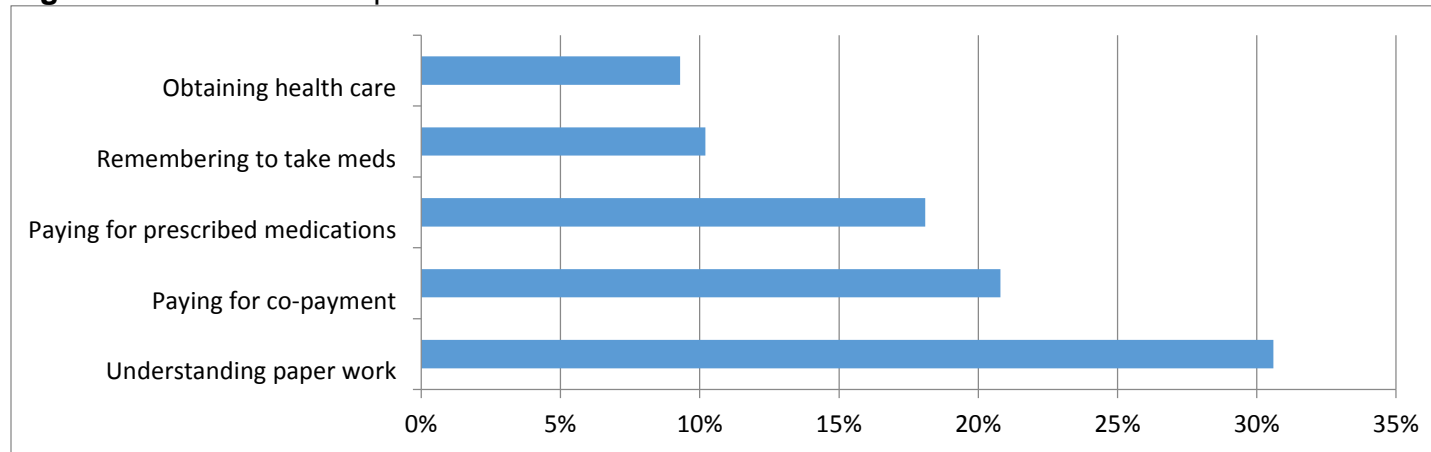
The most common causes of death (Appendix C, Tables 42a-c) were similar for Milwaukee County and the State (WI DHS, 2015) and can be extrapolated for Wauwatosa. For all ages of seniors (55+) cancer was the most common cause of death in Milwaukee County and the State. Heart disease was the next most common for ages 55-74 at the county and state levels. For those 75+ years old, other causes ranked second across locales. Chronic obstructive lung disease was the fourth to fifth most common cause of death in all ages for county and state seniors. Rates of cerebrovascular disease (stroke) and diabetes were similar in Milwaukee County and the State for ages 55-74. Among those 75 and older, the leading causes of death in Milwaukee County and the State were ranked the same. Diabetes ranked lowest for this age group.

According to the City of Wauwatosa Fire Department (WFD) statistics, during the first four months of 2015, there were 2,253 “911” calls during which 1,550 individuals were transported to hospital emergency departments by the paramedics. Almost 54% (829) of the transports were for individuals over 60 years of age. The primary reason for transport was falls (C.L. Sandoval, personal communication, August 3, 2015).

Adding Life to Years Survey Results

Respondents were asked to rate a variety of health-related items on a Likert scale related to the seriousness of the problem. Problems included utilization of health care services, costs attributed to health care, and personal health status and behavior. About 5% of respondents reported that paying for prescription medications was a serious problem. When both the serious and minor problems were combined, 20.8% reported having a problem with paying for health insurance or co-payment and 18.1% for paying for prescription medications. In addition, 8.7% of respondents reported that an insurance deductible or co-pay kept them from seeking health care in the 12 months. Over 30% reported having a problem with understanding or managing Medicare/Insurance paperwork (Figure 2).

Figure 2. Percent of Respondents Concerned with Health Care Costs and other Health Care Issues



Most survey respondents (87.4%) reported receiving their health care services at a physician's office. Five percent reported receiving no health care in the past year. In addition, 16.9% received health care in an urgent care or walk-in clinic, 15.1% hospital emergency department, 8.6% from the WHD, and 9.1% another setting. Respondents reported seeing the following providers in the past year:

- Primary physician (87.2%)
- Specialty physician (47.4%)
- Physician's assistant (24.2%)
- Nurse practitioner (22.7%)
- Paramedic (4.3%)
- Chiropractor (9.6%)
- Other health care provider (8.6%)
- Public health nurse (5.3%)
- Alternative healer (4.5%)

Survey respondents were asked to rate their own health status. Of the 361 respondents, 62.1% rated their health as very good or excellent, while 27.4% rated their health as good, and 10.5% reported their health as fair or poor. Respondents were also asked to compare their health at the time of the survey with one year before. Of the 373 respondents who answered this question, 20.4% reported that their health was much or somewhat better than one year ago. Most (64.9%) considered their health about the same as the year before. Almost 15% perceived their health as somewhat worse (13.1%) or much worse (1.6%) than one year ago.

The health self-ratings of the ALTY survey respondents compare favorably with similar information collected nationally. For those over 65 years old, 23% rated their health as “fair” to “poor” (NCHS, 2014). This percentage of those rating their health as “fair” to “poor” is over twice as high as the 10.5% reported by ALTY survey respondents.

The incidences of self-reported health problems are included in Table 24. The ALTY survey data were compared to national data. The percentage of survey respondents reporting high blood pressure, high cholesterol, heart disease, cancer and stroke was much lower than national data for ages 65 and older (NHCS, 2014). When asked to report on their health problems, 11.6% ALTY survey respondents reported “depression” as a health concern (Table 24). This is higher than the national rate of depression for males (5%) or females (7%) ages 60 and above (CDC, 2012). In response to a later survey question, 14.4% reported that depression “always” or “sometimes” limited their functional ability (Table 26).

Table 24. Self-Reported Health Problems of Survey Respondents

	Paper Responses		Online Responses		Total Responses	
	Number	Percent	Number	Percent	Number	Percent
Arthritis*	112	54.6	81	42.2	193	48.6
High blood pressure**	106	51.7	66	34.4	172	43.3
High cholesterol*	63	30.7	42	21.9	105	26.4
Other	27	13.2	27	14.1	54	13.6
Osteoporosis*	35	17.1	18	9.4	53	13.4
Depression	23	11.2	23	12.0	46	11.6
Diabetes*	30	14.6	11	5.7	41	10.3
Heart disease*	29	14.1	11	5.7	40	10.1
Emphysema/asthma/chronic bronchitis	15	7.3	12	6.3	27	6.8
Skin cancer*	16	7.8	6	3.1	22	5.5
Cancer	12	5.9	8	4.2	20	5.0
Alcohol/drug problem	5	2.4	4	2.1	9	2.3
Mental health problems	5	2.4	4	2.1	9	2.3
Alzheimer's or memory loss	3	1.5	5	2.6	8	2.0
Kidney disease/dialysis	2	1.0	2	1.0	4	1.0
Stroke	4	2.0	0	0	4	1.0
Liver disease	2	1.0	1	0.5	3	0.8
Multiple sclerosis	2	1.0	1	0.5	3	0.8
Parkinson's disease	2	1.0	1	0.5	3	0.8
Seizure disorder	2	1.0	0	0	2	0.5

Note: * $p < 0.05$, ** $p < 0.001$

Table 25. Health Concerns Reported by US Residents

	US (%)	
	55-64 years*	65+ years**
High Blood Pressure	51.4	67.5
High Cholesterol	50.1	48.9
Diabetes	18.9	NA
Heart Disease	NA	30.4
Cancer	NA	18.1
Stroke	NA	8.6

Note: NA=Not Available. Sources: *NHCS, 2015 & **NHCS, 2014

Respondents were also asked to describe their ability to care for themselves. Over 95% reported that they managed their own personal care “all of the time.” Very few (0.3%) reported “never” or “almost never” managing their own personal care, which equals the percent of respondents who reported living in a nursing home (0.3%). Over 62% reported that they “never” (22.5%) or “almost never” (39.76%) “...worry about what would happen to me if I become sick or disabled.” Only 2.5% reported that they worry about these issues “all of the time.” Over 55% reported they had made no arrangements for their care “should they become sick or disabled.”

The ability to care for oneself is dependent, in part, on functional ability (including such items listed in Table 26). Respondents described how often specific health conditions or activities limited their activity. The top four functional ability problems that respondents reported *always* having (about 7%) were pain, walking, climbing stairs, and sexual dysfunction. For Table 26, the categories of “always” and “sometimes” having problems and “rarely” and “never” were combined. Among combined categories, the top three issues of climbing stairs, pain, and walking remained as the most frequent problems. Thirteen percent reported using a cane, walker, wheelchair or motorized scooter. Over 20% reported a fear of falling, and about 23% reported having fallen in the past year. The frequencies for the separate categories are in Table 43 in Appendix C.

Table 26. Functional Ability Ranked by Most Problematic Among Total Survey Respondents.

	Paper Responses				Online Responses				Total Responses			
	Always/ Sometimes		Rarely/ Never		Always/ Sometimes		Rarely/ Never		Always/ Sometimes		Rarely/ Never	
	#	%	#	%	#	%	#	%	#	%	#	%
Climbing stairs	65	32.7	134	67.3	40	23.8	128	76.2	105	28.6	262	71.4
Pain*	64	32.3	134	67.7	38	22.8	129	77.2	102	27.9	263	72.1
Walking*	63	32.0	134	68.0	33	19.5	136	80.5	96	26.2	270	73.8
Vision	51	25.5	149	74.5	31	18.3	138	81.7	82	22.2	287	77.8
Fear of falling	49	24.9	148	75.1	29	17.3	139	82.7	78	21.4	287	78.6
Hearing*	44	22.0	156	78.0	23	13.8	144	86.2	67	18.3	300	81.7
Urinary function	40	20.6	154	79.4	24	14.3	144	85.7	64	17.7	298	82.3
Bowel function*	42	21.0	158	79.0	22	13.1	146	86.9	64	17.4	304	82.6
Memory*	37	19.1	157	80.9	19	11.4	147	88.6	56	15.6	304	84.4
Sexual dysfunction (n = 338)	26	14.9	149	85.1	23	14.1	140	85.9	49	14.5	289	85.5
Depression/loneliness	32	16.5	162	83.5	20	12.0	146	88.0	52	14.4	308	85.6
Digestion*	29	15.1	163	84.9	13	7.7	155	92.3	42	11.7	318	88.3
Breathing	20	10.0	180	90.0	15	8.9	154	91.1	35	9.5	334	90.5
Other	3	7.5	37	92.5	1	100	0	0	4	9.8	37	90.2
Skin disorders*	23	11.9	171	88.1	9	5.4	159	94.6	32	8.8	330	91.2
Dental health	21	10.4	180	89.6	11	6.5	157	93.5	32	8.7	337	91.3
Heart and circulation*	23	11.7	173	88.3	6	3.6	161	96.4	29	8.0	334	92.0
Brittle bones	16	8.5	172	91.5	11	6.7	152	93.3	27	7.7	324	92.3
Speech	7	3.6	190	96.4	7	4.2	161	95.8	14	3.8	351	96.2

Health Behaviors

Most survey respondents (over 80%) reported that they eat 3 meals per day, had a tetanus vaccine in the past 10 years and receive annual flu shots. Fewer respondents received pneumonia vaccines (64%) according to recommended schedules. Although the numbers reported were small, a number of survey respondents (5.4%) reported emotional and sexual abuse, 1.9% thoughts of self-harm or suicide, and 6.8% problems with abuse of drugs or alcohol.

Table 27. Health Behaviors

	Paper Responses				Online Responses				Total Responses			
	Yes		No		Yes		No		Yes		No	
	#	%	#	%	#	%	#	%	#	%	#	%
I have had a tetanus vaccine in the past 10 years	161	82.6	34	17.4	152	91.6	14	8.4	313	86.7	48	13.3
Do you eat 3 meals a day?	168	86.6	26	13.4	137	82.0	30	18.0	305	84.5	56	15.5
I get a flu shot each year	166	82.2	35	17.3	130	76.9	39	23.1	296	79.8	74	19.9
I have the pneumonia vaccine shot	154	76.2	48	23.8	84	49.7	85	50.3	238	64.2	133	35.8
Have you fallen within the past year?	42	20.9	159	79.1	41	24.8	124	75.2	83	22.7	283	77.3
Do you use a cane, walker, wheelchair or motorized scooter?	27	13.6	172	86.4	20	12.0	146	88.0	47	12.9	318	87.1
As a senior citizen, I have been emotionally abused	12	5.9	191	94.1	7	4.2	159	95.8	19	5.1	350	94.9
I am concerned about my use of alcohol	4	2.0	196	98.0	7	4.2	161	95.8	11	3.0	357	97.0
Others are concerned about my use of alcohol	3	1.5	196	98.5	7	4.2	160	95.8	10	2.7	356	97.3
I have thoughts of self-harm or suicide	4	2.0	196	98.0	3	1.8	163	98.2	7	1.9	359	98.1
I am concerned about my use of over-the-counter drugs	3	1.5	199	98.5	1	0.6	167	99.4	4	1.1	366	98.9
As a senior citizen, I have been sexually abused	0	0	203	100	1	0.6	166	99.4	1	0.3	369	99.7
As a senior citizen, I have been physically abused	0	0	203	100	0	0	166	100	0	0	369	100
Others are concerned about my use of over-the –counter drugs	0	0	201	100	0	0	168	100	0	0	369	100

In addition to health status and behaviors, end of life issues were explored. The majority of respondents reported that they had considered end-of-life issues, such as completing a will (84.4%) and a living will (74.4%). A similar number reported that their family or friends knew they had a living will (73.8%). When asked about other decisions related to health care and end of life issues, about 80% reported that they had designated “durable power of attorney for health care” and 72% reported they had designated a “power of attorney” for finances.

Selected Demographic Variables Related to Identified Problems

The survey data analysis was expanded for the 2015 ALTY to determine if there were relationships between selected demographic variables and problems. SPSS was used for all descriptive and cross-tabulation analyses. Gender, age, and housing status variables, of home ownership and living arrangements, were cross-tabulated with problems in homes and neighborhoods (Table 28), self-reported health problems and problems that limit activity (Table 29). The problems in these areas that were reported to be of concern by at least 15% of the total survey respondents (see Tables 16, 24 & 26) were used in this analysis. Looking at the specific aggregates experiencing these problems can assist community program planning (Lundeen, 1992).

Selected Demographic Variables Related to Home and Neighborhood Concerns

There were significant relationships with some of the demographic variables and home and neighborhood concerns in the survey (Table 28). Age only affected three of the respondents' concerns. More respondents ages 65-74 reported concern about 'feeling safe in my neighborhood'. Respondents younger than 65 had less concerns with snow shoveling, grass cutting or yard work and making minor or major home improvements than their older counterparts. Relationships affected by gender were also revealed in this analysis. Significantly more females than males completing the survey were concerned about affording housing, feeling safe, installing home safety improvements, making minor home repairs or modifications and snow shoveling, grass cutting or yard work. As might be anticipated home ownership related to some of the responses. Home owners had more concerns about snow shoveling, grass cutting or yard work, along with making minor and major home repairs and modifications. Most often landlords take care of these chores for renters. Senior renters, however, related more problems with affording housing and having enough money to pay bills. Finally, living arrangements also had impact on home and neighborhood. The very small number (3.3%) of respondents living with friends or other relatives (see Table 14) shared more concerns about having enough money to pay bills, installing home safety improvements, and making minor home improvements, all which may be difficult to negotiate in a shared living arrangement. Respondents living alone or with spouses reported having less concerns about making minor home improvements than those living with friends or other relatives, with spouses having the least serious concerns.

Identification of these specific subgroups most concerned with the identified problems will guide program development in these areas.

Table 28. Relationship between Home & Neighborhood Concerns and Selected Demographic Variables

Home & Neighborhood Concern	Age	Gender	Home Ownership	Living Arrangement
Affording housing	.292	5.378*	17.529**	4.288
Maintaining/cleaning my home	3.718	1.032	.059	3.127
Having enough money to pay bills	1.632	1.491	14.736 **	15.429**
Feeling safe in my home	.195	4.035*	.020	1.628
Feeling safe in my neighborhood	6.377*	2.751	.033	.445
Installing home safety improvements	2.420	7.045*	2.735	18.632**
Snow shoveling, grass cutting or yard work	12.087*	3.143*	5.977*	3.632
Making minor home repairs or modifications	12.738*	5.570*	4.888*	7.387*
Making major home repairs or modifications	9.072*	.059	5.609*	5.518

Note: * $p < 0.05$; ** $p < 0.001$

Selected Demographic Variables Related to Identified Self-Reported Health Problems and Functional Abilities

The demographics of age, gender and home ownership showed significant relationships for two of the three self-reported health concerns of over 15% of the respondents (Table 29). Arthritis and high blood pressure (hypertension) were greater concerns for respondents over 64 years of age and the greatest concern for those over age 75. Renters shared more concerns for both of these health problems than did home owners, while females were more concerned about arthritis and males with high blood pressure. High cholesterol displayed no significant relationships to the selected demographics. Functional abilities or problems that limit activity showed multiple relationships with the selected demographics. They were very much age related. Climbing stairs and pain were significantly more shared by respondents over 75 years old. The

remaining functional ability concerns were significantly related to age with the problems increasing as age increased. The oldest respondents (75+) reported more concerns than the 65-74 year olds while those under 65 had the least concerns though still having problems. Climbing stairs was also a significant concern for renters and more so for respondents living with friends or other relatives than living alone. Those living with spouses had significant concerns about climbing stairs too, but fewer than those living alone or with friends or other relatives respectively. The same living arrangement dynamics occurred with respondents' reporting significant fear of falling. Renters also had more concerns than others about their vision, hearing, and urinary and bowel function. Finally, males more than females and those respondents living with spouses were more concerned with sexual dysfunction.

Table 29. Relationship between Self-Reported Health Problems and Problems that Limit Activity and Selected Demographic Variables

	Age	Gender	Home Ownership	Living Arrangement
<i>Self-Reported Health Problem</i>				
Arthritis	15.008**	4.011 *	7.858*	.237
High blood pressure	9.150*	5.206*	3.949*	.114
High cholesterol	.902	.022	.254	.219
<i>Problems that Limit Activity</i>				
Climbing stairs	12.831*	2.173	12.215**	8.003*
Pain	6.078*	2.028	1.347	1.610
Walking	14.833**	.849	1.933	4.753
Vision	9.277*	.120	9.495*	.961
Fear of falling	23.621**	2.297	3.731	5.868*
Hearing	20.780**	1.287	16.485**	.582
Urinary function	18.820**	.807	6.086*	2.418
Bowel function	21.561**	1.475	11.552*	2.859
Memory	25.795**	.476	3.601	.650
Sexual dysfunction	7.215*	34.173**	1.751	12.480*

Final Questions

The survey concluded with three open-ended questions:

- What gives meaning to your life?
- What circumstances/situations would cause you to move into assisted living or a nursing home?
- Is there anything else you would like us to know?

The first question garnered 470 total responses, including 166 on-line responses and 304 paper responses. The responses fell into four main categories: family (39%), friends (23%), religion/faith (18%), and other (20%). The category that included “Other” responses included such issues as activities (5%), volunteering (6%), helping others (6%), health (2%), social (<1%) and pets (<1%) (Table 30).

Table 30. What gives meaning to your life? (N=470)

Category	Responses	Paper Responses	On-Line Responses	# Total Responses	Examples
Family	Family, relatives Children, grandchildren Great-grandchildren Husband, wife	110 (36%)	71 (43%)	181 (39%)	Wife and family and activities of grandchildren. My Children, grandchildren, spouse, friends. Immediate family, brother and sister, nieces and nephews, cousins, aunts and uncles, mom and dad, in-laws, impending grandchild. My children-I love them dearly. My relationship with my son. Being helpful to family My connections and love of family. Doing things for and with them.
Friends	Friends	73 (24%)	37 (22%)	110 (23%)	My friends, my relationships with family and friends, friendships, friends relationships
Religion/Faith	Religion, my faith, God, church	58 (19%)	27 (17%)	85 (18%)	My church, Faith in God, Religion, prayer, spiritual connections

Category	Responses	Paper Responses	On-Line Responses	# Total Responses	Examples
Other	Activities	16 (5%)	8 (5%)	24 (5%)	Part-time political activist, Walking, biking, hiking, etc. to enjoy, exercise, reading, TV hobbies
	Volunteering	17 (6%)	9 (5%)	26 (6%)	Volunteer work, volunteer in hospice
	Helping Others	19 (6%)	9 (5%)	28 (6%)	Help others, help family, help people
	Health	6 (2%)	4 (2%)	10 (2%)	Keeping my husband and myself healthy Good health, Decent health
	Social Activities	2 (1%)	1 (1%)	3 (<1%)	Participating in a number of activities, such as reading, taking UWM and Alliance Francoise de Milwaukee classes, singing in choir, playing tennis, doing yoga, walking and ushering at Milwaukee Repertory Theater. I also enjoy the Milwaukee Symphony, performances at the Sharon Lynn Wilson Center, and travel.
	Pets	3 (1%)	0	3 (<1%)	My cat. My dogs.
TOTAL Responses		304 (100%)	166 (100%)	470 (100%)	

When asked what circumstances or situations would cause them to move into assisted living or a nursing home 132 respondents responded with 107 on-line responses, 142 paper responses with a total of 249 responses. The categorized results and examples of the responses are included in Table 31. Declining health and inability to take care of oneself or one's home were reported in 68% of the responses. A wide range of replies constituted an 'Other' category. For example, they ranged from one individual who wrote that it was "not my plan" while others wrote that they had made specific plans using Long-Term-Care insurance.

Table 31. What circumstances/situation would cause you to move into assisted living or a nursing home? (N=131)

Category	Paper Responses	On-Line Responses	# Total Responses	Examples
Self-care	51 (36%)	42 (39%)	93 (37%)	Unable to care for myself Inability to care for myself if my wife dies before me. If I could not take care of myself. Can't take care of myself or the house.
Health/disability	45 (32%)	31(29%)	76 (31%)	Any health or disability changes that would prove it necessary. Disability or health problems Change in our health. Higher age and potential health decline in the future. Becoming a burden to my family in terms of physical or mental care.
Unable to care for home/grounds	10 (7%)	9 (8%)	19 (8%)	If I couldn't keep up with daily work at home. Unable to maintain my home. Tired of yard work or house repairs.
Partner issues	7 (5%)	4 (4%)	11 (4%)	Death of spouse. Serious disability- loss of spouse Too old to care for myself and spouse.
Other	28 (20%)	21 (20%)	49 (20%)	Personal difficulty with loss of activity - last viable choice. We purchased Long Term Care insurance so we can remain in our home under almost any circumstance. If my children passed. NEVER!
TOTAL Responses	142 (100%)	107 (100%)	249 (100%)	

In response to the final question, “Is there anything else you would like us to know?” respondents shared a wide range of responses. There were four major categories of responses: financial issues, suggestions for Wauwatosa, positive comments about Wauwatosa services and reactions to the survey. Some individuals described financial difficulties. Examples of these responses included:

- I am concerned the cost of living in Tosa is becoming harder to afford.
- Worry about investment and financial planning choices - will I live longer than my money.

- Social Security only gave me \$11 a month even though husband worked all his life. Am basically living on my earnings. Somehow doesn't seem fair.
- I can't afford what is in Tosa. I want to stay here but won't be able to. Something needs to be done. Not fair that we can't continue to live in our community.

Another group of survey respondents had some suggestions for the City of Wauwatosa:

- I would like the City of Wauwatosa to advertise all the programs the elderly have available. People I talk to usually are unaware of the many programs that are there for the asking.
- Would be nice to have a source for elders to go for various issues as honest home repairs.
- Tosa needs more sidewalks for safer walking and it would be helpful to not have to cross the street to get the mail from my mailbox, if possible.
- I would like to see smoke, cat, dog free building for my health.
- Keep providing senior activities (i.e. Hart Park Senior Center) and resources. I am a "young senior" and as more of us age, there will be even more need than there is now for seniors to avail themselves of these resources now is not the time to cut back. I am the exception.
- Tosa needs convenient (in-city) taxi cab service.
- Our culture needs to be a better job of caring for elders – perhaps more advertising about watching out for seniors.

Positive comments regarding Wauwatosa services were:

- Lockbox program gives me a piece of mind.
- I am ever grateful that I live in a community with such excellent services, "especially our Police and Health Department."
- Hart Park Senior Center offers interesting programs and trips for Wauwatosa residents, it is a wonderful resources for seniors

Finally, several respondents wrote comments about the survey itself. Most of the comments regarding the survey were positive, some offered suggestions. Examples of the comments were:

- Comprehensive survey
- This was a very long survey
- You have covered just about everything quite well.
- I would have liked a section on housing and recreational opportunities in Wauwatosa--what would I like/need as I get older
- This survey should be directed at people over 70 years old.



Focus Groups

A series of three focus groups were conducted with residents, ages 55 and over, to determine more specific information about the individual and community strengths and challenges for seniors as well as available resources. The focus groups were held at three Wauwatosa locations seniors. Seniors were recruited in two ways: through notices that were posted in each site inviting those interested to attend and through announcements from the WSC Chair and leadership at each site.

There were a total of 18 focus group members (Table 32) with between four to seven members in each group. Results of the focus groups are limited to the groups involved and may be verified in the future with other assessment efforts. All members completed a consent form prior to their participation. Each focus group interview was conducted by two facilitators who audiotaped the proceedings while taking notes.

Table 32. Focus Group Members Demographics
(N=18)

Demographics	Members (%)
Age	
55-65	2 (11%)
65-85	13 (72%)
>85	3 (17%)
Gender	
Male	3 (17%)
Female	15 (83%)
Current Occupation	
Retired	15 (83%)
Other	3 (17%)
Ethnicity	

Hispanic	2 (11%)
Non-Hispanic	16 (89%)
Race	
Caucasian/White	15 (83%)
African-American/Black	2 (11%)
Multiple Races	1 (6%)

Focus Group Results

The interview guide (Appendix D) was based on the 2002 ALTYs assessment. Its open ended questions primarily focused on gaining information on the needs of Wauwatosa seniors and their experience with programs and services. The final interview questions mirrored those of the assessment surveys, regarding “the point where seniors need to seek more assistance in housing or other services” and what “gives meaning to the life of seniors in this community”?

The WSC and IUHP decided to conduct a smaller initial number of focus groups than in the 2002 ALTYs assessment to streamline the data collection process due to budget constraints. Data saturation (Mason, 2010) occurred in the third focus group. While each focus group spoke of concerns, needs and/or challenges specific to their setting, common themes emerged across-sites through qualitative thematic analysis (Marks & Yardley, 2004). The across-site results give a unified voice to the Wauwatosa seniors who participated in the three focus groups. In the next sections, some site-specific information will be shared and then the across-site themes will be more fully articulated.

Qualitative analysis of the content (Marks & Yardley, 2004) of these issues yielded categories of concerns, needs and challenges across sites. Focus group members at each site seemed concerned about the types of services offered in their setting. The need for more resources, both supplies and human resources, was expressed across-sites. Challenges related to changing leadership and administrative structures in the settings were also voiced. Of note was the change of vendor that occurred at one site around the time of the focus group. Content that varied by focus group site related to seasonal concerns, such as snow storms and below zero temperatures, and recent local road construction.

Five major across-site themes became apparent in the qualitative data analysis: 1) transportation, 2) housing, 3) health, 4) communications about senior resources, and 5) recommended improvements for senior programs and services. Within each major theme, related subthemes were identified that provided a clearer picture of the needs and concerns of Wauwatosa seniors. In the following sections, the themes are bolded and the subthemes are italicized.

Transportation was a major theme in all the groups and was brought up as a much needed service in Wauwatosa. Most group members drove, while some rode the county buses. Being able to drive was equated with independence. “That’s what we all dread, the day we can’t drive, that we don’t pass that test.” Ideas for transportation services included shuttles to senior programs and activities, rented buses, van services, agencies with drivers for hire and volunteer drivers. Access to bus lines was seen as potentially prohibitive for some. One woman lived two blocks from the nearest bus stop. She stated, “I’m near a bus - if I can get there, I’ll be okay. And if I can walk that much, wonderful!” One man noted that getting to buses was even harder during road construction when signage of changed bus routes was poor and the bus stop may be further away. All the groups brought up the hazards of seniors driving past an age of safety, such as when night vision deteriorates or physical or mental impairments occur that might limit their abilities. Many were in favor of older drivers having more frequent driver’s license renewal tests. Available transportation was seen as essential for seniors to stay engaged in activities and maintain independence.

Housing was a second major theme identified, with services related to housing and housing needs being the major subthemes. All three groups spoke at length about services related to housing. Most discussions related to home maintenance, including housekeeping, yard work and home repairs. Snow removal was a current seasonal challenge to homeowners and cited as one of the hardest chores for which to get help. Assistance with snow removal was obtained through neighbors, family and a list from city hall. Various members communicated information on how to get home maintenance and repair services, such as calling 211 (<http://www.referweb.net/ipct/>) or Interfaith (<http://interfaithmilw.org/>) or Angie’s List (<http://www.angieslist.com>). Costs for such services were acknowledged as prohibitive by most group members who referred to limited financial resources of seniors. Housing needs included affordable and low-income housing and the desire for aging in place. They spoke of Wauwatosa residents, whose financial circumstances change as they age,

People who have had middle income jobs, or there are a lot of women here who are widowed and were left nothing, and either were housewives and mothers who never worked at all, or some worked just part time. People who are divorced and didn’t have anything, all they have is social security. And didn’t really have the jobs that would generate that much social security.

Older group members spoke of “staying in their homes as long as possible and continuing their lifestyle the way they’re used to.” The Boomers identified an increasing need for smaller, more manageable housing, such as senior apartments and condos. They spoke of wanting “to down-size and be able to travel and be flexible and stuff like that and get rid of the stuff.” Either way, the members hoped to be able to remain living in Wauwatosa.

Health was a third major theme discussed in all the focus groups. All groups spoke of *access to health services, staying healthy* and *health insurance* issues. One group briefly shared concerns about *healthcare system reform challenges*.

Access to health services. The focus group members were appreciative of the health services that were easily accessible to them. The Wauwatosa Public Health Nurse (PHN) services were highly spoken of in all groups,

You can talk to the nurse at any time and ask questions. Get some help and the flu shots and they're always available. You can go in there anytime and they'll answer questions or tell you where to go to find answers.

The Health Department as a whole was referred to as a “trusted entity” and “a great resource” for information. Easily accessed sources of health care information were valued by the groups. One member pointed out that, “But the thing is, most of the time, the individual who needs the help is the one that has to go looking for it, and you don't know where to look.” Similar challenges were related in stories of caregiving for spouses too. Some other local sources of available health information shared in the focus groups included Impact 211 (<http://www.impactinc.org/>) and the Milwaukee County Department on Aging (<http://county.milwaukee.gov/Aging>). Transportation to appointments also affected access to health care for some and Interfaith (<http://www.interfaithservices.org/>) was applauded for providing low-cost rides for care.

Staying healthy. Overall, members of all the groups appreciated community programs that helped keep them physically and mentally fit. Some members expressed concerns about poor health and safety effects of insufficient home hygiene, smoking and economic stress. One group talked about the importance of having information on staying healthy and what to do if you need some help.

Health insurance. All groups referred to the “struggles” and “stresses” of health insurance which included both the expenses and navigation of insurance plans. Group members referred to costs being “frightening”, “mindboggling” and “vicious” while sharing examples of their personal or family and friends’ health-related expenses and their difficulties working with insurance companies. One person summed up the plight of many seniors:

They tell you you've got to have money for the future in case you get sick, for this, for that and when you do get something together; usually the ordinary people don't have a lot. And when the costs start coming in per day, it wipes it out within a year.

Positive aspects of health insurance included coverage of transportation for healthcare appointments and fitness classes.

Seven questions of the 2015 ALTY focus group interviews (Appendix D) dealt with the group members’ awareness of, access to, experiences of, and future needs for programs and services in Wauwatosa. All groups felt that Wauwatosa already had some excellent services. As one recapped, “I appreciate what we already have. Maybe we need more, but I do appreciate what we have.” Another stated,

I like living where I am. I really like it. I feel comfortable with the police department and the health department, which I think is very important and the library is very important. It's considered one of the best libraries there is.

The fourth and fifth major themes that emerged from the across-site focus group qualitative analyses were related to programs and services.

A fourth major theme was **Communications about Senior Resources or “Getting the Word Out”!** Many focus group members found out about programs for seniors “by accident” or found there were many senior services that they had not heard about. It was acknowledged that “Wauwatosa really has a lot of services and assistance.” As one person summarized,

It's a lot that's available. You don't realize it, I had to do a little bit of digging, but I think that groups working together might help them because there might be more actually offered. If somebody would say, “Hey, they've got that program over there, it's really good.

This theme encompassed three major strategies for getting the word out to senior residents about senior resources, programs and services, available to Wauwatosa seniors. Interestingly one of the strategies came up verbatim in each group. This was for a “centralized number to call in Wauwatosa.” One group member described it very clearly,

A local to Wauwatosa number that's not an emergency number, but can direct you. You don't want 5,000 numbers, one for the smoke alarm, one for the water in the basement, one because I - you know, I can't climb steps. I want a number that can - they have the list and say, "Here's where you call" or, “Would you like me to dial it for you and get you that, have them call you?" Trustworthy. I don't have to worry that I'm giving out information to the wrong people, or they're going to charge me and never show up.

A related strategy was to promote the Impact 211 (<http://www.impactinc.org/>) in locations that seniors frequent, such as the library, and through postings and brochures. The final strategy was ongoing outreach to seniors about programs and services. Multiple methods of outreach were suggested including:

- Notices in seniors' property tax bills
- A NOW newspaper section dedicated to senior's issues, resources, programs and activities
- A senior programs and services introduction packet for new senior residents, and
- Through multiple media:
 - o Mail,
 - o Internet,
 - o Neighborhood Associations,
 - o City newsletters (mailed and emailed)
 - o Wauwatosa NOW,
 - o Brochures, and
 - o Word of mouth campaigns

Creating connections for seniors with programs and services was seen as paramount for the future. One senior echoed the views of many,

There are a lot of things out there that's for us, but the trouble is, most of the people don't know it and they don't know how to look into it. That's the whole thing, the connection is not there.

A fifth major theme of **Recommended Improvements for Senior Programs and Services** developed as the seniors reflected on the issue. Four subthemes of recommended improvements arose from the groups. First, *Collaboration/Communication* between different senior groups, such as churches and senior centers was seen as a solution to currently fragmented services. One group member questioned,

You have, say, a group up at City Hall, that's a senior group. You've got a lot of the churches that have senior groups in the city. I don't know who else has got the senior groups? Is there any type of communication right now between the different groups?

Collaboration and communication between senior programs and services was proposed and reiterated across groups, That is, if you get these other groups helping us, Kiwanis and the other ones, it's a start. Also we've got a lot of organizations in the city. Nobody seems to be working together. All the groups coming together – really need to share information.

One example of where collaboration might benefit a program was to fill bus trips, where the expense of the bus rental was incurred and often seats might be empty when only one program sponsors the bus.

Second, a *Variety of Programs* (see Table 33) to support the different ages and stages of seniors was suggested as essential. Suggestions ranged from services for caretakers to recreation programs and meal programs.

Table 33. Types of Programs and Services Named Across Focus Groups – Present and Future

Local 50¢ Senior movie days	Meals on Wheels
Bus trips	Physical fitness / exercise
Caregiver support	Respite care for caretaking seniors
Continuing education	Ride programs (low cost)
Cultural	Safety checks
Dances	Senior buddies
Free furniture and household goods	Senior Days at the food pantries
Helping school children	Senior Housing meeting spaces utilized for programs
Home repairs	Shopping services
Housekeeping	Snow removal assistance
Internet access	Snow removal city hotline
Lawn and yard work	Visiting of homebound (not all can count on family)
Meals at Senior program sites	Volunteer opportunities (Schools, Library, Hospitals, Churches)

A third subtheme was *Resources* for programs and services. One group spoke at length about the city having a grant writer dedicated to senior program support. Focus group members also endorsed seeking the support of large organizations and businesses in the community, such as universities, commercial businesses and health organizations. One example given was to keep services low cost by securing donations of needed equipment and supplies from local businesses. Focus group members saw themselves as resources for programs and services and spoke of strengthening current programs by utilizing seniors' expertise. They spoke of offering services related to their skills and talents (e.g. dog sitting). Intergenerational involvement was emphasized as important to capitalize upon for programs. This would include the generations within the senior age groups themselves. Elder group members related about times when younger seniors were instrumental in services they needed. For example, one woman with an ill husband disclosed,

Well, this is nice with this young man that comes to see my husband because he lost his job. He's 60 years old, so what is he going to do? It's not that easy to find something at age 60, but he's volunteering. He said one day, he said, "You've been such a blessing to me," and so, it's mutual. He helps my husband. My husband appreciates him and in the meantime, while he's volunteering, there may be something coming up just through helping other people.

Finally, group members made multiple references to the subtheme of *Accessibility /Availability* of programs and services. This included adequate parking, transportation directly to programs, safety for mobility and vision impaired, and recognizing that seniors did not often come out at night.

Final Questions

The across-site focus group interview data for each of the last two questions about the point where seniors need to seek more assistance in housing or other services and things giving meaning to the life of seniors were analyzed separately after the full data analysis was completed. This was to examine the focus group responses to compare the results to these same questions from the survey.

The groups' members answered the question about the point where seniors need to seek more assistance in housing or other offered services as they spoke about services needed by seniors throughout the interviews. The times for more help or services were identified as when health fails or there are temporary setbacks; upon losing mobility –either the ability to drive or walk; and with inabilities to perform residence repairs and maintenance, grocery shop, keep house or make meals. One participant with a spouse in failing health shared,

We can see the handwriting on the wall and my spouse is just now experiencing some dementia and it's very frustrating and I know the needs will be greater as time goes on. So, do we stay here, or do we move on?

All of the groups made some acknowledgement of the span of ages (55+) that are included in the label of 'senior' and how each age brings different challenges in reply to this question. An example of a challenge disclosed in one group was the experiences of caring for elder parents and at the same time, an adult child with chronic health problems. One member put it succinctly, "we have to be aware that there are different life patterns, and age groups". Two women in one group summed up the multiple times one might need assistance or more services by one finishing the other's sentence, "As you get older – it's complicated."

The final question, about what gives meaning to the life of seniors in this community, was asked directly as the closing question in all three focus groups. Most focus group members shared that raising families; living in a welcoming community; feeling connected to others, both locally and to the greater community; feeling supported and valued; and comraderies and friendships gave meaning to their lives. Multiple statements from members revealed that connections with people through program participation across the sites provided these seniors with opportunities for receiving support and caring for and helping others. They recognized that proximity to other seniors through housing or program activities fostered those connections. One member poignantly disclosed,

I love the groups of people I'm with - everybody knows everybody. You don't know them real well, like a deep, dear friend, but just to see them. Just to see how they are. Everybody has a little problem, but we're there and there for each other and we laugh... If somebody needs help, you're going to be there. When somebody gets sick, everybody feels sad or if somebody dies, we all mourn for that person.

Members of two focus groups emphasized that the Wauwatosa community and its quality public services helped give meaning to their lives. As one participant shared, "I've been here over 25 years and now being a senior and it's helped

me, the community, the city hall and stuff, has helped me to this point and I feel in the future, too, as we transition.” Others mentioned the quality of specific city services, such as the police, health and fire departments, appreciating the personable services and their responsiveness. Finally, the sentiment of “having some really positive ways to feel like you’re still giving something, you’re contributing” that keeps one mentally and physically active was conveyed by people in all the groups and agreed upon by all of the groups’ members. Examples of contributing included, helping children in the schools, giving rides, watching out for others in their neighborhoods, and volunteering.

Community Strengths and Challenges 2015

The City of Wauwatosa has a larger group of older residents than all of Milwaukee County and the State, in total and across all age categories of seniors. The senior population in Wauwatosa has stabilized in numbers in the last 10-15 years with the numbers of older seniors (75-84 years) decreasing and elder seniors (over 85 years old) on the rise. These individuals/families have lived in Wauwatosa for many years and take pride in their homes and community.

General characteristics of all the survey respondents:

The 2015 survey respondents were older and more educated than the larger senior population of Wauwatosa and consistent in racial representation. Many were long-time Wauwatosa residents averaging 35 years of residency. They were mostly home owners (87%) and retired (68%) or working full or part time (25%). The one person households reported lower income than the two person households, yet 70% of the reported incomes were over 300% of the Federal Poverty Level which is considered an upper class income (Alahanti, 2012). Just over half of the respondents were married and living with their spouses, while most of the others lived alone. Only a very small number (3.6%) who took the survey lived with friends or other relatives or paid helper. Most felt very well connected socially with many relatives and friends and had close confidants. Very few (4.9%) reported having no one in whom they could confide.

Online vs paper survey respondents

Interestingly, there were some marked demographic differences between the online survey respondents and those who chose to complete paper surveys. The online survey respondents were significantly younger (almost half under 65 and 90% under age 75) than the paper survey representing the voice of seniors of the Baby Boom generation. They had significantly higher levels of education (2x more likely to have graduate degrees) than those taking paper survey and were more likely to have professional/technical work backgrounds. Regardless of household size, the online survey respondents tend to report a significantly higher income than the paper survey respondents. Interestingly, over three times as many paper survey respondents were widowed when compared to the online respondents. Not surprisingly, the online respondents reported using the City website much more often than the paper survey respondents ($p < 0.001$).

ALTY 2015 survey respondents acknowledged the quality of life in Wauwatosa, providing praise for many of the programs and services offered to seniors and including this in their comments about gave meaning to life. Focus group members spoke about wanting to remain in Wauwatosa as they aged due to its quality services.

Challenges for seniors with transportation, housing and getting the word about senior focused programs and resources were identified. Strategies for communication with seniors of different ages and stages – from the younger seniors, who may still be raising teenagers to those more isolated and frail, will continue to be a challenge.

Limitations of the 2015 ALTY Assessment

The limitations of the 2015 ALTY survey are primarily related to the sample demographics. The survey respondents were older and more educated than the larger senior population of Wauwatosa and higher income with 70% over 300% of the Federal Poverty Level which might skew their views and experiences. Survey respondents were almost 98% year round residents due to the winter survey distribution and may not fully represent the voice of all Wauwatosa seniors. A limitation of the 2015 ALTY focus groups was that males were under-represented. Census data (U.S. Census, 2010) shows 41.4% of community adults ages 55 and older are male, and 58.6% are female, whereas focus group members were 17% male and 83% female.

A Comparative Analysis of Adding Life to Years 2002 and 2015 Assessments

The City of Wauwatosa is committed to assuring optimal quality of life for its seniors. The update and replication of the 2002 Adding Life to Years (ALTY) Assessment (<http://www.wauwatosa.net/index.aspx?nid=125>) is evidence of this commitment. A comparison of the assessment results was conducted to examine changes and trends for Wauwatosa seniors. Both the differences and similarities were examined. This included the methodology, the sample characteristics and reports of the use of community services, communication strategies, housing and safety issues, transportation, selected health-related behaviors and concerns, decision making and legal issues, relationships and social activities, spirituality and end of life issues, and financial issues.

Comparison of Methodologies

Both assessments were conducted by the UWM College of Nursing Institute for Urban Health Partnerships in collaboration with the Wauwatosa Senior Commission and Wauwatosa Health Department. The UWM Institutional Review Board approved each assessment. Both assessments took place during the winter months.

Survey

The survey questions remained the same with revisions to update senior services' names in 2015. The same number, 600, paper surveys were distributed for both assessments with about the same 30% return rate. The 2015 update added an online survey option, which added 192 completed surveys to the sample. Distribution of the paper surveys differed between 2002 and 2015. In 2002, public health nurses distributed surveys at mass flu clinics and during home visits. In 2015, the WSC Chair distributed surveys to selected local senior program sites, including the WHD. The WSC members distributed ALTY surveys to seniors in their programs and lives.

Focus Groups

The focus groups in 2015 were reduced to three from seven groups in 2002 due to funding constraints. The 2015 groups were conducted in, and outreached to members of local senior programs. In 2002, all groups were held at the WHD. Group members were interested and invited seniors and local senior-services professionals. All focus groups were conducted with similar procedures.

Survey Results Comparison

Age and Race

The City of Wauwatosa population 60 years and older remained stable between 2000 and 2010, with about a 16.5% decrease in people 75-84 years and a 21.9% increase in those over 85 years of age (U.S. Census, 2010). The ages of the survey respondents were younger in 2015 with the numbers of 65-74 year olds essentially the same (Table 34). The 2002 survey respondents included four seniors ages 48 to 54. In 2015 the sample was limited to “seniors” 55 and older. The racial composition of both surveys was similar and mirrored the makeup of Wauwatosa as a whole.

Table 34. Comparison of Frequency of Survey Respondents by Age 2002 and 2015

Age in Years	2002 Total Responses (n=224)		2015 Paper Responses (n = 199)		Online Responses (n = 162)		Total Responses (n = 361)	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
48 - 54	4	1.8	-	-	-	-	-	-
55 - 64	24	10.6	24	12.1	76	46.9	100	27.7
65 - 74	81	36.4	71	35.7	70	43.2	141	39.1
75 - 84	80	35.8	77	38.7	16	9.9	93	25.8
85 +	35	15.4	27	13.6	0	0	27	7.5

Education, Work Status, and Income

The education background of the survey respondents varied greatly from 2002 to 2015, with those in 2015 having much more college education (28% Bachelors and 24% Graduate school). In 2002, most respondents (62%) attended some college or technical school (19% in 2015) or were high school graduates (32.6%). The 2015 ALTY survey respondents were younger with more opportunities for public education.

Work status was not reported in 2002. In 2015, Most of the survey respondents were retired (68%) and almost 25% reported that they were working either full-time (13.1%) or part-time (9.8%). Sources of income were reported in both survey years. About the same number of the respondents reported receiving income from savings and investments (56-57%) and/or receiving a pension/retirement benefits (54-55%). In 2002, 88.1% reported receiving Social Security benefits as a source of income, while in 2015 only 68.5% did so. Other sources differed for both years (Table 35).

Table 35. Comparison of Other Sources of Income 2002 and 2015

Source of Income	2002	2015	Change 2002 to 2015
Military benefits	3%	2.0%	-1.0%
Wages/salary	9.4%	23.9%	+14.5%
Supplemental Social Security	3.8%	1.5%	-2.3%
Other sources	3%	4.5%	+1.5%

Disparity in incomes among one- and two-person households existed across the years (Table 36). One-person households were a lower income than the two-person. The monthly incomes related to the respective years related to Federal Poverty Guidelines were also disparate. The incomes of the survey respondents in 2002 were overall much lower than in 2015. In the latter survey, most respondents were quite well-to-do, being 300% above the federal poverty level.

Table 36. Survey Respondents Monthly Incomes Compared to the Respective Year's Federal Poverty Level (FPL) between 2002 and 2015

% FPL	One Person Households		Two Person Households	
	2002 Total Responses	2015 Total Responses	2002 Total Responses	2015 Total Responses
Below FPL	10.1%	2.9%	4.3%	1.8%
150% above FPL	29.5%	13.1%	4.3%	6.1%
200% above FPL	20.2%	14.6%	12.6%	9.1%
300% above FPL	17.1%	15.3%	28.2%	12.8%
> 300% above FPL	23.1%	54%	50.6%	70.1%

Respondents also reported on the percentage of their incomes they spend on housing, taxes, insurance, and over the counter and prescription. On average, the respondents in 2002 reported spending about 62% of available income on these categories of living expenses while in 2015 they reported spending 50% on the same categories. The biggest change was in the category of over the counter drugs with a 7.4% decrease in spending in 2015.

Housing, Household Composition, and Neighborhood Life

The survey respondents reported living in Wauwatosa on an average of 28 years with a span of 1- 77 years in 2002. This increased to an average of 35 years, ranging from 1 to 92 years in 2015. Home ownership varied greatly across the samples. Home ownership varied between the two ALTY survey years. In 2002 versus 48% owned their homes, 49% rented, and 2.8% reported “other” arrangements. In 2015, over double the number owned their homes (86.7%), fewer rented (11.7%) and 1.7% reported “other” arrangement. The living arrangements were reversed in numbers for the 2002 and 2015 survey respondents. In 2002, 37% lived with a spouse or partner, and another 52.7% lived alone. The remaining 10.2% lived with friends or other relatives or a paid helper. In 2015, 59.2% lived with spouse or partner, and another 37.2% lived alone. The remaining 3.6% lived with friends or other relatives or a paid helper. Likewise, the marital status reported by survey respondents was primarily married (38.4%) and widowed (42.7%) in 2002 and reversed in 2015 with 58.7% married and 17.8% widowed. Both surveys found that 98% of the respondents lived in Wauwatosa year round. This was due to both ALTY surveys being distributed in winter months when residents who winter in warmer climates were absent.

Most 2002 and 2015 survey respondents reported few problems within their homes or their neighborhoods from the problems listed in the survey. The two of the most frequently-cited *serious* problems were the same in the two ALTY assessments. These were “affording housing” and “making major home repairs or modifications”. The most frequent minor problems differed. In 2002 it was “maintaining and cleaning their home” (26%) and in 2015, it was making minor home repairs or modifications (28.8%). Some of these concerns may have varied due to the disparate ages and income levels of the two samples.

Over 80% of both ALTY survey respondents reported “always” or “sometimes” having people in the neighborhood whom they could contact for assistance. Few reported that they could never count on their neighbors for assistance both in 2002 (7%) and 2015 (4%).

Transportation

The percentages of ALTY survey respondents who reported being able to drive, no longer driving, and that they “do not drive when someone else is available” did not change between 2002 and 2015. The same numbers in both years reported changing their driving patterns during the past year, using the bus, using other transportation services, and needing transportation services. Specifically, they had problems with getting transportation to medical/dental appointments, routine

shopping and errands, and social activities. The only change was a 15% decrease in 2015 in those survey respondents reporting “driving when absolutely necessary.”

Community Resources

ALTY respondents were asked about their knowledge and use of community resources including various Wauwatosa and Milwaukee County community services and programs. The following were the top services that respondents reported having used in both survey years:

- Wauwatosa Community Recreation Department programs
- Wauwatosa Community Senior Centers
- Senior Club sponsored by the Wauwatosa Recreation Department
- Wauwatosa Community Public Schools “Learning never ends” Programs
- Wauwatosa Health Department services

Respondents in both years were also questioned about their knowledge of various services. Approximately the same numbers of the respondents each respective year knew about each of the services listed in the survey instrument. Services that respondents knew about, but had not used were also surveyed. This was similar between survey years. Each year, most respondents were aware of many senior services, but at the time of the survey had not used them.

Social Activities

ALTY survey respondents reported being very connected to friends and family and having many social contacts in both survey years. The numbers of relatives and friends they reported seeing each month was similar, along with having someone in whom they could confide. Very few respondents in either year reported hearing from no one in a month or having no one in whom they could confide.

Respondents were also asked whether they have responsibility for others. Just under half in each year reported that they provided care for children. Two to three percent reported being a guardian of a child. Of those who reported caring for children, the numbers of reported reasons did change over the 13 years. ‘Just for fun” (58.6%) was included for the first time in 2015. The other reasons were showed both increases and a decrease between 2002 and 2015:

- While the parents are at work (10.1% increase),
- As respite for my children or other parents (3.8% decrease),
- For emergencies (12.4% decrease).

Most respondents had a positive outlook and were interested in learning and new ideas in both surveys. The numbers in all areas increased in 2015. Interest in teaching someone about “former job skills or my hobbies” increased from 25% in 2002 to 45% in 2015. The 75% who reported interest in discovering ways to stay productive in 2002 increased in 2015 to 85%. Both of these findings represent community strength and a potential source for volunteers. About the same number each year (90-95%) of respondents reported they stay informed of city/state/national issues, which also reflects the interest of the respondents in the larger community.

When asked about the role of spirituality in their lives, about the same numbers of respondents in the two years reported that they view their spirituality/religion as a major source of support for well-being, and that they believe that their life has purpose and meaning. What differed was reported participation in a church/religious institution, which decreased from 80% in 2002 to 65% in 2015. Another difference was a 9% decrease in respondents reporting that a nurse was associated with their religious community in 2015. However, the same number of respondents each year (11%) reported consulting with the parish nurse. A similar very small number in both years reported wanting to talk to someone about spiritual changes in their life (2-3.5%).

Communication

In the ALTY surveys, respondents were queried about their sources of information for news, general health information, and community resources. The local communication sources used remained similar over the years. What changed dramatically was computer use. Over 50% more respondents had computers for use in their homes in 2015 (Table 37).

Table 37 Comparison of Respondents’ Computer Use in Home 2002 & 2015

	2002 Responses	2015 Responses
Have a computer to use in their homes	37%	88.2%
Use for Email	32.7%	93.8%
Use for Internet	25.1%	91.4%
Use for other functions	17.5%	58.3%
Use for games	12.9%	42.3%.

About the same number of respondents across surveys reported that they would be interested in receiving a city newsletter specifically for seniors and 15% less reported in 2015 that they would like to learn more about senior services. The same numbers reported being comfortable communicating with city officials and calling city departments directly.

Health

The Wauwatosa Fire Department numbers (obtained through personal communications each survey year) increased in 2015. Both sets of statistics were for the first four months of each survey year. In 2015, there was a 27% increase in all “911” calls (from 1,700 to 2,253 calls). Likewise, individuals transported to hospital emergency departments by the paramedics increased in total by 50% (from 1,031 to 1,550 individuals). The number of individuals over 60 years of age transported to the hospital increased by 24% by 2015 (from 1,031 to 1,550 transports). This approximates the about 20% increase of the population in Wauwatosa of those 60-74 years of age (Figure 2). The reasons for the transport were not reported in 2002. In 2015, transports resulted primarily from falls.

Adding Life to Years Survey Results

Respondents were asked to rate a variety of health-related items on a Likert scale related to the seriousness of the problem. These problems included utilization of health care services, costs attributed to health care, and personal health status and behavior. One major change was that only about 5% of respondents reported that paying for prescription medications was a *serious problem* in 2015 compared to 24% in 2002. When *both the serious and minor problems* were combined, another change was seen in 2015. The number of respondents in 2015 that had a problem paying for prescription medications (18.1%) had decreased from 36.5% in 2002. In addition, 20.8% in 2015 reported having a problem with paying for health insurance or co-payment compared to 39% in 2002. About the same number of respondents in each survey year reported that an insurance deductible or co-pay kept them from seeking health care in the 12 months and having a problem with understanding or managing Medicare/Insurance paperwork.

Most survey respondents (about 90%) in both years reported receiving their health care services at a physician’s office and about the same number (3-5%) reported receiving no health care in the past year. About the same numbers in 2002 and 2015 received health care in an urgent care or walk-in clinic, a hospital emergency department, and from another setting. One exception was that health care services received from the WHD declined from 2002 to 2015 (from 24.7% to 8.6%). Table 38 shows the types of health providers that respondents reported seeing in the past year. Of note, the numbers seeing physician assistants more than doubled and those seeing nurse practitioners more than tripled, while those seeing public health nurses dropped by almost 75%

Table 38. Comparison of Types of Providers Seen in 2002 & 2015

Type of Provider	2002 Responses	2015 Responses
Primary physicians	90%	87.2%
Specialty physicians	49.4%	47.4%
Physician’s assistants	11.5%	24.2%
Nurse practitioners	7.7%	22.7%
Chiropractors	10.6%	9.6%
Other health care providers	4.7%	8.6%
Public health nurses	19.6%	5.3%
Alternative healers	1.3%	4.5%
Paramedics	7.7%	4.3%

Survey respondents were asked to rate their own health status. Overall, self-rated health status improved in 2015. In 2002, 40.2% of respondents rated their health as very good or excellent, while 32.2% rated their health as good and 27.5% reported their health as fair or poor. In 2015, 62.1% rated their health as very good or excellent, while 27.4% rated their health as good and 10.5% reported their health as fair or poor. Respondents were also asked to compare their health at the time of the survey with their health one year before. In 2015, more respondents (a 6.9% increase) reported that their health was much or somewhat better than one year ago (from 13.5% to 20.4%). Most in both years considered their health about the same as the year before (60.8% and 64.9%). Improvements again occurred between 2002 and 2015 with a 10.8% decrease in those who perceived their health as somewhat worse than one year ago (23.9% vs. 13.1%). Respondents who reported their health as much worse remained about the same (1.8 and 1.6%).

The top three self-reported health problems reported each survey year *remained the same*: arthritis, high blood pressure and high cholesterol. Fourth on the lists were heart disease in 2002 (8th in 2015) and osteoporosis in 2015 (5th in 2002). The rest of the self-reported health concerns remained fairly similar between the surveys in their rankings. The respondents’ health problems aligned with State or National data that were reported in each year.

In each of the ALTY surveys, respondents described their ability to provide personal care for themselves similarly, with 90-95% managing on their own all the time. About 50% of both group “never worried” (about 25%) or “almost never worried” (about 33%) about what would happen if they become sick or disabled. Very few in each group (<3%) worried about these issues “all of the time.” About 50% reported they had made no arrangements for their care, “should they become sick or disabled” in both 2002 and 2015.

Self-care is dependent, in part, on functional ability. Respondents described how often specific health conditions or activities limited their activity. Interestingly, these remained essentially the same over the years. The top three problems that respondents in both groups reported “*always having*” were pain, walking, and climbing stairs. All of these problems were reported 1.5 times more often in the 2015 survey. When the categories of “always” and “sometimes” having problems and “rarely” and “never” were combined, the top three issues were the same across years too. These functional problems included climbing stairs, pain, and walking. Falling and fear of falling also remained similar. In 2002 and 2015 respectively, almost 30% and over 20% reported a fear of failing, and about 20 and 23% reported falling in the past year.

Health Behaviors

Most survey respondents (over 80%) in both surveys reported that they eat 3 meals per day, have had a tetanus vaccine in the past 10 years and regularly get flu shots each year. Although the numbers reported were similarly small (0.3-7%), respondents in both years reported emotional and sexual abuse, thoughts of self-harm or suicide, and problems with abuse of drugs or alcohol. Interestingly, similar number of respondents in both years also reported that they had considered end-of-life issues, such as completing a will (81-85%) and a living will and that their family or friends knew they had a living will (72.5-74.4%). When asked about other decisions related to health care and end of life issues, about 80% in both groups reported that they had designated “durable power of attorney for health care” and 72% in both groups reported they had designated a “power of attorney” for finances across the years.

Final Questions

The survey concluded with three open-ended questions:

- What gives meaning to your life?
- What circumstances/situations would cause you to move into assisted living or a nursing home?
- Is there anything else you would like us to know?

What gave meaning to life did not change over time. In both years of the survey, analyses of the first question’s responses produced the same four main categories of relationships and activities that gave meaning to life: family, friends, religion/faith, and other. The category that included “Other” responses also included the same responses in both 2002 and 2015. These included activities, volunteering, helping others, health, social and pets.

The circumstances or situations would cause them to move into assisted living or a nursing home also did not change over the years. Declining health and inability to take care of oneself or one's home were reported in the majority of all responses - over 85% (2002) and 68% (2015).

In response to the last question on the survey, "Is there anything else you would like us to know?" two major categories of responses were the same each year. These were responses related to financial issues and reactions to the survey.

Focus Group Results Comparison

The results of the focus groups varied in many ways, most likely due to the different composition of the groups. Recruitment strategies included seniors of more diverse backgrounds and senior services professionals in 2002. Recruitment for the latter focus groups in 2015 targeted seniors attending specific senior programs. A wider range of topics were shared in the 2002 focus groups. In the 2002 qualitative analyses themes emerging that were not found in 2015 included: developmental issues, such as personalities and mental health; problems of isolation; population trends; gender issues; finances; and spirituality and end of life issues. Focus group members in both ALTY assessment years spoke of housing, transportation, the changing needs of seniors as they grow older and communication issues. Both groups shared examples of current senior programs that were working and ideas for future programming and community services to benefit seniors.

Two prominent themes in both years were housing and transportation. Interestingly, the subthemes related to housing *did not change over the 13 years*. In both sets of interviews, the focus group members identified a need for affordable and subsidized low-income elderly housing and smaller, more manageable housing such as apartments. Likewise all groups spoke of needing assistance related to housing. In 2002, the emphasis was help on interpreting regulations and information related to housing and in 2015 the focus was on services needed for home maintenance.

Transportation subthemes *were the same* in 2002 and 2015. Transportation was still reported as a needed service in 2015 and driving was still equated with independence and gaining access to resources. Challenges of using the County bus system and concerns about seniors as safe drivers also spanned the years.

In the 2015 focus groups only, two additional themes were found. Health emerged as a prominent theme. Focus group members were concerned about access to health services, staying healthy and health insurance issues. One group briefly shared concerns about healthcare system reform challenges. The second major theme unique to the 2015 interviews was

Communications about Senior Resources or “Getting the Word Out”! This theme encompassed three major strategies for getting the word out to senior residents about senior resources, programs and services. Interestingly one of the strategies came up verbatim in each group. This was for a “centralized number to call in Wauwatosa.” A related strategy was to promote the Impact 211 program in locations that seniors frequent, such as the library, and through postings and brochures. The final strategy was ongoing outreach to seniors about programs and services. Creating connections for seniors with programs and services was seen as paramount for the future.

The last two questions of the 2015 focus groups were the same as those in the survey, about the point where seniors need to seek more assistance in housing or other services and things that give meaning to the life of seniors. The interview content related to each of these questions was analyzed separately in order to compare the results to the survey replies. The *results were the same* for the focus groups as the 2002 and 2015 ALTY survey respondents. The times for more help or services were identified as when health fails or there are temporary setbacks or upon losing mobility. Raising families; living in a welcoming community; feeling connected to others; feeling supported and valued; and comradeships and friendships gave meaning to their lives.

2015 Adding Life to Years Conclusions and Recommendations

The purpose of the 2015 ALTY was to update and replicate the 2002 ALTY Assessment that gathered information regarding the strengths and needs of seniors living in the City of Wauwatosa and to compare the results of the two surveys taken 13 years apart. These assessments gathered information regarding the strengths and needs of City of Wauwatosa seniors, ages 55 and over. They were then compared to determine trends and changes over time. The results help to inform the processes of city planning, policy development, and decision making by the City of Wauwatosa Board of Health, Senior Commission, Mayor, City Administrator and Common Council.

As communities seek to meet the evolving needs of the growing number of aging adults, consideration must be given as to how to best meet needs in a way that is cost-effective, conducive of optimal outcomes for physical health and psychosocial well-being, and respectful of older adults and their preferences. The areas assessed in ALTY included:

- Demographic trends
- Availability of community services and resources
- Housing and neighborhood safety issues
- Modes of transportation and transportation needs
- Health related behaviors and concerns
- Decision-making and legal issues
- Family life and social activities
- Spirituality and end of life issues
- Financial issues.

The 2015 ALTY conclusions and ALTY Assessment recommendations regarding these issues follow below.

Demographic Trends

The City of Wauwatosa has an aging population greater in size than many other suburbs in the metropolitan Milwaukee area, Milwaukee County, and the State. It ranks 8th among Milwaukee suburbs in the percentage of adults age 55 years and older comprising its population (US Census 2010). Wauwatosa also has the 2nd highest percentage of residents age 85 years and older. There is a need to continue to assess the population trends as people are living longer with the help of new technology, medications, and healthier lifestyles. The 2015 ALTY assessment identified clear developmental differences among of seniors at varying age levels. Two different generations currently occupy the age span identified as 'senior' - The Silent Generation and the Baby Boomers. The Silent Generation includes those seniors now ages 70 and

above lived during World War II and those ages 76 and older lived through the Great Depression (1929-1939). The Silent Generation is very independent and self-sufficient, perhaps not using available programs (Egri & Ralston, 2004). Seniors ages 55-69 are part of the Baby Boom post-World War II and lived through some of the most prosperous times in the US (Mellor & Rehr, 2005). There is a need to give thoughtful consideration to the changing needs of the growing aging population, particularly the population of those 55-64 years of age and older. The “graying of America,” (Kausler, 2001) describes population changes across the United States as the Baby Boomer generation moves into older adulthood. The US Census Bureau (2014) projects population increases in this group from approximately 48 million for adults age 65 and older in 2015 to 88 million in 2050. This change brings challenges as well as opportunities. By providing appropriate infrastructure and integrated services, communities benefit in many ways from the knowledge, experience, and perspective that older adults can contribute. Advocacy, planning and collaboration between interdisciplinary professionals together with senior residents are all important in building a community where residents of all ages can thrive (Alley et al., 2008). An ALTY recommendation in this area is to continue to support and advocate the city’s efforts in community planning to meet the needs of the increasing aging population.

Housing

In the comparison of the two ALTY assessments, living arrangements of the respondents were quite opposite. The 2002 survey had half as many homeowners as the 2015 survey respondents and just over four times as many renters. Likewise, there were large differences in the number of respondents who lived alone or with spouses and who were married. Almost 66% less lived with spouses and married and almost 75% more lived alone in the 2002 sample than in 2015. Despite the differences in living arrangements and the span of years between the groups of survey respondents from 2002 to 2015, both groups reported the same two *most serious* problems within their homes or their neighborhoods as **“affording housing”** and **“making major home repairs or modifications”**. City planning to include affordable housing for seniors in Wauwatosa must continue. Currently all City of Wauwatosa planning meetings are advertised and open to the public. ALTY recommendations are to:

- Increase outreach to seniors to invite their presence and valued input into the planning meetings, and
- Continue to support the city’s plan to complete the housing study in effort to include affordable housing for seniors in Wauwatosa.

Multiple efforts must be made to address the need for assistance for seniors for home repairs and modifications. It is recommended to make senior-friendly resource information from the Milwaukee County Department on Aging (<http://county.milwaukee.gov/Aging>) accessible through multiple locations, including both the WHD and WSC websites.

Although most survey respondents reported few problems within their homes or their neighborhoods, the most frequently cited serious problems of making major home repairs or modifications, affording housing, snow shoveling, grass cutting or yard work were echoed loudly by those residents in the focus groups. Another parallel between survey respondents and focus group members was the importance of having people in the neighborhood whom they could contact for assistance. Focus group members spoke at length about the importance of neighbors helping neighbors, and found this to be most critical in areas of home maintenance, including yard work and snow removal. Help with transportation and with occasional errands was also appreciated, including helping frail elders in and out of the car, and walking them to and from their destination. Checking in on neighbors and knowing that someone would be there to assist them if needed are relevant priorities for many seniors. Such neighborhood support is present in engaged communities. The CDC defined community engagement in 1997 as “the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people” (as cited in CTSA, 2011). Resources, such as the AARP Network of Age-Friendly Communities program (<http://www.aarp.org/livable-communities/network-age-friendly-communities/>) that emphasize strategies to foster and maintain community engagement need to be explored by the WSC. Investigation and support of the development of a city-wide program recognizing neighbors helping neighbors is recommended.

Social Activities and Transportation

The majority of respondents in both the 2002 and 2015 ALTY reported being active and involved with many connections with family and friends. Most said they had someone in whom they could confide. They reported that these connections, their activities, and their spirituality gave meaning to their lives. Most respondents had a positive outlook and were interested in learning and new ideas. A recommendation from this report is to leverage the willingness of the almost half of the survey respondents who reported interest in teaching someone about “former job skills or my hobbies”. This was elaborated upon in the focus groups with specific suggestions for strengthening current programs by utilizing seniors’ expertise and having seniors offer services related to their skills and talents. The focus group members emphasized intergenerational involvement as important to capitalize upon for programs. This would include the generations within the senior age groups themselves as well as the younger generations living in Wauwatosa. This in turn would lead to a more community engagement – one of the seven livability categories in the AARP Livability Index (<https://livabilityindex.aarp.org/>). One solution to engage more Wauwatosa residents across generations would be promotion of the Milwaukee Area Time Exchange (<http://mketimeexchange.org/>) through the WHD or the WSC. Time exchanges or time banks are emerging nationally and provide a network of members sharing knowledge, skills and talents. One hour of service is given which then provides one hour of credit redeemable for other members’ services.

Both 2002 and 2015 focus group members spoke at length transportation and mobility as crucial for maintaining both independence and quality of life. ALTY respondents identified transportation as related to both the point where seniors need to seek more assistance in housing or other services and things that give meaning to the life across the years. This may be why such emphasis on transportation programs was apparent in the 2002 and 2015 ALTY Assessments. About 15% of both the 2002 and 2015 survey respondents had problems with getting transportation to medical/dental appointments, routine shopping and errands, and social activities.

Both 2015 focus group members and survey respondents expressed concerns with seniors driving past a time when it is safe. They recommended older drivers having more frequent driver's license renewal tests. Affordable, accessible transportation is important, and focus group members would like to see increases in the availability of both. This meant portal-to-portal service since getting to bus stops was seen as a barrier. The WSC 2012 "Senior Transportation Option Brochure" (<http://www.wauwatosa.net/index.aspx?NID=248>) is found on their website and includes door-to-door transportation services (appendix E). Grant funding should be sought for vans and shuttles to provide transportation for local senior programs and services.

Community Resources and Communication

In both 2002 and 2015, many ALTY survey respondents (55% to 75%) knew of community services that were available to them, however, not all respondents needed or utilized the services. Across the years, recommendations were made for improved access to information and communication about senior services and improved coordination and collaboration between programs. Of particular note was the growing use of computers by survey respondents. Since the 2002 ALTY survey was implemented, the City web site was created. Previously, there was a paper newsletter mailed (quarterly at the time of the 2002 survey). The online newsletter was met by mixed reviews. In the 2015 ALTY, over 88% of the survey respondents reported having a computer in their homes and over 60% used the City website. Senior- focused materials must be provided on the City website. The WSC must regularly update their 2000 brochure, "Who do I call in case of an emergency" (senior resource guide) and disseminate them online and in print at senior programs.

Focus group members recommended strategies for getting the word out to senior residents about senior resources, programs and services upon which immediate action is urged. These included:

- A centralized number to call in Wauwatosa for information on needed senior services in addition to the existing Milwaukee County Department on Aging (<http://county.milwaukee.gov/Aging>) and WHD Department Information and Referral Lines (<http://wauwatosa.net/index.aspx?NID=121>).

- Promotion of Impact 211 (<http://www.impactinc.org/>) in locations that seniors frequent, such as the library, and through postings and brochures.
- Multiple methods of outreach, such as notices in seniors' property tax bills, a Tosa NOW newspaper section dedicated to senior's issues, resources, programs and activities, and a senior programs and services introduction packet for new senior residents
- Continued communications through multiple media, including the U.S. Postal Service, the internet, Neighborhood Associations Council, City newsletters (mailed and emailed), Wauwatosa NOW, Brochures, and word-of-mouth campaigns.

One final recommendation to improve communication is to frame program planning, evaluation and marketing priorities for services and organizations that respondents in 2015 reported they "did not know about" (Table 20). For example:

- Programs unknown to >50% of respondents may gain from intensive outreach efforts;
- Programs unknown to 25%-50% of respondents may profit from more focused outreach; and
- Well known programs may be employed as models for the other programs.

All senior programs should communicate, collaborate and coordinate services to empower seniors to seek and use needed community services. Other 2015 ALTY data that could be used to assist with program planning, evaluation and marketing priorities is the selected demographic variables related to identified problems results in Tables 28 and 29.

Health Issues

The health of seniors in Wauwatosa is similar to that of seniors in the County and the State. The 2015 ALTY survey showed an increase of over 20% in respondents self-rating their health as very good or excellent. This needs to be maintained and built upon. Both the 2002 and 2015 ALTY assessments contained the same top three self-reported health problems: arthritis, high blood pressure and high cholesterol with at least 25% and up to almost 50% of the respondents reporting each (Table 24). Programs targeting seniors for education on self-management of chronic diseases need to be offered and accessible for the younger seniors who may be employed. These could be run through the WHD weekly adult clinics weekly. Other resources that could be explored to support such program development include:

- The UWM Center for Aging and Translational Research (<http://uwm.edu/catr/>), which aims to facilitate research, education and training excellence and translate effective interventional strategies to broadly promote successful aging in Southern Eastern Wisconsin and beyond , and
- UWM College of Nursing experts in its Self-Management Science Center (<http://www4.uwm.edu/nursing/about/centers-institutes/self-management/index.cfm>)
- Froedtert Hospital Patient Support Groups and Classes for condition management (<http://www.froedtert.com/health-library/condition-management>) which includes heart disease and orthopedic conditions, including arthritis.

Experts from these institutions might be invited to speak at local senior programs.

Both the 2015 Fire Department statistics and the functional ability concerns reported by survey respondents point to a need for the institution of improved accessibility and safety measures in Wauwatosa. Over 20% of respondents in 2015 reported a fear of failing and about 23% reported having fallen in the past year, along with the identified top functional ability issues of climbing stairs, pain, and walking which were reported about 1.5 times more often than in 2002. Health education programs can be designed to address these issues, including information about improved balance, pain management, and drug actions and interactions. Fall risk screenings might be conducted with the help of the UWM Center for Aging and Translational Research community services (<http://uwm.edu/catr/communityengagement/fall-risk-screenings/>). Case management systems will need to expand as seniors' age and their health and functional assistance needs become greater. Funding might be sought by the WHD for nurse case management programs. Case management for seniors might be explored by the WFD through a community paramedics program (Lerner, 2013) as launched in Milwaukee in April 2015 (UW, 2015). WFD data is routinely generated. Further analysis of 911 calls is recommended as a source of local information about specific health needs for seniors.

The responses to the Health Behaviors surveyed revealed that pneumonia shots were needed for over 33% of the respondents and annual flu shots for about 20% of them. New strategies need to be developed for education, outreach and delivery of these immunizations for seniors, including the younger ages of 55-64 years. Immunization clinics are now offered several times a month at the WHD (<http://wauwatosa.net/immunizationclinics>). New strategies might include expanding the WHD services to onsite at local senior programs or in seniors' homes. Local Walgreens stores provide immunizations in their pharmacies and appointments can be made online (https://www.walgreens.com/pharmacy/scheduler/scheduler_home.jsp) or in-person. Outreach from the local Walgreens stores might be invited through senior programs.

Although the reported numbers were low of emotional, physical, and/or physical abuse and problems with drugs or alcohol, they were consistent from 2002 to 2015. These reports indicate a need for professionals to assess emotional/mental health and abuse issues among senior residents. A sufficient number of programs and services must be identified for treatment. The WHD in cooperation with the Milwaukee County Behavioral Health Division (<http://www.mrmccampus.org/members/behavioral-health>) needs to create an inventory of available local services.

Summary

The ALTY 2015 findings and its comparison to the ALTY 2002 suggest that seniors, ages 55 and over, in Wauwatosa continue to be a very healthy, independent group of individuals who are very invested in their families and other social networks. One very positive finding was that since the 2002 ALTY assessment there was an over 20% increase in those self-rating their health as 'very good' or 'excellent'. Further research is needed to discern which changes instituted in Wauwatosa may have impacted this trend. There were clear needs among this population group as well, including transportation, housing, and communication about services. The ALTY 2015 Assessment is part of a continuing process in Wauwatosa for community planning for senior programs that match their assessed needs. The outcome of this community assessment and strategic planning process will be a community of Wauwatosa seniors who will be valued by its other citizens and continue to "add life to their years."

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WAUWATOSA SENIOR NEEDS ASSESSMENT (Ages 55+)

COMMUNITY SERVICES

1. The City of Wauwatosa and Milwaukee County provide a variety of services for seniors. Please fill in the appropriate circle for each of the following the services. (Have used means you have used the service in the past five years)

A. Wauwatosa Health Department	Have used	Know about have not used	Don't know about
a. Flu Clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Information & Referral Nurse Telephone Line (414-479-8939)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Adult Health Clinics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Public Health Nurse Home Visiting Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Environmental Health Services (e. g. restaurants, pool inspections)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. "Focus on Health" community educational programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Stop smoking resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Immunization Clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. Wauwatosa Police/Fire Departments	Have used	Know about have not used	Don't know about
a. Telephone Reassurance(those that live alone/disabled)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Home Security Survey - Police Department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Safety Education Programs - Fire Department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Tosa Cares (clothing and food for needy individuals)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Lockbox program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C. Other Wauwatosa community programs	Have used	Know about have not used	Don't know about
a. Senior Centers (Hart Park)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Senior Club (City Hall/Library)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Recreation Department programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Public Schools "Learning never ends" Programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Public Works Dept. special garbage collection for the elderly/disabled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Tosa Community Food Pantry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. AARP volunteer senior tax form assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Wauwatosa Library homebound delivery services (prior to 2011)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Interfaith Older Adult Programs (two neighborhood outreach programs connecting older people with the help they need to remain in their own homes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

i. Interfaith - Greater Tosa	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ii. Interfaith - Sherman/Northwest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

j. Wauwatosa is a good place to live as an older adult Strongly agree Agree Disagree Strongly Disagree

D. Milwaukee County Department on Aging	Have used	Know about have not used	Don't know about
a. Elderlink information telephone line	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Department on Aging social services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Senior Meal program (Various nutrition sites)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Home delivery of meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please list any additional comments about community services.

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COMMUNICATION

2. Please fill in the circles for all the sources of information you use to learn about Wauwatosa news, general health information, and resources.

- | | | |
|---|---------------------------|--------------------------|
| a. City of Wauwatosa newsletter | <input type="radio"/> Yes | <input type="radio"/> No |
| b. City of Wauwatosa web site on the computer (www.Wauwatosa.net) | <input type="radio"/> Yes | <input type="radio"/> No |
| c. City of Wauwatosa Cable TV channel | <input type="radio"/> Yes | <input type="radio"/> No |
| d. Neighborhood Association Newsletter | <input type="radio"/> Yes | <input type="radio"/> No |
| e. Block Watch Newsletter- Police Dept | <input type="radio"/> Yes | <input type="radio"/> No |
| f. Wauwatosa News Times NoW | <input type="radio"/> Yes | <input type="radio"/> No |
| g. Express Coffee (Local Free Newspaper) | <input type="radio"/> Yes | <input type="radio"/> No |
| h. Milwaukee Journal Sentinel | <input type="radio"/> Yes | <input type="radio"/> No |

3. I call city departments directly. Yes No

4. I would like to learn more about senior services. Yes No

5. I stay informed of city / state / national issues. Yes No

6. I would be interested in receiving a city newsletter specifically for seniors. Yes No

7. I am comfortable communicating with city officials. Yes No

8. I would like to learn how to use a computer. Yes No

9. I have a computer at home to use. Yes No

9a. I would like to improve my computer skills Yes No

9b. I use social media (e.g. Facebook & Twitter) Yes No

10. I use my computer for: Internet E-mail Games Other functions

Please list any additional comments about communication.

HOUSING and SAFETY

11. Below is a list of problems that people sometimes have with their home or neighborhoods. Please indicate whether each issue is a serious problem, a minor problem, or not a problem for you.

- | | Serious Problem | Minor Problem | No Problem |
|--|-----------------------|-----------------------|-----------------------|
| a. Affording housing | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Maintaining/cleaning my home | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Having enough money to pay bills | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Preparing or getting meals | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Getting my mail | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Getting my garbage/recycling to the street | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Feeling safe in my home | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Feeling safe in my neighborhood | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Installing home safety improvements (e.g. smoke detectors, new locks or bars on doors or windows) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. Snow shoveling, grass cutting or yard work | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| k. Making minor home repairs or modifications | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| l. Making major home repairs or modifications | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please list any additional comments about housing and safety.

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TRANSPORTATION

12. Below is a list of problems that people sometimes have. Please indicate whether each issue is a serious problem, a minor problem, or not a problem for you.

	Serious Problem	Minor Problem	No Problem
a. Getting transportation to medical /dental appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Getting transportation for routine shopping and errands	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Getting transportation to social activities; senior centers, church and other destinations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13 Please fill in the appropriate circle (YES or NO) in responding to the following items.

	Yes	No
a. I am able to drive.	<input type="radio"/>	<input type="radio"/>
b. I do not drive when someone else is available to drive.	<input type="radio"/>	<input type="radio"/>
c. I drive only when absolutely necessary.	<input type="radio"/>	<input type="radio"/>
d. I have changed my driving pattern in the past year.	<input type="radio"/>	<input type="radio"/>
e. I no longer drive.	<input type="radio"/>	<input type="radio"/>
f. I use the bus. If yes, do you use it: <input type="radio"/> often <input type="radio"/> Occasionally <input type="radio"/> rarely	<input type="radio"/>	<input type="radio"/>
g. I use other transportation services. (e.g. van services, transit plus and cabs).	<input type="radio"/>	<input type="radio"/>
h. I am in need of transportation.	<input type="radio"/>	<input type="radio"/>
i. I use the City of Wauwatosa transportation brochures	<input type="radio"/>	<input type="radio"/>

Please list any additional comments about transportation

HEALTH RELATED CONCERNS

14. In general, how would you rate your health? Excellent Very Good Good Fair Poor

15. Compared to one year ago, how would you rate your general health?

- Much better than one year ago Somewhat worse than one year ago
 Somewhat better than one year ago Much worse than one year ago
 About the same

16. In the past twelve (12) months what type of health service(s) have you used for your health care? (Fill in **all** of the circles that apply.)

- None Doctor's office
 Urgent care/walk-in clinics Health Department
 Hospital emergency rooms Other _____

17. In the past twelve (12) months who provided health care for you?

(Fill in **all** of the circles that apply.)

- Primary Doctor Nurse Practitioner Public health nurse
 Physician's assistant Specialist Doctor 911/Paramedic
 Alternative healer Chiropractor Other _____

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18. Below is a list of problems that people sometimes have. Please indicate whether each issue is a serious problem, a minor problem or not a problem for you.

	Serious Problem	Minor Problem	No Problem
a. Obtaining health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Paying for health insurance or co-payment (supplements)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Paying for prescription medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Remembering to take medication(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Understanding or managing Medicare\Insurance paperwork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Getting healthy foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Having a safe place to exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Having access to smoke-free environments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. Below is a list of common health problems. Fill in the circle next to ANY health problem(s) you have.

- | | |
|--|---|
| <input type="radio"/> Alcohol/drug problem | <input type="radio"/> Kidney disease/dialysis |
| <input type="radio"/> Alzheimer's or other significant memory loss | <input type="radio"/> Liver disease |
| <input type="radio"/> Arthritis | <input type="radio"/> Mental health problems |
| <input type="radio"/> Cancer | <input type="radio"/> Multiple sclerosis |
| <input type="radio"/> Depression | <input type="radio"/> Osteoporosis |
| <input type="radio"/> Diabetes | <input type="radio"/> Parkinson's Disease |
| <input type="radio"/> Emphysema /asthma /chronic bronchitis | <input type="radio"/> Seizure disorder |
| <input type="radio"/> Heart disease | <input type="radio"/> Skin cancer |
| <input type="radio"/> High blood pressure | <input type="radio"/> Stroke |
| <input type="radio"/> High cholesterol | <input type="radio"/> Other _____ |

20. Some problems common among individuals may limit activity. How often do these problems limit your activity?

	Always	Sometimes	Rarely	Never
a. Vision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Hearing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Speech	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Dental health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Skin disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Walking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Climbing stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Breathing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Heart and circulation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Digestion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Bowel function (constipation / diarrhea)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Urinary function (bladder control/emptying)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Memory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Sexual dysfunction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Depression/ loneliness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. Fear of falling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r. Brittle bones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s. Other _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please list any additional comments about health related concerns.

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HEALTH BEHAVIORS

21. I have had the pneumonia vaccine shot. Yes No

22. I get a flu shot each year. Yes No

23. I have had a tetanus vaccine in the past 10 years. Yes No

24. Do you use a cane, walker, wheelchair or motorized scooter? Yes No

25. Have you fallen within the past year? Yes No

26. How long has it been since your last blood stool test for colorectal cancer?

- Within the past year Between 1 and 2 years Between 2 and 3 years Never
 Between 3 and 5 years More than 5 years Don't know/ not sure

27. How long has it been since your last exam for colorectal cancer?

- Within the past year Between 1 and 2 years Between 2 and 3 years Never
 Between 3 and 5 years More than 5 years Don't know/ not sure

28. How many hours do you sleep a day? hours

29. How many hours do you nap a day? hours

30. How many times do you get up during the night?

31. If you have an exercise routine, how many days per week do you exercise?

- No exercise routine 1-2 days per week 3-4 days per week 5-7 days per week

32. Do you eat 3 meals a day? Yes No

33. How many servings of fruits and /or vegetables do you eat per day?

- None 1-2 servings 3-4 servings 5 or more

34. As a senior citizen:

a. I have been physically abused. Yes No

b. I have been sexually abused. Yes No

c. I have been emotionally abused. Yes No

35. I am concerned about my use of alcohol. Yes No

36. Others are concerned about my use of alcohol. Yes No

37. I am concerned about my use of over-the-counter drugs. Yes No

38. Others are concerned about my use of over-the-counter drugs. Yes No

39. I have thoughts of self harm or suicide. Yes No

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Questions 40-41 are to be completed by men only.

40. How long has it been since your last digital rectal exam for prostate cancer?

- Within the past year Between 1 and 2 years Between 2 and 3 years Never
 Between 3 and 5 years More than 5 years Don't know/ not sure

41. How long has it been since you had your last PSA blood test for prostate cancer?

- Within the past year Between 1 and 2 years Between 2 and 3 years Never
 Between 3 and 5 years More than 5 years Don't know/ not sure

Questions 42-46 are to be completed by women only.

42. Have you ever had a breast exam? Yes No

43. Do you know how to examine your own breast for lumps? Yes No Don't know /Not sure

44. How often do you examine your breasts for lumps? Daily Weekly Monthly Yearly Never

45. How long has it been since your last breast exam by a doctor, nurse, or trained health professional?

- Within the past year Between 1 and 2 years Between 2 and 3 years Never
 Between 3 and 5 years More than 5 years Don't know/ not sure

46. How long has it been since your last mammogram (x-ray of your breasts)?

- Within the past year Between 1 and 2 years Between 2 and 3 years Never
 Between 3 and 5 years More than 5 years Don't know/ not sure

Please list any additional comments you have about health behaviors.

DECISION-MAKING and LEGAL ISSUES

Fill in the circle(s) that apply to you.

47. I manage my own personal care.

- All of the time Some of the time Almost never Never

48. I worry about what would happen to me if I became sick or disabled.

- All of the time Some of the time Almost never Never

49. I have made arrangements for my care, should I become sick or disabled. Yes No

50. I have designated (legally named) another person to be my Durable Power of Attorney for health care.

- Yes No I don't know what Durable Power of Attorney for "health care" means.

51. I have designated another person to be my Power of Attorney for finances.

- Yes No I don't know what Power of Attorney for "finances" means

52. I have a will. Yes No

53. I have a living will (a document stating your wishes about life support). Yes No

54. My family and friends know that I have a living will. Yes No

Please list any additional comments about decision-making and legal issues.

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RELATIONSHIPS, SOCIAL ACTIVITIES AND SPIRITUALITY

Please fill in the following boxes with the number of persons with whom you are in contact.

55. How many relatives do you see or hear from at least once a month?

56. How many friends do you see or hear from at least once a month?

57. Do you have someone in whom you can confide? Yes No

58. I am primarily responsible for a child /adult that is disabled (i.e. developmentally, physically, mentally, due to complications of aging or drug or alcohol addiction). Yes No

59. I care for my grandchildren (or other children) at the following times: (Fill in circles of **all** that apply)

- When my own children (or other parents) are at work Just for fun
- As respite for my children or other parents I do not take care of children
- During emergencies

60. Are you a guardian for a grandchild (or other child)? Yes No

	Always	Sometimes	Rarely	Never
61. I would like to teach someone about my former job skills or my hobbies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
62. I am open to new ideas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
63. I actively pursue new learning experiences.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
64. I would like to discover ways to stay productive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
65. I am basically satisfied with my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
66. I dropped many of my previous activities and interests.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
67. I feel my life is empty.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
68. I get bored.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
69. I am in good spirits most of the time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
70. I am afraid that something bad is going to happen to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
71. I feel happy most of the time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
72. I feel helpless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
73. I prefer to stay at home, rather than going out and doing new things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
74. I feel I have more problems with memory than most.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
75. I think it is wonderful to be alive now.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
76. I feel pretty worthless the way I am now.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
77. I feel full of energy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
78. I feel that my situation is hopeless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
79. I think that most people are better off than I am.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
80. I find meaningful activities to use my time and energy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
81. I find opportunities to learn new things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
82. There are people in my neighborhood I feel I can contact for assistance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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83. I view my spirituality/ religion as a major source of support for my well being. Yes No

84. I believe that my life has purpose and meaning. Yes No

85. Do you worship in a church/ religious institution? Yes No

a. Do you attend church/ religious institution that has a parish nurse? Yes No

b. If you answered yes, have you consulted with the nurse during the past year? Yes No

86. I would like to talk to someone about spiritual changes in my life. Yes No

Please list any additional comments about relationships, social activities and spirituality.

DEMOGRAPHICS

87. Please indicate your work status: (Fill in circles of all that apply)

- Employed-full time Unemployed Actively seeking employment
 Employed-part time Laid off or on strike Emotionally /psychologically disabled/unable to work
 Retired Student Physically disabled /unable to work

88. Please indicate your current or past occupation (choose the best response):

- Clerical Homemaker Professional/technical Sales worker
 Craftsman Laborer Manager/proprietor/official Service worker
 Operative:assemblers/machine operators Other _____

89. How long have you lived in Wauwatosa? years

90. Do you live in Wauwatosa year round? Yes No

91. What is your zip code?

92. What is your gender (sex)? Male Female

93. How many people are in your household? (including you) People

94. What is your present age in years? years

95. How do you describe yourself? (Please fill in the circle of all that apply):

- White /Caucasian Hispanic American Indian /Native American
 Black /African American Asian/Oriental/Pacific Islander Other _____

96. What is your marital status?

- Married/Partnered Widowed Separated Divorced Never married

97. What is the highest grade in school that you have completed?

- 8th grade or less High school graduate or GED Bachelor's Degree (4 yr.)
 Some high school Some college or technical school Master's degree
 Some graduate school Associate Degree (2 yr.) Doctorate degree

98. What are the source(s) of your income? (Indicate **all** that apply)

- Military benefits Social Security Pension/Retirement benefits Savings/Investments
 Wages/salary Supplemental Social Security Income (SSI) Other _____

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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99. Do you own or rent your residence?

Own Rent Other _____

100. Do you live:

alone with friends or other relatives (not spouse/partner)
 with spouse/partner with paid helper only

101. What is your type of housing?

Single residence Group Residential Care Setting
 Apartment/Multi unit residence Health Care Facility/ Nursing Home
 Assisted living/ Apartment with services Other _____

102. Please estimate the percentage of your income you spend on:

Housing and Repairs %

Taxes %

Drugs (over-the-counter and prescription) %

Insurance premiums %

103. My monthly household income before taxes is: (Choose the category that applies to your household.)

One Person Household

Less than \$973 a month Between \$1,946 and \$2,433 a month
 Between \$973 and \$1,459 a month More than \$2,433 a month
 Between \$1,460 and \$1,945 a month

Two Person Household

Less than \$1,311 a month Between \$2,623 and \$3,278 a month
 Between \$1,311 and \$1,966 a month More than \$3,278 a month
 Between \$1,967 and \$2,622 a month

If more than two person household, please estimate your monthly income before taxes \$
and indicate the number of people (including yourself) in your household. People

104. Has your deductible or co-pay for your insurance kept you from seeking health care in the last 12 months? Yes No

WHAT DO YOU THINK?
(use the back of the survey if needed)

What gives meaning to your life?

What circumstances /situation(s) would cause you to move into assisted living or a nursing home?

Is there anything else you would like us to know?

If you are interested in receiving more information about the services available for you call the Wauwatosa Health Department Information and Referral Nurse Line at 414-479-8939

THANK YOU FOR COMPLETING THIS SURVEY

For office use only



Appendix B. Adding Life to Years Assessment Outreach Strategies

Table 39. Adding Life to Years (ALTY) Publicity Efforts by Wauwatosa Senior Commission (WSC) Chair

<i>Date(s)</i>	<i>Action taken (person responsible, if not WSC Chair)</i>
11/09/14	Scheduled focus group: Courtyard Apartment Residents (for 11/17/14)
11/17/14	ALTY Senior Health Assessment publicity and distribution strategies on WSC meeting agenda
11/25/14	Delivered paper surveys to Wauwatosa Health Dept.(WHD)
12/8/14	Delivered paper surveys to Interfaith Board of Directors at meeting
12/5/14	Delivered paper surveys to Adult Health Clinic this week and future weeks (PHNs)
12/5/14	Delivered paper surveys to neighbors
12/5/14	Delivered paper surveys to Hart Park Senior Center classes
12/5/14	Delivered paper surveys to Hart Park Senior Center meal site
12/5/14	Provided paper surveys to WSC members, for further distribution
12/5/14	Promotion initiated by Wauwatosa Senior Commission members (ongoing)
12/5/14	Promotion initiated by Wauwatosa Health Department (ongoing)
1/20/15	The ALTY Survey available online via Wauwatosa Health Department SurveyMonkey
1/24/15	Promotion by City Mayor (ongoing)
1/24/15	E-Blast of Wauwatosa NOW article to Neighborhood Action Committees (NAC)
1/24/15	Survey flyer distributed to senior housing complexes or apartment buildings, libraries, grocery stores, and pharmacies
1/24/15	Surveys available at the Wauwatosa Health Department (WHD) and Tosa Senior Club, both at 7725 W. North Ave.; and at the Hart Park Senior Center, 7300 Chestnut St.
1/29/15	Article in Wauwatosa NOW newspaper- in print and online at: http://www.wauwatosanow.com/news/wauwatosa-senior-commission-surveying-seniors-b99435767z1-290260191.html
1/28/15	Announcement on Wauwatosa city cable network
1/30/15	WHD e-blast of announcement about online survey to all Wauwatosa adult living facilities, child care facilities, faith-based organizations, private schools and public schools
1/30/15	Mailing of paper survey to recipients of city newsletter (80 seniors)
1/30/15	Paragraph on city website front page with SurveyMonkey hyperlink to electronic survey
1/30/15	Outreach to WSC Chair's Neighborhood Association to do e-blast
1/30/15	Outreach to other senior groups to distribute surveys and recruit for Focus Groups

1/30/15	Project telephone hotline activated
1/30/15	Paper surveys delivered by local home healthcare provider group to homebound seniors (approximately 20)
2/8/15	Focus group #3 set for Wauwatosa Senior Club on 2/18/15.
2/27/15	WHD E-blast announcing survey to Health Department contacts
2/27/15	In-person survey distribution at Hart Park Senior Center
3/4/15	Outreach to WSC members for additional survey distribution to friends, neighbors, etc.
3/4/15	Request for help from WSC members and affiliates to outreach senior housing complexes- San Camillo and Serafino Square
3/4/15	E- blast to Neighborhood Action Committees (by Mayor's office)
3/4/15	Senior Survey Promotion added to Hot Topics on city website (by Mayor's office)
3/4/15	Continued outreach for survey participation among previously contacted senior groups
3/17/15	Online and paper survey collection completed

Appendix C. Frequencies of Selected Survey Questions Not Included in the Text (Tables 40 – 43).

Table 40. Households by Presence of People 60 Years and Over, Household Size, and Household Type Residing in Wauwatosa.

Description	Number	Percent
Total:	20,435	100.00
Households with one or more people 60 years and over	7,080	34.65
1 person household	3,514	17.20
2 or more person household	3,566	17.45
Family households	3,387	16.57
Nonfamily households	179	0.88
Owner occupied, householder over 65	3,165	15.49
Married couple, householder over 65	1,499	7.34
Other family, male householder over 65, no wife present	67	0.33
Other family, female householder over 65, no husband present	232	1.14
Non family household, male householder over 65, living alone	325	1.59
Non family household, male householder over 65, not living alone	26	0.13
Non family household, female householder over 65, living alone	975	4.77
Non family household, female householder over 65, not living alone	41	0.20
Renter occupied, householder over 65 years	2,028	9.92
Married couple, householder over 65	271	1.33
Other family, male householder over 65, no wife present	12	0.06
Other family, female householder over 65, no husband present	50	0.24
Non family household, male householder over 65, living alone	358	1.75
Non family household, male householder over 65, not living alone	9	0.04
Non family household, female householder over 65, living alone	1,305	6.39
Non family household, female householder over 65, not living alone	23	0.11

Source: U.S. Census Bureau, 2010 Census.

Table 41a. Issues Reported Within Homes and Neighborhoods (ranked by total serious problem).

Issue	Paper Responses						Online Responses						Total Responses					
	Serious Problem		Minor Problem		No problem		Serious Problem		Minor Problem		No problem		Serious Problem		Minor Problem		No problem	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Making major home repairs or modifications (n = 361)	32	16.8	50	26.3	108	56.8	16	9.4	49	28.7	106	62.0	48	13.3	99	27.4	214	59.3
Affordable housing (n = 375)	17	8.4	19	9.4	166	82.2	12	6.9	29	16.8	132	76.3	29	7.7	48	12.8	298	79.5
Snow shoveling, grass cutting or yard work* (n = 372)	14	7.1	64	32.5	119	60.4	9	5.1	36	20.6	130	74.3	23	6.2	100	26.9	249	66.9
Making minor home repairs or modifications (n = 371)	11	5.6	62	31.6	123	62.8	6	3.4	45	25.7	124	70.9	17	4.6	107	28.8	247	66.6
Having enough money to pay bills (n = 377)	6	3.0	25	12.3	172	84.7	11	6.3	22	12.6	141	81.0	17	4.5	47	12.5	313	83.0
Maintaining/cleaning my home (n = 375)	6	3.0	56	27.7	140	69.3	7	4.0	40	23.1	126	72.8	13	3.5	96	25.6	266	70.9
Getting my garbage/recycling to the street (n = 375)	5	2.5	25	12.5	170	85.0	3	1.7	13	7.4	159	90.9	8	2.1	38	10.1	329	87.7
Installing home safety improvements (n = 371)	3	1.5	36	18.3	158	80.2	2	1.1	25	14.4	147	84.5	5	1.3	61	16.4	305	82.2
Preparing or getting meals (n = 377)	1	0.5	16	7.9	186	91.6	4	2.3	13	7.5	157	90.2	5	1.3	29	7.7	343	91.0
Feeling safe in my home (n = 378)	1	0.5	30	14.8	172	84.7	3	1.7	21	12.0	151	86.3	4	1.1	51	13.5	323	85.4
Feeling safe in my neighborhood (n = 373)	1	0.5	38	19.1	160	80.4	2	1.1	33	19.0	139	79.9	3	0.8	71	19.0	299	80.2
Getting my mail (n = 377)	0	0	6	3.0	196	97.0	2	1.1	5	2.9	168	96.0	2	0.5	11	2.9	364	96.6

Note: * $p < 0.05$

Table 41b. Issues Reported Within Homes and Neighborhoods (sorted by total minor problem).

Issue	Paper Responses						Online Responses						Total Responses					
	Serious Problem		Minor Problem		No problem		Serious Problem		Minor Problem		No problem		Serious Problem		Minor Problem		No problem	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Making minor home repairs or modifications (n = 371)	11	5.6	62	31.6	123	62.8	6	3.4	45	25.7	124	70.9	17	4.6	107	28.8	247	66.6
Making major home repairs or modifications (n = 361)	32	16.8	50	26.3	108	56.8	16	9.4	49	28.7	106	62.0	48	13.3	99	27.4	214	59.3
Snow shoveling, grass cutting or yard work* (n = 372)	14	7.1	64	32.5	119	60.4	9	5.1	36	20.6	130	74.3	23	6.2	100	26.9	249	66.9
Maintaining/cleaning my home (n = 375)	6	3.0	56	27.7	140	69.3	7	4.0	40	23.1	126	72.8	13	3.5	96	25.6	266	70.9
Feeling safe in my neighborhood (n = 373)	1	0.5	38	19.1	160	80.4	2	1.1	33	19.0	139	79.9	3	0.8	71	19.0	299	80.2
Installing home safety improvements (n = 371)	3	1.5	36	18.3	158	80.2	2	1.1	25	14.4	147	84.5	5	1.3	61	16.4	305	82.2
Feeling safe in my home (n = 378)	1	0.5	30	14.8	172	84.7	3	1.7	21	12.0	151	86.3	4	1.1	51	13.5	323	85.4
Affordable housing (n = 375)	17	8.4	19	9.4	166	82.2	12	6.9	29	16.8	132	76.3	29	7.7	48	12.8	298	79.5
Having enough money to pay bills (n = 377)	6	3.0	25	12.3	172	84.7	11	6.3	22	12.6	141	81.0	17	4.5	47	12.5	313	83.0
Getting my garbage/recycling to the street (n = 375)	5	2.5	25	12.5	170	85.0	3	1.7	13	7.4	159	90.9	8	2.1	38	10.1	329	87.7
Preparing or getting meals	1	0.5	16	7.9	186	91.6	4	2.3	13	7.5	157	90.2	5	1.3	29	7.7	343	91.0
Getting my mail (n = 377)	0	0	6	3.0	196	97.0	2	1.1	5	2.9	168	96.0	2	0.5	11	2.9	364	96.6

Note: * $p < 0.05$

Table 42a. Mortality by Cause of Death for Those Ages 55-64 Ranked by Most Frequent.

Age 55-64												
Condition	Men				Women				Total			
	County		State		County		State		County		State	
	#	Rank	#	Rank	#	Rank	#	Rank	#	Rank	#	Rank
Malignant neoplasms	987	1	5514	1	824	1	4521	1	1811	1	10035	1
Diseases of heart	936	2	4104	2	434	2	1539	2	1370	2	5643	2
Other causes	324	3	1833	3	289	3	1407	3	613	3	3240	3
Accidents (unintentional injuries)	195	4	961	4	94	5	440	5	289	4	1401	4
Chronic lower respiratory disease	83	8	609	5	108	4	572	4	191	6	1181	5
Diabetes mellitus	86	7	594	6	71	6	334	6	157	8	928	6
Cerebrovascular disease	122	5	515	8	71	6	334	6	193	5	849	7
Chronic liver disease and cirrhosis	119	6	580	7	59	8	251	8	178	7	831	8
Intentional self-harm (suicide)	65	9	489	9	18	12	135	10	83	10	624	9
Nephritis, nephrotic syndromes and nephrosis	55	10	210	10	47	9	167	9	102	9	377	10

Source: WI DHS, 2015

Table 42b. Mortality by Cause of Death for Those Ages 65-74 Ranked by Most Frequent.

Age 65-74												
Condition	Men				Women				Total			
	County		State		County		State		County		State	
	#	Rank	#	Rank	#	Rank	#	Rank	#	Rank	#	Rank
Malignant neoplasms	1122	1	7744	1	952	1	6206	1	2074	1	13950	1
Disease of heart	855	2	4966	2	569	2	2668	2	1424	2	7634	2
Other causes	335	3	2314	3	365	3	2201	3	700	3	4515	3
Chronic lower respiratory diseases	179	4	1360	4	210	4	1301	4	389	4	2661	4
Cerebrovascular disease	118	5	798	5	126	5	674	5	244	5	1472	5
Diabetes mellitus	84	7	671	6	86	6	485	6	170	6	1156	6
Accident (unintentional injuries)	97	6	638	7	69	8	392	7	166	7	1030	7
Nephritis, nephrotic syndrome and nephrosis	54	8	374	8	80	7	333	8	134	8	707	8
Chronic liver disease and cirrhosis	42	10	291	9	26	11	179	11			470	9
Influenza and pneumonia	43	9	262	10	33	10	191	10	76	10	453	10

Source: WI DHS, 2015

Table 42c. Mortality by Cause of Death for Those Ages 75 and Older Ranked by Most Frequent.

Age 75+												
Condition	Men				Women				Total			
	County		State		County		State		County		State	
	#	Rank	#	Rank	#	Rank	#	Rank	#	Rank	#	Rank
Diseases of heart	2478	1	17052	1	3371	1	21479	1	5849	1	38531	1
Other causes	1444	3	9667	3	3085	2	18357	2	4529	2	28024	2
Malignant neoplasms	1918	2	13478	2	2167	3	13097	3	4085	3	26575	3
Cerebrovascular diseases	475	5	3450	5	864	4	6251	4	1339	4	9701	4
Chronic lower respiratory diseases	535	4	3989	4	752	5	4608	6	1287	5	8597	5
Alzheimer's disease	305	7	2404	6	706	6	5705	5	1011	6	8109	6
Accidents (unintentional injuries)	376	6	2195	7	583	7	2964	7	959	7	5159	7
Influenza and pneumonia	196	9	1640	9	304	9	2270	8	500	9	3910	8
Nephritis, nephrotic syndrome and nephrosis	258	8	1751	8	358	8	2108	9	616	8	3859	9
Diabetes mellitus	192	10	1469	10	278	10	1873	10	470	10	3342	10

Source: WI DHS, 2015

Table 43. Problems that Limit Activity (Rank Ordered by Percentage Reported “Never” Having the Limitations).

Problem	Always		Sometimes		Rarely		Never		Total
	#	%	#	%	#	%	#	%	
Pain	27	7.4	75	20.5	101	27.7	162	44.4	365
Vision	10	2.7	72	19.5	111	30.1	176	47.7	369
Climbing Stairs	26	7.1	79	21.5	70	19.1	192	52.3	367
Fear of Falling	18	4.9	60	16.4	93	25.5	194	53.2	365
Walking	26	7.1	70	19.1	72	19.7	198	54.1	366
Hearing	13	3.5	54	14.7	89	24.3	211	57.5	367
Bowel Function	10	2.7	54	14.7	82	22.3	222	60.3	368
Memory	6	1.7	50	13.9	84	23.3	220	61.1	360
Depression/Loneliness	7	1.9	45	12.5	73	20.3	235	65.3	360
Urinary function	14	3.9	50	13.8	56	15.5	242	66.9	362
Digestion	6	1.7	36	10.0	74	20.6	244	67.8	360
Breathing	7	1.9	28	7.6	70	19.0	264	71.5	369
Heart and Circulation	3	0.8	26	7.2	64	17.6	270	74.4	363
Sexual Dysfunction	23	6.8	26	7.7	32	9.5	257	76.0	338
Dental Health	6	1.6	26	7.0	54	14.6	283	76.7	369
Skin Disorders	2	0.6	30	8.3	41	11.3	289	79.8	362
Brittle Bones	6	1.7	21	6.0	30	8.5	294	83.8	351
Speech	0	0	14	3.8	36	9.9	315	86.3	365
Other	3	7.3	1	2.4	0	0	37	90.2	41

Appendix D. Focus Group Interview Guide

City of Wauwatosa Senior Commission Adding life to Years Senior Assessment Update Interview Guide for Focus Groups 2014

Informed Consent

UW-Milwaukee

IRB Protocol Number: 15.080

IRB Approval date: 10/14/2014

1. What do you feel are the primary needs of seniors in Wauwatosa?
2. Tell me about your experiences with senior programs and services offered in Wauwatosa?
3. What services should be offered in the future for seniors in Wauwatosa?
4. What makes accessing senior services in Wauwatosa easier/harder?
5. What senior services do you attend in Wauwatosa?
6. What services don't you go to in Wauwatosa? What are reason(s) you don't attend?
7. What services or programs do you wish were offered in Wauwatosa?
8. How do you find out about services and programs offered in Wauwatosa?
9. When do you think is the point where seniors need to seek more assistance in housing or other services offered in Wauwatosa?
10. What do you think gives meaning to the life of seniors in this community?

***Volunteer-Based
Transportation Assisting
Individuals 60 and Over***

Greater Tosa Interfaith

ELIGIBILITY: Ambulatory Seniors over 60 with an in home assessment; needing minimal assistance in and out of car

HOURS OF OPERATION: 9:00 am – 4:00 pm

SERVICE AREA: From City of Wauwatosa and surrounding area
(Depending on volunteer availability)

DESTINATIONS:

- Medical & Dental appointments,
- Grocery Store, Bank, Pharmacy

RESERVATIONS:

Must be made one week prior to appointment

COST: No cost for ride.

All parking fees are the responsibility of the client

Donations may be mailed to:
Greater Tosa Interfaith
1529 Wauwatosa Avenue
Wauwatosa, WI 53213

FOR INFORMATION: Call 414-453-5750

Information is considered accurate as of March 1, 2012 but provided with no guarantee due to changes in Milwaukee County services. The Wauwatosa Senior Commission may not be held liable for misuse of this information.

**QUICK REFERENCE NUMBERS
FOR ELIGIBLE OLDER ADULTS**

Greater Tosa Interfaith
414-453-5750

Milwaukee County
Department on Aging
Special Transportation
Call Transit Express Inc.
[414] 264-7433

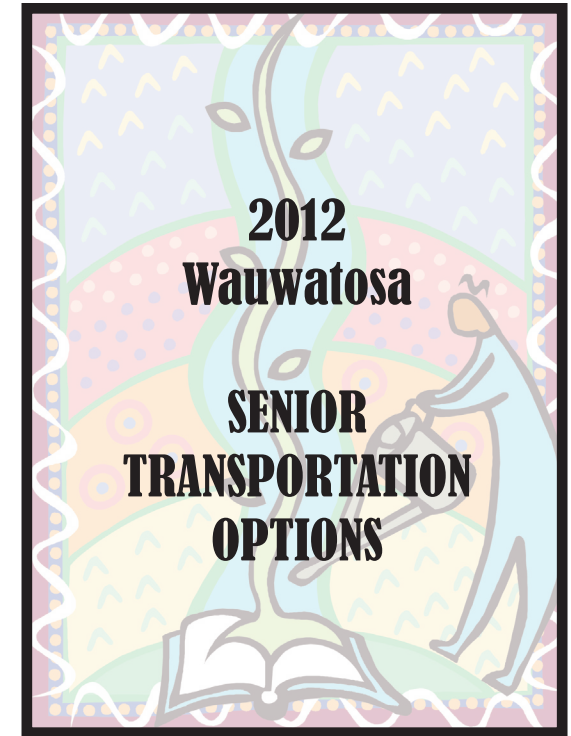
Milwaukee County Transit
Public Bus Service
Route/Fare: Call [414] 344-6711
Monday thru Friday
6:00am to 10:00pm
TTY – 414-937-3299

Milwaukee County Transit Taxi
AMERICAN UNITED
414-220-5000
414-343-1700
[For further information]

Milwaukee County Transit Plus
Call for application
414-343-1700

Reservation #: _____

COMPILED BY
WAUWATOSA SENIOR COMMISSION
CITY OF WAUWATOSA



ADDING LIFE TO YEARS

- Door to Door Transportation for the Disabled
- Door to Door Transportation for Eligible Older Adults
- Fixed Route Milwaukee County Bus Service
- Curb to Curb Taxi Service for Transit Plus Eligible

Door to Door Transportation for the Disabled

Milwaukee County Transit Plus

ELIGIBILITY:

- Milwaukee County Resident
- Disability prevents independent use of fixed bus route service temporarily or permanently
- Determination made at in-person functional assessment

APPLICATION PROCESS:

- Call for mailed application & medical forms: 414-343-1700
TTY 414-343-1704
- Forms also available at www.ridemcts.com
- Complete application and have your medical provider complete medical form
- Call 414-343-1700 or TTY 414-343-1704 for in-person functional assessment appointment at office: 1942 N. 17th Street
- Receive "Riders Guide" handbook containing complete information regarding companion riders

SERVICE AREA: Milwaukee County
Limited areas in Waukesha & Ozaukee Counties

TIME OF OPERATION: 4:30 am to 1:00 am
365 days a year

RESERVATIONS: [phone number in "Riders Guide" handbook]
8:00 am to 5:00 pm 356 days a year
must call at least 24 hours in advance

COST: **\$4.00 IN CASH;** personal care attendants may ride free with pre-authorization on Transit Plus Card & scheduled at time of reservation

Transit Plus Tickets available in books of ten. Call Transit Plus Office 414-343-1700

Door to Door Transportation for Eligible Older Adult

Milwaukee County Department on Aging Special Transportation

ELIGIBILITY:

- Milwaukee County resident, 60 and over, ambulatory, unable to provide own transportation or use public bus, ineligible for Transit Plus
- Must have Transportation ID Card

APPLICATION PROCESS:

- For Transportation ID and program information, call Milwaukee County Dept. on Aging Resource Center
- Monday through Friday between 7:00 am – 6:00 pm
- [414] 289-6874

SERVICE AREA: Milwaukee County only

TIME OF OPERATION:

Monday through Friday, 8:00 am – 5:00 pm
Excluding Major Holidays

RESERVATIONS:

- Call Transit Express Inc. at [414] 264-7433, Option 4
- Medical Appointments require 3 days notice
- Non-medical transport requires 1 week notice.[i.e. shopping, visits to nursing homes]
- Senior Meal Site Transportation
- Group transportation available

COST: Medical Appointments: \$3.00 EACH WAY
Non-medical transport: No cost
(Contributions accepted)

Fixed Route Milwaukee County Bus Service

Milwaukee County Transit Public Bus Service

ROUTE/FARE INFO:

- Call: 414-344-6711
TTY 414-937-3299
Monday through Friday
6:00 am to 10:00 pm
- www.ridemcts.com

SCHEDULES, GUIDES, MAPS: Available at
Wauwatosa Public Library

WHEELCHAIR ACCESSIBLE with Senior
and handicap seating in front of bus

REDUCED FARE PROGRAM: 65 and over

- Call for application 414-344-4550 X3592
- Take completed form to 1942 N. 17th St.

COST: Regular Fare: \$2.50
Reduced Fare Program: \$1.10
Transit Plus Card: \$1.10
EXACT CHANGE NEEDED
Drivers **DO NOT** carry change

Curb to Curb Taxi Service for Transit Plus Eligible

Milwaukee County Transit Taxi **Drivers do NOT assist riders**

ELIGIBILITY: Transit Plus Card, ambulatory individuals, wheelchair users who need no assistance

AMERICAN UNITED

CALL: 414-220-5000
414-343-1700 [for further information]

COST: **One-Way;** Rider pays \$4.00, county pays next \$11.35 on meter **Any additional fare is paid in cash by the rider.**