

Milwaukee County Area Plan for Older People 2013 – 2015

**Milwaukee County Department on Aging
1220 West Vliet Street, Suite 302
Milwaukee, WI 53205**

**Stephanie Sue Stein, Director
Viola “Vi” Hawkins, Chair, Commission on Aging**





Dear Friends of Milwaukee County:

The document you are receiving today is the 2013-2015 Area Plan for the Milwaukee County Department on Aging (MCDA). The Milwaukee County Department on Aging is designated by the State of Wisconsin and the Federal Administration on Aging as the Area Agency on Aging for Milwaukee County. As such we are charged with the planning, service, and advocacy for the 153,000+ persons over 60 residing here.

Every three years we are required to submit a plan for our area which tells the federal and state government how we intend to do our work and what work we intend to do for the next three years. This document contains a great deal of compliance and background material. The discussion about the work we intend to do in the next three years is the core of this plan and begins on page 25.

The State Office on Aging prescribes the goals on pages 25 through 37 for us and all Area Agencies in Wisconsin must respond to them. The state goals are: Long Term Care and Older American's Act programs; Alzheimer's; Emergency Planning; and Family Caregiver Support. These are all ongoing responsibilities of MCDA.

The three local goals, which follow, were determined after a lengthy and thorough public input process described in detail on pages 38-41. The goal focus areas are: *Home Repair and Chore Service*; *Communication About Aging Programs and Services*; and *Opportunities for Social Engagement*.

Home Repair and Chore Service: Repeatedly older people told us an impediment to their remaining independent in their homes was the availability and reliability of the repair and upkeep needed to age in place. There are many interested organizations that we will gather to discuss and determine solutions for these issues. Then we will work with our partners to create vehicles for information about and delivery of these services.

The second goal is improved **Communication with older people and their families about Aging Programs and Services:** The myriad of efforts we make today are not working as is evidenced by the lack of knowledge about existing resources and services we heard repeatedly at our input sessions. We will convene communication experts to help us develop new tools for reaching the community

Third Opportunities for Social Engagement for all of the seniors in Milwaukee County inclusive of recreation, exercise, education, and social engagement. This goal will be carried out under the direction of our Wellness Committee. We will educate our community about what already exists and work with willing partners to develop new opportunities.

We were fortunate to have Wisconsin AARP as a robust partner in the planning process. As a consequence AARP will undertake developing information and programs about the fourth identified goal, which is financial resources, financial planning, retirement preparation, etc. The Milwaukee County Department on Aging is thrilled to work with AARP to make this happen.

Thank you for your interest and support. There are three fun and important years of work in front of us all.

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**Board of Directors/Advisory Council Approval
of the Plan for Older People for 2013 – 2015**

Milwaukee County

County/Tribe

This plan represents the intent of the Milwaukee County Department on Aging (MCDA) Area Agency on Aging (AAA) to assure that older people have the opportunity to realize their full potential and to participate in all areas of community life.

On behalf of the designated Area Agency on Aging, we certify that these organizations have reviewed the plan, and have authorized us to submit this plan which outlines activities to be undertaken on behalf of older people during 2013-2015.

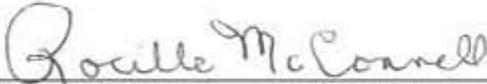
We assure that the activities identified in this plan will be carried out to the best of the ability of the Area Agency on Aging.

We verify that all information contained in this plan is correct.


Chris Abele, County Executive of Milwaukee County 3/6/13
Date


Marina Dimitrijevic, Chair, Milwaukee County Board of Supervisors 3-6-13
Date


Viola "Vi" Hawkins, Chair, Milwaukee County Commission on Aging 12-3-12
Date


Rocille McConnell, Co-Chair, Commission on Aging Advisory Council 12/3/12
Date


Kerry Malak, Co-Chair, Commission on Aging Advisory Council 11-30-12
Date

Board of Directors/Advisory Council Approval of the Plan for Older People for 2013 – 2015

Role of the Board of Directors & the Advisory Council

Milwaukee County Commission on Aging (COA) members and members of its Advisory Council participated in a series of public input sessions (“Dessert and Discussions” and “Cookies and Conversations”) June through July 2012. Sixty-seven people were trained as “Cookies and Conversation” Outreach Volunteers, including many Milwaukee County Commission on Aging members and advisors. They participated in the process by going out into the community during June and July to speak with older adults about their aging needs. On July 16 and July 23, Commissioners and Advisors, along with other “Cookies and Conversation” Outreach Volunteers, participated in follow up meetings to report what they learned from speaking with older adults throughout Milwaukee County. More detail about these sessions can be found on pages 20-22. A listing of the Commission on Aging and Advisory Council members who attended each session can be found in *Attachment A*.

The Milwaukee County Commission on Aging also sponsored two public hearings to solicit reaction from the Milwaukee Department on Aging’s draft area plan. These hearings were held on October 10 from 9:00 am to 11:00 am at the Wilson Park Senior Center and from 1:00 pm to 3:00 pm at the Washington Park Senior Center. A listing of the Commissioners and Advisory Council members who attended and participated in each of these hearings can be found in *Attachment B*.

Commissioners were updated and offered the opportunity to provide feedback on the Area Plan process during June, August, September, and October, as were Advisory Council members who were updated and received the same opportunity at the May and August meetings.

The Commission on Aging’s Advisory Council will approve the final plan at its November 13, 2012 meeting. The Commission on Aging will approve the final plan at its November 16, 2012 meeting pending County Board approval.

Executive Summary

Every three years, the Milwaukee County Department on Aging (MCDA) Area Agency on Aging, as required, submits to the Bureau on Aging and Disability Resources (BADR) an "Area Plan for Older Adults." The Area Plan is our process to review, re-evaluate and restructure MCDA's priorities and set an aging agenda for Milwaukee County.

The Milwaukee County Department on Aging is responsible for ensuring appropriate programs and services are available for 153,556 people 60+. The department also serves as the unit on aging and in that capacity is charged with implementing Older Americans Act (OAA) programs, information and assistance, and advocacy in Milwaukee County. The Milwaukee County Department on Aging is committed to our mission, which is "To affirm the dignity and value of older adults in Milwaukee County by supporting their choices for living in and giving to our community."

The 2013- 2015 Area Plan planning process allowed the Milwaukee County Department on Aging to take a step back, assess what we are doing, listen to what older people say we should be doing, look at characteristics of the current and emerging older adult population, and develop new strategies for promoting goals and outcomes that align with our noted mission.

Input sessions, an Area Agency community survey, literature reviews, a demographic scan, staff observations, and interfaces with older adults and experiences with advocacy issues on a daily basis helped to guide the development of Milwaukee County's Area Plan for Older People. This plan includes the required environmental scan, goals in support of state strategies and the Older Americans Act, and local goals to be implemented in support of older adults 60+.

As a result of a rewarding partnership with AARP Wisconsin and implementation of multiple outreach approaches, we were able to touch all areas of Milwaukee County, whereby introducing untapped older people to MCDA and an array of aging services and resources. Due to our collaborative efforts with AARP Wisconsin, MCDA learned that a high proportion of seniors were unaware of the many services and benefits offered in the community. Given this development, one of our major local goals will be to foster a major communication and marketing campaign to enhance relationships and outreach with the entire community. We will work to maintain our great working relationship with AARP and many other community partners to widen our reach to older adults in Milwaukee County.

Additionally, we learned that older adults who would like to remain in their homes, have a strong need for home chore and maintenance support services. Furthermore, seniors want to learn new things, particularly in the areas of recreation, academic subjects, and hobbies. They are quite interested in fitness, exercise and healthy eating combined with opportunities for socialization. Given these disclosures, MCDA developed goals and will implement programming aimed at opportunities thoughtful of the needs identified by Milwaukee County older adults.

The Milwaukee County Department on Aging is focused and ready to begin implementing the 2013-2015 Area Plan. Given the strategies we used to dig deep and gain information about older adult needs, we believe that the plan truly reflects the wishes of older adults over the next three years, and will result in increased knowledge and awareness of community resources, and therefore, a stronger connection between older adults and the community in which they live.

Section 1: Organization and Structure of the Area Agency on Aging

Section 1-A: Overview of the Area Agency on Aging

MISSION OF THE AREA AGENCY ON AGING:

The mission of the Milwaukee County Department on Aging is to affirm the dignity and values of older adults of this county by supporting their choices for living in and giving to our community.

ADDRESS OF THE AREA AGENCY ON AGING:

Milwaukee County Department on Aging
1220 W. Vliet Street – Suite 302
Milwaukee, Wisconsin 53205

MAILING ADDRESS:

Refer to Above

HOURS OF OPERATION:

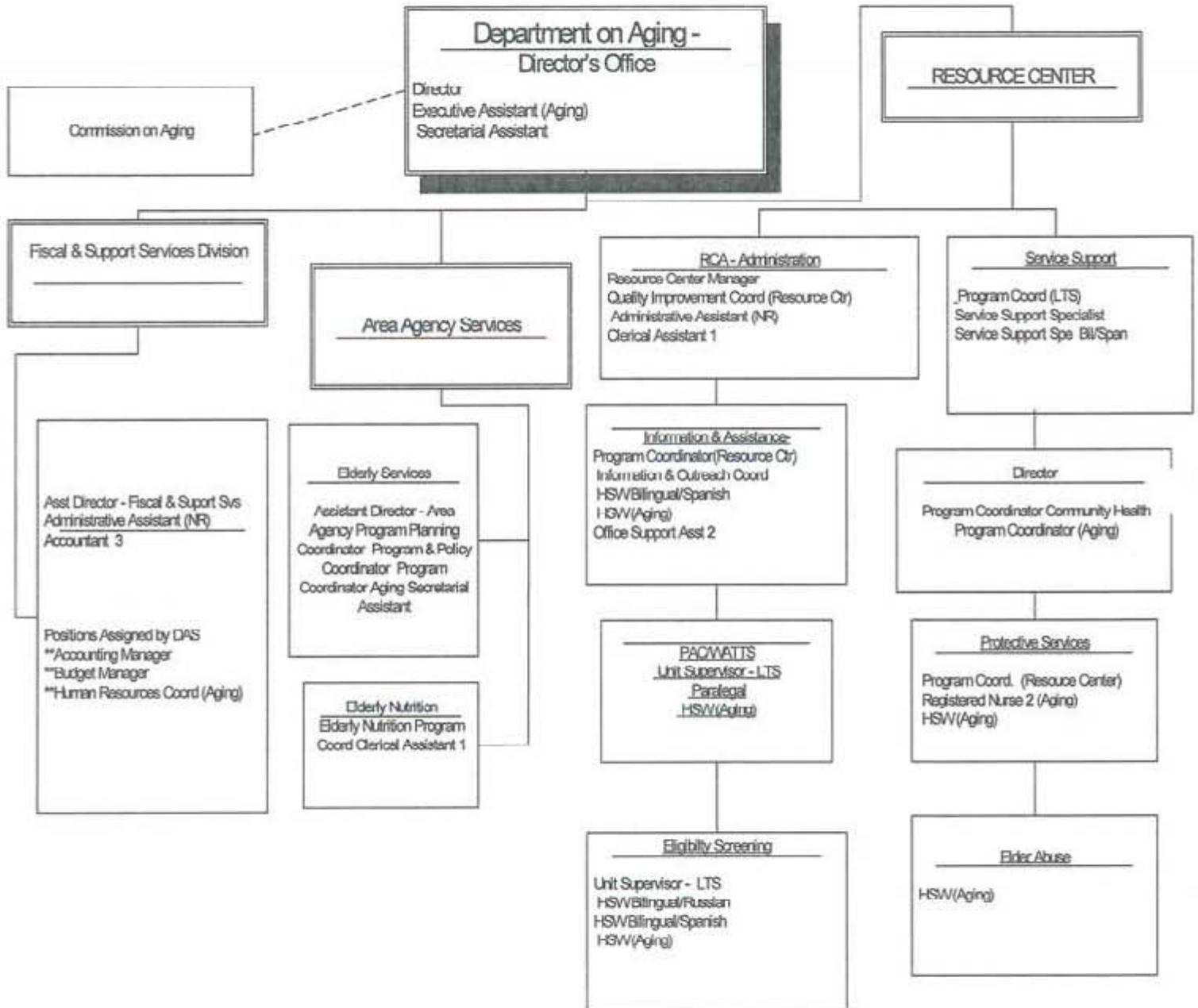
Business hours are from 8:00 a.m. until 5:00 p.m. Monday through Friday. Information and Assistance is available through the Aging Resource Center from 7:00 a.m. to 5:30 p.m. Monday through Friday. After hours and on weekends, telephone calls are transferred to 211 for referrals.

HELPFUL CONTACT INFORMATION:

414-289-5950	Administration
414-289-6874	Information and Assistance
414-289-8591	Information and Assistance TTY
1-866-229-9695	Toll Free
Website	www.milwaukee.gov/county/aging

Section 1-B: Organizational Chart of the Area Agency on Aging

Department on Aging /Org Chart 2012



Section 1-C: Membership of the Board of Directors/Policy Making Body

MEMBERS OF THE MILWAUKEE COUNTY COMMISSION ON AGING		
Composition	Number	Percent
Total number of members	16	100%
Members who are either county supervisors or members of tribal councils	1	6%
Members who are at least 60 years old	14	88%
Members who are low income	2	13%
Members of racial/ethnic minorities	7	44%
Members who are women	9	56%
Members who are consumers of services in the aging network	6	38%

Section 1-D: Membership of the Advisory Council

MEMBERS OF THE ADVISORY COUNCIL		
Composition	Number	Percent
Total number of members	21	100%
Members who are either county supervisors or members of tribal councils	0	0%
Members who are at least 60 years old	13	62%
Members who are low income	2	10%
Members of racial/ethnic minorities	5	24%
Members who are women	15	71%
Members who are consumers of services in the aging network	10	48%
Members who are members of nutrition councils	2	10%
Members with leadership experience in the private and/or voluntary sectors	10	48%
Members who are providers of supportive or health care, or veterans services	7	33%

Section 1-E: Staff of the Area Agency on Aging

Listed below are the people employed by the Area Agency on Aging of MCDA

<p>Name: Stephanie Sue Stein Job Title: Director Telephone Number/Email Address: 414.289.6876/Stephanie.Stein@milwaukeecounty.com</p>
<p>Brief Description of Duties: Administration of the Milwaukee County Department on Aging, including 2 major divisions: AAA and Fiscal, (Resource Center and Care Management Organization). Advocate on local, state and national levels.</p>
<p>Name: Meg Rauschenberger Job Title: Executive Assistant Telephone Number/Email Address: 414.289.6010/Meg.Rauschenberger@milwaukeecounty.com</p>
<p>Brief Description of Duties: Coordination of Director's appointments, messages, and activities. Staff support for the Commission on Aging meetings, activities, and special events.</p>
<p>Name: Jonette N. Arms Job Title: Assistant Director – Area Agency on Aging Telephone Number/Email Address: 414.289.6073/Jonette.Arms@milwaukeecounty.com</p>
<p>Brief Description of Duties: Overall administration of AAA programs and special projects. Serve as Department liaison to County Board, community groups and agencies. Lead strategic planning.</p>
<p>Name: Beth Monrial Zatarski Job Title: Elderly Nutrition Program Coordinator Telephone Number/Email Address: 414.289.6880/Beth.Monrial.Zatarski@milwaukeecounty.com</p>
<p>Brief Description of Duties: Coordination and administration of the Senior Meal Program including congregate and home-delivered meal programs. Data collection and assessments. Lead for Nutrition Council activities. Coordinate annual senior meal program volunteer recognition dinner.</p>
<p>Name: Gary Portenier Job Title: Program Planning Coordinator Telephone Number/Email Address: 414.289.6547/Gary.Portenier@milwaukeecounty.com</p>
<p>Brief Description of Duties: Oversee contracting. Staff Service Delivery Committee. Monitor transportation contracts. Liaison to County Board Health and Human Needs Committee. Collect transportation and demographic data. Lead for NAPIS reporting.</p>
<p>Name: Jon Janowski Job Title: Program/Policy Coordinator Telephone Number/Email Address: 414.289.6546/Jonathan.Janowski@milwaukeecounty.com</p>
<p>Brief Description of Duties: Legislation, advocacy and grant writing. Monitor Benefit Specialist, Employment, and Outreach to LGBT Elderly. Staff Advisory Council and Advocacy Committee. Area Plan writing and updating.</p>

<p>Name: Jill Knight Job Title: Program Coordinator Telephone Number/Email Address: 414.289.6794/Jill.Knight@milwaukeecounty.com</p>
<p>Brief Description of Duties: Monitor Late Life Counseling, Family Caregivers. Telephone Reassurance, Alzheimer Support and Coordination of Neighborhood Services. Coordinate Hall of Fame.</p>
<p>Name: Diane Beckley Job Title: Program Coordinator Telephone Number/Email Address: 414.289.6376/ Diane.Beckley@milwaukeecounty.com</p>
<p>Brief Description of Duties: Monitor senior center contracts. Staff Senior Centers Roundtable. Facilitate Chronic Disease Self -Management Classes. Participate in Wisconsin Association of Senior Centers. Coordinate Golden Idol.</p>
<p>Name: Patricia Batemon Job Title: Active Aging Project Coordinator Telephone Number/Email Address: 414.289.5788/ Patricia.Batemon@milwaukeecounty.com</p>
<p>Brief Description of Duties: Coordinate Active Aging Research Center grant project, including collaboration between grant partners, grant reporting, and implementation of project goals</p>
<p>Name: Elizabeth Lentz Job Title: Secretarial Assistant Telephone Number/Email Address: 414.289.6873/Elizabeth.Lentz@milwaukeecounty.com</p>
<p>Brief Description of Duties: Provide overall secretarial support for Senior Nutrition Program inclusive of preparing meal program site reports and donation deposit reports, updating spreadsheets, and tallying surveys and other forms to compile statistics and related reports.</p>
<p>Name: Zulma Myszewski Job Title: Secretarial Assistant Telephone Number/Email Address: 414.289.5945/Zulma.Myszewski@milwaukeecounty.com</p>
<p>Brief Description of Duties: Provide overall clerical and administrative support to the Assistant Director and technical support to Area Agency contract staff. Staff support for the Commission on Aging subcommittee and council meetings, activities, and special events</p>
<p>Name: Debra Horton Job Title: Clerical Assistant Telephone Number/Email Address: 414.289.6293/Debra.Horton@milwaukeecounty.com</p>
<p>Brief Description of Duties: Assist the clerical support team in their overall duties. Prepare documents for SAMS data entry and execute that function.</p>

Listed below are the people employed by Fiscal Services of MCDA

<p>Name: Thomas Condella Job Title: Assistant Director, Fiscal Services Telephone Number/Email Address: 414.289.6280/ Thomas.Condella@milwaukeecounty.com</p>
<p>Brief Description of Duties: Provide leadership and oversight of fiscal (budget and accounting) services and staff within MCDA.</p>
<p>Name: Mary P. Brown Job Title: Budget Manager Telephone Number/Email Address: 414.289.6803 /MaryP.Brown@milwaukeecounty.com</p>
<p>Brief Description of Duties: Plan, analyze, manage, coordinate and monitor development of annual departmental operating and capital budgets. Develop and amend as required various state budgets and financial reports, including Area Plan and Aging Resource Center.</p>
<p>Name: Wendy Brown Job Title: Accountant III Telephone Number/Email Address: 414.289.6269/Wendy.Brown@milwaukeecounty.com</p>
<p>Brief Description of Duties: Perform professional accounting work, maintain accurate and detailed accounting records for contracts for Area Agency, Aging Resource Center and the Nutrition Programs in Aging. Monitor, prepare and process all the financial activities. Prepare request for reimbursements and distribute the various funds by funding source from the state. Prepare and process journal entries and assist with the year end closing of the books.</p>
<p>Name: Mary Corbella Job Title: Administrative Assistant Telephone Number/Email Address: 414.289.6012/Mary.Corbella@milwaukeecounty.com</p>
<p>Brief Description of Duties: Provides overall fiscal and administrative support. Office management, purchase supplies, coordinate set up and reserve rooms for MCDA meetings, and employee payroll for all staff.</p>

Listed below are the people employed by the Aging Resource Center of MCDA

<p>Name: Chester Kuzminski Job Title: Resource Center Manager Telephone Number/Email Address: 414.289.6626/ Chester.Kuzminski@milwaukeecounty.com</p>
<p>Brief Description of Duties: Provide leadership and full oversight of staff and Aging Resource Center activities.</p>
<p>Name: Steven Peterson Job Title: Program Coordinator for Information and Assistance (Elderlink) Telephone Number/Email Address: 414.289.5797 /Steven.Peterson@milwaukeecounty.com</p>
<p>Brief Description of Duties: Provide overall oversight and supervision of Information and Assistance section within the Aging Resource Center.</p>

Name: **Ramona Williams**

Job Title: Program Coordinator for Adult Protective Services / Elder Abuse

Telephone Number/Email Address: 414.289. 5866 / Ramona.Williams@milwaukeecounty.com

Brief Description of Duties: Provide overall management and supervision of Adult Protective Services and Elder Abuse Services within the Aging Resource Center.

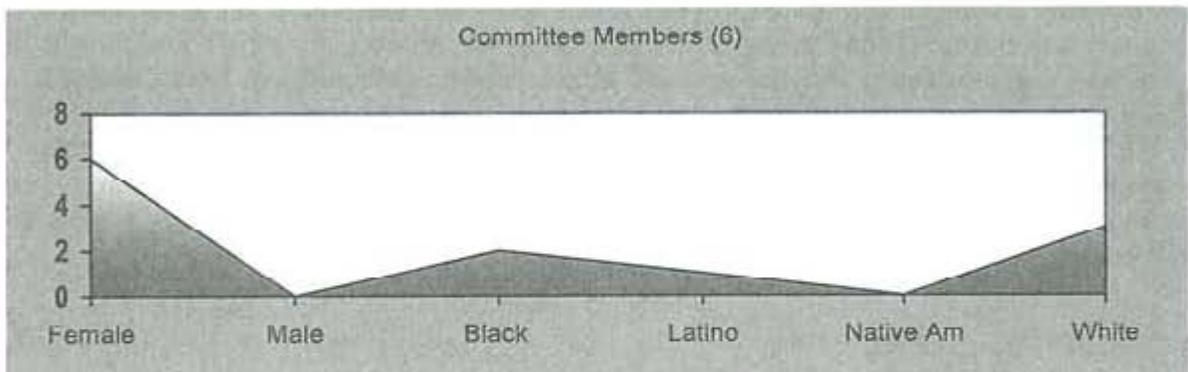
In total, there are 53 staff members employed with MCDA that work within the Aging Resource Center as supervisors, human service workers, program coordinators, paralegals, and secretarial and clerical support.

Section 1-F: Affirmative Action Plan

Statement of Commitment of Affirmative Action and Equal Employment

By submission of this plan the Area Agency on Aging signifies its commitment to employment practices based solely on the work-related abilities and qualifications of employees and job applicants. Staff is assigned and promoted without regard to race, color, religion, sex, age, handicap or national origin. In addition, the area agency on aging is committed to taking affirmative action in the hiring and upgrading of minority, female, disabled and older people.

Policies	Yes	No
Does the Committee annually review and update the affirmative action plan?	X	
Does the Committee annually review employment practices to eliminate discriminatory elements?	X	
Are written procedures for handling discrimination complaints developed, posted, and in use?	X	
Has the affirmative action plan been explained or discussed with all staff?	X	
Persons Responsible for the Affirmative Action Plan: Stephanie Sue Stein – Regina Harmon – Esperanza Gutierrez		



Analysis of Current Staff:

DIVISION ADMINISTRATORS:

Stephanie Sue Stein, Director - 414. 289.6876 - F/W

Jonette N. Arms, Assistant Director (Area Agency on Aging) - 289.6073 - F/B

Thomas Condella, Assistant Director (Fiscal) - 414.289.6280 - M/W

Chester Kuzminski, Resource Center Manager - 414.289.6266 - M/W

COMMITTEE MEMBERS:

Mary Dutkiewicz, Human Resource Coordinator - 414.289.6271 - F/W

Regina Harmon, Human Service Worker - 414.289.5709 - F/B

Esperanza Gutierrez, Human Service Worker – 414.289.5706 – F/H

Patricia Batemon, Active Aging Project Coordinator – 414.289.5788 – F/B

Sonia LeMay, Human Service Worker – 414.289.6667 – F/W

Tammie Palmer, Paralegal – 414.289.6251 – F/W

Analysis of Recent Efforts:

The Affirmation Action Program has been upheld and the Diversity Committee has executed its mission statement to “further the awareness and inclusion of all persons, recognizing various cultures and ethnicities through a wide array of holistic opportunities and activities.”

Affirmative Action and Equal Opportunity Goals:

Implementation of the principles of Equal Employment Opportunity through an effective Affirmative Action Program: This program is intended to ensure the diversity of Milwaukee County residents is reflected in the Milwaukee County Department on Aging’s workforce to the extent of their availability with the requisite skills needed for each position. The following is provided to employees, applicants, and all others who in any way interact with this office: 1) Equal Employment Opportunity, 2) Equal treatment in all matters, including where possible, equal access to all services and facilities and 3) Protection against sexual harassment in compliance with approved guidelines recognized by EEOC and Milwaukee County’s Workforce Development Division.

Section 2: Context

In examining the context of older adult support needs, MCDA gathered information about older adults and their current needs based on census information, community input sessions, peer-to-peer surveying, online and hardcopy questionnaires, and public hearings. Reviewing literature, current trends, and staff analysis helped identify potential future needs of older adults.

2010 Census Data

- **Older adults comprise 16.2% of the total population of Milwaukee County.** The older adult population of Milwaukee County (age 60 or older) totals 153,556 people. The overwhelming majority of older adults are self-sustaining, vital, and contributing members of the community.
- **Milwaukee County's older adult population increased slightly from 153,189 in 2000 to 153,556 in 2010, an increase of 367 people or 0.2%.** A net decline in the number of white elders of 8,594 was more than offset by a net increase of 8,961 in the number of minority elders.
- **The growth in the number of minority elders in Milwaukee County includes all racial groups as well as Hispanic or Latino elders.** While the number of White elders declined from 129,931 in 2000 to 121,337 in 2010, the number of minority elders increased from 23,258 to 32,219. Over the decade the number of minority elders increased as follows: Black or African American 37.2%, American Indian and Alaska Native 28.7%, Asian 63.5%, and Some Other Race 56.6%. In addition, the number of Hispanic or Latino elders increased 73.1%.
- **The fastest growing segment of the older adult population is among people ages 60 to 64.** The so-called "baby boom" generation (people born between 1946 and 1964) have begun reaching age 60, resulting in a significant rise in those 60 to 64 years of age. People ages 60 to 64 increased from 31,504 in 2000 to 44,423 in 2010, an increase of 41.0%.
- **The number of people age 85 or older continues to grow.** Since 1950 there has been a 564% increase in people age 85 or older. The number of people age 85 or older grew from 2,860 in 1950 to 18,987 in 2010. From 2000 to 2010, the group increased from 16,512 to 18,987 people, a 15% increase.
- **More than 35% of Milwaukee County residents age 65 or older live alone.** Older women are more likely to live alone than older men.

American Community Survey

- **Minorities age 65 or older are at greater risk of living in poverty.** According to estimates from the 2006-2010 American Community Survey, the poverty rate for White elders is 8.4% whereas the poverty rate for Black or African American elders is 18.3%, for American Indian and Alaska Native elders is 19.8%, for Asian elders is 21.6%, and

Some Other Race is 21.5%. The poverty rate for Hispanic or Latino elders is estimated at 20.4%.

- **Educational attainment among persons 65 or older.** According to estimates from the 2006-2010 American Community Survey regarding the highest level of educational attainment, among people 65 or older 23.9% lack a high school degree, 55.1% have a high school degree, and 21.0% have an Associate degree or higher. Among seniors with an Associate degree or higher, highest attainment includes 16.0% with an Associate degree, 48.6% with a Bachelor's degree, and 35.4% with a Graduate or Professional degree.
- **Marital status among people 60 or older by gender.** According to estimates from the 2006-2010 American Community Survey regarding marital status, among males age 60 or older, 62.9% are married, 12.5% are widowed, 14.9% are separated or divorced and 9.7% were never married. Among females age 60 or older, 37.5% are married, 38.0 are widowed, 16.0% are separated or divorced, and 8.6% were never married.

Face of Aging Milwaukee County 2012, 3rd Edition

On behalf of MCDA, the University of Wisconsin – Madison's (UW–Madison) Center for Urban Population Health (CUPH) is preparing the report, "The Face of Aging in Milwaukee County 2012, 3rd Edition." This report serves as the environmental scan of older people in Milwaukee County as required by the Wisconsin Bureau of Aging and Disability Resources. The Face of Aging provides detailed insight about the seniors that live in Milwaukee County. This report was released December 2012 and is included with Milwaukee County's final approved Area Plan.

Highlights taken from the Executive Summary of the Face of Aging in Milwaukee County 2012 (*Attachment C*) demographic report include:

- The older population in the United States continues to grow. The population 65 years and over has increased from 35 million in 2000 to 40 million in 2010 and is projected to reach 55 million in 2020, a 36% increase in this decade.
- Milwaukee County is no different. The near aging and aging populations between 50 and 64 years old experienced the largest increase in growth among all age groups in Milwaukee County.
- Overall trends show that the Milwaukee County population ages 60+ are and will steadily grow, but not uniformly across the various age categories.
- The City of Milwaukee remains the most populated municipality with the older population ages 60+, but a few of the surrounding municipalities have experienced a high percentage of change relative to their total population
- The African American community continues to be the largest and has experienced the most significant growth among minority populations ages 60+.

- Over the past decade the education levels of the older population have been increasing across categories from high school or equivalent through graduate and professional degrees.
- Between 2000 and 2010, there were fewer households in every household income category under \$50,000 and an increase in every category above \$50,000.
- Overall Milwaukee County is experiencing a higher percentage of people 65+ living in poverty. The white population was the only race to experience this increased level of poverty; African American and Latino communities both experienced a small decrease since 2000.
- Milwaukee County has a higher percentage of people 65 and older living alone than in Wisconsin, with women having the highest percentage living alone.

What we know about future older adults from literature re: baby boomers

The United States is experiencing historic growth in the 65+ demographic. This trend is forcing communities to think differently about a wide range of public programs and services such as transportation, housing, social services, and wellness.

According to a 2012 survey conducted by the National Council on Aging (NCOA), UnitedHealthCare and USA Today:

- 23% of Milwaukee's seniors are not confident that their income will be sufficient to pay the bills over the next 5-10 years
- 18% of Milwaukee's seniors are not confident in, or do not have, a financial plan for their retirement years
- If an accident or unexpected medical issue were to occur, 83% of Milwaukee seniors said they believe they would be able to pay the associated expenses
- 29% of Milwaukee's seniors are not confident that they know about all of the government benefits available to help them meet their needs
- 20% of Milwaukee's seniors are employed either full-time or part-time
- 43% of Milwaukee's seniors report having someone they consider to be a caregiver in their lives, and 24% of seniors serve as a caregiver for someone else
- 36% of Milwaukee's seniors living independently believe it is likely that they will need one of their children or grandchildren to care for them in the future
- 43% of Milwaukee respondents who serve as a caregiver for someone else report that they would benefit from additional support services (such as respite care)
- 83% of Milwaukee's seniors intend to continue living in their current home over the next 5-10 years
- 84% of Milwaukee's seniors report high levels of confidence that they will be able to stay in their homes without having to make any significant home modifications
- 59% of Milwaukee's seniors report that they are satisfied with the resources and services their community offers now
- 48% of Milwaukee's seniors say they don't visit senior and community centers in their region enough to have an opinion on the quality of programming and events available

- When asked what community characteristics would help them lead a happy and healthy life, Milwaukee's seniors listed a walkable community as their top choice (46%)
- 27% of Milwaukee's seniors do not believe that high-quality transportation services are currently available to them

96% of Milwaukee's seniors say they would be able to see a primary care physician in their community if they needed medical care

What we know about current and future issues facing older adults and resource implications from our staff?

Since January 1, 1993, MCDA has been an independent department of Milwaukee County government and has reported directly to the elected County Executive and County Board of Supervisors. The Milwaukee County Department on Aging has received support for beginning new and often risky programs such as Family Care, applying for and carrying out grants of national significance like the Robert Wood Johnson Community Partnerships for Older Adults, and working with older people to advocate for opportunity and change.

As financial support becomes more unpredictable and tenuous on the county, state, and federal levels, it is imperative that MCDA continue its long tradition of resourcefulness. In order to move ahead with addressing the wishes and needs of Milwaukee County's seniors, MCDA will continue to be in the convener of vested interests in Milwaukee to identify issues and to solve them.

Older people are valued and valuable members of this community. They give generously of their time and their assets to assist each other and the entire body of citizens. They expect to be part of public decision-making and advocacy.

As older people continue to desire to age in place and in the community, there will be a need to identify services and supports, not only through public systems but also through neighborhood and family systems.

As the evolution of information technology accelerates at a dizzying pace it will be important to engage and educate older persons as the new and important avenues to connectedness. As the perception of scarcity and generational inequity is promulgated by some it will be urgent to train and mobilize advocates to speak to the value of a society that keeps its promises to its elders.

The Milwaukee County Department on Aging learned through its public input sessions that older adults desire information, support, and opportunity. It is our intention to work with all interested partners to meet those desires.

Section 3: Planning Process

Section 3-A Planning Process Used in the Development of the Plan

In developing the 2013-2015 Area Plan, MCDA was guided by the following process:

- Initial review of the 2010-12 Area Plan and amendments by staff
- An external analysis/environmental scan completed by the Center for Urban Population Health
- Reports and feedback from Commission on Aging during March, April, May, June, August, September, October, and November and to the Advisory Council during May, August and November
- Online and hard-copy surveys disseminated to local seniors, caregivers, and providers
- An internal analysis
 - Public input session comments to determine local goals
 - Public survey and comments complemented local goals
 - Staff reviewed and commented to update environmental scan information
- Goal-setting (undertaken by staff)
- Ongoing review (by staff, general public, Advisory Council, Commission on Aging)
- Public hearing feedback was used to fine-tune goals
- Revisions (as needed)

The Milwaukee County Department on Aging solicited feedback from many stakeholders in preparing for this current area plan. In February and March 2012, internal discussions began among Area Agency staff, Commission on Aging and Advisory Council members, and partners to organize the area plan process. In March and April MCDA staff finalized questions for an online and paper survey that would be publicized throughout the county and disseminated to local seniors via email, partner agencies, senior centers, Senior Nutrition Program meal sites, etc. During this time MCDA staff also began laying the groundwork for senior peer-to-peer information gathering, and a series of public input sessions at Milwaukee County senior centers.

In June MCDA staff, in partnership with AARP Wisconsin, began disseminating its survey and promoting its upcoming listening sessions. The MCDA outreach plan was implemented in June and July. In May MCDA also entered into a formal agreement with the UW–Madison Center for Urban Population Health to conduct and complete an environmental scan of the aging population in Milwaukee County.

In June 2012, MCDA trained and recruited 67 “Cookies and Conversation” outreach volunteers to each speak with a minimum of 20 Milwaukee County older adults age 60 and older to learn about what they needed to live independently. The volunteers were racially and culturally diverse and represented multiple municipalities in Milwaukee County. These volunteers arranged one-on-one and small group meetings with seniors at fitness centers, places of worship, community centers, in their homes, and elsewhere to discuss the open-ended questions, “What do older adults need to live independently?” and “What does it mean to have quality of life?” “Cookies and Conversation” outreach volunteers met with MCDA staff on July 16 and July 23 at the Washington Park Senior Center to share their findings. This strategy allowed over 1,350 seniors to be reached and surveyed throughout Milwaukee County.

In July 2012 MCDA staff organized and conducted a series of seven public input sessions (called “Dessert and Discussions”) at senior centers all over Milwaukee County. These forums, which were also co-sponsored and publicized by the AARP Wisconsin, were intended to solicit specific feedback from seniors. Participants were asked to list their physical, environmental, social, and financial needs as they related to independence and quality of life. To develop outcomes from the Dessert and Discussion, participants worked in large and small groups to identify and prioritize key needs and issues.

The seven “Dessert and Discussion” input sessions were held from July 12 through July 26 at the following locations:

2012 - 2015 Area Plan Input Sessions Milwaukee County Department on Aging Held July 12-26				
Date	Time	Site	Number of participants	Special features
7-12-12	12:30 – 2:30 pm	United Community Center Senior Center	46	Spanish language interpreter
7-13-12	12:30 – 2:30 pm	Wilson Park Senior Center	85	
7-17-12	9:30 – 11:30 am	St. Paul’s Church – Brown Deer	53	
7-18-12	12:30 – 2:30 pm	Kelly Senior Center	45	
7-19-12	9:30 – 11:30 am	Clinton and Bernice Rose Senior Center	79	
7-25-12	9:30 – 11:30 am	Franklin City Hall Community Room	82	
7-26-12	9:30 – 11:30 am	Washington Park Senior Center	77	

The sessions were extremely well attended. There were members from the Milwaukee County Commission on Aging and its Advisory Council at every session but one, and one County Board member attended the Franklin session. MCDA and AARP staffed booths with outreach materials at each forum. The MCDA Director and AARP Wisconsin Associate State Director of Community Outreach also delivered short presentations at each session that broadly summarized each agency’s programs and services. All stakeholder feedback during these sessions was documented and collected by MCDA staff.

MCDA staff analyzed all input session responses in July and August. Staff also analyzed all 780 senior surveys (online and hard copy) during this same time. A summary of the “Dessert and Discussion” and “Cookies and Conversation” findings can be found in *Attachment D*.

Preliminary findings from the surveys and input sessions were shared with Milwaukee County Commission on Aging members at the August and September meetings (including the Advisory Council meeting) in July and August. In general, the surveys revealed the following themes:

- Most seniors use senior/community centers and senior dining/meal services
- The vast majority of seniors feel safe in their home and neighborhoods
- Seniors want to learn new things, particularly in the areas of recreation, academic subjects, and hobbies
- Most seniors indicate they are exercising each week, and the vast majority of those seniors engage in walking as their main form of exercise
- Eight in ten seniors report having a cell phone, and two-thirds of seniors say they use a computer
- Three in four seniors say they have enough money to pay for the things they need

A complete summary of all online and hard copy survey findings can be found in *Attachment F*.

Section 3-B Public Hearings, Comments, Changes

Once a draft area plan was developed, MCDA staff shared the plan with the public and solicited comments and suggestions at a pair of public hearings in October.

The public was notified about the hearings in September and October through the following outlets:

- AARP snail mail communications to their 60,000+ members 60 years and older in Milwaukee County
- Posted notice on the MCDA website
- Flyers delivered to all senior centers for posting
- Notices sent to all people on the MCDA Commission on Aging mailing list
- Weekly e-mail blasts went out to the MCDA consumer and partner networks
- A WMCS (AM 1290) radio interview featuring Jonette N. Arms, Assistant Director and Jon Janowski, Program and Policy Coordinator, MCDA as well as Marianne Muzzi, Associate State Director for Community Outreach, AARP.

Public Hearings themed “Harvesting Your Feedback” were held on Wednesday, October 10, 2012 at the Wilson Park Senior Center from 9:00 am to 11:00 am and at the Washington Park Senior Center from 1:00 pm to 3:00 pm. A total of 128 individuals, 88 from Washington Park Senior Center and 40 from Wilson Park Senior Center, attended the hearings and provided valuable suggestions as to how the plan could be improved.

Participants were informed that the public hearings were an opportunity to provide feedback on the established goals that were initially written to reflect the needs and desires of over 2,500 older adults and their representatives that participated in various input activities during June and July 2012. State mandated and local goals were presented and read one-by-one to public hearing participants. Staff elaborated to clarify content and the audience was offered the opportunity to ask questions and obtain answers after each goal was read.

Participants were registered and MCDA staff took written notes at each session. Refer to Attachment F for complete meeting minutes. Throughout the planning process (input sessions, surveys, and public hearings) participants were offered the opportunity to send written feedback to the MCDA via phone and e-mail.

Based on responses provided at the public hearings, older adults were satisfied with the established goals as the information reflected what seniors said they needed and wanted during summer input sessions. Seniors at the public hearings asked the following questions and/or made the following statements regarding information they wanted to add to the goals:

- **Development of a System of Home and Community-Based Services**
 - o Columbia St. Mary's was left out of the list of health care systems and should be added.
- **Specialized Transportation Services**
 - o Develop and add an additional goal focused on advocacy and mobilization of seniors.
- **Alzheimer's Disease and Related Disorders**
 - o Medical providers should be included in the new Alzheimer's Disease Coalition.
- **Emergency Preparedness**
 - o Emergency preparedness information needs to be distributed beyond the Internet because not all seniors use a computer. All marketing techniques should be used, such as print media, TV, radio, billboards, etc.
 - o When speaking about partnerships within the community, there should be a listing of all of them so that people know who our partners are in helping us address some of these issues.
 - o Some of the main issues of concern are hot temperatures and burns.
- **Home Repair and Chore Service**
 - o The word "disability" should be added to this section so that people are aware that older people may not be physically able to do the work.
 - o Add certified and senior friendly home repair services to goal statement #2.
- **Communication About Aging Programs and Services**
 - o Attempt to seek grant funding from a nonprofit organization to develop the plan.
 - o Strengthen the partnership with AARP during plan implementation and throughout the outreach process.
- **Opportunities for Social Engagement**
 - o Include utilization of senior centers to support outreach.

Written comments made by phone or sent via mail prior to the public hearings were incorporated into the final goals. No written comments were sent by mail, email, or through the MCDA website after the public hearings took place.

Based on public hearing feedback, MCDA staff made the following changes to its area plan:

- Under a System of Home and Community Based Services, changed the number of potential collaborative health care systems from three to four in goal statement #1.
- Under "Specialized Transportation Services" a second goal statement was created to add an advocacy action.
- Added "medical providers" to the potential coalition members under "Alzheimer's Disease and Related Disorders" in goal statement #1.
- Included additional types of media outlets in "Emergency Preparedness" under goal statement #2.
- Included fire and heat emergencies in "Emergency Preparedness" under goal statement number #3.
- Added the words "certified and senior-friendly" to goal statement #2 under "Home Repair and Chore Service".
- Included an option to seek funding to develop a communication plan under goal statement #1 under "Communication About Aging Programs and Services".
- Added AARP Wisconsin to goal statement #3 under "Communication About Aging Programs and Services".
- Under "Opportunities for Social Engagement" added senior centers as another named outreach option.

Section 4: Statewide Focus Areas

FOCUS 4-A: DEVELOPMENT OF A SYSTEM OF HOME AND COMMUNITY-BASED SERVICES

Framework

Beginning in 1998 the Milwaukee County Department on Aging took an aggressive role in the development of Wisconsin's reform of its comprehensive system of Home and Community Based Care.

Consequently MCDA was chosen as one of the State's nine original ADRCs and one of five counties to pilot and operate the Family Care benefit using a managed care model.

The Milwaukee County Department on Aging directly and successfully operated the Family Care CMO until July 2010. At that time several more organizations were chosen to also operate family Care programs in Milwaukee County and the care management organization was required to separate from the organization operating the Aging Resource Center.

The Milwaukee County Department on Aging continues to operate the Aging Resource Center in Milwaukee County and co-staffs the Aging and Disability Resource Center Governing Board.

The system of home and community supports in Milwaukee County is mature and vigorous. However system innovation and enhancement is always evolving.

GOALS

Goal Statement #1: In order to avoid unwanted, dangerous and expensive outcomes for seniors discharged from hospitals in Milwaukee County, MCDA will work with BADR, MetaStar, and the four Hospital Systems in Milwaukee County to explore the development of care transition partnerships. Discussions with all four systems will take place by December 31, 2013.

Goal Statement #2: In order to test the efficacy of formal care transition relationships, MCDA will operationalize and measure outcomes for at least one care transition pilot with a health care system by December 31, 2014.

Goal Statement #3: In order to fund the startup and ongoing costs of care transition models, MCDA will explore and secure revenue from one or more sources including federal, state, local government funds and private funds from hospital partners. Ongoing January 1, 2013-December 31, 2015.

FOCUS 4-B: Older Americans Act Programs

Title IIIC Nutrition Services

Framework

Since 1973, Milwaukee County has been operating both a senior congregate dining program and Home Delivered Meals, under Title III-C of the Older Americans Act. Both programs target older adults who may be frail, isolated, and homebound and/or disadvantaged. Older adults benefit from these programs by receiving a nutritious meal so that they can remain healthy, active and independent in their own homes and communities.

Title IIIC-1 Congregate Meals are provided at 29 Senior Dining Sites throughout Milwaukee County through contractual agreements with various agencies to manage these meal sites. Each site employs a part-time supervisor that oversees day-to-day operations. Volunteers support this initiative and play a vital role with the set up, serving and clean up of the meal sites. Approximately 1,200 meals are served daily to eligible older adults. In addition to a hot meal for lunch, the dining site is also a source of nutrition education, community resources, social activities and overall support to older adults.

Title IIIC-2 Home Delivered Meals provide a hot meal at lunch to frail and homebound adults who are unable to prepare their own meals. Milwaukee County has contractual agreements with an agency to provide the case management of this large program in addition to contracting with a caterer for meals. Based on need, some of these individuals may also be recipients of a cold supper meal in addition to weekend meals. On a daily basis, 1,000 hot meals are delivered from eight dispatch sites that serve 48 routes throughout the Milwaukee County.

Funding of the above programs is static. Milwaukee County is aware of the need to improve the efficiency and effectiveness in serving older adults with their support of BADR initiatives and recommendations.

GOALS

Goal Statement #1: MCDA will fully participate in the state's Elderly Nutrition Program Task Force and by October 31, 2013 will assist the group with identifying best practices for updating the Elderly Nutrition Program.

Goal Statement #2: MCDA staff, in collaboration with the state BADR, will review task force recommendations and recommend state policy changes by March 31, 2014.

Goal Statement #3: MCDA staff will attend state training events and implement new training policies and methods at Elderly Nutrition Program sites by November 30, 2015.

Goal Statement #4: MCDA will consolidate all census and demographic data, meal count data, and site evaluation results into a written report by December 31, 2013.

Goal Statement #5: The Milwaukee County Commission on Aging's Advisory Council and Nutrition Council will review the report and make recommendations about meal site programming by December 1, 2014.

Goal Statement #6: MCDA staff will implement recommendations at meal sites by December 1, 2015.

Title III-B Elderly Specialized Transportation Services

Framework

During a series of meetings held during 2011 and 2012, the Milwaukee County Commission on Aging Advisory Council's Underserved Populations Workgroup members identified that accessible, affordable, and reliable transportation were major issues for older adults. Members also recognized that a lack of knowledge, a lack of awareness of various and current transportation modes, and the inability to make and navigate available choices were major issues that needed to be addressed. The workgroup members' overall concerns regarding transportation were consistent with ongoing concerns voiced by older adults and aging advocates for decades.

After months of conversations and research, the Underserved Populations Workgroup concluded that addressing funding and improvements in available, more accessible, and affordable transportation opportunities were not areas that could be quickly or directly influenced. Therefore, workgroup members agreed to focus on increasing seniors' lack of knowledge and lack of awareness of various and current transportation modes along with educating them on how to identify and navigate available choices.

In June and July 2012, MCDA Area Agency on Aging survey results, proved that there is a serious need to educate, promote, and create awareness of transportation methods and how to navigate and use current systems in Milwaukee County.

Based on information explored and learned, the aim in Milwaukee County is to increase awareness among seniors and subsequently improve access to specialized elderly transportation services and broad transportation alternatives.

GOALS

Goal Statement #1: To improve the efficiency and effectiveness of transportation services to seniors in Milwaukee County, staff will work with the Commission on Aging Advisory Council Underserved Population Workgroup to assist with developing specific strategies to educate and garner interest of seniors and their caregivers, aging service providers, and the community at-large about transportation options by December 31, 2014.

Measured Outcomes:

- √ By February 28, 2013, recruit a minimum of three new members to the Underserved Populations Workgroup to ensure inclusion of diverse populations that may go undetected.

- √ Convene a minimum of two discussions and two presentations inclusive of staff, existing vendor representatives, partners, and consumers for the purpose of educating workgroup members about Milwaukee County Specialized Transportation Services and broad transportation options by August 31, 2013.
- √ Develop a comprehensive transportation community outreach plan inclusive of a toolkit for educating Milwaukee County seniors, their caregivers, aging service providers, and community members about qualifications for, the purpose of, and how to use and request specialized elderly transportation services by December 31, 2013.
- √ Conduct a minimum of three community presentations on specialized elderly transportation at senior centers, churches, and congregate senior meal sites by August 31, 2014.
- √ Sponsor and host a Milwaukee County Transportation Options Expo that will cater to specialized and other transportation services and choices for seniors, (such as paratransit and public transportation) by December 31, 2014.

Goal Statement #2: Staff will collaborate with the Commission on Aging Advisory Council Underserved Populations Workgroup, Make it Work Milwaukee! Coalition, and other relevant partners on at least one initiative, which advocates for transportation solutions that benefit seniors by December 31, 2015.

Goal Statement #3: MCDA staff and Commission on Aging and Advocacy Committee representatives will attend and participate in monthly Wisconsin Aging Network meetings to gain knowledge and provide input on developing advocacy strategies that support statewide efforts to address consumer concerns about non-emergency medical transportation. Ongoing each year of the plan until December 31, 2015.

FOCUS 4-C: Alzheimer's Disease and Related Disorders (ADRD)

Framework

The Alzheimer's Association of Southeastern Wisconsin in collaboration with MCDA and the Wisconsin's Alzheimer's Institute will continue to provide greater access to advocacy, education, information and referral, and support for families of persons with Alzheimer's disease and related dementias. The mission of the Alzheimer's Association is to eliminate Alzheimer's disease through the advancement of research; to provide and enhance care for all affected; and to reduce the risk of dementia through the promotion of brain health. The Milwaukee County Department on Aging supports their mission and will continue to work in collaboration with them and many community partners in Milwaukee County.

The Alzheimer's Association of Southeastern Wisconsin states Alzheimer's disease currently affects 1 in 8 individuals over the age of 65 and nearly 1 in 2 individuals over 85. It is a disease that primarily and disproportionately affects older adults. New research points to a higher burden

of Alzheimer's disease among minorities. The level of need for increased awareness, outreach, and intervention to those currently diagnosed and those who will be diagnosed in the near future is further complicated by the high percentage of "at risk" individuals who reside in Milwaukee County. Sixty-three percent (63%) of the state's minority population over 65 live in Milwaukee County. Statistics further identify that of the state's population with Alzheimer's disease, approximately 15%, or 15,989 persons, reside in Milwaukee County.

GOALS

Goal Statement #1: In order to form an enhanced network for servicing older adults diagnosed with Alzheimer's disease or related dementias and their families, MCDA, the Alzheimer's Association of Southeastern Wisconsin and the Wisconsin Alzheimer's Institute will assemble a listing of interested partner agencies and stake holders, inclusive of medical providers interested in forming an Alzheimer's Disease Coalition by December 31, 2013.

Goal Statement #2: In order to continue the dialog and collaboration in supporting, enhancing services and increasing awareness to those currently diagnosed and those who will be diagnosed with Alzheimer's disease or a related dementia, the Alzheimer's Disease Coalition will convene three times per year to share initiatives that each has and advocate on behalf of those with Alzheimer's disease by December 31, 2014.

Goal Statement #3: The Alzheimer's Coalition will choose two initiatives in order to further advocate for and increase awareness of issue in Milwaukee County by December 31, 2015.

FOCUS 4-D: Emergency Preparedness

Framework

The Emergency Preparedness goals for the Milwaukee County Area Plan for Older People 2013-2015 is an extension of the groundwork developed during the previous Area Plan of 2010- 2012. Much progress has been accomplished during the previous plan and the lessons we learned along with the feedback from older adults and stakeholders in emergency preparedness has resulted in a solid platform of emergency preparedness initiatives to build upon.

The previous plan emphasized educating older adults, their caretakers, and the aging network in Milwaukee on disaster preparedness and preparing emergency kits in the event a disaster would impact their lives. Training was also emphasized in educating aging network stakeholders and Milwaukee County Department on Aging employees in disaster preparedness efforts targeting both the workplace as well as working with older adults in developing preparedness kits. These efforts were conducted in 2011.

In 2012, we launched another educational initiative targeting the membership of the Milwaukee Aging Consortium. We sponsored two educational programs on disaster preparation planning for property managers where older adults are residents. These sessions were split into two parts, pre disaster planning and post disaster planning. A panel of experts from emergency preparedness

stakeholders presented information critical to understanding the importance of developing disaster emergency operation plans or enhancing their existing plans. Emergency preparedness stakeholders also provided information at their resource booths.

Also, we continued to work with Milwaukee County Emergency Management in refining the development of the Forward Assessment Team deployment procedures as well as refining the Functional Needs Emergency Shelter Protocols in the event there is a need to activate shelter(s) in Milwaukee County.

Milwaukee County Department on Aging staff members are represented on several organizations, affiliations or committees that are involved at the State or local level in emergency preparedness. These include Wisconsin AIRS, Milwaukee County Forward Assessment Team, City of Milwaukee Heat Task Force, COAD Partnership Council and Wisconsin Hospital Emergency Preparedness Program. In addition to the input from older adults, lessons learned from the last few years' activities and feedback from the above stakeholders have provided us with valuable input into the development of the area plan for 2013-2015.

Therefore, MCDA will work with local and state emergency preparedness organizations in the development of long-range emergency preparedness plans in responding to natural and man-made disasters impacting older adults.

GOALS

Goal Statement #1: To provide information about developing disaster preparedness plans for large and small Long Term Care Facilities, MCDA will participate on the Wisconsin Hospital Emergency Preparedness Program (WHEPP) Expert Panel to develop and distribute documents and templates on disaster preparedness material in accordance with an established WHEPP marketing/communication plan by December 31, 2013.

Goal Statement #2: To assure the safety of older adults, MCDA Forward Assessment Team (FAST Team) will continue to participate in the develop long-range emergency preparedness plans and coordinate activities within the framework of the Emergency Operations Center of Milwaukee County through December 31, 2015.

Goal Statement #3: To raise disaster preparedness awareness, inclusive of fire and heat emergencies to residents and the existing aging network, MCDA will collaborate with emergency response stakeholders to provide disaster preparedness education, disseminate preparedness material through print media, TV, radio, billboards, etc and post web based (on-line access) of current resource information starting January 2013 through December 31, 2015.

FOCUS 4-E: Evidence-Based Prevention Programming

Framework

Since 2008, MCDA has engaged in facilitating the Living Well with Chronic Conditions program and has become a model for Wisconsin. In addition, the Stepping On fall prevention program and Walk With Ease pain management program were adopted in the 2012 Milwaukee County Commission on Aging Wellness Council strategic plan. These programs are facilitated in collaboration with the State Evidence Based Prevention workgroup and Wisconsin Healthy Aging Institute. The programs meet the highest level of criteria as defined by Administration on Aging.

Milwaukee County understands that evidence-based programs are interventions based on evidence that is generated by scientific studies. In response to an understanding that there is overwhelming evidence that older adults benefit from health promotion interventions, the Commission on Aging Wellness Council created goals in 2011 that support MCDA's Evidence Based Prevention Program. In early 2012, the Wellness Council adopted senior fall prevention as its major initiative.

Through its Evidenced Based Prevention Program and Wellness Council, MCDA has begun efforts to expand health promotion and wellness in this area. During 2013-2015, MCDA will continue to increase awareness and improve access to and engagement in evidence-based prevention programs and health promotion activities throughout Milwaukee County.

GOALS

Goal Statement #1: To assure sustainability and expansion of programs recommended by the Administration on Aging, the Milwaukee County Department on Aging will collaborate with the Commission on Aging Wellness Council and external partners to promote a model of health promotion and disease prevention for seniors. This goal will be ongoing over the entire three years of the plan through December 31, 2015.

Measured Outcomes:

- √ Convene discussions of staff and Commission on Aging Wellness Council and Nutrition Council to align the Eight Dimensions of Wellness with Bureau of Aging and Disability Resources approved evidence-based prevention programs by June 30, 2013.
- √ Develop a community outreach senior health promotion and disease prevention campaign by December 31, 2013 and implement the campaign in subsequent years of the plan by December 31, 2014 and December 31, 2015.
- √ Develop and submit a session proposal to present at the Wisconsin Aging Network Conference regarding how the Milwaukee County Department on Aging established and executed a successful model of health promotion and disease prevention for seniors, and the outcomes of the model developed and implemented, by September 30, 2015.

Goal Statement #2: Utilizing the Commission on Aging Wellness Council and Nutrition Council and community partners, increase by a minimum of two the number of approved evidence based prevention programs that align with Milwaukee County adopted Eight Dimensions of Wellness by December 31, 2014.

Measured Outcomes:

- √ Research and present Bureau of Aging and Disability Resources approved evidence-based prevention programs during regular monthly Wellness Council meetings.
- √ Adopt and initiate implementation of a minimum of two programs by June 30, 2014.
- √ Collaborate with the partners, e.g., the Arthritis Foundation, local healthcare systems, Milwaukee County Senior Centers, Interfaith Older Adult Programs, Senior Ambassadors, and Cookies and Conversation Community Outreach Volunteers to identify, recruit, train, and develop cohorts of volunteers to assist with promoting and implementing existing and new evidence-based prevention programs within the 12 Milwaukee County Department on Aging supported senior centers by December 31, 2014.

Goal Statement #3: Milwaukee County Department on Aging staff and Commission on Aging Wellness Council members will work together to expand cross division/departamental and external relationships with a minimum of six additional partners to create a robust model of Bureau of Aging and Disability Resources approved health promotion and disease prevention programs for seniors throughout Milwaukee County by December 31, 2015.

Measured Outcomes:

- √ Convene a maximum of two meetings inclusive of potential partners to discuss past and current accomplishments, challenges, barriers and future opportunities to utilize new and existing relationships to promote and conduct outreach of evidence-based prevention programming that aligns with the Eight Dimensions of Wellness by March 31, 2015.
- √ Collaborate with existing and new partnerships to enhance and continue implementing strategies for Milwaukee County's senior health promotion and disease prevention campaign.

FOCUS 4-F: Family Caregiver Support (National Family Caregiver Support Program)

Framework

The Mission of the Family Caregiver Support Network (FCSN) is to advocate through empowering, encouraging and educating both family and community caregivers so that they can improve the quality of life for the caregiver and the care receiver. Their purpose is to offer outreach, advocacy, empowerment, education through communication, assessment of community

needs and encouragement for caregiver groups. The Milwaukee County Department on Aging supports their mission and will continue to work in collaboration along with many other community partners to support the family caregivers in Milwaukee County.

Services are provided by the Family Caregiver Support Network director and/or two resource specialists in collaboration with MCDA staff: Interfaith Older Adult Programs, Inc. continues to operate the FCSN as one of its primary programs and has added Alzheimer Family Caregiver Support Program (AFCSP) direct services. The network builds on Interfaith's mission to "link older adults with a caring community."

The Family Caregiver Support Network helps family caregivers by offering them information, assistance to access available services, education, support, respite care and supplemental services. This includes assisting older adult relative caregivers who are responsible for minors or adult children with disabilities. It also identifies gaps in services for caregivers, and will act as an advocate in calling attention to caregiver needs and working toward developing and/or expanding programs to better serve caregivers and their loved ones. By assisting caregivers, FCSN supports all efforts to help older adults stay in the community for as long as possible, thereby promoting quality of life for both the older adult and the caregiver. Under the AFCGSP, staff determines eligibility, completes enrollment paperwork and provides assistance to clients to arrange services as needed. The caregivers of these clients will benefit from the services of FCSN.

Features of the FCSN include counseling, information and assistance to individual caregivers through two call lines: 414-220-8600 or 800-449-4481. Resource specialists who are well versed in both public and private community resources directly assist caregivers. The resource specialists have good working relationships with other information and referral entities and have the ability to relate to the individual needs of caregivers. Appropriate referrals are made to the Department on Aging for possible access and eligibility to a variety of programs and services. Caregiver resources are kept current through attending and networking at the Milwaukee Aging Consortium and other health and resource events and trainings. Staff also tour skilled and assisted living facilities and meet with new providers of services and products. Information is gained from the Internet and staff participation in webinars which pertain to the four National Family Caregiver Support Program (NFCSP) populations including those featuring services needed by employed caregivers and their employers.

Quarterly "Caregiver Circle" Newsletter is written specifically for caregivers with information about support groups, upcoming talks and/or training sessions and educational articles. It is mailed to all callers to the FCSN phone lines who indicate an interest in receiving it, as well as caregiver support groups, senior centers, other Interfaith programs, collaboration partners and a number of service providers. It is distributed at community and employee health and resource fairs.

A clearinghouse for caregiver support groups and training sessions is maintained by FCSN which includes a community resource file with upcoming seminars, workshops, health fairs/screenings, training sessions, and other meetings of interest to caregivers as well as an up to date data base with all appropriate area support groups. This allows FCSN to monitor the need for additional support groups and training opportunities. Family Caregiver Support Network staff members that are trained facilitators are available for caregiver support groups, *Elder Care and Work: Finding the Balance* seminars and

other caregiver related workshops. The Family Caregiver Support Network collaborates with community programs to provide: a grandparent/relative caregiver educational series, *Taking Care of You: Powerful Tools for Caregiving series*, an annual caregiver support/ educational conference and promotes *Savvy Caregiver and Dementia Basics*.

Family Caregiver Classes - FCSN offers classes specifically for family caregivers of older adults called "Taking Care of You: Powerful Tools for Caregiving." The "Powerful Tools" educational program provides family caregivers with self-care techniques; communication skills for handling difficult situations with an older adult; confidence to deal with health care providers; and the perspective to better understand emotions and challenges involved with family caregiving.

Speaker's Bureau - Network speakers educate and inform caregiver groups, professional caregivers, students, professionals in the field of aging, and the community at large about issues facing caregivers. FCSN staff is keep abreast of legislative and policy issues affecting caregivers, e.g. changes in healthcare, Lifespan Respite etc. and provide updated information at group presentations.

Resource Library and other Education – FCSN has an extensive resource library with books, tapes CD's, magazine articles, DVD's and videos that are available for loan to caregivers and professionals assisting caregivers on topics related to caregiving. Resource Specialists will also assist caregivers to locate reference materials thru the public library systems and other community organizations. Materials in other languages are acquired when available. FCSN will send materials directly to family caregivers and professionals who help them. FCSN also has scholarships available for Alzheimer's classes and "hands on" training by a licensed professional for a caregiver having difficulty providing hands-on care.

Family Caregiver Support Network web site (www.caregiversupportnetwork.org) contains informational articles, checklists, its newsletter issues, links to specific caregiver resources and FCSN staff. The website also contains links to a vast array of additional web sites dealing with older adult topics and caregiver needs. Users of the website are able to e-mail questions to the FCSN staff for personalized responses.

A direct tie to community programs, such as Interfaith's Neighborhood Outreach Program (NOP), allows caregivers to access community services that offer a wide array of services including friendly visits and transportation to medical appointments and grocery shopping.

Assistance to local businesses in defining caregiver issues facing employees and providing individual caregiving assistance – FCSN staff continue to target businesses in the Milwaukee area that are interested in family caregiving and employment issues and want to their employees aware of FCSN as a place to turn for help.

Supporting employed Family Caregivers is done through linking/collaborating with other community agencies, programs and businesses to provide the tools employed caregivers need to both care for their care recipients and stay healthy caregivers themselves.

Family Caregiver Toolkit – FCSN continues to make its “Family Caregiver Toolkit” available to family caregivers who would significantly benefit from its help with organizing caregiving duties and older adult materials necessary in time of a health crisis.

Innovative mechanisms to reward and support family caregivers continue on a monthly basis where FCSN offers gift cards that are practical (gas and food) as well as supportive (bath and body and books for reading) which caregivers report to be both “useful” and “fun” with which to shop. Monthly, FCSN will offer a number of subscriptions to “Today’s Caregiver” magazine, which the publication provides to the FCSN free of charge.

Respite Care and Supplemental Services: FCSN provides counseling and assessment for, information and assistance in the arrangement of, payment of approved services and any follow-up assistance needed for respite and supplemental services. Collaborations to provide services have been formed and continue to develop with respite providers, personal care and homemaker services, service equipment vendors and professionals that provide nursing and geriatric care services that support the care being provided or allow caregivers to take a break. Recognizing that NFCSP respite is to be temporary and not long term, staff works with families and service providers on an ongoing basis to identify other more permanent options for supplemental services and respite.

Research: FCSN continues to maintain research materials about and for family caregivers. Staff continues to research information and resources to help both the local and long-distance caregiver, and for use by program collaborators (community and business). FCSN also participates in caregiver research projects referring caregivers when appropriate.

Advocacy: FCSN advocates on local, state and national levels for services and materials that help family caregivers provide care for older adults. Advocacy also identifies and works to break down barriers (such as unnecessary paperwork in government and health care systems) that can make caregiving of an older adult difficult.

Coordinating activities and program with MCDA, collaboration and coalition building: FCSN continues to coordinate general and specific outreach efforts with MCDA and participate in other activities as proposed by MCDA including the Area Plan. The FCSN continues to collaborate with a variety of organizations. The Family Caregiver Support Network hosts a Caregiver collaboration event for those that work with caregivers to share information, discuss resources for caregivers and seek ways to avoid duplication.

(1) INFORMATION TO CAREGIVERS

The Family Caregiver Support Network will continue to provide information to caregivers about available services over the phone, via e-mail, in-person at the program's office or in the home, individual mailings, the quarterly newsletter, handouts, resource tables, radio talk shows, caregiver conference, presentations and support groups.

(2) ASSISTANCE TO CAREGIVERS

FCSN will continue to assist caregivers to access services through the provision of information and instruction as to how to appropriately utilize services. When needed, FCSN will call an

appropriate service with the caregiver or for the caregiver. When necessary, FCSN will act as an advocate for the caregiver in-order to access a service.

(3) INDIVIDUAL COUNSELING

FCSN will continue to provide individual counseling over the phone, in person, through family meetings and in groups such as the grandparent support group and Powerful Tools for Caregivers.

(4) ORGANIZATION OF SUPPORT GROUPS

FCSN will continue to monitor existing support groups, support them as requested and assist in the development and staffing of groups. FCSN will continue to staff the Grandparent Support Group.

(5) TRAINING TO CAREGIVERS TO ASSIST IN MAKING DECISIONS AND SOLVING PROBLEMS RELATING TO THEIR CAREGIVING ROLES

FCSN will continue educating and training caregivers over the phone and in person as well as through the annual Grandparent Series, Grandparent Support group, workshops, resource tables, *Taking Care of You: Powerful Tools* caregiver series and the annual caregiver conference.

(6) RESPITE CARE

FCSN will continue to educate family caregivers and professionals about respite over the phone, in person, in print, and through presentations and media advertising. FCSN interfaces directly with the family to discuss the temporary use of respite and then identify long-term services. The caregiver through a grant may select the provider of the service. The provider is paid by FCSN or the caregiver is reimbursed.

(7) SUPPLEMENTAL SERVICES

FCSN will continue to educate family caregivers and professionals about supplemental services over the phone, in person, in print and through community education (resource events, educational presentations, agency presentations etc.). FCSN will interface with the caregivers to discuss the short-term use and when appropriate help identify the long-term assistance available. When necessary, FCSN interfaces with the provider so that a grant may be awarded.

(8) COORDINATION

Milwaukee does not have one family caregiver coalition. Because of the diversity, history of collaborative efforts and scope of needs, partners come together to meet specific needs. FCSN has joined or formed several specific partnerships or coalitions. Most activities (education series and support group) related to grandparent and relative caregiving was coordinated on an ongoing and as needed basis with two agencies. Additional partners are able to assist with particular education, resources and services. A group of partner agencies continues to meet and offer an annual event for the Mind, Body, and Spirit. This is both for professional and informal family caregivers.

GOALS

Goal Statement #1: In order to expand outreach to employed caregivers through interfacing with 25 small and medium size employers by December 31, 2013, MCDA in collaboration with

Interfaith, RE-SERVE Southeast Wisconsin, and the FCSN will create a temporary outreach position that will staff this project.

Goal Statement #2: In order to assist caregivers with better self-care and the appropriate care of their care receiver, FCSN and MCDA will adopt workable general family caregiver *needs assessment tools* by December 31, 2014 which may be self administered or used by assisting professionals. The assessment tools may be used to make appropriate referrals for further research and policy recommendations.

Goal Statement #3: In order to assist family caregivers with the management of finances and paperwork, FCSN and MCDA will review and update the Family Caregiver Support tool kit by December 31, 2015

Section 5: Agency Focus Areas

A. Home Repair and Chore Service

Framework

As articulated in public listening sessions and surveys, seniors who wish to remain in their homes and maintain their independence need reliable information about funding for home repair and chore services in and around their homes. Milwaukee County Department on Aging proposes to address this need.

Goal Statement #1: In order to inventory resources and more clearly define need, MCDA and its Advisory Council workgroup will convene public and private community partners that have skill in home repair and/ or chore service delivery and express a willingness to develop countywide solutions by June 30, 2013

Goal Statement #2: MCDA will identify and designate one or more community lead agencies to assume the role of developer and dispenser of information about certified and senior-friendly home repair and chore services by January 31, 2014

Goal Statement #3: In order to fund start up and operational costs of a comprehensive county-wide chore service home repair program MCDA will secure funds from local/national foundations and/or assist with fund raising events. Ongoing for Area Plan 2013-2015.

Goal Statement #4: In order to raise community awareness of MCDA's successful initiative to create a system or program to respond to home repair needs, MCDA will hold a home repair /chore service expo and will develop multiple avenues for public information dissemination by April 30, 2015.

B. Communication About Aging Programs and Services

Framework

During community input sessions in June and July 2012, at seven Milwaukee County senior centers, older adults consistently shared that they needed accurate information about services and programs available, better interaction with MCDA staff, and personal connectedness with services and programs.

Good, friendly, and quality communication is essential to ensuring seniors have access to relevant services and programs. Helping older adults live independently and providing opportunities for them to contribute to their communities is a part of MCDA's mission. MCDA's current outreach and awareness efforts are implemented through professional staff, Senior Ambassadors, commissioners, committee and council members, advocates and volunteers, and

special educational events/activities. However, according to feedback received, more must be done to expand the department's reach into the community.

Communication and customer service strategies will to be enhanced to address the overwhelming desire of seniors to have increased awareness and improved access to supportive services, resources, and programs available through Milwaukee County Department on Aging and other older adult serving agencies.

GOALS

Goal Statement #1: Milwaukee County Department on Aging staff will work in partnership with a university or college marketing internship program and/or obtain small grant funding to develop a comprehensive community educational outreach plan, inclusive of social media, website enhancement, a community calendar, e-notify, e-alerts, and other mediums. This goal will be ongoing over the entire three years of the plan through June 30, 2015.

Measured Outcomes:

- √ Increase the number of social and public aging informational mediums used by the Milwaukee County Department on Aging by three additional technological tools by December 31, 2013.
- √ Train a minimum of 50 Milwaukee County Department staff on how to access and use social and public aging informational mediums, and prepare at least three staff to lead in helping to maintain technological tools by December 31, 2014.
- √ Train 50 older adults each year of the area plan on how to access and navigate social and public mediums such as email, e-alerts, website, e-notify, and Facebook. Ongoing until June 30, 2015.

Goal Statement #2: Work with MCDA Quality Improvement Coordinator to create and foster increased perceptions of friendly and welcoming telephone and face-to-face customer service interactions between staff and older adults and their family members or representatives by March 31, 2014.

Measured Outcomes:

- √ Develop an assessment tool/strategy to assist with collecting information and providing feedback regarding the quality of service and overall friendliness of staff and customer interactions by June 30, 2013.
- √ Conduct three trainings to teach, coach, motivate, and encourage improved quality customer service based on specific identified areas of deficiencies for 75% of staff by October 31, 2013.
- √ Monitor and adapt staffs' customer service abilities
- √ Improve perceptions of customer service interactions by 25% by March 31, 2014.

Goal Statement #3: To assure broader outreach to Milwaukee County seniors, partner with aging community service providers, AARP Wisconsin, nonprofit and private-for-profit organizations, health care systems, retail outlets, and older adult volunteers to engage them in

promoting supportive services, resources, and programs available throughout the community by December 31, 2015.

Measured Outcomes:

- √ Increase the number of partners helping to develop messages and promote broader aging services and resources in Milwaukee County by three each year of the area plan, December 31, 2013, December 31, 2014, and December 31, 2015.
- √ Increase the number of senior ambassadors, “cookies and conversation” outreach volunteers, Senior Statesmen, and Commission on Aging members and advisors by five percent in each year of the area plan.
- √ Encourage and engage staff and volunteers in helping to promote the mission of the Milwaukee County Department on Aging and broader community aging resources.

C. Opportunities for Social Engagement

Framework

The Milwaukee County Department on Aging is committed to expanding opportunities for seniors to interact socially. The Milwaukee County Department on Aging helps connect seniors to programs and resources that increase social interaction and thereby enhances senior well-being.

Feedback from various area plan input sessions this past summer indicated that seniors want more social engagement opportunities. Milwaukee County Department on Aging staff heard that seniors want more access to wellness-based programs and services. Milwaukee County Department on Aging staff also heard that seniors appreciate the value of intergenerational relationships and want more opportunities to interact with their younger peers.

Milwaukee County Department on Aging staff also recognize that there continues to be a large gap between available wellness resources and seniors’ knowledge of those programs and services. Milwaukee County Department on Aging and its Wellness Council have been working since 2008 to narrow that gap.

Milwaukee County Department on Aging evidence-based programs such as “Stepping On” and “Living With Chronic Conditions” reached over 90 seniors in 2012. Evaluations indicate seniors participating in these programs felt better, reduced falls and took charge of their lives. Seniors also gained specific knowledge and skills to prevent falls and learned how to manage their symptoms so that they could get the most out of their lives.

GOALS

Goal Statement #1: MCDA staff and the Intergenerational Council will expand senior and youth membership, plan a symposium, and create recommendations for future collaboration by November 1, 2015.

Goal Statement #2: Increase overall class participation and the number of peer leaders in evidence-based programs 10% by December 31, 2015.

Goal Statement #3: MCDA and the COA Wellness Council will compile all available local wellness resources and publicize them through grassroots and electronic mediums as well as senior centers by December 1, 2015.

Section 6: Coordination Between Titles III and VI

Not Applicable

Section 7: Area Agency on Aging Special Projects

Name of the Service

Milwaukee County Transportation Options Expo

Rationale for the Project

Please reference pages 27-28, Section FOCUS 4-B: Older Americans Act Programs, Title IIIB – Specialized Elderly Transportation Program

Name of the Service

Golden Idol

Rationale for the Project

Beginning in 2008, the Golden Idol competition was originally designed as a marketing tool for senior centers while showcasing and revitalizing the talents of older adults throughout the community. In order to view the competition, membership in a senior center is required, thereby boosting membership at some centers and increasing interest at all Milwaukee County Senior Centers. More than 300 people attend this annual event.

Name of the Service

Senior Statesman

Rationale for the Project

This program offers seniors the opportunity to learn about and participate in the local legislative process through first-hand contact with the people who represent them. Graduates of the Senior Statesmanship Program are recruited for participation in the Commission's advocacy-related efforts.

Name of the Service

Intergenerational Symposium

Rationale for the Project

Working in partnership with the Intergenerational Council of the Commission on Aging, the symposium will help to promote and expand intergenerational programming in Milwaukee County. Adults and youth will learn more about the richness of opportunities and share reciprocal experiences.

Name of the Service

Senior Hall of Fame

Rationale for the Project

Established in 1997, annually, the Senior Hall of Fame honors five outstanding seniors in Milwaukee County who have served the community as volunteers and as advocates on behalf of older adults. Older adults are encouraged to continuing their volunteerism through this prestigious recognition. The Senior Hall of Fame helps to pique the interest of other older adults to get involved with volunteerism.

Name of the Service

Senior Nutrition Program (SMP) Volunteer Recognition Dinner

Rationale for the Project

Annually, this dinner draws over 400 SMP volunteers. Drivers, cooks, site supervisors, and all other volunteers who play an integral role in ensuring senior meal program services take place. Volunteers for the SMP have a heightened sense of commitment. Each year, combined, volunteers of the SMP log nearly 66,000 hours, serve approximately 265,000 congregate meals and deliver 252,000 meals to homebound older adults. For the volunteers' time and effort, the event is an opportunity to come together on one evening to have a nice dinner and celebrate their hard work.

The Volunteer Recognition Dinner allows older adult volunteers to socialize, develop friendships, and discover opportunities to strategize and consult with one another regarding their meal sites.

Name of the Service

The Face of Aging in Milwaukee County Call to Action Symposium

Rationale for the Project

Based on information published in The Face of Aging 2012 in Milwaukee County report, this event will make the call to action for advocates, policy makers, funders, organizations, and agencies to reflect on and address the diverse needs of Milwaukee County older adults.

Section 8: Area Agency on Aging Waiver to Directly Provide Service

Name of Service: Aging Resource Center

Description of Service:

The Aging Resource Center (ARC) of Milwaukee County provides information and assistance to help people 60 years of age and older remain active, independent and connected to their communities. Reports are provided to the Resource Oversight Committee on an ongoing basis.

One telephone number is available to obtain information and assistance about public and private benefits for older adults ages 60 and over. Staff includes a manager, human service workers (bilingual), a marketing coordinator, and clerical support. A department website and resource database is maintained for internal and public access to link older adults with needed support. Staff is available 24 hours a day, seven days a week, with after-business hours handled by an on-call system. Also, two human service workers visit senior centers, senior dining sites and subsidized housing complexes on a regular basis to provide information and support.

Eligibility and Enrollment for publicly funded Long Term Care programs:

Information and screening are available for functional and financial eligibility for a variety of Manages Care program options and a Medicaid fee for-service system. Options Counseling is provided to assist older adults in making choices for the best program meeting their needs.

Quality Assurance:

Staff processes all complaints and grievances from the public. This includes investigation, amelioration, and fair hearings. Additionally, consumer satisfaction assessments are conducted. Reports are provided to the Resource Oversight Committee.

Elder abuse and crisis intervention:

Department staff (bilingual) including supervisors, a nurse, human service workers and clerical support provide a mechanism to investigate possible crisis situations. Investigations follow allegations related to physical abuse, material abuse, neglect, self-neglect, and emotional abuse of adults age 60 and over who reside in Milwaukee County. Staff conducts client visits. Intervention services are provided as the case warrants.

Justification for the Direct Provision by the Department on Aging:

1. The Aging Resource Center of Milwaukee County serves as a single entry point for all older adults in Milwaukee County. Without this single access point, the delivery of services would be fragmented, information would not be available to all older adults, and clients would not be referred for service according to their needs. Additionally, assessment of potential clients is critical to an effective Manages Care Organization to optimally serve older adults in need. Without Elder Abuse and At-Risk crisis intervention services, older adults would remain in vulnerable situations.
2. The Placement of the Aging Resource Center of Milwaukee County within the Department on Aging is integral to the function of the Area Agency on Aging, which is the lead agency for review, coordination, and oversight of all older adult services.

3. The majority of the employees within this unit are union employees of Milwaukee County, and their job responsibilities are defined by union contract.
4. The service is not a Title III funded service.

Section 9: Targeted Populations

Section 9-A: Serving Low-Income Minority Older Individuals

OUTCOME: Enhance and maintain low-income and minority older adults' participation in MCDA programs.

GOALS:

1. By maximizing the usefulness of data and information contained in the Milwaukee County Face of Aging 2012 demographic report, MCDA will work with the Milwaukee Commission on Aging Underserved Populations Workgroup to identify needs of low-income minority older adults in Milwaukee County.
2. Add one new target population to the Underserved Populations Workgroup each year of the Area Plan by December 31, 2013, December 31, 2014, and December 31, 2015.

BACKGROUND:

Current services provided to low-income and minority older adults will continue based upon available funding. Educational and awareness of transportation modes will be a new initiative specifically targeted to low income minority older individuals within the planning and service are included as part of the area plan.

The Milwaukee County Department on Aging has published a detailed demographic report, the Face of Aging 2012, following the 2010 census. This document will provide invaluable information related to realigning where services should be targeted to assure that the service needs of low-income minority individuals are available to each population. In addition, the report will serve as a valuable tool for individuals, organizations, foundations, and policymakers in the local community and state.

During 2013-2015, MCDA will ensure the inclusion of evidence-based prevention programs to low-income minority individuals through Area Agency contracted senior centers.

Section 9-B: Report on Service to Low Income Minority Older Individuals During 2012

The following summarizes specifically targeted services by ethnic category:

African American

<u>Service</u>	<u>Provider</u>	<u>Allocation</u>
Senior Center	Bethesda Community Senior Citizens' Center	\$85,000
Senior Center	Project Focal Point	\$60,000
Asian American Social and Nutritional Services	Asian-American Community Center	\$37,500
Community Outreach and Access Services to Southeast Asian Elderly: Translation and Interpretation	Hmong/American Friendship Assoc.	\$32,850
Community Outreach and Access Services to Southeast Asian Elderly: Socialization, Education, and Recreation	Milwaukee Christian Center	\$53,550
Nutrition Site Supervision	Milwaukee Christian Center	\$40,000

Hispanic or Latino

One contract for the following four services:

<u>Service</u>	<u>Provider</u>	<u>Allocation</u>
Senior Center	United Community Center	\$77,189
Transportation	United Community Center	\$129,000
Nutrition Site Supervision	United Community Center	\$28,000
Catering (through Café El Sol)	United Community Center	\$139,000

Native American

<u>Service</u>	<u>Provider</u>	<u>Allocation</u>
Social and Nutritional Services	Indian Council of the Elderly	\$84,572

Russian-Speaking Elderly

<u>Service</u>	<u>Provider</u>	<u>Allocation</u>
Nutrition Site Supervision	Prospect Congregate Housing	\$20,000

Lesbian, Gay, Bisexual, and Transgender Elderly

<u>Service</u>	<u>Provider</u>	<u>Allocation</u>
Outreach and Services	SAGE Milwaukee	\$10,000

All Older Persons of Color

<u>Service</u>	<u>Provider</u>	<u>Allocation</u>
Alzheimer's Counseling and Community Support	Alzheimer's Association of Southeastern Wisconsin	\$50,000
Outreach in Public Housing	S. E. T. Ministry	\$67,500
Programs in Clinton and Bernice Rose Park, McGovern Park, Washington Park, Wilson Park and Lawrence P. Kelly Senior Centers	Interfaith Older Adult Programs	\$1,258,867

The Department on Aging will continue to improve and expand established initiatives, looking toward identifying and serving newly emerging target populations

Section 9-C: Serving Older Individuals in Rural Areas

Not applicable.

Section 10: Budgets

Also attached as separate emailed Excel document.

Area Agency on Aging Budget - 2013

Revision Date: 01-24-12 CK

AGENCY NAME	
Milwaukee	
Budget	

This developed form has been created to assist you to better facilitate your completing of the 2013 County and AAA Plan on Aging Budget. In the event you notice a problem with this form please contact James Schmidkofer at james.schmidkofer@dhs.wisconsin.gov. Thank you.

Instructions:

To avoid modifying the template, begin by selecting Save As from your File menu drop down list and save this as 2013 Budget Form Template.

1) Once you have saved the blank template you can save your completed document in the following format: 2013 Budget - County or Tribal name.

* Example: 2013 Budget - Rusk County or 2013 Budget - Ho Chunk Tribe

2) Beginning on this tab:

a) Select your county, tribe or organization from the drop down list under Agency Name.

3) On each applicable tab enter in all required information, such as program budget, cash and in-kind budget, other budgets (federal, state, local), current year program budget, and prior year program income budget

** If a specific program does not apply to you simply skip over the tab, do not delete or modify the form.

4) Verify at the bottom of each form that you do not have errors on the form.

5) Email this completed spreadsheet to the state, even if in draft form, by September 1, 2012.

** Note: You will also need to submit an electronic version of your plan by this date.

** Note: You will need to send in a final version of your plan and budget once it has been approved by your board - electronically and hard copy.

Area Agency on Aging Unit Budget - 2013

Milwaukee

Budget

\$ 884,748

Name of County/Tribe:

Report for:

Title III-B Budget Amount:

Section 10-B Title III-B Supportive Services

Expenditure Category	Title III-B Budget	Cash Match Budget	In-Kind Match Budget	Other Federal Budget	Other State Budget	Other Local Budget	Program Income Budget	Prior Year Program Income Budget	Total Budget
1. Administration	-								-
2. Personal Care									-
3. Homemaker									-
4. Chore									-
5. Home Del Meals									-
6. Adult Day Care									-
7. Case Management									-
8. Congregate Meals									-
9. Nutrition Counsel.									-
10. Assisted Transpo.									-
11. Transportation	298,448		33,161						331,609
12. Legal/Ben. Assst.	155,946		17,327						173,273
13. Nutrition Education									-
14. Info. & Assistance									-
15. Outreach	232,070		26,142						258,212
16. Public Information									-
17. Counsel. & Training	19,778		2,198						21,976
18. Temporary Respite									-
19. Med.Mgt/Scr./Edu.									-
20. Advoc./Lead.Devel.									-
21. Other	20,250		2,250						22,500
23. Health Promotion	158,256		17,584						175,840
Total	884,748		98,662						983,410

Remaining Budget Balance \$ -
 Percent of Access to Services 60% Ok - You provide at least 6% of your allocation to Services Associated with Access to Services.
 Percent of Legal/Ben. Assst. 18% Ok - You provide at least 5% of your allocation to Legal/Benefit Assistance Services.
 Percent of In-Home Services 0% Not Ok - Lines 2, 3 and 4 need to total at least 7% of your allocation.
 Total Non-Federal Match \$ 98,662 Ok - Minimum Match Met
 Match Amount Needed \$ 98,305

Area Agency on Aging Unit Budget - 2013

Milwaukee

Budget

\$ 2,464,720

Name of County/Tribe:

Report for:

Title III-C1 Budget Amount:

Section 10-C1 Title III-C1 Congregate Meals

Expenditure Category	Title III-C1 Budget	Cash Match Budget	In-Kind Match Budget	Other Federal Budget	Other State Budget	Other Local Budget	Program Income Budget	Prior Year Program Income Budget	Total Budget
1. Administrator									
2. Personal Care									
3. Homemaker									
4. Chore									
5. Home Del Meals	686,864		95,275						782,139
6. Adult Day Care									
7. Case Management									
8. Congregate Meals	1,777,866		142,820						1,920,676
9. Nutrition Counsel.			11,921						11,921
10. Assisted Transpo.									
11. Transportation									
12. Legal/Ben. Assist.									
13. Nutrition Education									
14. Inf. & Assistance									
15. Outreach									
16. Public Information									
17. Counsel. & Training									
18. Temporary Respite									
19. Med.Mgt./Scr./Edu.									
20. Advoc./Lead.Devel.									
21. Other			23,842						23,842
23. Health Promotion									
Total	2,464,720		273,858						2,738,578

Remaining Budget Balance \$ -

Percentage of HDM

28% Ok - You provide no more than 45% of your allocation to Home Delivered Meals.

Total Non-Federal Match \$ 273,858

Match Amount Needed \$ 273,858

Area Agency on Aging Unit Budget - 2013

Milwaukee

Budget

\$ 699,490

Name of County/Tribe:

Report for:

Title III-C2 Budget Amount:

Title III-C2 Home Delivered Meals

Section 10-C2

Expenditure Category	Title III-C2 Budget	Cash Match Budget	In-Kind Match Budget	Other Federal Budget	Other State Budget	Other Local Budget	Program Income Budget	Prior Year Program Income Budget	Total Budget
1. Administration									
2. Personal Care									
3. Homemaker									
4. Chore									
5. Home Del. Meals	641,193		71,244						712,437
6. Adult Day Care									
7. Case Management									
8. Congregate Meals									
9. Nutrition Counsel.									
10. Assisted Transpo.									
11. Transportation	58,297		6,478						64,775
12. Legal/Beh. Assist.									
13. Nutrition Education									
14. Info. & Assistance									
15. Outreach									
16. Public Information									
17. Counsel. & Training									
18. Temporary Respite									
19. Med.Mgt/Scr./Edu.									
20. Advoc./Lead.Devel.									
21. Other									
23. Health Promotion									
Total	699,490			77,722					777,212

Remaining Budget: Balance \$ -

Total Non-Federal Match \$ 77,722

Match Amount Needed \$ 77,721

Ok - Minimum Match Met

Area Agency on Aging Unit Budget - 2013

Milwaukee
Budget
\$ 82,030

Name of County/Tribe:

Report for:

Title III-D Budget Amount:

Section 10-D Title III-D Disease Prevention and Health Promotion Services

Expenditure Category	Title III-D Budget	Cash Match Budget	In-Kind Match Budget	Other Federal Budget	Other State Budget	Other Local Budget	Program Income Budget	Prior Year Program Income Budget	Total Budget
1. Administrative									
2. Personal Care									
3. Homemaker									
4. Chore									
5. Home Del Meals									
6. Adult Day Care									
7. Case Management									
8. Congregate Meals									
9. Nutrition Counsel.									
10. Assisted Transpo.									
11. Transportation									
12. Legal/Ben. Assist.									
13. Nutrition Education									
14. Inf. & Assistance									
15. Outreach									
16. Public Information									
17. Counsel. & Training									
18. Temporary Respite									
19. Med.Mgt/Scr/Edu.	21,053		2,339						23,392
20. Advoc./Lead.Devel.									
21. Other	60,977		6,775						67,753
23. Health Promotion									
Total	82,030	-	9,115	-	-	-	-	-	91,145

Remaining Budget Balance \$ -

Percent of Med. Mgt/Scr./Edu. 26% Ok - You provide at least 25.44% of your allocation to Medication Management/Screening/Education.

25.44% Needed \$ 20,868

Total Non-Federal Match \$ 9,115 Ok - Minimum Match Met

Match Amount Needed \$ 9,114

Area Agency on Aging Unit Budget - 2011:

Milwaukee
Budget
\$ 448,325

Name of County/Tribe:
Report for:

Title III-E Budget Amount:

Section 10-E Title III-E Family Caregiver Support Program

Expenditure Category	Title III-E Budget	Cash Match Budget	In-Kind Match Budget	Other Federal Budget	Other State Budget	Other Local Budget	Program Income Budget	Prior Year Program Income Budget	Total Budget
1. Administration									
2. Personal Care									
3. Homemaking									
4. Chores									
5. Home Del Meals									
6. Adult Day Care									
7. Case Management									
8. Congregate Meals									
9. Nutrition Counsel.									
10. Assisted Transpo.									
11. Transportation									
12. Legal/Ben. Assist.									
13. Nutrition Education									
14. Info. & Assistance	119,499			40,000					159,499
15. Outreach	148,826			49,442					198,268
16. Public Information	60,000			20,000					80,000
17. Counsel. & Training	60,000			20,000					80,000
18. Temporary Respite	60,000			20,000					80,000
19. Med.Mgt/Scr./Edu.									
20. Advoc./Lead.Devel.									
21. Other									
23. Health Promoton									
Total	448,325			149,442					597,767

Check (X) the corresponding box if the following services are being provided by other Title III funding or another agency/organization within the county in which you are not providing any Title III funding towards.

<input type="checkbox"/>	Information and Assistance
<input type="checkbox"/>	Public Information
<input type="checkbox"/>	Counseling and Training
<input type="checkbox"/>	Temporary Respite

Remaining Budget Balance \$ -

Area Agency on Aging Unit Budget - 2013

Milwaukee

Budget

\$ -

Name of County/Tribe:

Report for:

AFCSP Budget Amount:

Section 10-AFCSP State Alzheimer's Family and Caregiver Support Program

Expenditure Category	AFCSP Budget	Cash Match Budget	In-Kind Match Budget	Other Federal Budget	Other State Budget	Other Local Budget	Program Income Budget	Prior Year Program Income Budget	Total Budget
1. Administration									
2. Personal Care									
3. Homemaker									
4. Chore									
5. Home Del Meals									
6. Adult Day Care									
7. Case Management									
8. Congregate Meals									
9. Nutrition Counsel.									
10. Assisted Transpo.									
11. Transportation									
12. Legal/Ben. Assisl.									
13. Nutrition Education									
14. Info. & Assistance									
15. Outreach									
16. Public Information									
17. Counsel & Training									
18. Temporary Respite									
19. Med.Mng/Scr./Edu.									
20. Advoc./Lead.Devel.	242,158								242,158
21. Other									
23. Health Promotion									
Total	242,158								242,158

Match for Title III-E (242,158) Note: To avoid duplication of match this will be adjusted on the Summary Page.

Remaining Budget Balance

Area Agency on Aging Unit Budget - 201:

Milwaukee
Budget
\$ 111,456

Name of County/Tribe:
Report for:

State Elderly Benefit Services Budget Amount:

Section 10-BS State Elderly Benefit Services

Expenditure Category	State Elderly Benefit Services Budget	Cash Match Budget	In-Kind Match Budget	Other Federal Budget	Other State Budget	Other Local Budget	Program Income Budget	Prior Year Program Income Budget	Total Budget
1. Administration									
2. Personal Care									
3. Homemaking									
4. Chore									
5. Home Del Meals									
6. Adult Day Care									
7. Case Management									
8. Congregate Meals									
9. Nutrition Counsel.									
10. Assisted Transpo.									
11. Transportation									
12. Legal/Ber. Assis.	111,456		12,384						123,840
13. Nutrition Education									
14. Info. & Assistance									
15. Outreach									
16. Public Information									
17. Counsel. & Training									
18. Temporary Respite									
19. Med.Mgt/Scr./Edu.									
20. Advoc./Lead.Davel.									
21. Other									
23. Health Promotion									
Total	111,456	-	12,384	-	-	-	-	-	123,840

Remaining Budget Balance \$ -
 Total Non-Federal Match \$ 12,384 Ok - Minimum Match Met
 Match Amount Needed \$ 12,384

Area Agency on Aging Unit Budget - 2013

Milwaukee

Budget

\$ 432,321

Name of County/Tribe:

Report for:

State Elder Abuse Services Budget Amount:

Section 10-EA State Elder Abuse Direct Services

Expenditure Category	State Elder Abuse Services Budget	Cash Match Budget	In-Kind Match Budget	Other Federal Budget	Other State Budget	Other Local Budget	Program Income Budget:	Prior Year Program Income Budget	Total Budget
1. Administration									
2. Personal Care									
3. Homemaking									
4. Chere									
5. Home Del Meals									
6. Adult Day Care									
7. Case Management									
8. Congregate Meals									
9. Nutrition Counsel.									
10. Assisted Transpo.									
11. Transportation									
12. Legal/Ben. Assist.									
13. Nutrition Education									
14. Info. & Assistance									
15. Outreach									
16. Public Information									
17. Counsel & Training									
18. Temporary Respite									
19. Med.Mgt./Scr./Edu.									
20. Advoc./Lead.Devel.									
21. Other	432,321								432,321
23. Health Promotion									
Total	432,321								432,321

Remaining Budget Balance \$ -

Area Agency on Aging Unit Budget - 2013

Milwaukee

Budget

\$ 62,617

Name of County/Tribe:

Report for:

State Senior Community Services Budget Amount:

Section 10-SCS State Senior Community Services

Expenditure Category	State SCS Budget	Cash Match Budget	In-Knd Match Budget	Other Federal Budget	Other State Budget	Other Local Budget	Program Income Budget	Prior Year Program Income Budget	Total Budget
1. Administration									
2. Personal Care									
3. Homemaker									
4. Chore									
5. Home Del Meals									
6. Adult Day Care									
7. Case Management									
8. Congregate Meals									
9. Nutrition Counsel.									
10. Assisted Transpo.									
11. Transportation									
12. Legal/Ben. Assist.									
13. Nutrition Education									
14. Inf. & Assistance									
15. Outreach	31,128			6,958					38,086
16. Public Information									
17. Counsel & Training									
18. Temporary Respite									
19. Med.Mgr/Scr./Edu.									
20. Advoc./Lead.Devel.									
21. Other	31,489								31,489
23. Health Promotion									
Total	62,617			6,958					69,575

Remaining Budget Balance

-

Total Non-Federal Match

\$

6,958

Ok - Minimum Match Met

Match Amount Needed

\$

6,957

Area Agency on Aging Unit Budget - 2013

Milwaukee

Budget

Name of County/Tribe:

Report for:

Section 10-Other Other Budget

Expenditure Category	Federal/State Budget	Cash Match Budget	In-Kind Match Budget	Other Federal Budget	Other State Budget	Other Local Budget	Program Income Budget	Fybr Year Program Income Budget	Total Budget
1. Administration				345,665	855,039		12,000		1,212,724
2. Personal Care									
3. Homemaker									
4. Chore									
5. Home Del Meals				121,925			1,012,715		1,134,640
6. Adult Day Care									
7. Case Management				3,049,264	2,517,353	(333,108)			5,233,539
8. Congregate Meals				189,753			195,701		386,494
9. Nutrition Counsel.									
10. Assisted Transpo.									
11. Transportation					1,118,500				1,118,500
12. Legal/Ben. Assist.				90,960	47,911				138,901
13. Nutrition Education									
14. Info. & Assistance				475,928	665,581				1,141,509
15. Outreach				3,208	132,348	112,089			247,645
16. Public Information					13,222				13,222
17. Counsel. & Training									
18. Temporary Respite					(247)				(247)
19. Med.Mgt/Scr./Edu.									
20. Advoc./Lead.Deve.									
21. Other					716,057	1,457,668			2,173,825
23. Health Promotion					64,000	155,120			219,120
Total				4,276,576	6,130,011	1,391,569	1,221,416		13,019,972

Area Agency on Aging Unit Budget - 201:

Milwaukee
Budget

\$ 5,185,707

Name of County/Tribe:
Report for:

Total Budget Amount:

Section 10-Summary Summary Budget

Expenditure Category	Federal/State Budget	Cash Match Budget	In-Kind Match Budget	Other Federal Budget	Other State Budget	Other Local Budget	Program Income Budget	Prior Year Program Income Budget	Total Budget
1. Administration	-	-	-	345,685	855,039	-	12,000	-	1,212,724
2. Personal Care	-	-	-	-	-	-	-	-	-
3. Homemaker	-	-	-	-	-	-	-	-	-
4. Chore	-	-	-	-	-	-	-	-	-
5. Home Del Meals	1,328,057	-	166,519	121,925	-	-	1,012,715	-	2,629,216
6. Adult Day Care	-	-	-	-	-	-	-	-	-
7. Case Management	-	-	-	3,043,294	2,517,353	(333,108)	-	-	5,233,539
8. Congregate Meals	1,777,856	-	142,820	183,793	-	-	196,701	-	2,307,170
9. Nutrition Counsel.	-	-	11,921	-	-	-	-	-	11,921
10. Assisted Transpo.	-	-	-	-	-	-	-	-	-
11. Transportation	356,745	-	39,639	-	1,118,500	-	-	-	1,514,884
12. Legal/Ben. Assist.	267,402	-	29,711	93,990	47,911	-	-	-	436,014
13. Nutrition Education	-	-	-	-	-	-	-	-	-
14. Info. & Assistance	119,499	-	40,000	475,928	665,581	-	-	-	1,301,008
15. Outreach	412,024	-	82,542	3,208	132,348	112,069	-	-	742,211
16. Public Information	60,000	-	20,000	-	-	-	-	-	80,000
17. Counsel. & Training	79,778	-	22,198	-	13,222	-	-	-	115,198
18. Temporary Respite	60,000	-	20,000	-	-	-	-	-	80,000
19. Med.Mgt/Scr/Edu.	21,053	-	2,339	(247)	-	-	-	-	23,145
20. Advoc./Lead.Devel.	-	-	-	-	-	-	-	-	-
21. Other	726,218	-	26,092	-	716,057	1,457,868	-	-	2,926,235
23. Health Promotion	219,233	-	24,360	-	64,300	155,120	-	-	462,713
AFCSP Adjustment	-	242,158	-	-	-	-	-	-	242,158
Total	5,427,865	242,158	628,141	4,275,576	5,130,311	1,391,969	1,221,416	-	19,318,136

Remaining Budget Balance (242,158)

Section 10-AAA Priority

Expenditure Category	Title III-B Special Project Budget	Title III-B Counties/Tribes Budget	Total Budget for Required Services	Percent of PSA Title III-B Alloc.
Access Services				
Information & Assistance		\$ -	\$ -	
Assisted Transportation		\$ -	\$ -	
Transportation		\$ 298,448.00	\$ 298,448.00	
Outreach		\$ 232,070.00	\$ 232,070.00	
Subtotal Access	\$ -	\$ 530,518.00	\$ 530,518.00	100%
In-Home				
Personal Care		\$ -	\$ -	
Homemaker		\$ -	\$ -	
Chore		\$ -	\$ -	
Subtotal In-Home	\$ -	\$ -	\$ -	#DIV/0!
Legal & Benefit Assistance		\$ 155,946.00	\$ 155,946.00	100%
Total Allocation	\$ -	\$ 686,464.00	\$ 686,464.00	

Attachment A

Commission on Aging and Advisory Council members who attended the July listening sessions
("Cookies and Conversations" and "Dessert and Discussions")

Commission on Aging and Advisory Council members who attended the July listening sessions
("Cookies and Conversations" and "Dessert and Discussions")

United Community Center Senior Center - "Dessert and Discussion" - July 12, 2012

Frank Gonzales, Jr., Commission on Aging, Vice Chair

Wilson Park Senior Center - "Dessert and Discussion" - July 13, 2012

Judy Troestler, Commission on Aging and Aging and Disability Resource Center Governance Board

Commissioner Sr. Edna Lonergan, Commission on Aging - Chair, Intergenerational Council

Washington Park Senior Center - "Cookies and Conversation" - July 16, 2012

Vi Hawkins, Commission on Aging, Chair

Gwen Jackson, Commission on Aging, Emeritus

James Kimble, Advisory Council

Saint Paul's Church - "Dessert and Discussion" - July 17, 2012

Jean Davidson, Advisory Council

Barbara Bechtel, Aging and Disability Resource Center Governance Board

Kelly Senior Center - "Dessert and Discussion" - July 18, 2012

None

Clinton and Bernice Rose Senior Center - "Dessert and Discussion" - July 19, 2012

Mattie Payne, Commission on Aging

Washington Park Senior Center - "Cookies and Conversation" - July 23, 2012

Viola "Vi" Hawkins, Commission on Aging, Chair

Jean Davidson, Advisory Council

Eileen Hayes, Commission on Aging

Bob Haase, Commission on Aging - Chair, Advocacy Committee

Franklin City Hall - "Dessert and Discussion" - July 25, 2012

County Supervisor Steve Taylor, Commission on Aging

Lisa Bittman, Advisory Council

Washington Park Senior Center – “Dessert and Discussion” - July 26, 2012

Bob Haase, Commissioner on Aging – Chair, Advocacy Committee

Viola “Vi” Hawkins, Commission on Aging, Chair

Eileen Hayes, Commission on Aging

Alvin Hill, Jr., Commission on Aging – Co-Chair, Underserved Populations Workgroup

Sandy Richins, Commission on Aging – Chair, Nutrition Council

Gina Green-Harris, Advisory Council – Co-Chair, Underserved Populations Workgroup

Attachment B

Minutes from Area Plan public hearings held on October 10, 2012

**MILWAUKEE COUNTY DEPARTMENT ON AGING
"HARVESTING YOUR FEEDBACK" - AREA PLAN PUBLIC HEARING**

THURSDAY, OCTOBER 10, 2012

**WILSON PARK SENIOR CENTER
2601 WEST HOWARD AVENUE, MILWAUKEE, MAIN HALL**

MEETING MINUTES

Milwaukee County Commission on Aging members as well as Department on Aging staff and guests are listed below.

Milwaukee County Commission on Aging Members

Vi Hawkins, Chair, Commission on Aging
Frank Gonzales, Jr., Vice-Chair, Commission on Aging
Casper Green
Bob Haase
Gary Mikolajczyk
Gwen Jackson, Emeritus
Judith Strauss, Chair, Commission on Aging Service Delivery Committee

Milwaukee County Commission on Aging Advisory Council Members

Kerry Malak, Co-Chair, Commission on Aging Advisory Council
Rocille McConnell, Co-Chair, Commission on Aging Advisory Council
David Hoffman, Chair, Commission on Aging Wellness Council
Lisa Bittman, Interfaith Older Adult Programs

Milwaukee County Department on Aging Staff

Jonette Arms
Jon Janowski
Beth Monrial-Zatarski
Diane Beckley
Jill Knight
Greg Reiman
Beth Lentz
Zulma Myszewski
Amanda Kaiz (Intern)

Milwaukee County Department on Aging Guests

Mariann Muzzi, AARP Wisconsin
Robert Bell, Photographer

The Department on Aging PowerPoint presentation and its "2013-15 Goals" handout is attached.

Meeting opened at 9:15 am.

I. INTRODUCTION

Jonette Arms, Assistant Director of the Milwaukee County Department on Aging, introduced herself and welcomed everyone to the public hearings. Jonette introduced the MCDA staff members, the AARP representative (Mariann Muzzi) the Milwaukee County Commission on Aging members (including committee and council chairpersons), Advisory Council members, and the photographer. She asked that the authorization forms giving MCDA permission to include photos and comments in any publications should be signed and will be collected at the end of the hearing. She briefly spoke about the three strategies implemented by the Department on Aging to identify the needs of older adults and determine area plan goals for 2013-2015. These strategies included: 7 "Dessert and Discussions", two "Cookies and Conversations," and hard-copy and online surveys (780 surveys were filled out). She explained that the state-mandated goals were required focus areas and the local goals were based on feedback from older adults within the community.

II. STATE-MANDATED GOALS

Goals pertaining to these six areas were discussed. Attendees were asked to provide feedback and ask questions. Areas of concern that were brought up by the attendees and addressed by MCDA staff were:

A. Development of a System of Home and Community-Based Services

Audience Question: Is Columbia-St. Mary's a part of Wheaton? Why was it not included in the goal regarding older adults who transition back to homes and communities to reduce readmissions? You mentioned Aurora, Wheaton and Froedtert.

MCDA Response: The three health systems that were named is not an exclusive list. Columbia St. Mary's should and will also be included. Not including them was an oversight.

B. Older Americans Act Programs:

- a. Elderly Nutrition Programs**
- b. Specialized Transportation Services**

Audience Question: Will there be transportation options for those people who cannot drive any longer due to visual impairments?

MCDA Response: Yes, there are currently and will continue to be transportation options for people with visual and physical limitations. We can provide the telephone number to our Aging Resource Center of Milwaukee County to help you obtain information on current transit services available.

C. Alzheimer's Disease and Related Disorders

COA Wellness Council Chairman David Hoffman suggested that medical providers be included in the new Alzheimer's Disease Coalition.

D. Emergency Preparedness

Commissioner Judy Strauss said she thinks the emergency preparedness information needs to be distributed beyond the Internet because not all seniors use a computer. All marketing techniques should be used, such as print media, TV, radio, billboards, etc.

Audience Statement: Religious institutions are important outreach points and should post information on their website or in their bulletins.

Audience Statement: When speaking about partnerships within the community, there should be a listing of all of them so that people know who our partners are in helping us address some of these issues.

MCDA Response: When writing the plan, we give examples of partners. We do not list all partners because once our goals are approved, as a part of our strategy; we go out and seek our partners. We do not always know who are partners will be when beginning work on an issue or project.

E. Evidence-Based Prevention Programming

F. Family Caregiver Support

III. LOCAL GOALS

Goals pertaining to these three areas were discussed. Attendees at the hearing were asked to provide feedback and ask questions. Areas of concern that were brought up by attendees and addressed by MCDA staff were:

A. Home Repair and Chore Service

Audience Question: Are we looking at Habitat for Humanity as a partner to help achieve our goals?

MCDA Response: Yes.

Audience Question: Are we also considering trade unions and carpenters?

MCDA Response: Yes. One of current partners and older adult service agencies is Rebuilding Together Milwaukee. They have partnerships with people who are engaged in specialized trades.

B. Communication About Aging Programs and Services

C. Opportunities for Social Engagement

IV. CONCLUSION

Jonette Arms explained the remainder of the process for the Area Plan, including deadlines that must be adhered to. She noted that the MCDA draft plan will go to the state Department of Health Services on Monday October 15th. MCDA staff will then incorporate state feedback into the draft plan and present it to the Commission on Aging's Advisory Council on November 13th and full Commission on Aging on November 16th. The County Board will take up the area plan at its December 20th meeting.

An audience member asked whether County Supervisors should be contacted prior to voting on the plan. Jonette Arms responded that people should let Board members know that they have been informed through these information sessions and would like their support of the area plan.

V. CLOSING REMARKS

Commission on Aging Chair Viola "Vi" Hawkins thanked Jonette Arms and MCDA staff for doing an excellent job throughout the area plan process. She thanked those involved in the listening sessions and asked that everyone continue to be involved. She expressed that Milwaukee County is on the right track and is setting an example for other counties. She concluded by saying that each individual knows what they need, and people should feel comfortable voicing their opinions to her and MCDA staff so that everyone can be heard.

Commissioner Shirley Warren thanked MCDA for their involvement in getting feedback throughout the area plan process.

Commissioner and Advocacy Committee Chair Bob Haase stated that people should regularly contact elected officials because advocacy is an important part of their job.

Commissioner Emeritus Gwen Jackson mentioned the date and location of Advocacy Committee meetings (the first Monday of each month) and noted that the meetings are open to the public and that people should feel free to attend. She also said that MCDA has great staff with great leadership and that Milwaukee County has one of the best Departments on Aging in the United States.

Jonette Arms thanked MCDA staff for pulling all of the area plan pieces together. She specifically noted Jon's leadership in keeping everyone on task and taking a leadership role in writing the area plan. She also thanked the Advisors, Commissioners, volunteers and all individuals that attended the hearing.

Mariann Muzzi from AARP Wisconsin mentioned the election season and Senator Herb Kohl's retirement. She referred to the AARP voter guides distributed at the beginning of the meeting and

encouraged attendees to read the literature to sort out myth from fact regarding Social Security and Medicare. She also mentioned a Free Driver Safety Course for Veterans and family members.

Jonette Arms closed by asking those interested to sign the photo release forms so that pictures could be used in the Faces of Aging demographic report and other mediums to showcase Milwaukee County residents.

Meeting adjourned at 10:30 am.

Respectfully submitted,

Zulma Myszewski, Secretarial Assistant

**MILWAUKEE COUNTY DEPARTMENT ON AGING
"HARVESTING YOUR FEEDBACK" – AREA PLAN PUBLIC HEARING**

THURSDAY, OCTOBER 10, 2012

**WASHINGTON PARK SENIOR CENTER
4420 WEST VLIET STREET, MILWAUKEE, MAIN HALL**

MEETING MINUTES

Milwaukee County Commission on Aging members as well as Department on Aging staff are listed below.

Milwaukee County Commission on Aging Members

Vi Hawkins, Chair, Commission on Aging
Frank Gonzales, Jr., Vice-Chair, Commission on Aging
Gary Mikolajczyk
Judith Strauss, Chair, Commission on Aging Service Delivery Committee
Shirley Warren, Chair, Commission on Aging Resource Center Oversight Committee
Gwen Jackson, Emeritus

Milwaukee County Commission on Aging Advisory Council Members

Kerry Malak, Co-Chair, Commission on Aging Advisory Council
Rocille McConnell, Co-Chair, Commission on Aging Advisory Council
David Hoffman, Chairman, Commission on Aging Wellness Council
Lisa Bittman, Interfaith Older Adult Programs

Milwaukee County Department on Aging Staff

Stephanie Sue Stein, Director
Jonette Arms, Assistant Director
Jon Janowski, Program and Policy Coordinator
Beth Monrial-Zatarski, Senior Meal Program Manager
Diane Beckley, Program Coordinator
Jill Knight, Program Coordinator
Greg Reiman, Program Manager
Beth Lentz, Secretarial Assistant
Zulma Myszewski, Secretarial Assistant
Amanda Kaiz, Intern, Senior Meal Program

Milwaukee County Department on Aging Guests

Mariann Muzzi, AARP Wisconsin
Robert Bell, Photographer

The Department on Aging PowerPoint presentation and its "2013-15 Goals" handout is attached.

Meeting opened at 1:15 pm.

I. INTRODUCTION

Jonette Arms, Assistant Director of the Milwaukee County Department on Aging, introduced herself and welcomed everyone to the public hearings. Jonette introduced the MCDA staff members, the AARP representative (Mariann Muzzi) the Milwaukee County Commission on Aging members (including committee and council chairpersons), Advisory Council members, and the photographer. She asked that the authorization forms giving MCDA permission to include photos and comments in any publications should be signed and will be collected at the end of the hearing. She briefly spoke about the three strategies implemented by the Department on Aging to identify the needs of older adults and determine area plan goals for 2013-2015. These strategies included: 7 "Dessert and Discussions", two "Cookies and Conversations," and hard copy and online surveys (780 surveys were filled out). She explained that the state-mandated goals were required focus areas and the local goals were based on feedback from older adults within the community.

II. STATE-MANDATED GOALS

Goals pertaining to these six areas were discussed. Attendees were asked to provide feedback and ask questions. Areas of concern that were brought up by the attendees and answered by MCDA staff were:

G. Development of a System of Home and Community-Based Services

Jonette Arms mentioned that in the morning hearing someone brought up Columbia St. Mary's being excluded from the presentation. She said the Department's goals would be updated to reflect their inclusion.

H. Older Americans Act Programs: (no questions asked or statements made)

- a. Elderly Nutrition Programs
- b. Specialized Transportation Services

I. Alzheimer's Disease and Related Disorders

Jill Knight, MCDA staff, said that with respect to the Alzheimer's ongoing initiative, two other goals would be chosen after 2015. The process/focus will not end in 2015, but will continue beyond the final year of the area plan.

J. Emergency Preparedness

Audience Question: Are summer heat emergencies a part of the emergency preparedness goals? This year many older adults weren't checked on to see if they were ok.

MCDA Answer: Yes, emergency preparedness does include heat emergencies. We do partner with emergency management organizations, the American Red Cross and the health department among others. We are part of a big collaboration of agencies that focus on emergency preparedness. When heat alerts go out to the community, we are part of ensuring that older people and the agencies that serve them receive the right information. Within our department we coordinate resources and ensure that consumers who have contact with our Resource Center are checked on. Our human service workers and agency partners check on clients to make sure they are OK.

Audience Statement: Someone who works with the Boy Scouts provided additional information about emergency preparedness and kits that people can purchase (such as first aid kits.) Some of the main issues of concern are hot temperatures and burns.

K. Evidence-Based Prevention Programming (no questions asked or statements made)

L. Family Caregiver Support

Audience Question: Are caregivers the ones that go into homes to take care of the elderly? In one participant's case, it happens to be her brother and there is a lot of resentment about people coming into the home. These people are trying to cut off some of his services. The lady coming into the home shouldn't be directing them.

MCDA Response: It can be a professional or a family member who provides caregiving services. The participant should call the MCDA Resource Center to figure out the situation. The participant should also take some brochures from the table in the back for additional caregiving resources.

Audience Statement: It depends on the type of insurance that people have, and that's why certain services are cut.

Other special guests and MCDA staff were introduced before moving on to the next part of the presentation.

Mariann Muzzi from AARP Wisconsin mentioned the election season and Senator Herb Kohl's retirement. She referred to the voter guides distributed at the beginning of the meeting and encouraged attendees to read the literature to sort out myth from fact regarding Social Security and Medicare. She also mentioned a Free Driver Safety Course for Veterans and family members.

Audience Question: Are AARP voter resources available online?

AARP Response: Please visit www.earnedaday.org and all voter resources are located there.

III. LOCAL GOALS

Goals pertaining to these three areas were discussed. Attendees at the hearing were asked to provide feedback and ask questions. Areas of concern that were brought up by attendees and addressed by MCDA staff were:

D. Home Repair and Chore Service

Audience Statement: When talking about chores and messaging the word "disability" is not mentioned. The disabled are not always just in need of chores. They physically cannot do work needed around the house. Maybe we could add that word in there, so that they are aware that they may be older and not physically able to do the work.

MCDA Response: Thanks for the feedback. When people gave us feedback during the summer input sessions, they did talk about the aging process, and not being able to walk or bend. People have discussed needing supports in their homes, like a ramp or something to hold onto in the bathroom. So those things are definitely being taken into consideration and will be included. When we talk with our partners at the table, we will definitely also look to our disability service providers/partners for assistance.

Audience Statement: Regarding home repair, my parents have lived in their home for 47 years and many things are deteriorating. Are there any assistance options available with plumbing and other repairs?

MCDA Response: Yes, lots of programs are available to help you. As hard as we work to get information out to people, we still need to do more and have to develop additional strategies to inform every one of the resources available to them. We want older adults to stay in their own homes, but we know that often they cannot because of physical limitations. Call the MCDA Resource Center at 289-6874 to get information on programs that might be available for current home maintenance and chore services.

E. Communication About Aging Programs and Services

Audience Question: Do people have to do Title 19 paperwork, because my stepfather refuses to turn it in?

MCDA Response: One resource to consider is option is Legal Action of Wisconsin. They have benefit specialists that can help people with public benefit applications. People can always call Legal Action, not to give them your information, but to at least find out what's available. The Aging Resource Center of Milwaukee County can also provide information about eligibility requirements for various programs.

Audience Question: Do all of these programs have a fee?

MCDA Response: No, not all of them. The MCDA Resource Center will give you specifics.

F. Opportunities for Social Engagement (no questions asked or statements made)

IV. CONCLUSION

Jonette Arms explained the remainder of the process for the Area Plan, including deadlines that must be adhered to. She noted that the MCDA draft plan would go to the state Department of Health Services on Monday October 15th. MCDA staff will then incorporate state feedback into the draft plan and present it to the Commission on Aging's Advisory Council on November 13th and full Commission on Aging on November 16th. The County Board will take up the area plan at its December 20th meeting.

V. CLOSING REMARKS

Viola "Vi" Hawkins expressed that it was a pleasure to see so many faces in the audience and that this process is what Milwaukee County is all about. She thanked Jonette Arms and the MCDA staff for putting the hearing together. She mentioned that she enjoys these events because she likes to be informed, because even if she might not need the resources today she might need them tomorrow. Ms. Hawkins said the "Cookies and Conversations" and "Dessert and Discussions" were catalysts to get the area plan started, and feedback from the sessions will be put into the plan and taken to the state. Ms. Hawkins also mentioned that she sits on the State Aging Advisory Committee and that although she cannot go everywhere, people can communicate with her through these events. She noted that it is important to volunteer and get involved, because somehow everyone can make a difference in a person's life.

Gwen Jackson thanked MCDA staff for a wonderful meeting and said that Milwaukee has the best Department on Aging in the nation. She thanked Stephanie Sue Stein and Jonette Arms for their leadership. She also thanked everyone for coming to the hearing. She said that we are very lucky to live here because Milwaukee County has the best Commission on Aging.

Jonette Arms thanked everyone for attending and for listening to the area plan goals. She noted that these goals were based on input from approximately 2,500 seniors. She also thanked MCDA staff for helping to pull together the public hearings.

Meeting adjourned at 2:45 pm.

Respectfully submitted,

Zulma Myszewski, Secretarial Assistant

**MILWAUKEE COUNTY
2013-2015 AREA PLAN GOALS**

**PRESENTATION OF
MILWAUKEE COUNTY
2013-2015 AREA PLAN GOALS**

Thursday, October 10, 2012

Wilson Park Senior Center
Washington Park Senior Center

Jonette N. Arms, Assistant Director
414-289-6073
jonette.arms@milwaukeecounty.com

**MILWAUKEE COUNTY
2013-15 Area Plan – The Basics**

Area plan is our road map for the next three years.

- > What are we required to do?
- > What you want us to do?

**MILWAUKEE COUNTY
What Have We Done So Far?**

- > 7 "Dessert and Discussions"
- > 2 "Cookies and Conversations"
- > 780 surveys

**MILWAUKEE COUNTY
What We Are Required To Do...**

Development of a System of Home and Community-Based Services

**MILWAUKEE COUNTY
What We Are Required To Do...**

Older Americans Act Programs

**MILWAUKEE COUNTY
What We Are Required To Do...**

Alzheimer's Disease and Related Disorders (ADRD)

What We Are Required To Do...

Emergency Preparedness

What We Are Required To Do...

Evidence-Based Prevention Programming

What We Are Required To Do...

Family Caregiver Support

What Else Should We Do?

Expand home repair and chore services

What Else Should We Do?

Improve communication about programs and services

What Else Should We Do?

Expand opportunities for social engagement



Area Plan Next Steps

- > Draft sent to state by October 15th
- > Commission on Aging Advisory Council review and approval on November 13th
- > Commission on Aging review and approval on November 16th
- > County Board review and approval on December 20th



And finally...

Thank you for your feedback!

Comments or questions:

- > Call - 414-289-5950
- > Email - agingevents@milwaukeecounty.com
- > Information and Assistance - 414-289-6874



MILWAUKEE COUNTY DEPARTMENT ON AGING – 2013-15 AREA PLAN GOALS

A. State-Mandated Goals

Development of a System of Home and Community-Based Services

Goal Statement #1: In order to avoid unwanted, dangerous and expensive outcomes for seniors discharged from hospitals in Milwaukee County, The MCDA will work with BADR MetaStar and the three Hospital Systems in Milwaukee County to explore the development of Care Transition partnerships. Discussions with all three systems will take place by December 31st, 2013.

Goal Statement #2: In order to test the efficacy of formal care transition relationships, the MCDA will operationalize and measure outcomes for at least one care transition pilot with a health care system by December 31, 2014.

Goal Statement #3: In order to fund the startup and ongoing costs of care transition Models, The MCDA will explore and secure revenue from one or more sources including federal, State, Local Government funds and private funds from hospital partners. Ongoing for 2013-2015.

Older Americans Act Programs

1. Elderly Nutrition Programs

Goal Statement #1: MCDA will fully participate in the state's Elderly Nutrition Program Task Force and by October 31, 2013 will assist the group with identifying best practices for updating the Elderly Nutrition Program.

Goal Statement #2: MCDA staff, in collaboration with the state BADR, will review task force recommendations and recommend state policy changes by March 31, 2014.

Goal Statement #3: MCDA staff will attend state training events and implement new training policies and methods at Elderly Nutrition Program sites by November 30, 2015.

Goal Statement #4: MCDA will consolidate all census and demographic data, meal count data, and site evaluation results into a written report by December 31, 2013.

Goal Statement #5: The Milwaukee County Commission on Aging's Advisory Council and Nutrition Council will review the report and make recommendations about meal site programming by December 1, 2014.

Goal Statement #6: MCDA staff will implement recommendations at meal sites by December 1, 2015.

2. Specialized Transportation Services

Goal Statement #1: To improve the efficiency and effectiveness of transportation services to seniors in Milwaukee County, staff will work with the Commission on Aging Advisory Council Underserved Population Workgroup to assist with developing specific strategies to educate and garner interest of seniors and their caregivers, aging service providers, and the community at-large about transportation options by December 31, 2014.

Alzheimer's Disease and Related Disorders (ADRD)

Goal Statement #1: In order to form an enhanced network for servicing older adults diagnosed with Alzheimer's disease or related dementias and their families, MCDA, the Alzheimer's Association of Southeastern Wisconsin and the Wisconsin Alzheimer's Institute will assemble a listing of interested partner agencies and stake holders interested in forming an Alzheimer's Disease Coalition by December 31, 2013.

Goal Statement #2: In order to continue the dialog and collaboration in supporting, enhancing services and increasing awareness to those currently diagnosed and those who will be diagnosed with Alzheimer's disease or a related dementia, the Alzheimer's Disease Coalition will convene three times per year to share initiatives that each has and advocate on behalf of those with Alzheimer's disease by December 31, 2014.

Goal Statement #3: The Alzheimer's Coalition will choose two initiatives in order to further advocate for and increase awareness of issue in Milwaukee County by December 31, 2015.

Emergency Preparedness

Goal Statement #1: To provide information about developing disaster preparedness plans for large and small Long Term Care Facilities, MCDA will participate on the Wisconsin Hospital Emergency Preparedness Program (WHEPP) Expert Panel to develop and distribute documents and templates on disaster preparedness material in accordance with an established WHEPP marketing/communication plan by December 31, 2013.

Goal Statement #2: To assure the safety of older adults, MCDA Fast Team will continue to participate in the develop long-range emergency preparedness plans and coordinate activities within the framework of the Emergency Operations Center of Milwaukee County through December 31, 2015.

Goal Statement #3: To raise disaster preparedness awareness to residents and the existing Aging Network, MCDA will collaborate with Emergency Response Stakeholders to provide disaster preparedness education, disseminate preparedness material and

post web based (on-line access) of current resource information starting January 2013 through December 31, 2015.

Evidence-Based Prevention Programming

Goal Statement #1: To assure sustainability and expansion of programs recommended by the Administration on Aging, the Milwaukee County Department on Aging will collaborate with the Commission on Aging Wellness Council and external partners to promote a model of health promotion and disease prevention for seniors. This goal will be on-going over the entire three years of the plan through December 31, 2015.

Goal Statement #2: Utilizing the Commission on Aging Wellness Council and Nutrition Council and community partners, increase by a minimum of two the number of approved evidence based prevention programs that align with Milwaukee County adopted Eight Dimensions of Wellness by December 31, 2014.

Goal Statement #3: Milwaukee County Department on Aging staff and Commission on Aging Wellness Council members will work together to expand cross division/departmental and external relationships with a minimum of six additional partners to create a robust model of Bureau of Aging and Disability Resources approved health promotion and disease prevention programs for seniors throughout Milwaukee County by December 31, 2015.

Family Caregiver Support (National Family Caregiver Support Program)

Goal Statement #1: In order to expand outreach to employed caregivers through interfacing with 25 small and medium size employers by December 31, 2013, MCDA in collaboration with participation with Interfaith, RE-SERVE Southeast Wisconsin, FCSN will create a temporary outreach position that will staff this project.

Goal Statement #2: In order to assist caregivers with better self care and the appropriate care of their care receiver, FCSN and MCDA will adopt workable general family caregiver needs assessment tools by December 31, 2014, which may be self administered or used by assisting professionals. The assessment tools may be used to make appropriate referrals, for further research and policy recommendations.

Goal Statement #3: In order to assist family caregivers with the management of finances and paperwork, FCSN and MCDA will review and update the Family Caregiver Support Tool Kit by December 31, 2015.

B. Local Goals

Home Repair and Chore Service

Goal Statement #1: In order to inventory resources and more clearly define need the MCDA will convene under the auspices of an Advisory Council workgroup community partners both public and private who have skill in home repair and/ or chore service delivery and express a willingness to develop county wide solutions for meeting this need. By June 30, 2013

Goal Statement #2: In order to operationalize this initiative the MCDA will identify and designate one or more community lead agencies to assume the role of developer and dispenser of information about and access to Home repair and Chore services. By January 31, 2014

Goal Statement #3: In order to fund start up and operational costs of a comprehensive county wide chore service home repair program the MCDA will secure funds from local/national foundations and/or assist with fund raising events. Ongoing for Area Plan 3013-2015.

Goal Statement #4: In order to raise community awareness of the MCDA's successful initiative to create a system/or program to respond to home repair chore service needs of older adults the MCDA will hold a home repair /chore service expo and will develop multiple avenues for public information dissemination. By April 30, 2015.

Communication About Aging Programs and Services

Goal Statement #1: Milwaukee County Department on Aging staff will work in partnership with a university or college marketing internship program to develop a comprehensive community educational outreach plan, inclusive of social media, website enhancement, a community calendar, e-notify, e-alerts, and other public relation mediums. This goal will be on-going over the entire three years of the plan through June 30, 2015.

Goal Statement #2: Work with Milwaukee County Quality Improvement Coordinator to create and foster increased perceptions of friendly and welcoming telephone and physical customer service interactions between Milwaukee County Department on Aging staff and older adults and their family members or representatives by March 31, 2014.

Goal Statement #3: To assure a broader outreach to Milwaukee County seniors, partner with aging community service providers, nonprofit and private-for-profit organizations, health care systems, retail, and older adult volunteers to engage them in helping to promote supportive services, resources, and programs available throughout the community by December 31, 2015.

Opportunities for Social Engagement

Goal Statement #1: Increase overall class participation and the number of peer leaders in evidence-based programs by 10% by December 31, 2015.

Goal Statement #2: MCDA and the COA Wellness Council will compile all available local wellness resources and publicize them through grassroots and electronic mediums by December 1, 2015.

Goal Statement #3: MCDA staff and the Intergenerational Council will expand senior and youth membership, plan a symposium, and create recommendations for future collaboration by November 1, 2015.

The aforementioned goals are DRAFT until the State of Wisconsin Bureau of Aging Disability Resources gives final approval of the Milwaukee County Area Plan for Older Adults, which will be sometime in November 2012.

For more information about area plan goals:

Call: 414-289-5950

Email: agingevents@milwaukeecounty.com

If you are interested in learning about aging services and resources, please contact the Aging Resource Center of Milwaukee County's Information and Assistance at 414-289-6874.

Attachment C

The Face of Aging in Milwaukee County 2012, Third Edition
Demographic Report



Third Edition

2012

The Face of Aging in Milwaukee County

Milwaukee County Department on Aging
Demographic Report



Barbara Bechtel and Viola "Vi" Hawkins



Center for Urban
Population Health



Milwaukee County
Commission on Aging

Milwaukee County Commission on Aging

Viola "Vi" Hawkins
Chair

Frank Gonzales, Jr.
Vice Chair

Mattie Payne
Secretary

County Supervisor Steve F. Taylor

Brenda J. Doxtator

Casper T. Green

Bob Haase

Eileen Hayes

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Emeritus

Lynnea Katz-Petted

Sr. Edna Lonegran

Gary Mikolajczyk

Sandra Richins

Arnoldo Sevilla

Judith Strauss

Shirley Warren

Stephanie Sue Stein
Director

Milwaukee County Department on Aging

Jonette N. Arms
Assistant Director

Milwaukee County Department on Aging

Letter from the Director



Dear Friends,

I began my career in the field of Aging on October 25, 1974. I worked for the Social Development Commission as the Social Services Coordinator for the 20 senior meal sites we operated. Our offices were on the sixth floor of the Plankinton building, now part of the Grand Avenue Mall in downtown Milwaukee.

Many older people lived downtown. Older men lived in the hotels that were primarily residences for single people and older women lived in inexpensive small but adequate apartments.

Every day we saw and talked to older people at the Tasty Town Counter on the first floor of Gimbels, at the soda fountain and grill at Woolworths and walking down the avenue on their way to shop at the Grand. Older people also worked downtown as sales clerks, waiters and waitresses and as hotel receptionists. There was enough business for three senior meal sites downtown between East Jackson Street and West 10th Street.

When we produced our first The Face of Aging report in 1993, I had moved away from SDC in downtown Milwaukee to direct the Milwaukee County Department on Aging —and as our report pointed out, older people had moved too. “Progress” and “Development” had translated into the demolition of almost all of the hotels and affordable apartments. Tasty Town was gone and so was the Grand.

The data and numbers meant that we had to pay attention and follow what was happening in the lives of people ages 60 and over or we would not be using our resources wisely. Now we have had two more censuses and are publishing our third The Face of Aging report. We will again examine where it is that we direct our resources. The decisions about where we are needed in Milwaukee County will be driven by data and analysis. However it is real people who inspire and support our work. You see the faces of just a few of them in this report.

The message I wish to impart to policy makers and leaders in Milwaukee County is that older people are assets to their communities, not liabilities. Older people give much more to their families and their communities than they will ever take. They give much more help than they will ever receive. If we listen and we try to understand the value of lived experience and accumulated wisdom we can all benefit.

I wish to thank everyone who contributed time, talent, and treasure to make this report happen.

I give thanks for all of the days and years I have been allowed to work with the Seniors of Milwaukee County.

Stephanie Sue Stein

About this Report

The Center for Urban Population Health was enlisted by the Milwaukee County Department on Aging to update The Face of Aging report. This publication chronicles the changes of the aging community of Milwaukee County using secondary data.

All of the data used in this report come from publicly available data sources. A full listing of sources for each figure or table can be found on pages 92–94. Data for each indicator were presented by race/ethnicity and gender when available. In some cases, data were not available due to internal confidentiality policies which specify that data will not be released when the number is less than five individuals. In other cases, the data were available but the rates or percentages are not presented here. When a rate has small numbers in the numerator or denominator, rates and percentages are subject to large year-to-year fluctuations and, as such, would not have provided a meaningful representation of that population.



Where Milwaukee data was nonexistent, the report presents a national or state-level summary to assist in describing the face of aging. This icon of the outline of the United States indicates the data represented is from a national or state source and does not reflect local Milwaukee specific data.

In partnership with AARP Wisconsin and the Center for Urban Population Health, Jennifer Sauer, Brittne Nelson, Erin Pinkus and Sibora Gjecovi of AARP State Research and Ed Evans of AARP Research and Strategic Analysis contributed to the charts and maps in this publication where indicated. To learn more about AARP, please visit www.aarp.org.

Funding to support the third edition of The Face of Aging was made possible by a generous donation from the Helen Bader Foundation.

Assistance with editing was provided by Milwaukee County Department on Aging staff: Jon Janowski, Program and Policy Coordinator and Diane Beckley, Program Coordinator, who also coordinated the photography for this report.

Facilitation of the partnership and discussions that set the framework for the report was provided by the Wisconsin Alzheimer's Institute Milwaukee Program (WAI), under the leadership of Gina Green-Harris, Director of Milwaukee Outreach Program. WAI also contributed to the information on Alzheimer's Disease.

This report was prepared by the Center for Urban Population Health. David Frazer, Jessica Rice, Habib Rahentulla, Carrie Stehman, Maddie Lamb and Courtenay Kessler prepared this report. If there are any questions, please feel free to contact them at 414.219.5100.

The Center for Urban Population Health is a partnership among the University of Wisconsin School of Medicine and Public Health, University of Wisconsin-Milwaukee and Aurora Health Care. The Center has a mission to advance population health research and education to improve the health of urban communities and does this by moving evidence to action with communities. This report is just one example of the type of work the Center does. To learn more about the Center's collaborative work, you can visit www.cuph.org.

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Background

Milwaukee County is one of only seven communities in the nation named as **"most livable for people of all ages"** and recognized in 2005 by the United States Administration on Aging for **"best practices that can be used by local governments throughout the country in preparing for the aging of the baby boom population"**. What makes it so livable? In part because of the many organizations, partners and stakeholders who are working together to create an environment that values our aging adults and provides programming that improves the quality of life.

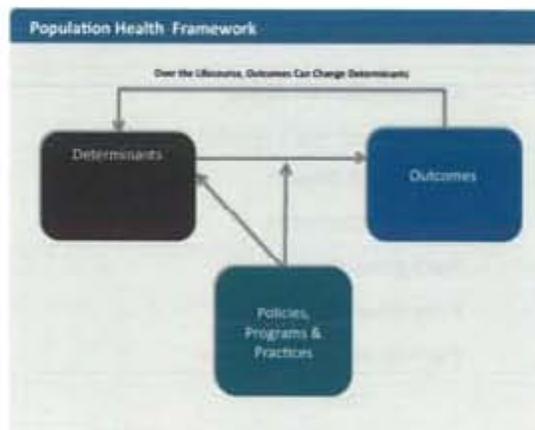
Leading the way is the Milwaukee County Department on Aging. The mission of the Milwaukee County Department on Aging is to affirm the dignity and value of older adults of Milwaukee County by supporting their choices for living in, and giving to, our community.

Consistent with this mission, this report seeks to provide an update on the state of the aging community in Milwaukee County and inform its many partners so they can plan and make resource decisions for programming, policies and practices that affirm the dignity and value of older adults.

This report is sponsored by a collaboration from the Milwaukee County Department on Aging, AARP, the Helen Bader Foundation, and the Wisconsin Alzheimer's Institute and prepared by the Center for Urban Population Health.

This report takes a comprehensive look at the many determinants of health and wellbeing, describes the demographic makeup of the current aging community and describes the outcomes this community is currently experiencing. The report uses a framework that will help the user answer two important questions:

1. **What is the state of our aging community?**
2. **How well is our infrastructure prepared to meet the needs of our changing community?**



The first question will be answered in the following pages. The second will be informed by this report, but can only be answered by you, your organization and our community.

This report is organized around this framework and is broken up into five key areas that fall within either the determinants category or the outcomes area.

Determinants:

- Demographic overview
- Education overview
- Economic status
- Independence

Outcomes

- Health status

Organizing the data in this way allows the reader to have a better understanding of what the determinants or influences are and what are the outcomes of the Milwaukee aging community and encourages them to think about how programs, policies or practices can respond to seniors. Policies, programs or practices can seek to address one or many of the determinants. They can also interrupt negative or support the positive outcomes that the aging community is experiencing, thus improving the quality of life for Milwaukee county seniors.

Introduction

The older population in the United States continues to grow. The 65 years and over population has increased from 35 million in 2000 to 40 million in 2010 and is projected to reach 55 million in 2020— a 36% increase in this decade.

Milwaukee County is no different. The following is a summary of *The Face of Aging in Milwaukee County*. This report takes a comprehensive look at the many determinants of health and wellbeing, describes the demographic makeup of the current aging community and describes the outcomes this community is currently experiencing. The report uses a framework that will help the user answer two important questions.

1. What is the state of our aging community?
2. How well is our infrastructure and organizational capacity prepared to meet the needs of our changing community?

Understanding the answers to these two questions can allow our community to be responsive to the needs of seniors and provide the best environment for our citizens to experience life's transitions.

The report utilizes secondary data, mainly the US Census, to describe the state of aging in Milwaukee County. This executive summary identifies a number of key trends or changes that have taken place over the past decade. This summary and the full report are meant to be a sourcebook for the reader to consider their response to the second question from their unique place in the community.

The State of Our Aging Community

Milwaukee County older adults remain 16% of the total population of Milwaukee County. Older adults ages 60 years and over have remained steady at 16% of the total population of Milwaukee County since the 2000 Census.

It is projected that the Milwaukee County older adult population will slightly increase over the next 30 years despite projections that the total population of Milwaukee County will decrease. The US Census Bureau projects that the total Milwaukee County population will decrease from 929,208 people in 2010 to 863,208 people in 2035. In contrast the older adult population is expected to increase from 152,982 people in 2010 to 215,979 people in 2035.

The largest percent change in Milwaukee County population was shared across the 55-59 and 60-64 age categories both of which experienced more than 40% increase from 2000 to 2010. Milwaukee County's 55-59 population increased 49% from 2000 to 2010. This increase is generally considered to be driven by the fact that the "baby boomer" generation (those born between 1946 – 1964) will be crossing into older adult categories during this next decade.

African American and Hispanic/Latino older adults continue to drive the slight overall increase in older adults over the past three decades as White older adults continue to decrease in Milwaukee County. The Hispanic/Latino older adult community grew over 40% since 2000 and the African American older adult community grew at a slightly lower rate of 27%.

Older adults in Milwaukee County are more educated and make more money than their counterparts did ten years ago. Over the past decade, older adults in

Executive Summary

high school (or equivalent) through graduate and professional degrees.

Financial wellbeing has also improved. Between 2000 and 2010, there were fewer households in every household income category under \$50,000 and an increase in every category above \$50,000.

Everyone has not equally benefited from past economic growth. Black or African American and Hispanic or Latino populations each have larger percentages of their communities with annual household incomes of \$20,000 or less. And although both groups have experienced a slight reduction in the number of people living in poverty in the past decade, they experience poverty at a rate nearly three times that of their White counterparts.

Milwaukee County older adults live alone at a higher rate than the rest of the state of Wisconsin. Both Milwaukee County older men and women live alone at a higher rate than their counterparts in Wisconsin, with women living alone at a higher rate than men. Since 1990, the percentage of married men and women in Milwaukee County has generally decreased and the percentage of older widowed, divorced/separated and single (never married) older adults has increased.

More than 75% of Milwaukee County older adults report their general health status as feeling good or very good. Eighty percent of local older adults report that they expect their quality of life to stay the same or get even better over the next 5 to 10 years—five percentage points higher than the national average.

Milwaukee County older adults die at a slightly higher rate than their Wisconsin counterparts. Heart disease is the leading cause of death for Milwaukee County older adults, followed by cancer, chronic lower respiratory diseases and stroke.

Are We Prepared?

As the face of Milwaukee's older adults changes it is important to ask this question. The answers may be different for each reader, depending on their role or stake in creating a positive environment for our older adults. Regardless of one's role, the new face of aging for Milwaukee County has implications which lead to further questions.

The aging baby boom bubble. Milwaukee County has begun to experience the first baby boomers crossing over into older adulthood, with many to follow. While this is a growing group in Milwaukee County, it is projected that the overall county population will decrease in the next 30 years.

How long will the baby boomers work? Will they be financially able to retire at age 65? If they need to work longer, what types of jobs will be available for them? If they retire early or at age 65, how will this affect the tax base from which many of the programs serving older adults receive funding?

A growing diverse community. The Hispanic/Latino older adult community grew over 40% since 2000 and the African American older adult community grew at a slighter lower rate of 27%.

Are the older adult serving organizations and programs prepared to serve a more diverse community? How prepared are staff to communicate in the language of the communities they serve, particularly for the growing Hispanic/Latino community? How prepared are programs to take advantage of the cultural richness, beliefs and values that the communities they serve bring with them? How prepared is the workforce? Does the workforce and boards of directors of older adult organizations reflect the communities in which they are and will be serving?

Longer, larger, sicker. With the advancement of health care and public health, people are living longer. Reports from the Wisconsin Department of Health Services indicate that since 1990, the obesity rate for adults has more than doubled—nearly 27% of adults are obese and about 65% are overweight or obese. Obesity in adults is associated with many chronic diseases and poor health outcomes. Obesity is a risk factor for type 2 diabetes, cardiovascular disease, certain cancers, asthma, arthritis, high blood pressure, high cholesterol levels, and depression. Many of these health outcomes directly contribute to the top causes of death for Milwaukee County’s older adults and to a growing rate of Alzheimer’s Disease.

With a growing older adult population in terms of numbers and waistlines, uncovered health and long-term care expenses leave everyone fiscally vulnerable—

particularly older adults. What can be done? What programs are prepared to address the growing health needs of the older adult community? How accessible are healthy food options for older adults? How healthy are the food programs for older adults? What type of physical activities exist for older adults? Are current policies and programs responsive to the growing need for health care and long-term care? Again, is our workforce prepared for the growing population and trained to deal with the various health concerns and co-morbidities that exist and will increase?

The simple question of “are we prepared?” is not so simple to answer. It is the hope of the Milwaukee County Department of Aging that this sourcebook of data will help your organization continue this important dialogue and prepare you to respond to the needs of older adults in our community.



Demographic Overview

Figure 1

Wisconsin Population Projection (2000-2030) for Ages 60+



Growth

Overall trend shows that Wisconsinites 60 and over will nearly double in population within 30 years.

Milwaukee County residents 60 and over will steadily increase over the same period but at a slightly slower rate.

Executive Summary

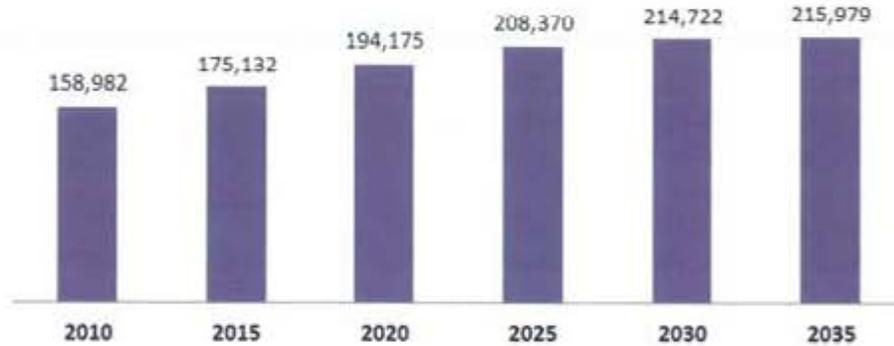
Figure 2

Milwaukee County Population Projection (2010-2035) for Ages 60+

US Census

Growth

Overall trends show that Milwaukee County residents ages 60+ are growing in number and will steadily increase, but not uniformly across the various age categories.



Provided by AARP State Research 2012

Figure 3

Milwaukee County Population Change by Age Category 2000 to 2010

US Census

Growth

The near aging and aging populations between 50 and 64 years old experienced the largest increase in growth among all age groups in Milwaukee County.

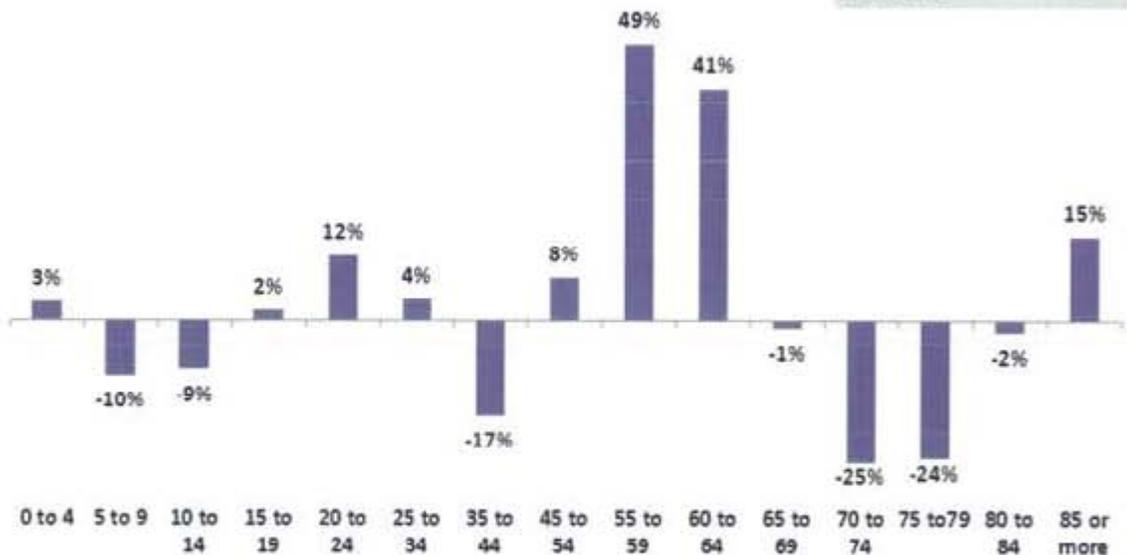
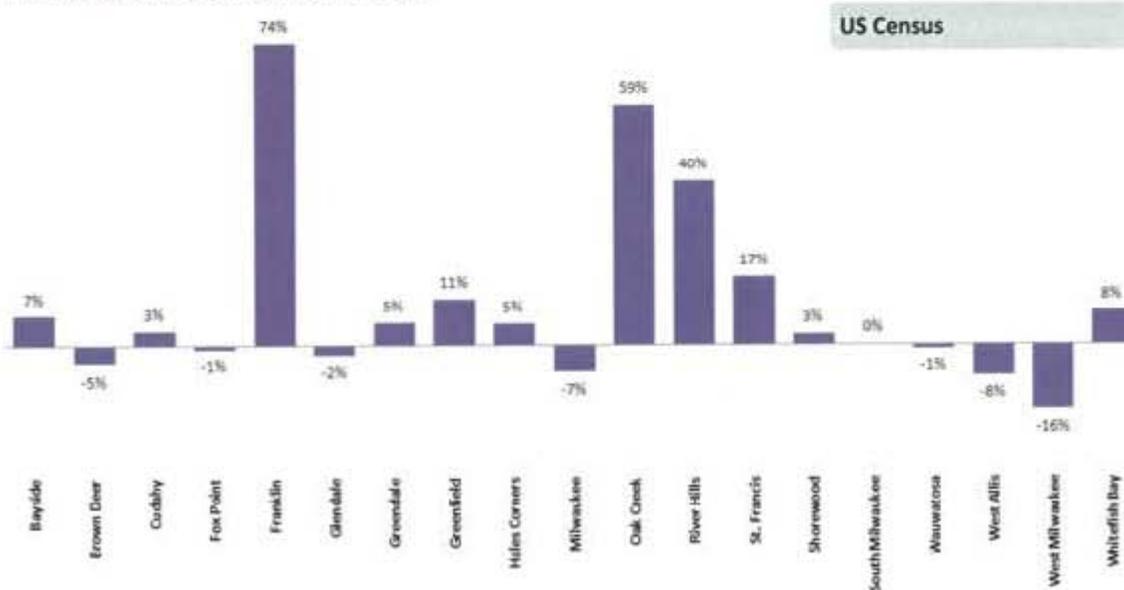


Figure 4

Percent Change of Older Adult Population Ages 60+ Milwaukee County 2000-2010



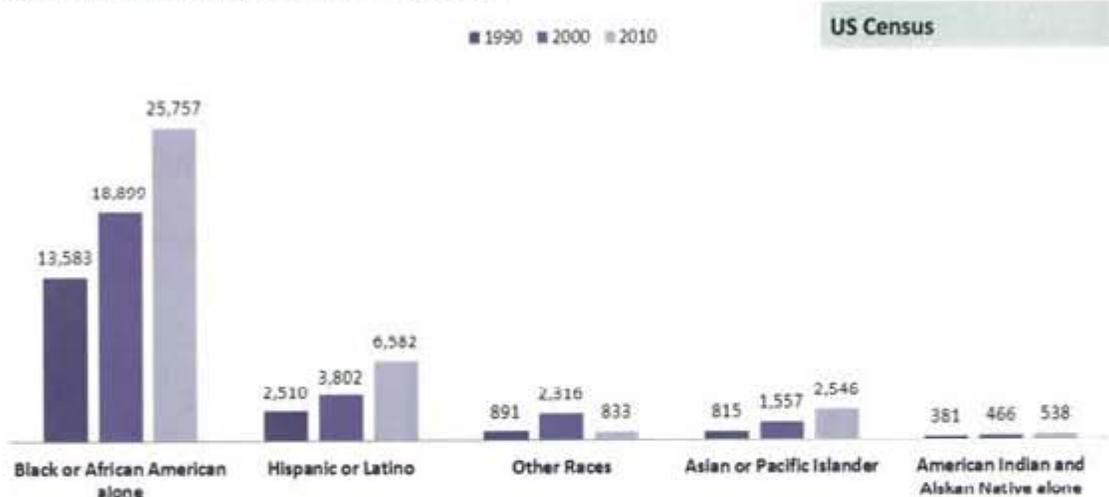
Provided by AARP State Research 2012

Growth

The City of Milwaukee remains the municipality with most seniors ages 60 and over, but a few of the surrounding municipalities have experienced a high percentage of change relative to their total population.

Figure 5

Comparison of Milwaukee County Minority Population Age 60+ by Race/Ethnicity 1990, 2000, 2010



Provided by AARP State Research 2012

Growth

The African American community continues to be the largest racial/ethnic minority group and have the most significant growth among minority populations ages 60 and over.

Executive Summary



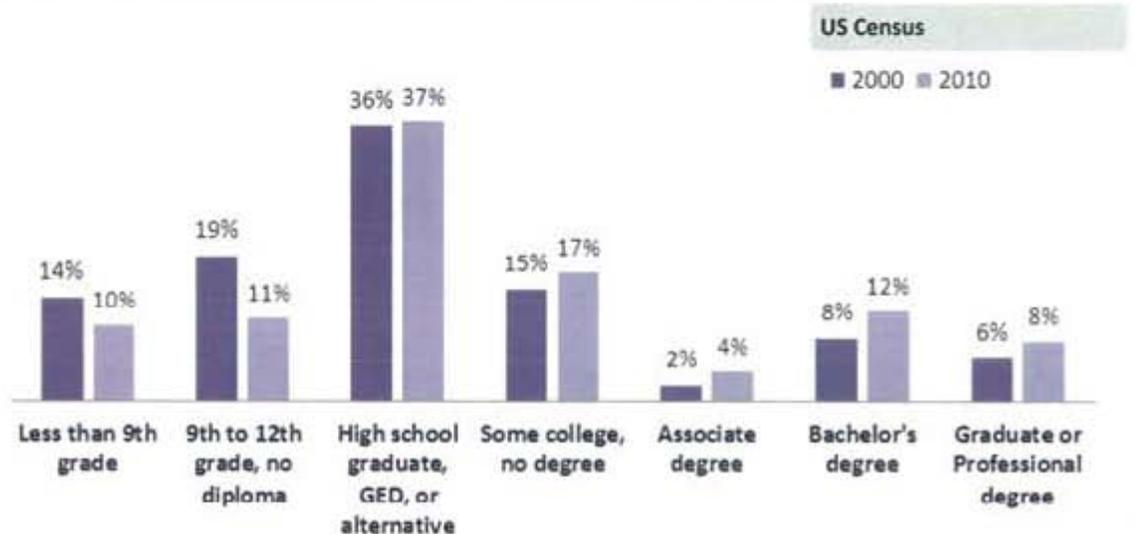
Education Overview

Figure 6

Educational Attainment of Persons Age 65+ in Milwaukee County 2000, 2010

Education

Over the past decade the education levels of older adults have been increasing across categories from high school or equivalent through graduate and professional degrees.



Economic Status

Figure 7

Level of Household Income for Householders 65+ Milwaukee County 2000, 2010

Income

Between 2000 and 2010, there were fewer households in every household income category under \$50,000 and an increase in every category above \$50,000.

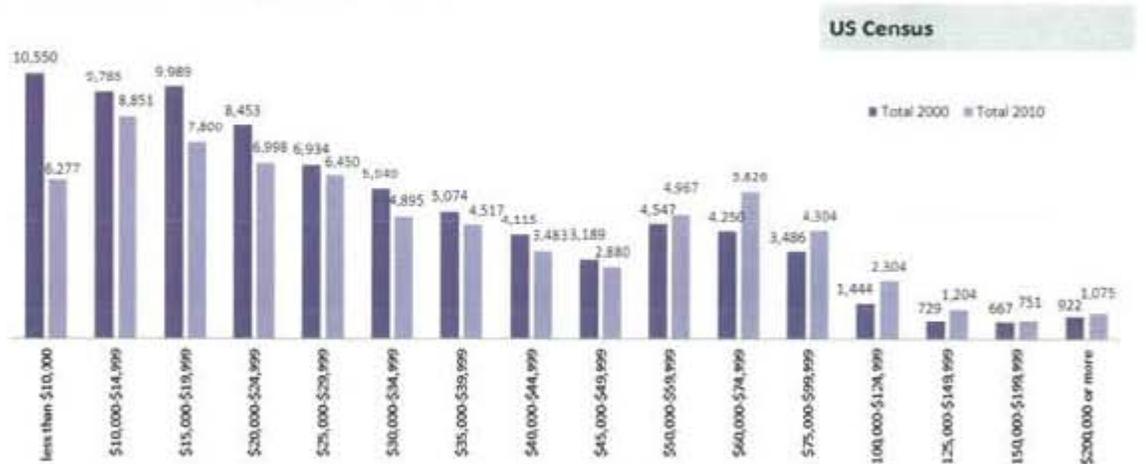
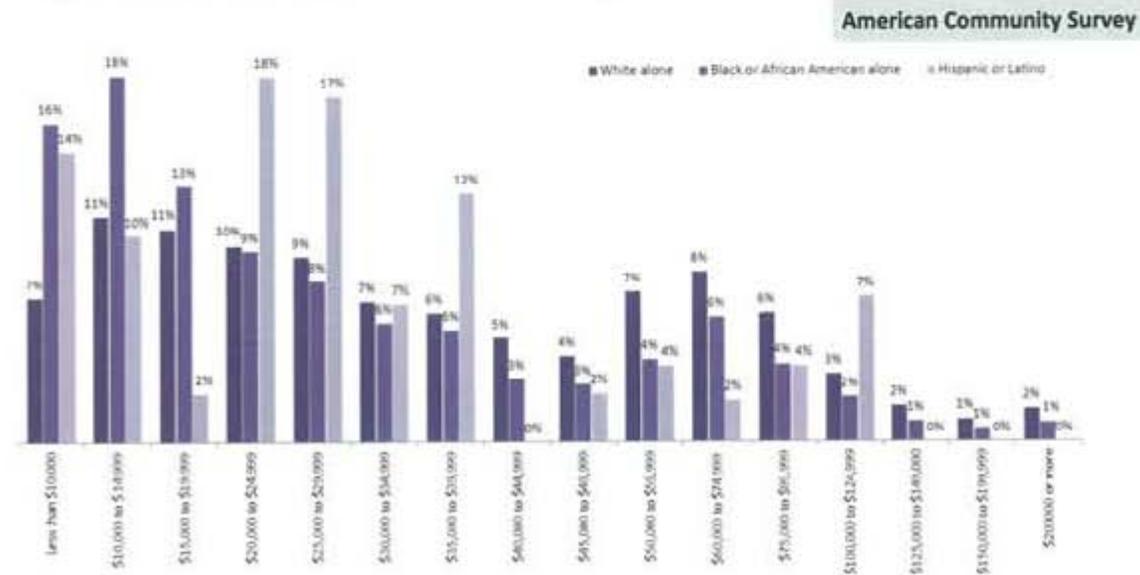


Figure 8

Household Income in 2010 for Households of Persons 65+ by Largest Race / Ethnicity Milwaukee County



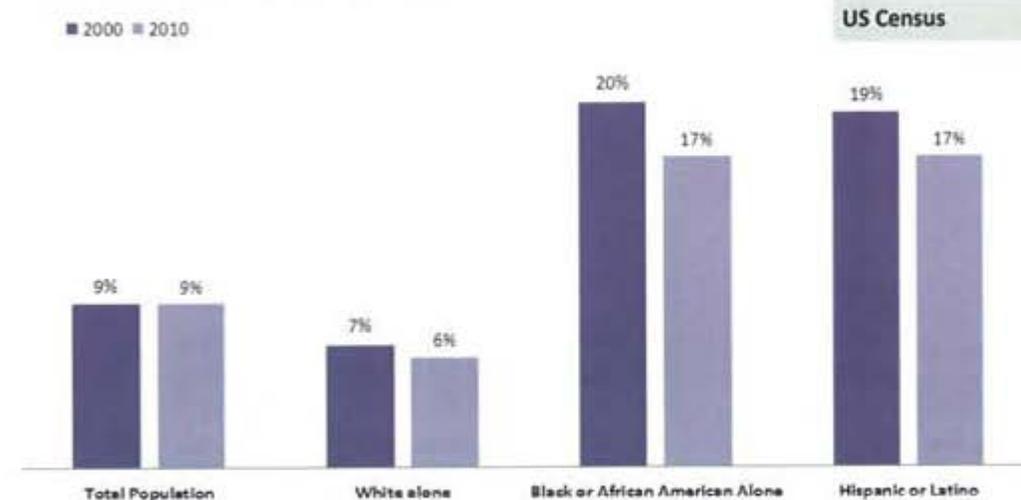
Income

This chart shows household income for persons 65 and over and the distribution of persons within their race or ethnicity.

Black or African American and Hispanic or Latino groups each have larger percentages of their communities with annual household incomes of \$20,000 or less.

Figure 9

Percentage of Population 65+ Living in Poverty Milwaukee County 2000, 2010



Poverty

In Milwaukee County, the poverty rate for seniors 65 and over has remained steady at 9%.

Each of the largest racial/ethnic groups in Milwaukee County have experienced a slight reduction in the number of people living in poverty between 2000 and 2010.

Executive Summary



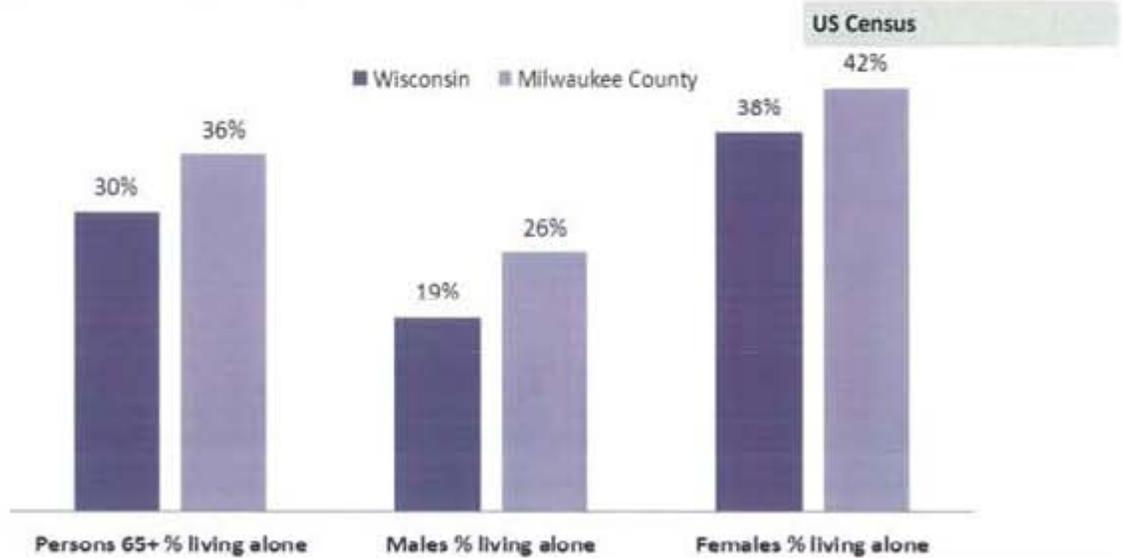
Independence

Figure 10

**Percent of Persons 65+ Living Alone by Gender
State and Milwaukee, 2010**

Living Alone

Milwaukee County has a higher percentage of persons 65 and older living alone than in Wisconsin as a whole. Women live alone at a higher rate than men.



Provided by AARP State Research 2012

Figure 11

Comparison of Older Adults Marital Status 1990, 2000 and 2010



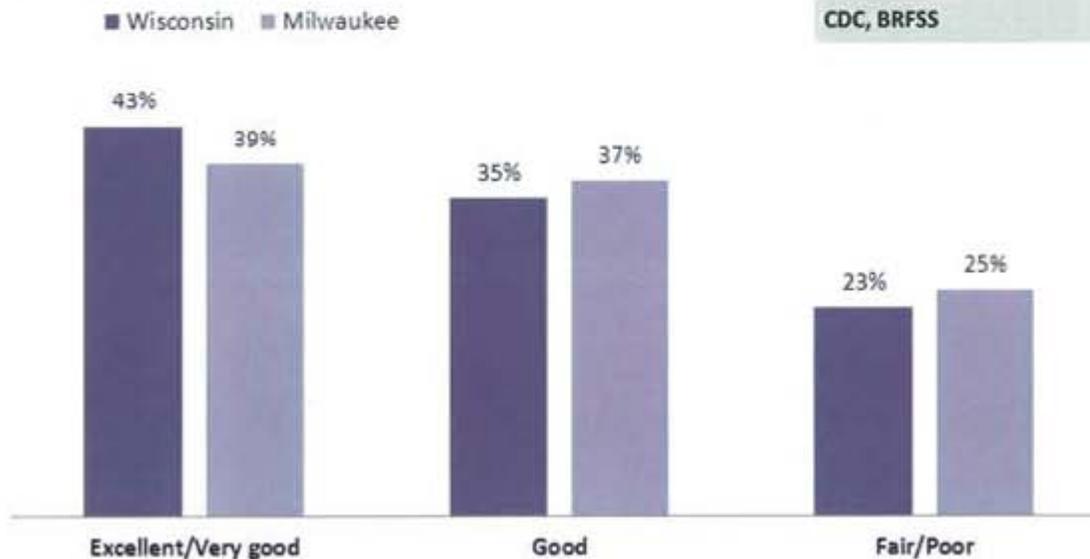
Since 1990, the percentage of older married men and women in Milwaukee County has decreased and the percentage of older widowed and divorced/separated women has increased.



Health Status

Figure 12

Self Reported General Health Status of Persons 65+ in Milwaukee County 2010



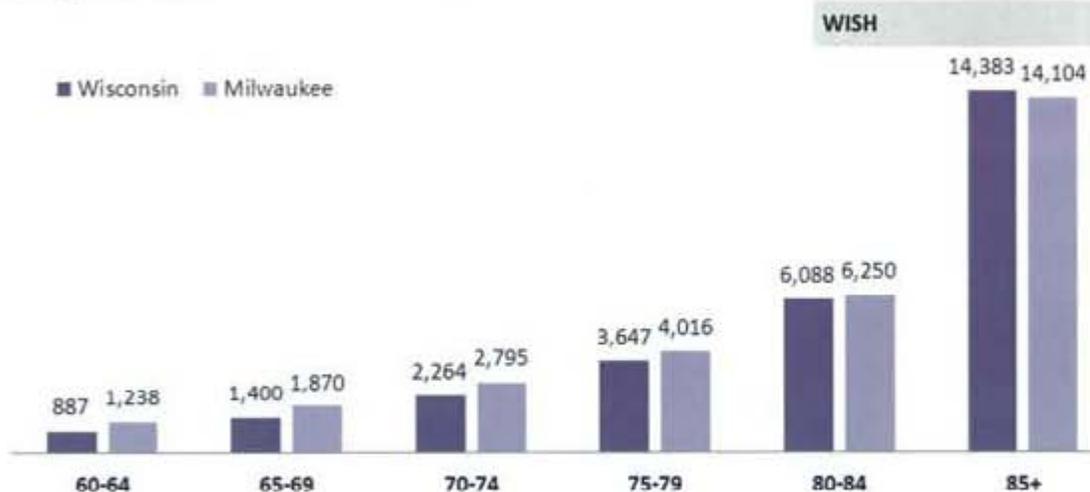
CDC, BRFSS

General Health

More than 75% of Milwaukee County residents 65 and over report feeling good or very good. This is just slightly less than the state as a whole.

Figure 13

2010 Death Rate (Deaths per 100,000 population) for Age of Death



WISH

Death Rate

Milwaukee County experiences a slightly higher death rate across all age categories except for Wisconsinites 85 years and older.



Demographic Overview

Milwaukee County Older Adult Advocates



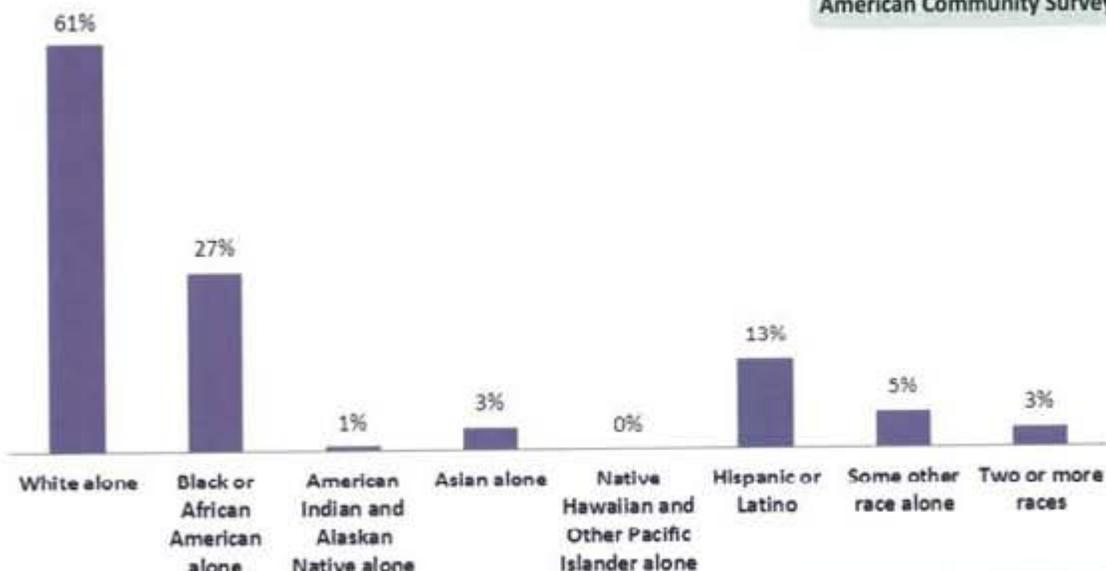
Figure 14

Percent of Milwaukee County Persons by Race/Ethnicity Year 2010

American Community Survey

60%

of the total population in Milwaukee County is White.



Provided by AARP State Research 2012

This graph looks at the percent of Milwaukee County's population with respect to race and ethnicity. The graph shows that the majority of Milwaukee's population is made up of those classified as White (61%). Twenty-seven percent of Milwaukee County's population is considered Black or African American and 13% are considered Hispanic or Latino.

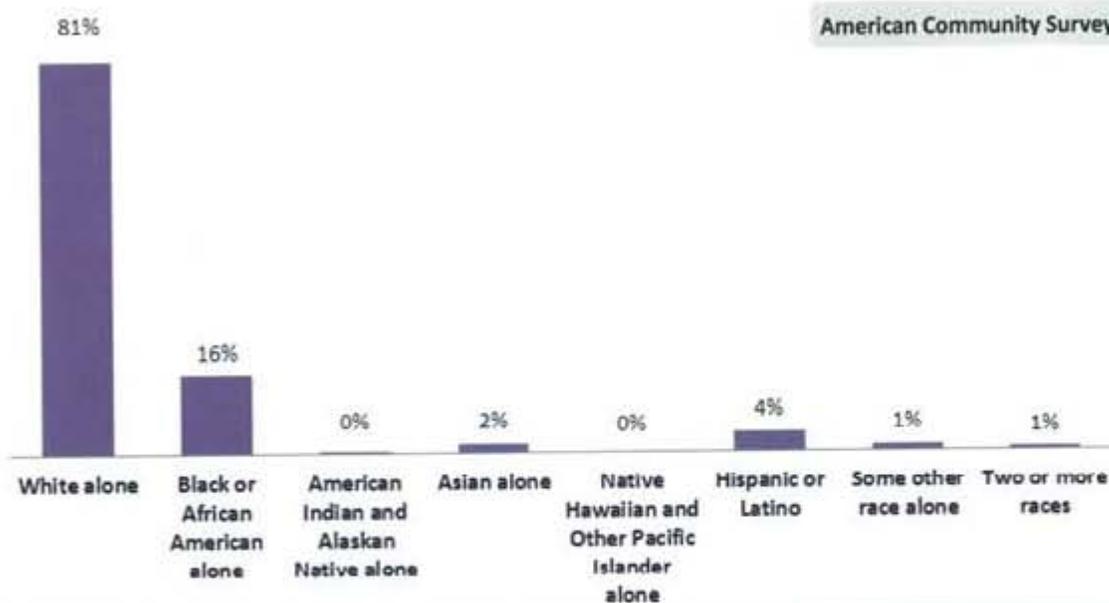
Figure 15

Percent of Milwaukee County Persons 60+ by Race/Ethnicity Year 2010

American Community Survey

80%

of persons 60 and over in Milwaukee County are White.



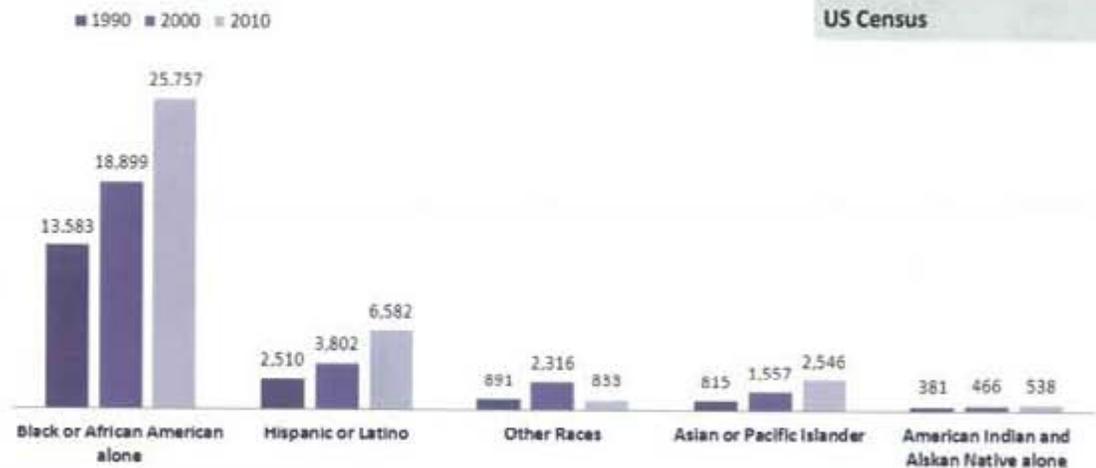
Provided by AARP State Research 2012

This graph looks at the percent of Milwaukee County's elder population (ages 60 and over) with respect to race and ethnicity. The graph shows that the majority of Milwaukee's population is made up of those classified as White (81%). Sixteen percent of Milwaukee County's population is considered African American and 4% is considered Hispanic or Latino.



Figure 16

Comparison of Milwaukee County Minority Population Age 60+ by Race/Ethnicity 1990, 2000, 2010



US Census

Provided by AARP State Research 2012

36%

Growth in the Black or African American population from 2000 to 2010.

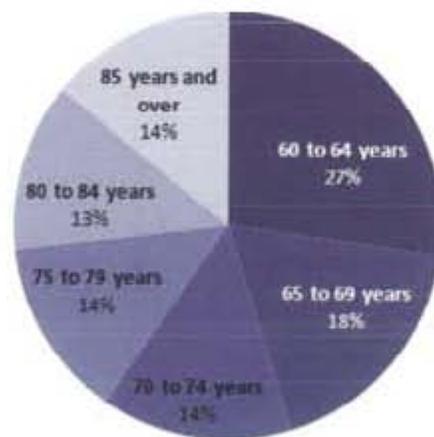
This graph takes a look at the population makeup of different races and compares them for 1990, 2000, and 2010. There was an increase in population in every race category over the past three decades except "other races".

The category "other race" consisted of 891 individuals in 1990. In 2000 there were 2,316 individuals. In 2010 the population decreased to 833 individuals. The 2000 spike in population reflects a change in the US Census categories for other races and doesn't accurately depict an increase in people in this category in 2000 or a decrease in 2010.

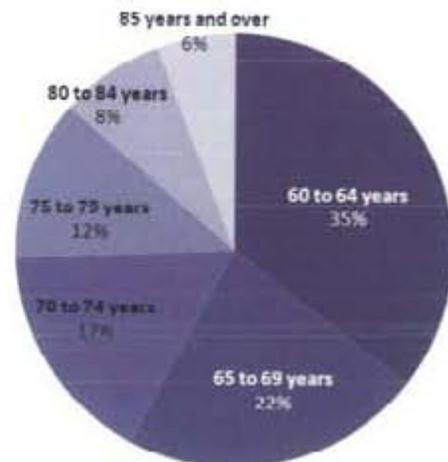
Figure 17

Percentage of Age and Race for Persons Age 60+ Milwaukee County

White alone



Black or African American alone



US Census

60-64 years

Subgroup of seniors that make up the largest percentage of persons 60 and over in Milwaukee County.

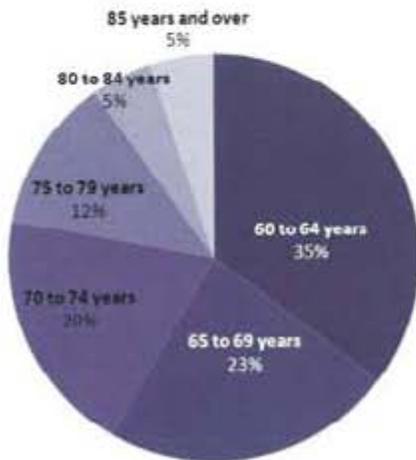


Figure 18

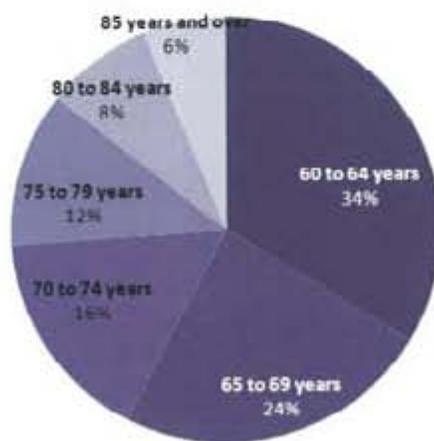
Percentage of Age and Race for Persons Age 60 or Older Milwaukee County 2010

US Census

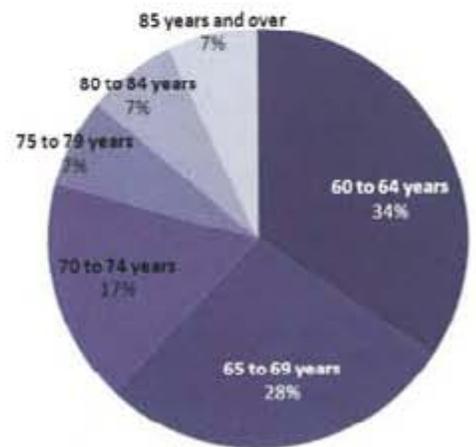
American Indian and Alaskan
Native alone



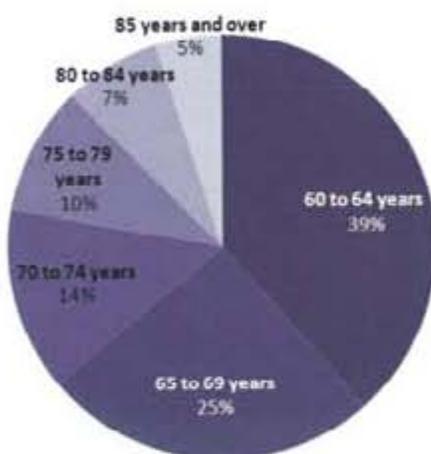
Asian alone



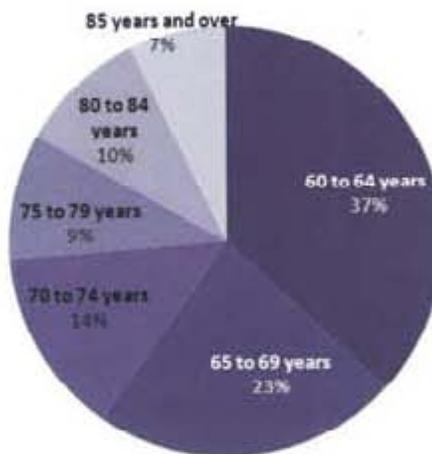
Native Hawaiian and Other
Pacific Islander alone



Some Other Race alone



Two or More Races



Hispanic or Latino

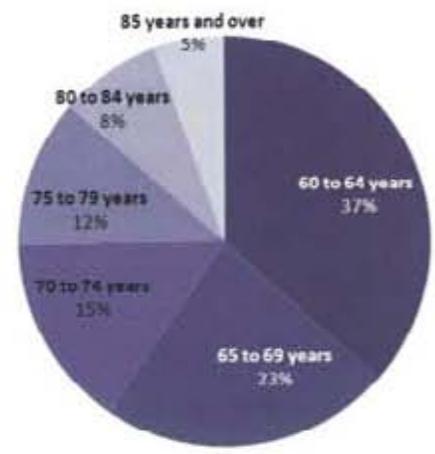




Table 1

**Sex by Age and Race for Persons Age 60+
Milwaukee County**

Gender/Age Category	Total Population	US Census							
		White alone	Black or African American alone	American Indian and Alaska Native alone	Asian alone	Native Hawaiian and Other Pacific Islander alone	Some Other Race alone	Two or More Races	Hispanic or Latino
Male:	457,717	280,434	117,220	3,208	16,119	174	27,013	13,549	65,084
60 to 64 years	21,175	15,982	4,099	102	402	4	410	176	1,237
65 to 69 years	13,119	10,053	2,386	50	284	4	251	91	687
70 to 74 years	9,754	7,568	1,743	52	199	3	125	64	464
75 to 79 years	8,142	6,689	1,176	28	124	1	88	36	320
80 to 84 years	6,685	5,778	721	14	74	1	59	38	220
85 years and over	5,724	5,151	444	8	58	1	42	20	146
Persons 60+	64,599	51,221	10,569	254	1,141	14	975	425	3,074
Persons 65+	43,424	35,239	6,470	152	739	10	565	249	1,837
Persons 85+	5,724	5,151	444	8	58	1	42	20	146
Female:	490,018	294,222	136,544	3,600	16,303	189	24,416	14,744	60,955
60 to 64 years	23,248	16,977	5,102	110	453	6	386	214	1,177
65 to 69 years	16,081	11,830	3,409	88	325	4	275	150	816
70 to 74 years	12,930	9,848	2,556	66	212	2	163	83	544
75 to 79 years	12,152	9,828	1,925	45	175	1	114	64	450
80 to 84 years	11,283	9,676	1,304	15	131	1	93	63	308
85 years and over	13,263	11,957	1,068	22	99	1	60	56	213
Persons 60+	88,957	70,116	15,364	346	1,395	15	1,091	630	3,508
Persons 65+	65,709	53,139	10,262	236	942	9	705	416	2,331
Persons 85+	13,263	11,957	1,068	22	99	1	60	56	213
Total Population:	947,735	574,656	253,764	6,808	32,422	363	51,429	28,293	126,039
60 to 64 years	44,423	32,959	9,201	212	855	10	796	390	2,414
65 to 69 years	29,200	21,883	5,795	138	609	8	526	241	1,503
70 to 74 years	22,684	17,416	4,299	118	411	5	288	147	1,008
75 to 79 years	20,294	16,517	3,101	73	299	2	202	100	770
80 to 84 years	17,968	15,454	2,025	29	205	2	152	101	528
85 years and over	18,987	17,108	1,512	30	157	2	107	76	359
Persons 60+	153,556	121,337	25,933	600	2,536	29	2,066	1,055	6,582
Persons 65+	109,133	88,378	16,732	388	1,681	19	1,270	665	4,168
Persons 85+	18,987	17,108	1,512	30	157	2	102	76	359

Provided by AARP State Research 2012

The table illustrates how sex, age, and race contribute to the older adult population of Milwaukee County. The total population of those ages 60 years or older are made up of 153,556 individuals. Of those 153,556 individuals, 121,337 are White and 25,933 are Black or African American. American Indians/Alaska Natives and Native Hawaiians/other Pacific Islanders include 600 individuals and 29 individuals respectively. Of the total older adult population, 64,599 are males and 88,957 are females.



Municipality

Table 2

Comparisons Between 2000 and 2010 by Municipality in Milwaukee County: Older Adult Population in Three Age Categories

Municipality	US Census											
	2000 Census			2010 Census			Numerical Change 2000-2010			Percent Change 2000-2010		
	Persons 60+	Persons 70+	Persons 85+	Persons 60+	Persons 70+	Persons 85+	Persons 60+	Persons 70+	Persons 85+	Persons 60+	Persons 70+	Persons 85+
Bayside	1,172	451	90	1,257	665	168	85	214	78	7%	47%	87%
Brown Deer	2,891	1,069	333	2,759	1,410	255	-132	341	-78	-5%	32%	-23%
Cudahy	3,698	1,392	289	3,824	2,141	426	126	749	137	3%	54%	47%
Fox Point	1,739	727	176	1,724	927	213	-15	200	37	-1%	28%	21%
Franklin	4,032	1,151	204	7,005	3,325	590	2,973	2,174	386	74%	189%	189%
Glendale	3,933	1,904	633	3,839	2,208	613	-94	304	-20	-2%	16%	-3%
Greendale	3,787	1,311	305	3,991	2,355	468	204	1,044	163	5%	80%	53%
Greenfield	8,893	3,953	1,054	9,885	5,813	1,637	992	1,860	583	11%	47%	55%
Hales Corners	1,749	750	209	1,842	1,081	296	93	331	87	5%	44%	42%
Milwaukee City	82,961	32,108	8,381	77,539	37,833	8,044	-5,422	5,725	-337	-7%	18%	-4%
Oak Creek	3,491	1,005	215	5,539	2,628	477	2,048	1,623	262	59%	161%	122%
River Hills	348	89	18	487	200	35	139	111	17	40%	125%	94%
St. Francis	1,867	800	190	2,176	1,289	415	309	489	225	17%	61%	118%
Shorewood	2,463	1,030	286	2,526	1,179	263	63	149	-23	3%	14%	-8%
South Milwaukee	4,347	1,806	482	4,354	2,623	676	7	817	194	0%	45%	40%
Wauwatosa	10,238	5,085	1,753	10,133	6,196	2,137	-105	1,111	384	-1%	22%	22%
West Allis	12,700	5,984	1,645	11,740	6,780	2,001	-960	796	356	-8%	13%	22%
West Milwaukee	729	317	67	612	276	66	-117	-41	-1	-16%	-13%	-1%
Whitefish Bay	2,151	833	182	2,324	1,004	207	173	171	25	8%	21%	14%
Milwaukee Cnty	153,189	61,765	16,512	153,556	79,933	18,987	367	18,168	2,475	0%	29%	15%

The table shows the different age groups of older adults and their total distribution throughout different municipalities within Milwaukee County.

The table also shows the change in the older adult population since the year 2000. The total percent of persons age 60 years or older, 70 years or older, and 85 years or older all have increased in population by 0.2%, 29.4%, and 15.0% respectively. Note that areas such as Franklin have seen an increase in the older adult population by as much as 189%, whereas other areas such as West Milwaukee have seen a decrease in the older adult population by as much as 16.0%.

The gray shading in the "Percent Change 2000-2010" column highlights municipalities that experienced higher percent changes than their counterparts.



Table 3

**Older Adult Population in 2010 by Age Category and Municipality:
Milwaukee County**

Municipality	Total Population	Persons		Persons		Persons		US Census		US Census	
		60 to 64	60 to 64	65 to 74	65 to 74	75 to 84	75 to 84	85+	85+	60+	60+
Bayside	4,300	359	29%	440	35%	290	23%	168	13%	1,257	29%
Brown Deer	11,999	767	28%	1,007	36%	730	26%	255	9%	2,759	23%
Cudahy	18,267	959	25%	1,407	37%	1,032	27%	426	11%	3,824	21%
Fox Point	6,701	488	28%	558	32%	465	27%	213	12%	1,724	26%
Franklin	35,451	2,270	32%	2,497	36%	1,648	24%	590	8%	7,005	20%
Glendale	12,872	931	24%	1,247	32%	1,053	27%	613	16%	3,839	30%
Greendale	14,046	873	22%	1,489	37%	1,161	29%	468	12%	3,991	28%
Greenfield	36,720	2,346	24%	3,187	32%	2,715	27%	1,637	17%	9,885	27%
Hales Corners (HC)	7,692	422	23%	593	32%	531	29%	296	16%	1,842	24%
Oak Creek	34,451	1,745	32%	2,055	37%	1,262	23%	477	9%	5,539	16%
River Hills	1,597	182	37%	175	36%	95	20%	35	7%	487	30%
St. Francis	9,365	536	25%	606	28%	619	28%	415	19%	2,176	23%
Shorewood	13,162	809	32%	868	34%	586	23%	263	10%	2,526	19%
South Milwaukee	21,156	1,048	24%	1,330	31%	1,300	30%	676	16%	4,354	21%
Wauwatosa	46,396	2,425	24%	2,789	28%	2,782	27%	2,137	21%	10,133	22%
West Allis	60,411	2,912	25%	3,641	31%	3,186	27%	2,001	17%	11,740	19%
West Milwaukee	4,206	208	34%	223	36%	115	19%	66	11%	612	15%
Whitefish Bay	14,110	832	36%	816	35%	469	20%	207	9%	2,324	16%
Milwaukee City	594,833	24,311	31%	26,961	35%	18,223	24%	8,044	10%	77,539	13%
Totals:	947,735	44,423	29%	51,884	34%	38,262	25%	18,987	12%	153,556	16%

The table illustrates the percentage of seniors, by age group, that reside in each municipality within Milwaukee County.



Figure 19

Percent of Older Adult Population Ages 60-64 by Municipality 2010

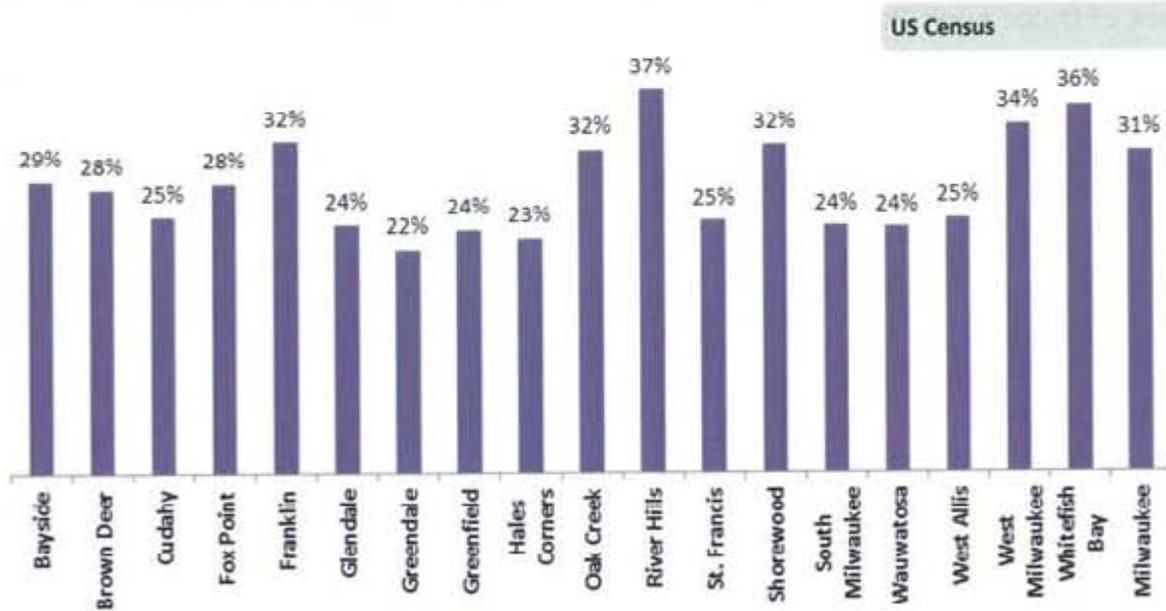


Figure 20

Percent of Older Adult Population Ages 65-74 by Municipality 2010

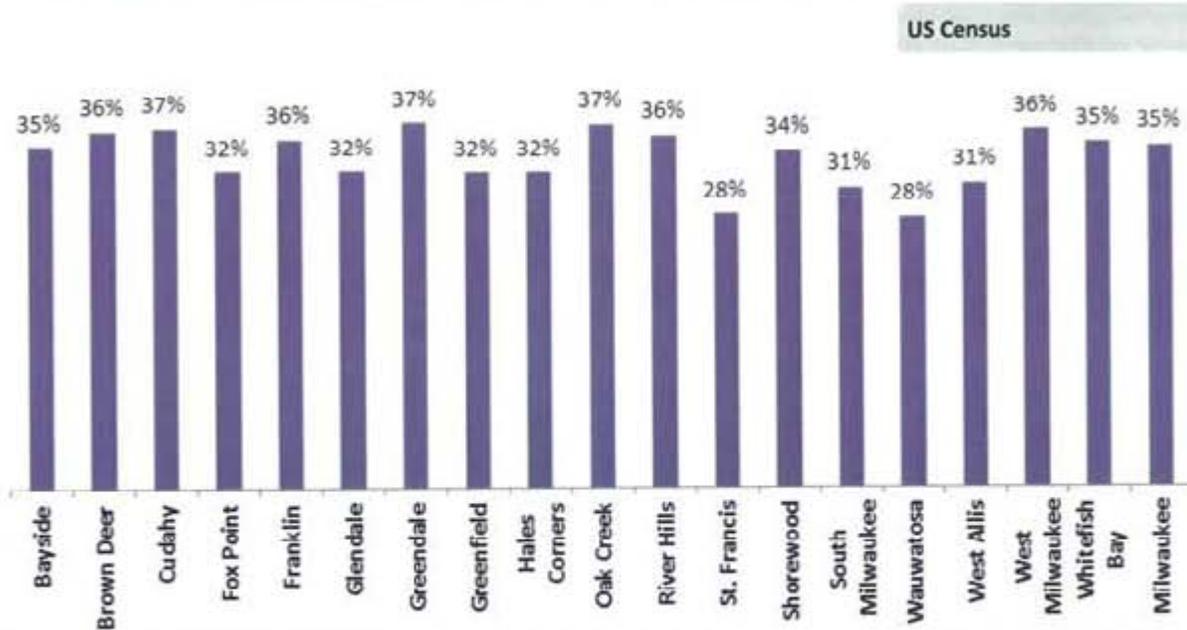




Figure 21

Percent of Older Adult Population Ages 75-84 by Municipality 2010

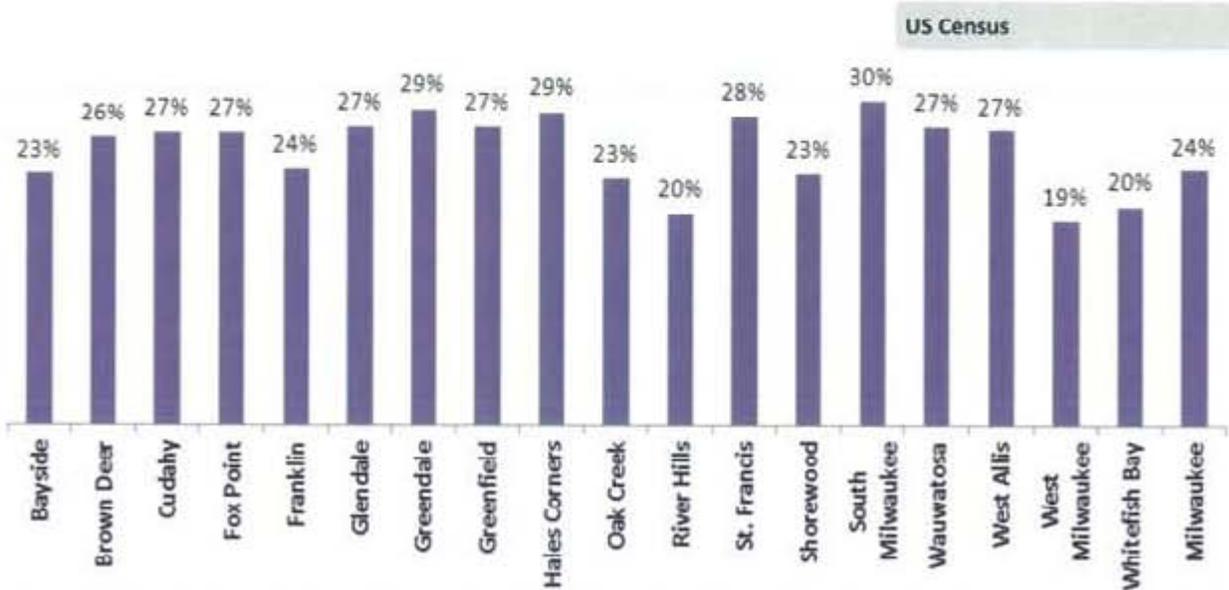
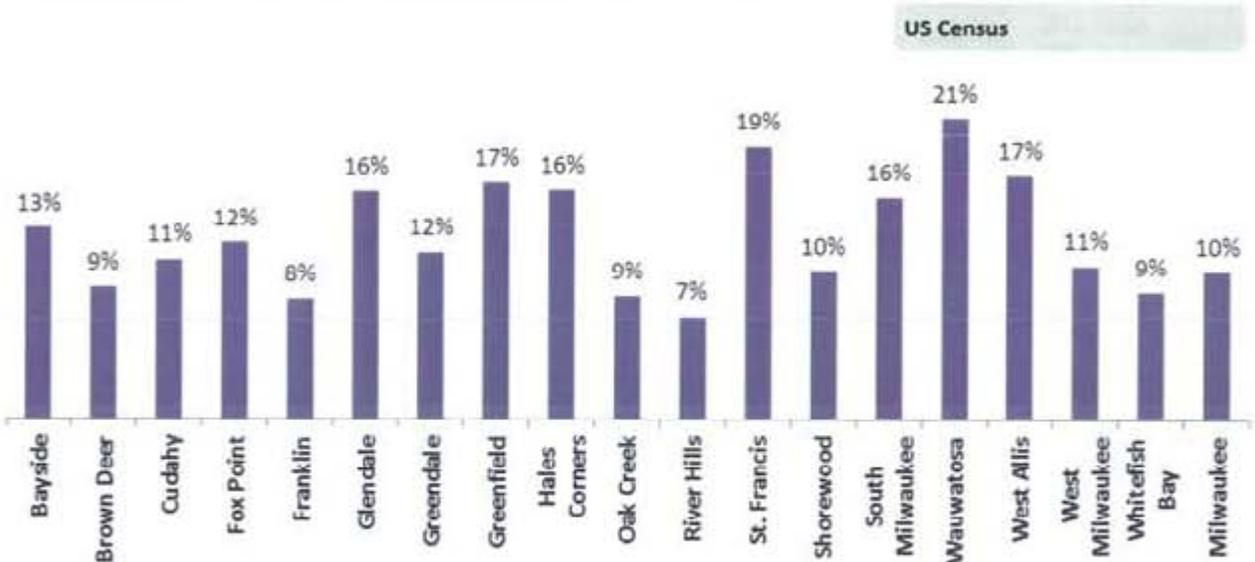


Figure 22

Percent of Older Adult Population Ages 85+ by Municipality 2010





Robert and Jean Haase

Photo: Robert A. Bell



Gender

Table 4

Number and Percent of Persons by Age and Gender Milwaukee County

US Census

16%

Of Milwaukee County's total population is 60 years old or older

Age	Total		Male		Female	
	Population	Percent	Population	Percent	Population	Percent
0 to 4	69,364	7%	35,292	8%	34,072	7%
5 to 9	64,289	7%	32,693	7%	31,596	6%
10 to 14	63,132	7%	32,288	7%	30,844	6%
15 to 19	69,912	7%	35,373	8%	34,539	7%
20 to 24	77,957	8%	38,234	8%	39,723	8%
25 to 34	146,338	15%	71,373	16%	74,965	15%
35 to 44	119,301	13%	58,831	13%	60,470	12%
45 to 54	127,190	13%	61,661	13%	65,529	13%
55 to 59	56,696	6%	27,373	6%	29,323	6%
60 to 64	44,423	5%	21,175	5%	23,248	5%
65 to 69	29,200	3%	13,119	3%	16,081	3%
70 to 74	22,684	2%	9,754	2%	12,930	3%
75 to 79	20,294	2%	8,142	2%	12,152	2%
80 to 84	17,968	2%	6,685	1%	11,283	2%
85 or more	18,987	2%	5,724	1%	13,263	3%
Totals	947,735	100%	457,717	100%	490,018	100%
Age 60+	153,556	16%	64,599	14%	88,957	18%
Age 65+	109,133	12%	43,424	9%	65,709	13%
Age 85+	18,987	2%	5,724	1%	13,263	3%

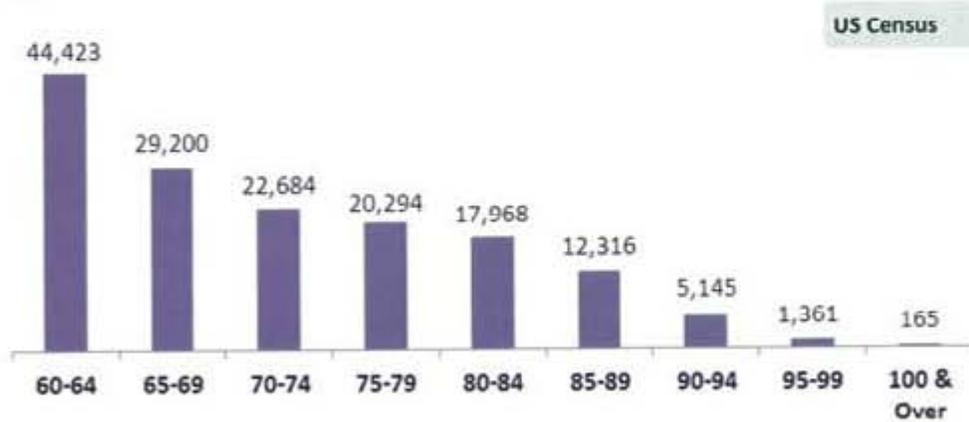
The table shows the number and percent of the ages of people living in Milwaukee County. The graph is split to compare the number and percent of males and females in different age groups and how they relate to the total population. As the table shows, persons age 60 years and over make up approximately 16% of the total population in Milwaukee County.

Females ages 60 years or older make up 18% of all females in Milwaukee County, whereas males ages 60 years or older make up 14% of all males in Milwaukee County.



Figure 23

Milwaukee County's 60+ Population by Age Category 2010



US Census

60-64 Years Old

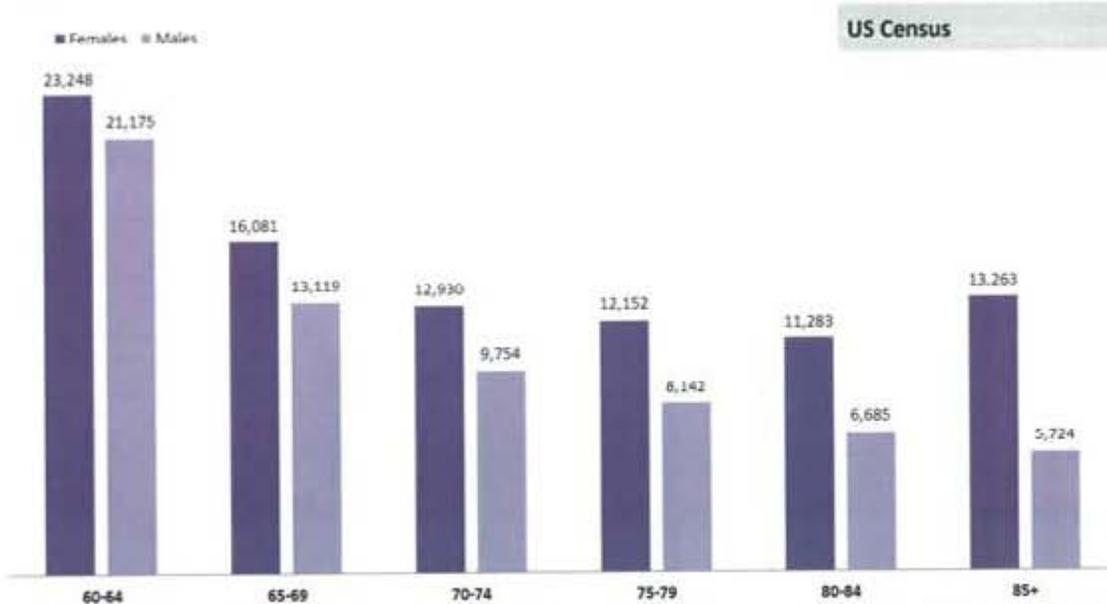
Make up the largest portion of the 60+ community

Provided by AARP State Research 2012

This graph shows Milwaukee County's population makeup for those ages 60 years or older. There are 44,423 individuals between the ages of 60 to 64 years. As the age groups increase by increments of five years, there is a decline in the population makeup for each age category. The graph also shows that there are 165 individuals ages 100 years or more.

Figure 24

Milwaukee County Older Population by Gender and Age 2010



US Census

Females

Make up the largest portion of the 60+ community

Provided by AARP State Research 2012

The graph shows the number of Milwaukee County individuals ages 60 and older with respect to age and gender. There tend to be more females than males in all age categories. Between age groups there is a decline in the population makeup. However, there are more females ages 85 or older (13,263) than there are females between the ages 70 to 74.



Figure 25

Milwaukee County Population Pyramid: Total Population 2000

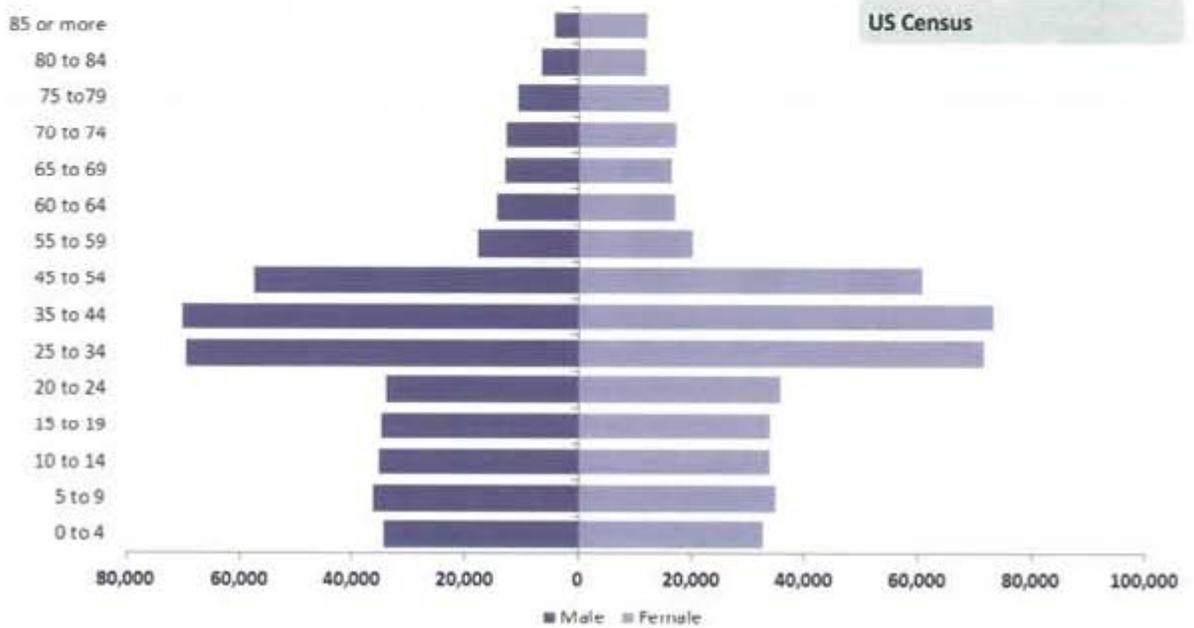


Figure 26

Milwaukee County Older Adult Persons by Gender and Age 2000

31,504

Total number of 60-64 year olds living in Milwaukee County in 2000

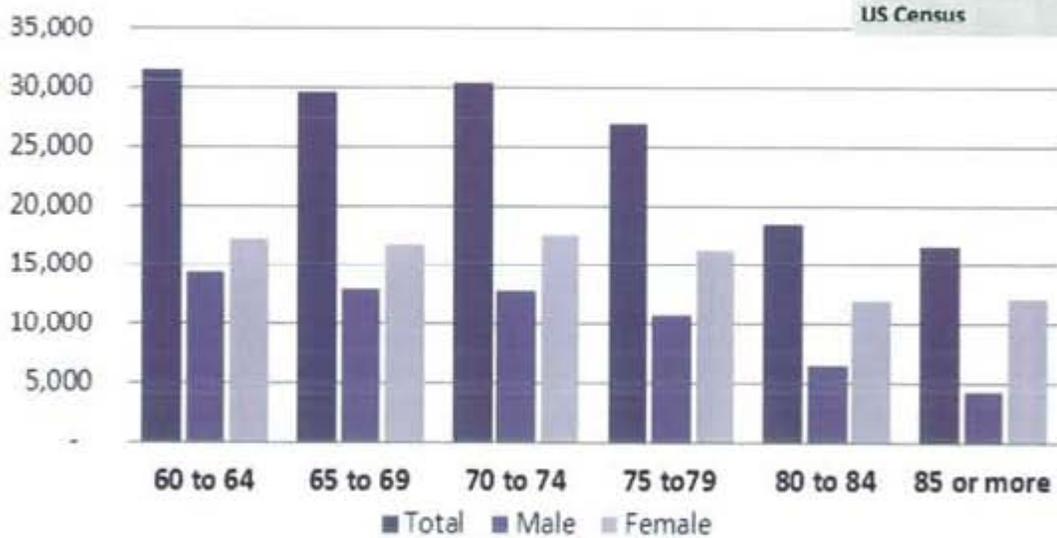
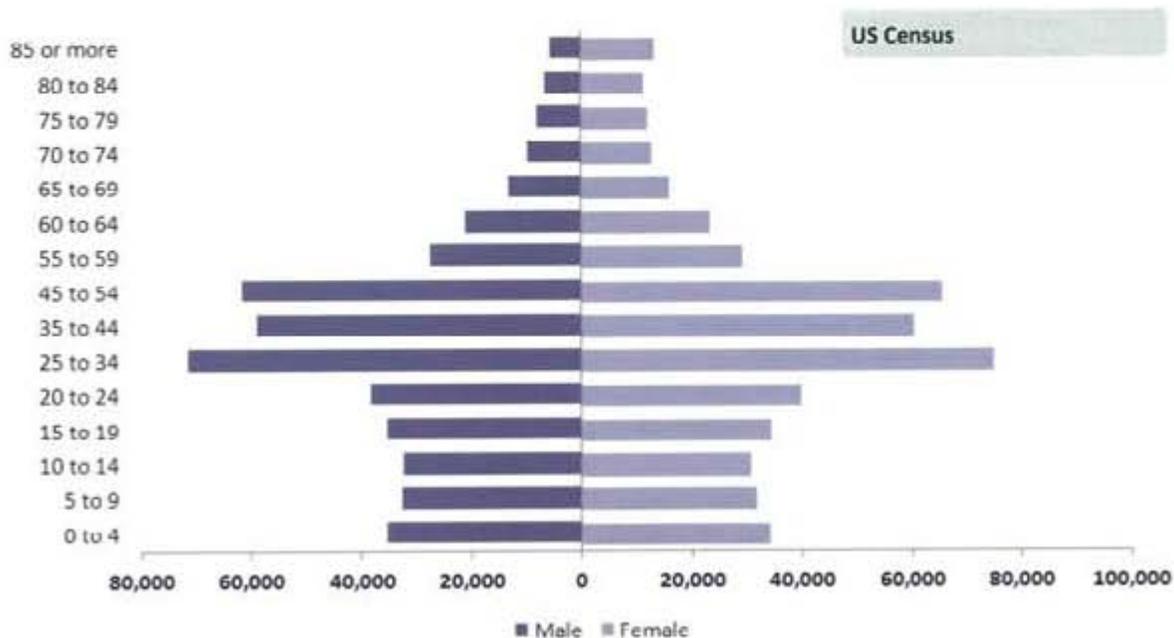




Figure 27

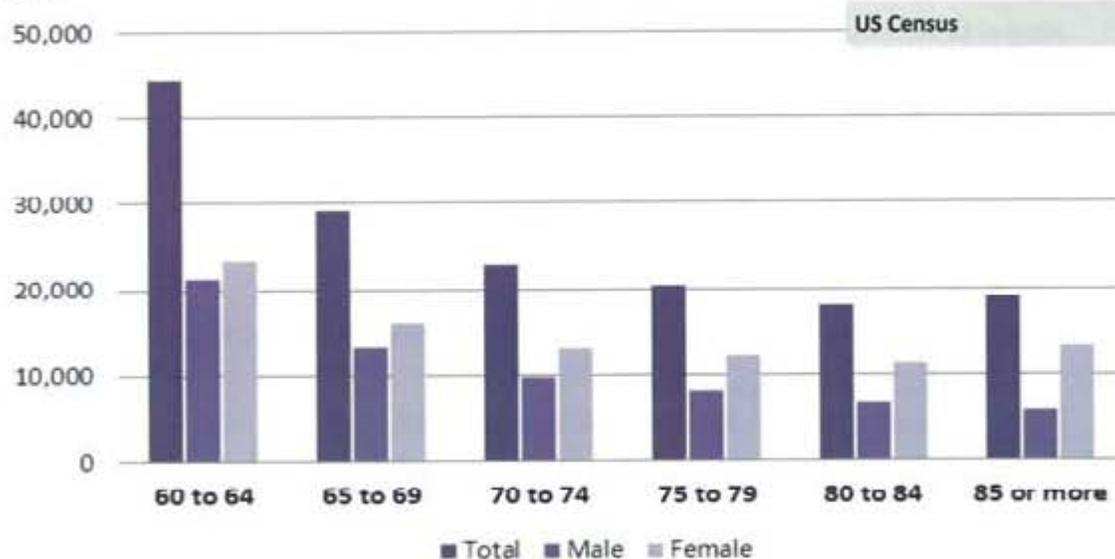
Milwaukee County Population Pyramid: Total Population 2010



This chart shows the population makeup of Milwaukee County between those ages 0 to 59 years and those ages 60 or older. Those ages 60 or older make up approximately 16% of the total population.

Figure 28

Milwaukee County Older Adult Persons by Gender and Age 2010



44,423

Total number of 60-64 year olds living in Milwaukee County in 2010



LGBT Overview

Lesbian, Gay, Bisexual, and Transgender (LGBT) adults may face challenges specific to their sexuality (lesbian, gay, or bisexual) or gender identity (transgender) as they age due to the marginalization of these identities in the United States. Some of these concerns include:

- Discrimination, fear of discrimination, or lack of competence from health care and other service providers
- Social isolation- LGBT older adults are:
 - ◊ Twice as likely to live alone than heterosexual older adults
 - ◊ More than four times as likely to be childless than heterosexual older adults
- Elder abuse, including:
 - ◊ Homophobic abuse, domestic violence and the fear of authorities, self-neglect, and internalized homophobia
- Legal barriers, such as:
 - ◊ Barriers to marriage or other legally recognized partnerships
 - ◊ Barriers to accessing the couple's assets if they are in the other partner's name

Issues of Aging for Transgender Identified Persons

Transgender older adults have a diverse array of experiences shaped by when in life they transitioned. Their ability to access health care and the competence of care providers around issues of gender and sex transition as well as family and community support contribute to their quality of life. Some concerns for this population include:

- Whether or not their marriage will be upheld. In states where same-sex marriages are illegal, a couple's marriage will only be recognized if they are a heterosexual couple after a partner's transition is complete
- Whether or not their legal documents "match" their identity
- Domestic violence and abuse in care facilities

Resources for Advocacy

FORGE Transgender Aging Network:
<http://www.forge-forward.org>

National Resource Center on LGBT Aging:
<http://www.lgbtagingcenter.org/>

United States Department of Health and Human Services:
<http://www.hhs.gov/secretary/about/lgbthealth.html>

Center for American Progress:
http://www.americanprogress.org/issues/2011/03/pdf/aca_lgbt.pdf

Our Maturing Movement: State-by-State LGBT Aging Policy Recommendations:
http://www.thetaskforce.org/downloads/reports/reports/our-maturing_movement.pdf

Tips for Caregivers of Transgender Clients:
<http://www.lgbtagingcenter.org/resources/pdfs/ReadyToServe.pdf>

The background and resources for this overview were provided by Loree Cook-Daniels, Policy and Program Director of FORGE: <http://www.forge-forward.org>



Ken and Allen

Photo courtesy of Sage Milwaukee



Diversity

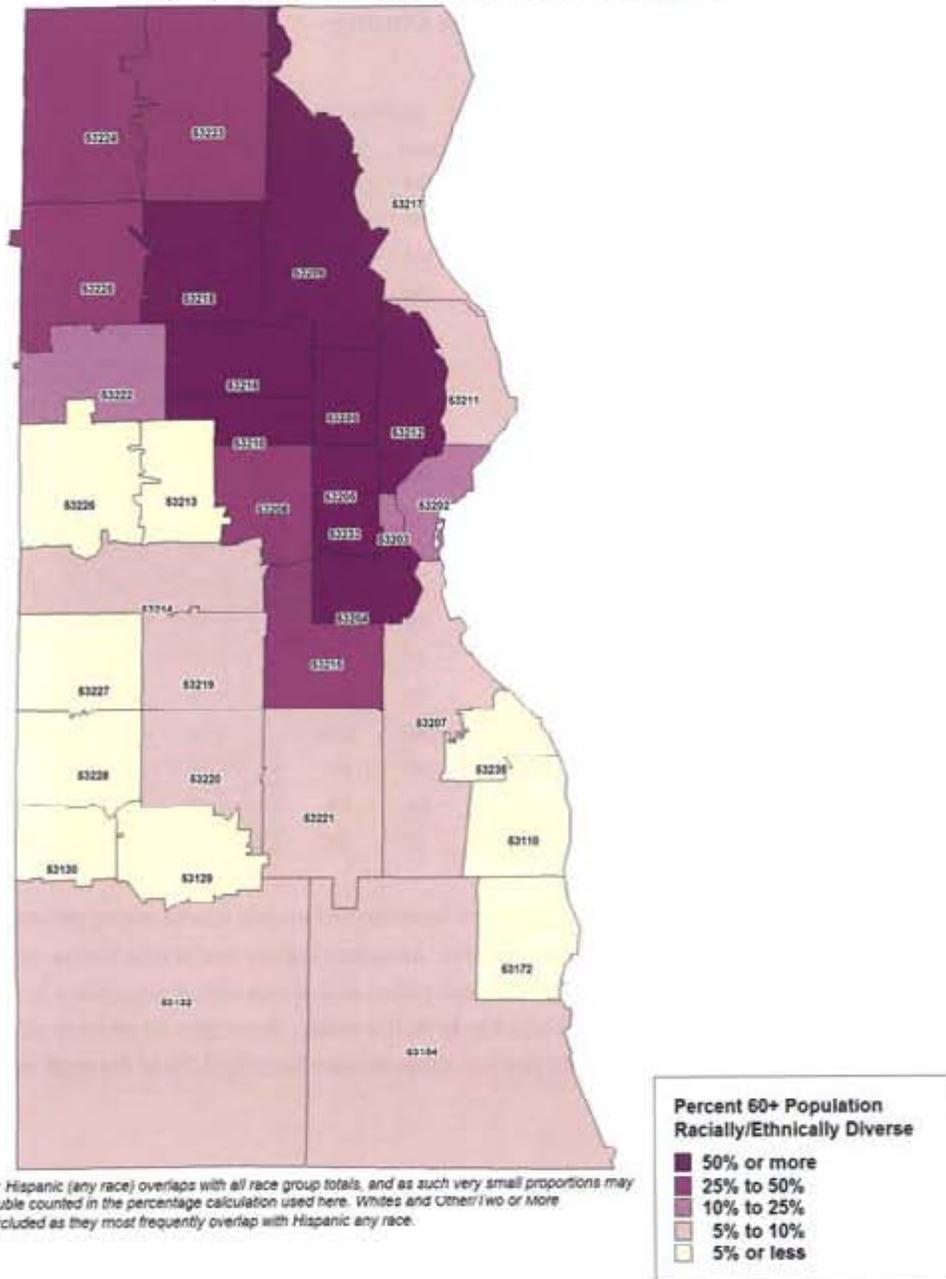


Maria Burgos and David Skinner, Golden Idol 2012

Photo: Direct Supply



**Total Population Age 60+ and *Percent 60+ Population
Black, Hispanic, Asian, Native American, Hawaiian/Pacific Islander
by Zip Code: Milwaukee County, 2010 Census**



Provided by AARP State Research 2012

This map looks at the total older adult population and its racial/ethnic diversity by zip code. The densest areas of diversity are between zip codes 53204 and 53218, with less denser areas in surrounding zip codes. The areas between zip codes 53227 and 53129, as well as between 53235 and 53172, have the least amount of diversity.



Table 5

Number and Percent of American Indian and Alaska Native Alone by Age and Gender Milwaukee County

US Census

Native

The American Indian and Alaska Native people ages 60 and over make up 9% of their community.

People ages 25-34 and 35-44 have the highest percentage of members.

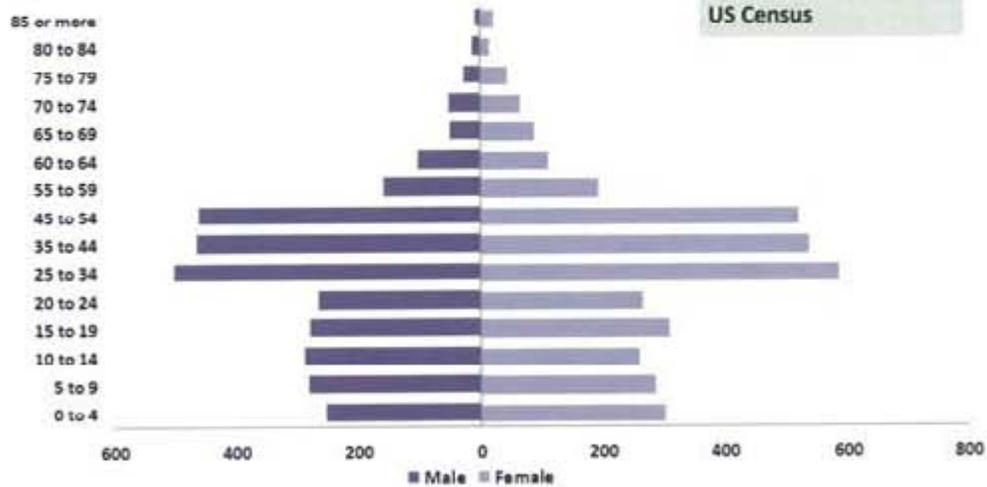
Age	2000 Total		2010 Total		Male		Female	
	Population	Percent	Population	Percent	Population	Percent	Population	Percent
0 to 4	553	8%	554	8%	253	8%	301	8%
5 to 9	650	10%	566	8%	281	9%	285	8%
10 to 14	684	10%	548	8%	288	9%	260	7%
15 to 19	669	10%	588	9%	280	9%	308	9%
20 to 24	559	8%	531	8%	266	8%	265	7%
25 to 34	1,123	16%	1,089	16%	502	16%	587	16%
35 to 44	1,141	17%	1,002	15%	465	14%	537	15%
45 to 54	736	11%	980	14%	461	14%	519	14%
55 to 59	213	3%	350	5%	158	5%	192	5%
60 to 64	175	3%	212	3%	102	3%	110	3%
65 to 69	126	2%	138	2%	50	2%	88	2%
70 to 74	77	1%	118	2%	52	2%	66	2%
75 to 79	44	0.6%	73	1%	28	1%	45	1%
80 to 84	22	0.3%	29	0%	14	0%	15	0%
85 or more	22	0.3%	30	0%	8	0%	22	1%
Totals	6,794	100.0%	6,808	100%	3,208	100%	3,600	100%
Age 60+	466	7%	600	9%	254	8%	346	10%
Age 65+	291	4%	388	6%	152	5%	236	7%
Age 85+	22	0.3%	30	0%	8	0%	22	1%

The table illustrates the number of American Indian and Alaska Native persons and their population makeup in regard to age and gender. American Indians and Alaska Natives ages 60 years or older account for 9% of the total American Indian and Alaska Native population in Milwaukee County. Of the total American Indian and Alaska Native males, those ages 60 years or older make up 8% of the population. Those ages 85 years or older account for only 0.2% of the total male population.



Figure 29

Milwaukee County 2010 Population Pyramid: American Indian and Alaska Native



Indian Council of the Elderly

Photo: Alvin G. Flowers



Table 6

**Number and Percent of Asian Alone by Age and Gender
Milwaukee County**

Age	2000 Total		2010 Total		US Census			
	Population	Percent	Population	Percent	Male		Female	
					Population	Percent	Population	Percent
Under 5	2,426	10%	3,016	9%	1,529	9%	1,487	9%
5 to 9	2,503	10%	2,716	8%	1,368	8%	1,348	8%
10 to 14	2,454	10%	2,619	8%	1,336	8%	1,283	8%
15 to 19	2,352	10%	2,905	9%	1,442	9%	1,463	9%
20 to 24	2,293	9%	3,385	10%	1,680	10%	1,705	10%
25 to 34	4,909	20%	6,904	21%	3,418	21%	3,486	21%
35 to 44	3,009	12%	4,389	14%	2,241	14%	2,148	13%
45 to 54	2,028	8%	2,808	9%	1,433	9%	1,375	8%
55 to 59	620	2%	1,144	4%	531	3%	613	4%
60 to 64	475	2%	855	3%	402	2%	453	3%
65 to 69	367	1%	609	2%	284	2%	325	2%
70 to 74	316	1%	411	1%	199	1%	212	1%
75 to 79	205	0.8%	299	1%	124	1%	175	1%
80 to 84	114	0.5%	205	1%	74	0%	131	1%
85 or more	74	0.3%	157	0%	58	0%	99	1%
Totals	24,145	100.0%	32,422	100%	16,119	100%	16,303	100%
Age 60+	1,551	6%	2,536	8%	1,141	7%	1,395	9%
Age 65+	1,076	4%	1,681	5%	739	5%	942	6%
Age 85+	74	0.3%	157	0%	58	0%	99	1%

Asian

Asian people ages 60 and over only make up 8% of their community.

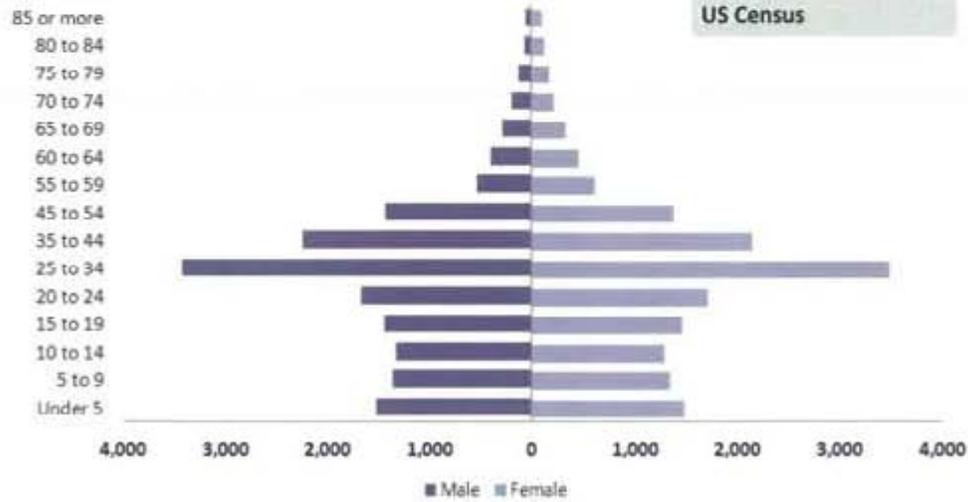
People ages 25-34 and 35-44 have the highest percentage of members.

The table shows the population of Asian people by different age categories and gender in Milwaukee County. The older adult Asian population (ages 60 years or older) accounts for 8% of the total Asian population in Milwaukee County. Male Asians ages 60 years or older make up approximately 7% of the total male Asian population whereas female Asians ages 60 years or older account for approximately 9% of the total female Asian population.



Figure 30

Milwaukee County 2010 Population Pyramid: Asian Alone

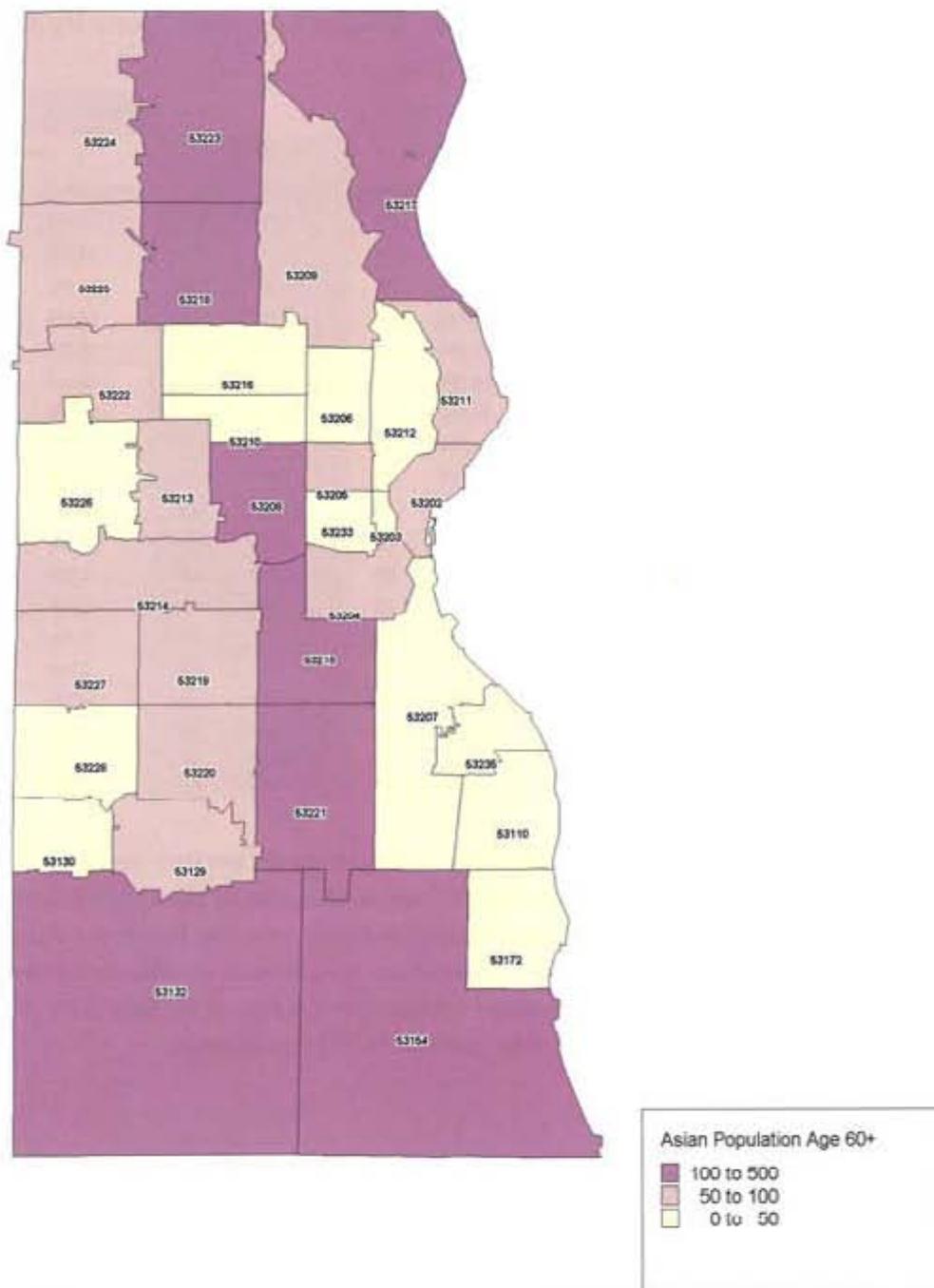


Milwaukee Christian Center

Photo: Diane Beckley



Asian Population Age 60+ by Zip Code: Milwaukee County, 2010 Census



Provided by AARP State Research 2012

The map shows the older adult Asian population, ages 60 year or older, and their population distribution by zip code within Milwaukee County. A majority of the older adult Asian population tend to live in the northern and southern parts of Milwaukee County.



Table 7

Number and Percent of Black or African American Alone by Age and Gender Milwaukee County

African American
 Black/African American people ages 60 and over make up 10% of their community. People ages 25-34, 35-44 and 45-54 have the highest percentage of members.

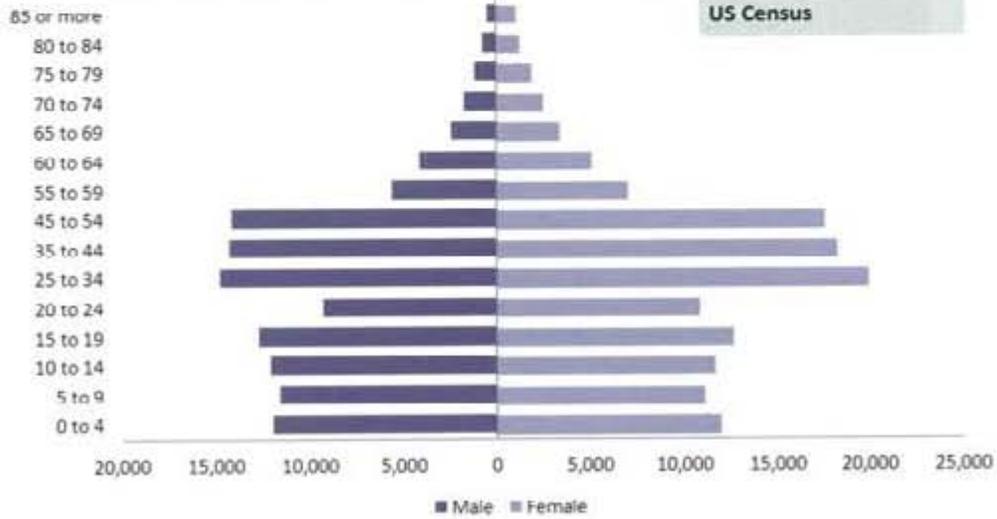
Age	US Census							
	2000 Total		2010 Total		Male		Female	
	Population	Percent	Population	Percent	Population	Percent	Population	Percent
0 to 4	23,345	10%	23,936	9%	11,968	10%	11,968	9%
5 to 9	27,582	12%	22,726	9%	11,614	10%	11,112	8%
10 to 14	25,811	11%	23,783	9%	12,092	10%	11,691	9%
15 to 19	21,250	9%	25,443	10%	12,757	11%	12,686	9%
20 to 24	16,676	7%	20,181	8%	9,311	8%	10,870	8%
25 to 34	33,607	14%	34,783	14%	14,816	13%	19,967	15%
35 to 44	32,912	14%	32,566	13%	14,318	12%	18,248	13%
45 to 54	23,998	10%	31,790	13%	14,199	12%	17,591	13%
55 to 59	7,077	3%	12,623	5%	5,576	5%	7,047	5%
60 to 64	5,788	2%	9,201	4%	4,099	3%	5,102	4%
65 to 69	4,725	2%	5,795	2%	2,386	2%	3,409	2%
70 to 74	3,696	2%	4,299	2%	1,743	1%	2,556	2%
75 to 79	2,375	1%	3,101	1%	1,176	1%	1,925	1%
80 to 84	1,231	0.5%	2,025	1%	721	1%	1,304	1%
85 or more	1,084	0.5%	1,512	1%	444	0%	1,068	1%
Totals	231,157	100.0%	253,764	100%	117,220	100%	136,544	100%
Age 60+	18,899	8%	25,933	10%	10,569	9%	15,364	11%
Age 65+	13,111	6%	16,732	7%	6,470	6%	10,262	8%
Age 85+	1,084	0.5%	1,512	1%	444	0%	1,068	1%

The table shows the number of Black or African Americans and their population makeup with respect to age and gender. Black or African American females ages 60 years or older and 85 years or older account for 11% and 0.8% of the total Black or African American female population of Milwaukee County respectively. Black or African Americans ages 60 years or older account for 10% of the total Black or African American population in Milwaukee County. Of the total Black or African American males, those ages 60 years or older make up 9% of the population.



Figure 31

Milwaukee County 2010 Population Pyramid: Black or African American Alone

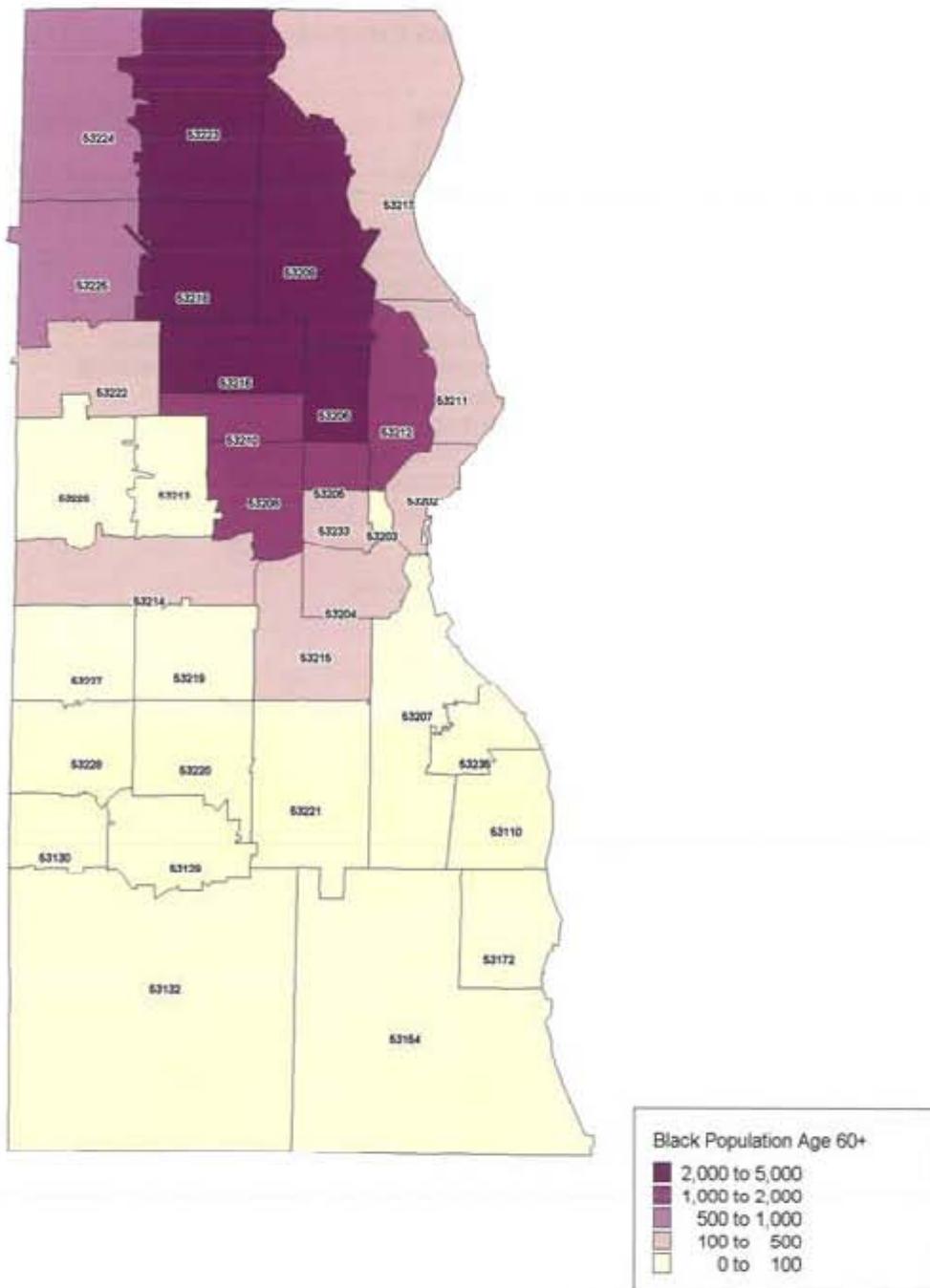


Jazzy Jewels, Washington Park Senior Center

Photo: Robert A. Bell



Black Population Age 60+ by Zip Code: Milwaukee County, 2010 Census



Provided by AARP State Research 2012

The map shows the older adult Black and African American population, ages 60 years or older, and their distribution by zip code within Milwaukee County. Black and African Americans tend to live in northern Milwaukee County. Very few African Americans live in the southern part of Milwaukee County (south of zip code 53215). The Black and African American population is also more dense in the central part of northern Milwaukee County.



Table 8

Number and Percent of Native Hawaiian and Other Pacific Islander Alone by Age and Gender Milwaukee County

Age	2000 Total		2010 Total		US Census			
	Population	Percent	Population	Percent	Male		Female	
					Population	Percent	Population	Percent
0 to 4	50	12%	24	7%	13	7%	11	6%
5 to 9	27	6%	27	7%	13	7%	14	7%
10 to 14	31	7%	32	9%	15	9%	17	9%
15 to 19	46	12%	22	6%	12	7%	10	5%
20 to 24	64	15%	53	15%	28	16%	25	13%
25 to 34	91	22%	62	17%	34	20%	28	15%
35 to 44	41	10%	63	17%	25	14%	38	20%
45 to 54	30	7%	38	10%	16	9%	22	12%
55 to 59	16	4%	13	4%	4	2%	9	5%
60 to 64	6	1%	10	3%	4	2%	6	3%
65 to 69	7	2%	8	2%	4	2%	4	2%
70 to 74	6	1%	5	1%	3	2%	2	1%
75 to 79	3	0.7%	2	1%	1	1%	1	1%
80 to 84	2	0.5%	2	1%	1	1%	1	1%
85 or more	2	0.5%	2	1%	1	1%	1	1%
Totals	422	100.0%	363	100%	174	100%	189	100%
Age 60+	26	6%	29	8%	14	8%	15	8%
Age 65+	20	5%	19	5%	10	6%	9	5%
Age 85+	2	0.5%	2	1%	1	1%	1	1%

Hawaiian

Native Hawaiian and Other Pacific Islander people ages 60 and over make up 8% of their community.

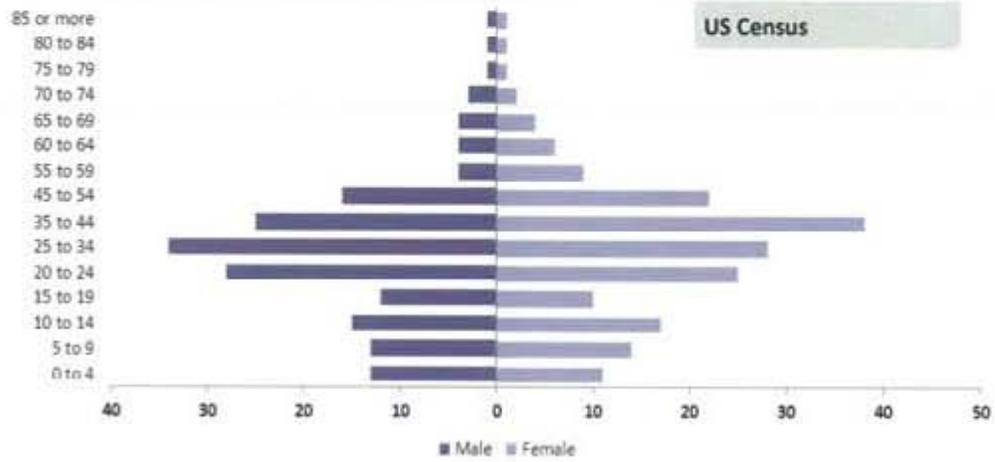
People ages 25-34 and 35-44 have the highest percentage of members.

The table demonstrates the number of Native Hawaiian and Other Pacific Islanders and their population makeup in relation to age and gender. Native Hawaiian and Other Pacific Islanders ages 60 years or older account for 8% of the total Native Hawaiian and Other Pacific Islander population in Milwaukee County. Of the total Native Hawaiian and Other Pacific Islander males, those ages 60 years or older make up 8% of the population, and those ages 85 years or older account for only 0.6% of the total male population.



Figure 32

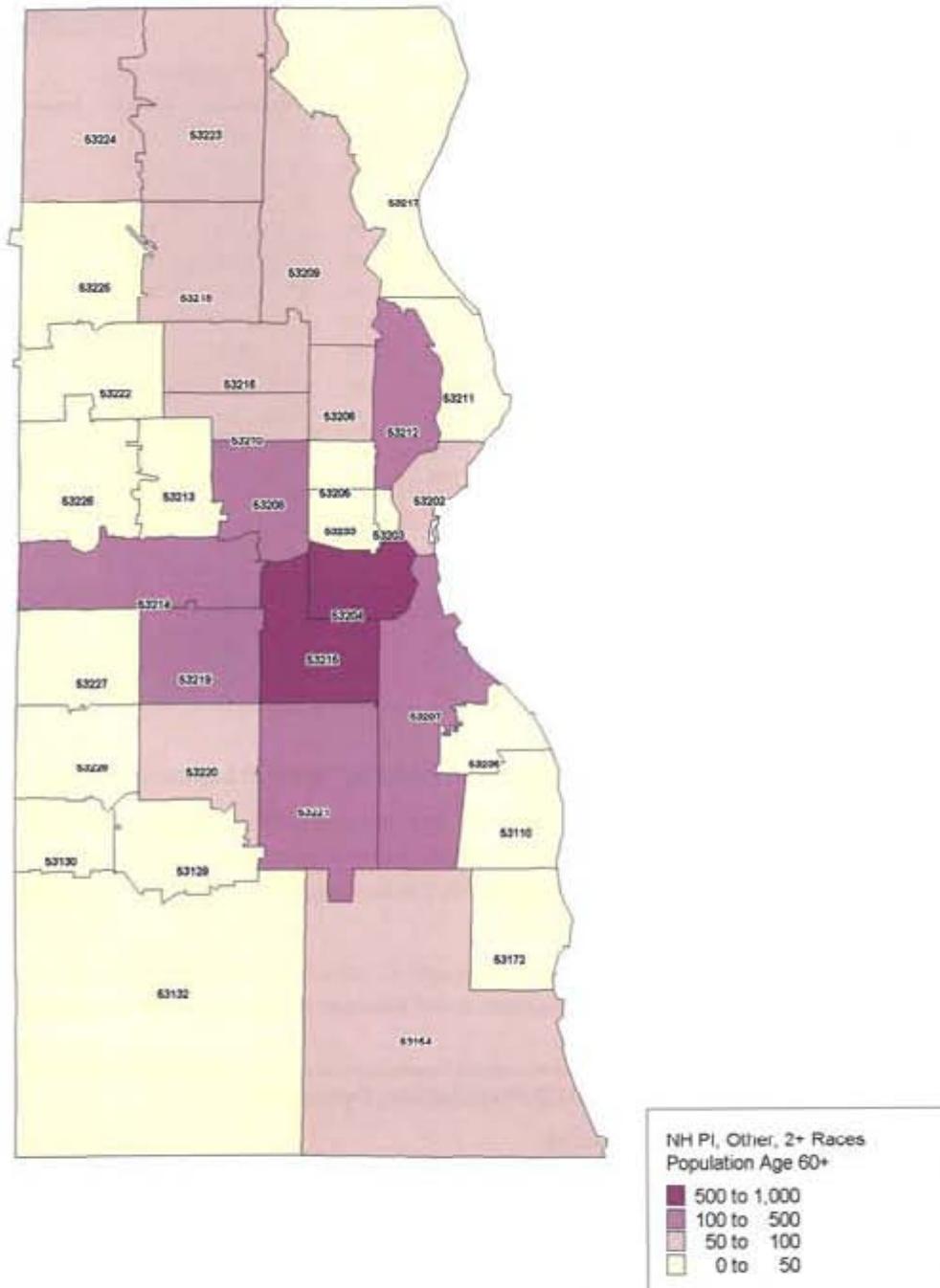
Milwaukee County 2010 Population Pyramid: Native Hawaiian and Other Pacific Islander Alone



Crisanto Cruz

Photo: Carmen Pangilinan

Hawaiian Native/Pacific Islander, Other Race, Two or more Races Population Age 60+ by Zip Code: Milwaukee County, 2010 Census



Provided by AARP State Research 2012

The map looks at the older adult population of Hawaiian Natives, Pacific Islanders, and those classified as "some other race alone" or "two or more races". This population is most prominent in zip codes 53204 and 53215 and northwestern and southeastern Milwaukee County. They are much less prominent in southwestern and northeastern Milwaukee.



Table 9

**Number and Percent of Some Other Race Alone by Age and Gender
Milwaukee County**

US Census

Some Other

“Some Other Race” people ages 60 and older make up 4% of their community.

People ages 25-34 and 35-44 have the highest percentage of members.

Age	2000 Total		2010 Total		Male		Female	
	Population	Percent	Population	Percent	Population	Percent	Population	Percent
0 to 4	4,824	12%	5,883	11%	3,039	11%	2,844	12%
5 to 9	4,423	11%	5,512	11%	2,834	10%	2,678	11%
10 to 14	3,705	9%	4,877	9%	2,458	9%	2,419	10%
15 to 19	4,130	10%	4,582	9%	2,350	9%	2,232	9%
20 to 24	4,917	12%	4,777	9%	2,530	9%	2,247	9%
25 to 34	8,036	20%	10,387	20%	5,684	21%	4,703	19%
35 to 44	5,182	13%	7,658	15%	4,129	15%	3,529	14%
45 to 54	2,726	7%	4,440	9%	2,366	9%	2,074	8%
55 to 59	669	2%	1,247	2%	648	2%	599	2%
60 to 64	458	1%	796	2%	410	2%	386	2%
65 to 69	317	0.8%	526	1%	251	1%	275	1%
70 to 74	255	0.6%	288	1%	125	0%	163	1%
75 to 79	144	0.4%	202	0%	88	0%	114	0%
80 to 84	81	0.2%	152	0%	59	0%	93	0%
85 or more	64	0.2%	102	0%	42	0%	60	0%
Totals	39,931	100.0%	51,429	100%	27,013	100%	24,416	100%
Age 60+	1,319	3%	2,066	4%	975	4%	1,091	4%
Age 65+	861	2%	1,270	2%	565	2%	705	3%
Age 85+	64	0.2%	102	0%	42	0%	60	0%

The table shows the number of “some other race alone” and their population makeup regarding age and gender. Those classified as “some other race alone”, ages 60 years or older, account for 4% of the total “some other race alone” population in Milwaukee County. Of the total “some other race alone” American males, those ages 60 years or older make up 4% of the population, but those ages 85 years or older account for only 0.2% of the total male population.

“Some other race alone” American females ages 60 years or older and 85 years or older respectively account for 4% and 3% of the total “some other race alone” American female population of Milwaukee County.

Figure 33

**Milwaukee County 2010 Population Pyramid:
Some Other Race Alone**

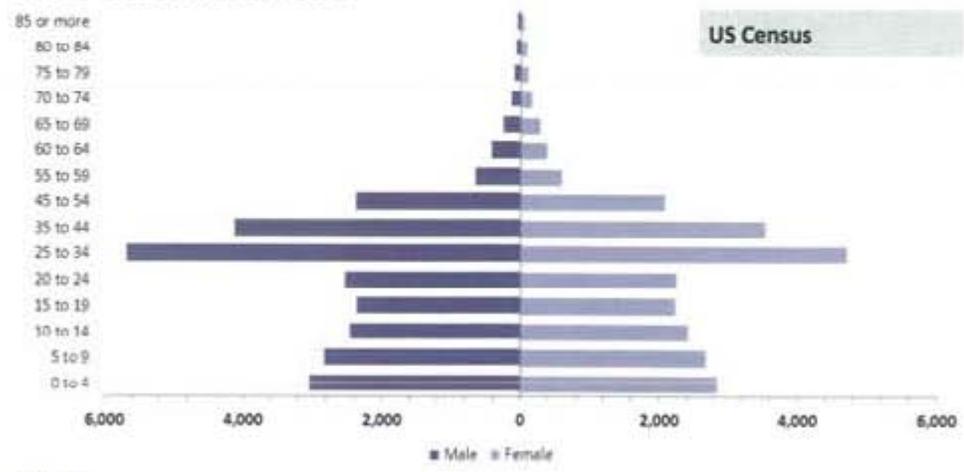


Table 10

**Number and Percent of Two or More Races by Age and Gender
Milwaukee County**



Age	2000 Total		2010 Total		Male		Female	
	Population	Percent	Population	Percent	Population	Percent	Population	Percent
	US Census							
0 to 4	3,697	18%	5,497	19%	2,730	20%	2,767	19%
5 to 9	3,112	15%	4,330	15%	2,111	16%	2,219	15%
10 to 14	2,433	12%	3,571	12%	1,815	13%	1,706	12%
15 to 19	2,137	10%	2,854	10%	1,380	10%	1,474	10%
20 to 24	1,850	9%	2,376	8%	1,048	8%	1,328	9%
25 to 34	2,888	14%	3,967	14%	1,826	13%	2,141	15%
35 to 44	2,008	10%	2,492	9%	1,169	9%	1,323	9%
45 to 54	1,309	6%	1,639	6%	780	6%	859	6%
55 to 59	311	1%	562	2%	265	2%	297	2%
60 to 64	264	1%	390	1%	176	1%	214	1%
65 to 69	260	1%	241	1%	91	1%	150	1%
70 to 74	187	0.9%	147	1%	64	0%	83	1%
75 to 79	126	0.6%	100	0%	36	0%	64	0%
80 to 84	89	0.4%	101	0%	38	0%	63	0%
85 or more	71	0.3%	76	0%	20	0%	56	0%
Totals	20,742	100.0%	28,293	100%	13,549	100%	14,744	100%
Age 60+	997	5%	1,055	4%	425	3%	630	4%
Age 65+	733	3%	665	2%	249	2%	416	3%
Age 85+	71	0.3%	76	0%	20	0%	56	0%

Two or More

“Two or More Race” persons ages 60 and over make up 4% of their community.

Persons ages 0-4 and 5-9 have the highest percentage of members.

The table shows the number of Milwaukee County residents who are classified as “two or more races” and their population makeup regarding age and gender.

Those classified as “two or more races,” ages 60 years or older, account for 4% of the total “two or more races” population in Milwaukee County. Of the total “two or more races” American males, those ages 60 years or older make up 4% of the population, but those ages 85 years or older account for only 0.1% of the total male population. “Two or more races” American females ages 60 years or older and 85 years or older respectively account for 4% and 0.4% of the total “two or more races” American female population of Milwaukee County.

Figure 34

**Milwaukee County 2010 Population Pyramid:
Two or More Races**

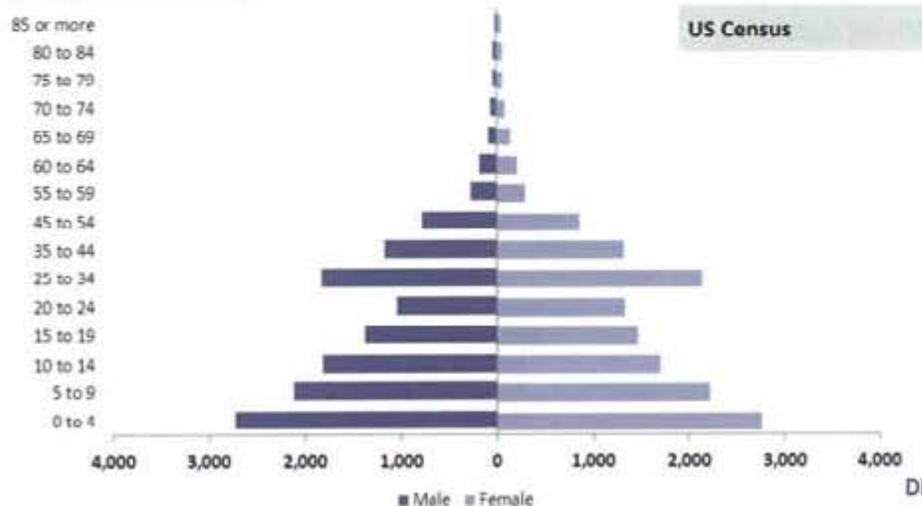




Table 11

**Number and Percent of White Alone by Age and Gender
Milwaukee County**

US Census

White

White people ages 60 and over make up 21% of their community.

People ages 25-34 and 45-54 have the highest percentage of members.

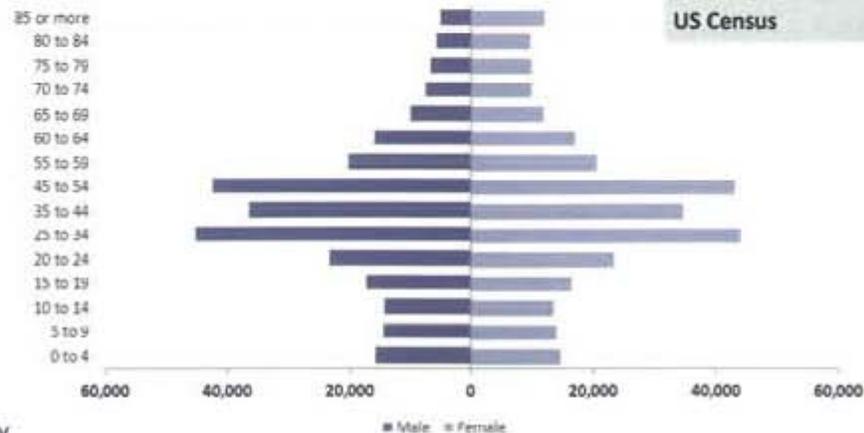
Age	2000 Total		2010 Total		Male		Female	
	Population	Percent	Population	Percent	Population	Percent	Population	Percent
0 to 4	32,264	5%	30,454	5%	15,760	6%	14,694	5%
5 to 9	32,956	5%	28,412	5%	14,472	5%	13,940	5%
10 to 14	34,075	5%	27,752	5%	14,284	5%	13,468	5%
15 to 19	38,090	6%	33,518	6%	17,152	6%	16,366	6%
20 to 24	43,514	7%	46,654	8%	23,371	8%	23,283	8%
25 to 34	90,476	15%	89,146	16%	45,093	16%	44,053	15%
35 to 44	99,124	16%	71,131	12%	36,484	13%	34,647	12%
45 to 54	87,430	14%	85,495	15%	42,406	15%	43,089	15%
55 to 59	29,131	5%	40,757	7%	20,191	7%	20,566	7%
60 to 64	24,338	4%	32,959	6%	15,982	6%	16,977	6%
65 to 69	23,839	4%	21,883	4%	10,053	4%	11,830	4%
70 to 74	25,742	4%	17,416	3%	7,568	3%	9,848	3%
75 to 79	23,980	4%	16,517	3%	6,689	2%	9,828	3%
80 to 84	16,837	3%	15,454	3%	5,778	2%	9,676	3%
85 or more	15,195	5%	17,108	3%	5,151	2%	11,957	4%
Totals	616,973	100.0%	574,656	100%	280,434	100%	294,222	100%
Age 60+	129,931	21%	121,337	21%	51,221	18%	70,116	24%
Age 65+	105,593	17%	88,378	15%	35,239	13%	53,139	18%
Age 85+	15,195	3%	17,108	3%	5,151	2%	11,957	4%

The table illustrates the number of Whites and their population makeup in regard to age and gender.

White Americans ages 60 years or older account for 21% of the total White population in Milwaukee County. Of the total White males, those ages 60 years or older make up 18% of the population and those ages 85 years or older account for only 2% of the total male population. White females ages 60 years or older and 85 years or older respectively account for 24% and 4% of the total White female population in Milwaukee County.

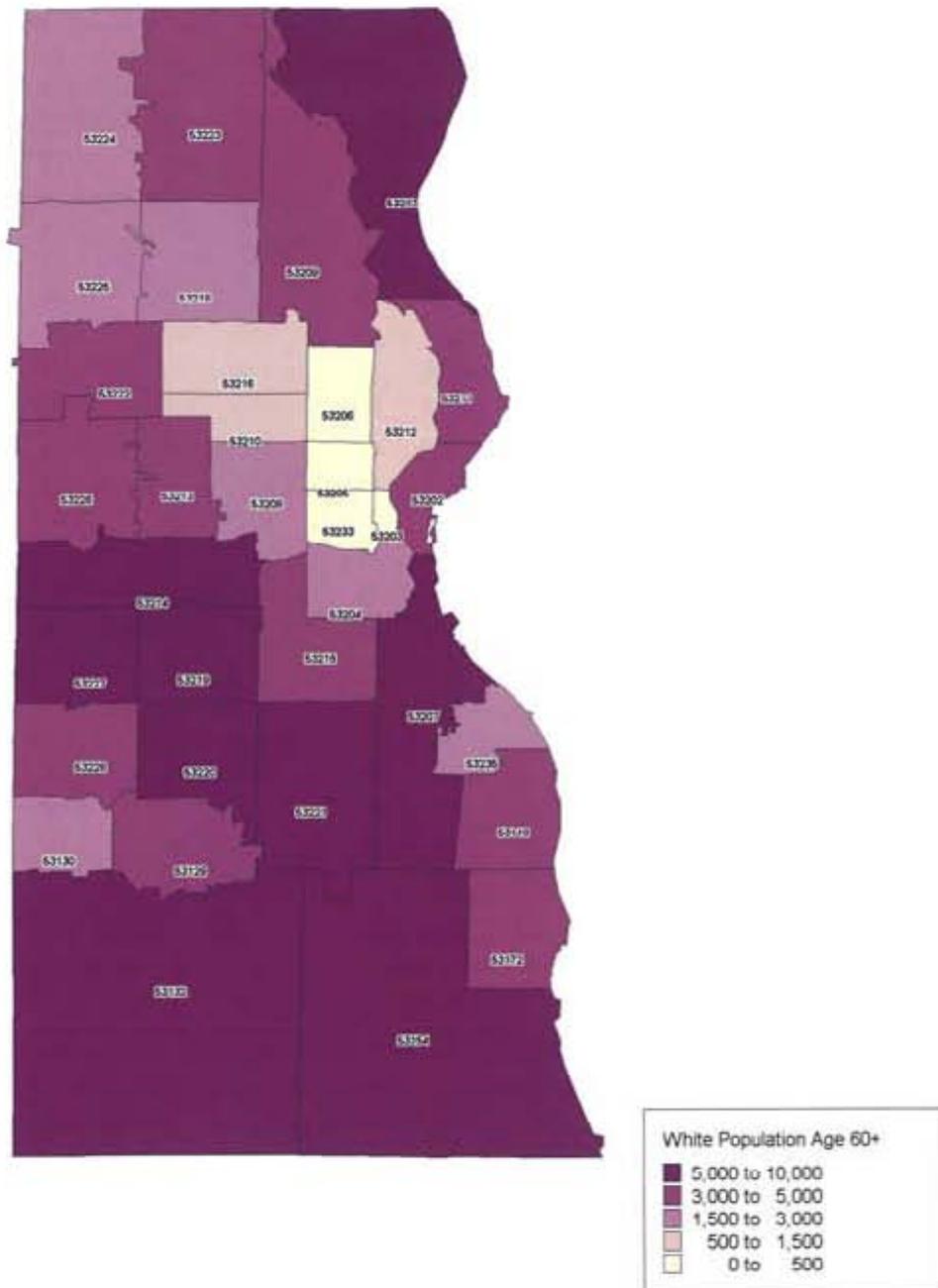
Figure 35

**Milwaukee County 2010 Population Pyramid:
White Alone**





White Population Age 60+ by Zip Code: Milwaukee County, 2010 Census



Provided by AARP State Research 2012

This map shows the older adult White population, ages 60 years or older, and their distribution by zip code within Milwaukee County. Older adult Whites live more heavily between zip codes 53214 and 53154, as well as in 53217. They are less likely to live between zip codes 53206 and 53203.



Table 12

**Number and Percent of Hispanic or Latino by Age and Gender
Milwaukee County**

US Census

Latino

Latino people ages 60 and over make up 5% of their community.

People ages 25-34 and 35-44 have the highest percentage of members.

Age	2000 Total		2010 Total		Male		Female	
	Population	Percent	Population	Percent	Population	Percent	Population	Percent
0 to 4	10,338	12%	15,791	13%	8,103	12%	7,688	13%
5 to 9	9,386	11%	14,087	11%	7,200	11%	6,887	11%
10 to 14	7,862	9%	12,242	10%	6,256	10%	5,986	10%
15 to 19	8,353	10%	11,157	9%	5,703	9%	5,454	9%
20 to 24	9,084	11%	11,030	9%	5,762	9%	5,268	9%
25 to 34	15,482	19%	23,321	19%	12,241	19%	11,080	18%
35 to 44	10,535	13%	17,270	14%	9,159	14%	8,111	13%
45 to 54	5,989	7%	11,027	9%	5,771	9%	5,256	9%
55 to 59	1,575	2%	3,532	3%	1,815	3%	1,717	3%
60 to 64	1,213	1%	2,414	2%	1,237	2%	1,177	2%
65 to 69	968	1%	1,503	1%	687	1%	816	1%
70 to 74	752	0.9%	1,008	1%	464	1%	544	1%
75 to 79	466	0.6%	770	1%	320	0%	450	1%
80 to 84	233	0.3%	528	0%	220	0%	308	1%
85 or more	170	0.2%	359	0%	146	0%	213	0%
Totals	82,406	100.0%	126,039	100%	65,084	100%	60,955	100%
Age 60+	3,802	5%	6,582	5%	3,074	5%	3,508	6%
Age 65+	2,589	3%	4,168	3%	1,837	3%	2,331	4%
Age 85+	170	0.2%	359	0%	146	0%	213	0%

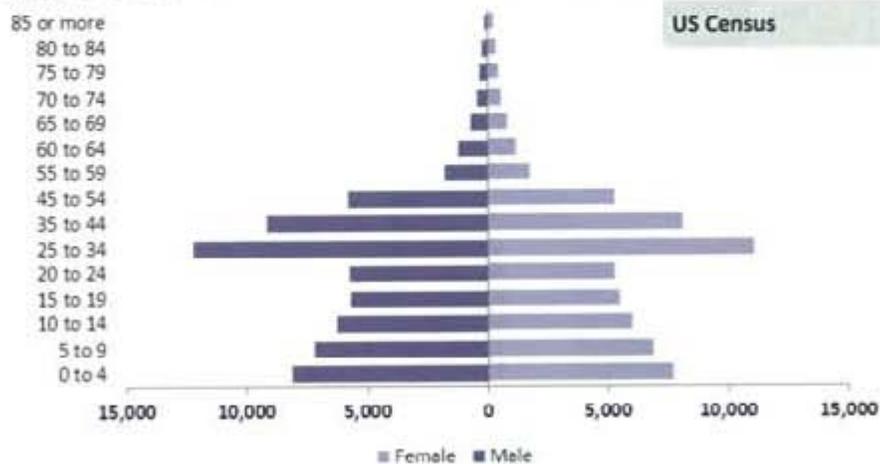
The table illustrates the number of Hispanic or Latino Americans and their population makeup in regard to age and gender.

Latino Americans ages 60 years or older account for 5% of the total Latino American population in Milwaukee County. Of the total Latino males, those ages 60 years or older make up 5% of the population and those ages 85 years or older account for less than one percent of the total male population. Latino American females ages 60 years or older and 85 years or older account for 6% and less than 1% of the total Latino American female population in Milwaukee County respectively.



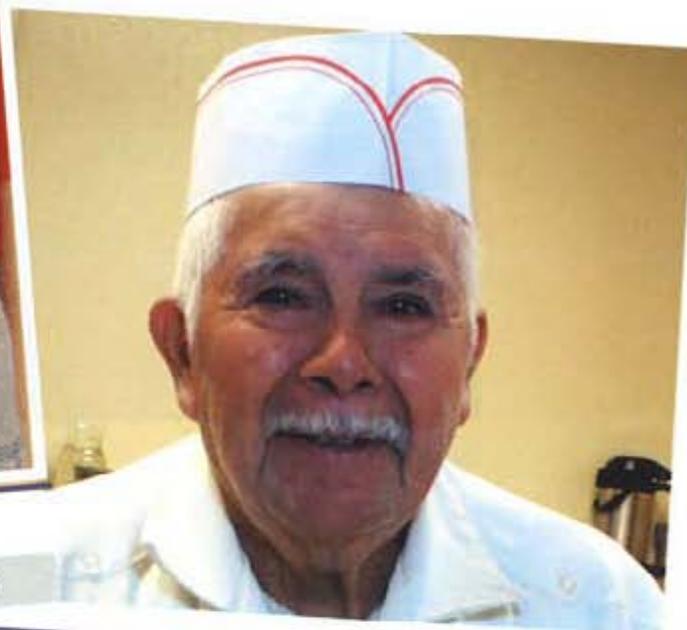
Figure 36

Milwaukee County 2010 Population Pyramid: Hispanic or Latino



Frank Gonzales, Jr., O.A.S.I.S. Center

Photo: Robert A. Bell

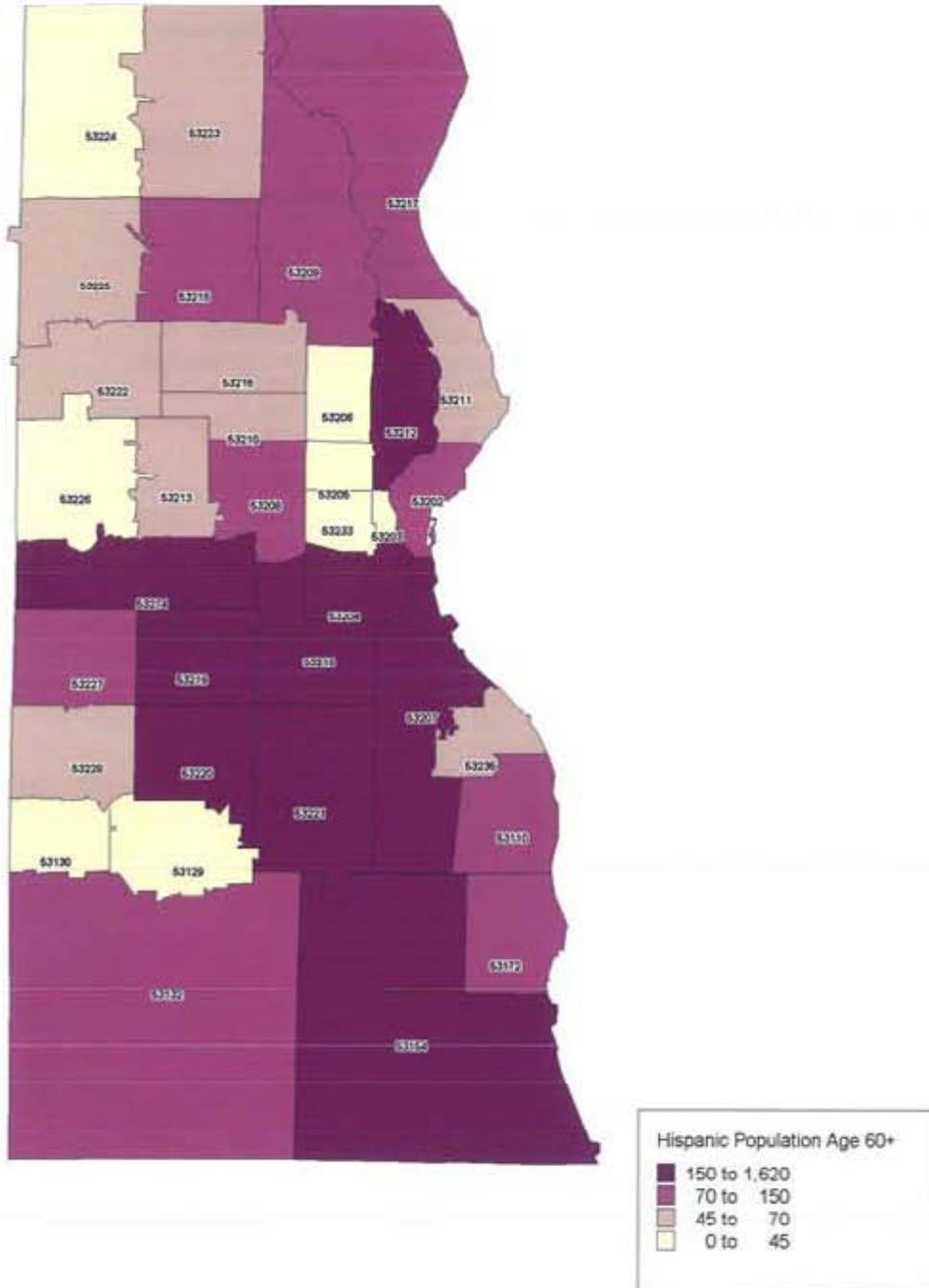


Ralph Barron, United Community Center

Photo: Robert A. Bell



Hispanic (Any Race) Population Age 60+ by Zip Code: Milwaukee County, 2010 Census



Provided by AARP State Research 2012

The map shows the older adult Hispanic population, ages 60 years or older, and their population distribution by zip code within Milwaukee County. Older adult Hispanics tend to live in southern Milwaukee County much more frequently and are much less likely to reside in northern Milwaukee County. The population is most dense in zip codes 53204 and 53215.



Trends

Table 13

Number and Percent of Aging Community by Age Category

Year	Total Population	Persons 60 to 64		Persons 65 to 74		Persons 75 to 84		US Census 85+		Persons 60+	
		Persons	Percent	Persons	Percent	Persons	Percent	Persons	Percent	Persons	Percent
1950	871,047	39,671	37%	47,599	44%	16,984	16%	2,860	3%	107,114	100%
1960	1,036,041	46,095	33%	65,287	46%	24,692	18%	4,511	3%	140,585	100%
1970	1,054,063	48,057	30%	69,366	44%	34,107	21%	7,865	5%	159,395	100%
1980	964,988	45,276	27%	71,272	43%	39,197	23%	11,078	7%	166,823	100%
1990	959,275	41,828	24%	71,955	42%	43,959	25%	14,673	9%	172,415	100%
2000	940,164	31,504	21%	59,920	39%	45,253	30%	16,512	11%	153,189	100%
2010	947,735	44,423	29%	51,884	34%	38,262	25%	18,987	12%	153,556	100%

Trends

Since 1970, Milwaukee County's total population consistently declined. This trend was interrupted in 2010, when Milwaukee County experienced an increase in population.

Within the aging community, persons ages 60-64 experienced the largest percentage of growth within the last decade.

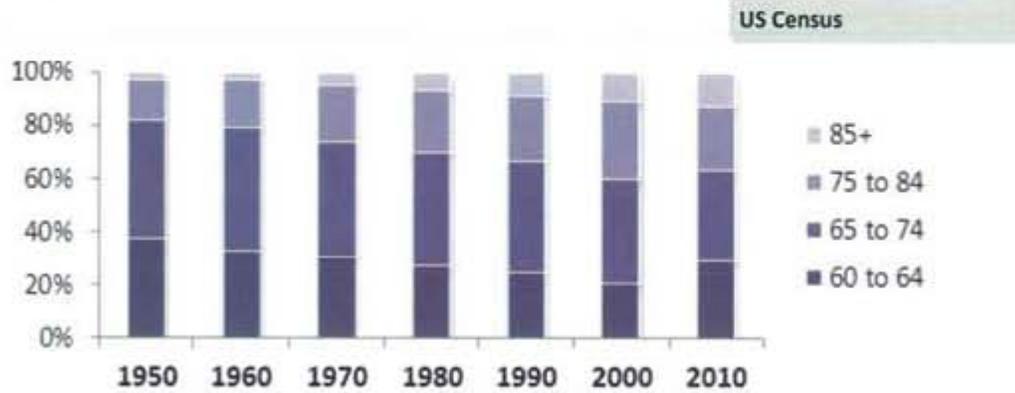
B. Percent of Total Population: Persons 60 or Older by Age Category

Year	Total Population	Persons 60 to 64	Percent 60 to 64	Persons 65 to 74	Percent 65 to 74	Persons 75 to 84	Percent 75 to 84	Persons 85+	Percent 85+	Persons 60+	Percent 60+
1950	871,047	39,671	5%	47,599	5%	16,984	2%	2,860	0%	107,114	12%
1960	1,036,041	46,095	4%	65,287	6%	24,692	2%	4,511	0%	140,585	14%
1970	1,054,063	48,057	5%	69,366	7%	34,107	3%	7,865	1%	159,395	15%
1980	964,988	45,276	5%	71,272	7%	39,197	4%	11,078	1%	166,823	17%
1990	959,275	41,828	4%	71,955	8%	43,959	5%	14,673	2%	172,415	18%
2000	940,164	31,504	3%	59,920	6%	45,253	5%	16,512	2%	153,189	16%
2010	947,735	44,423	5%	51,884	5%	38,262	4%	18,987	2%	153,556	16%



Figure 37

Percent of Persons Age 60+ by Age Category (1950-2010)



MCDA Public Hearing at Wilson Park Senior Center

Photo: Robert A. Bell



Figure 38

**Percent of Persons Age 60 to 64 in Milwaukee County
by Age Category (1950-2010)**

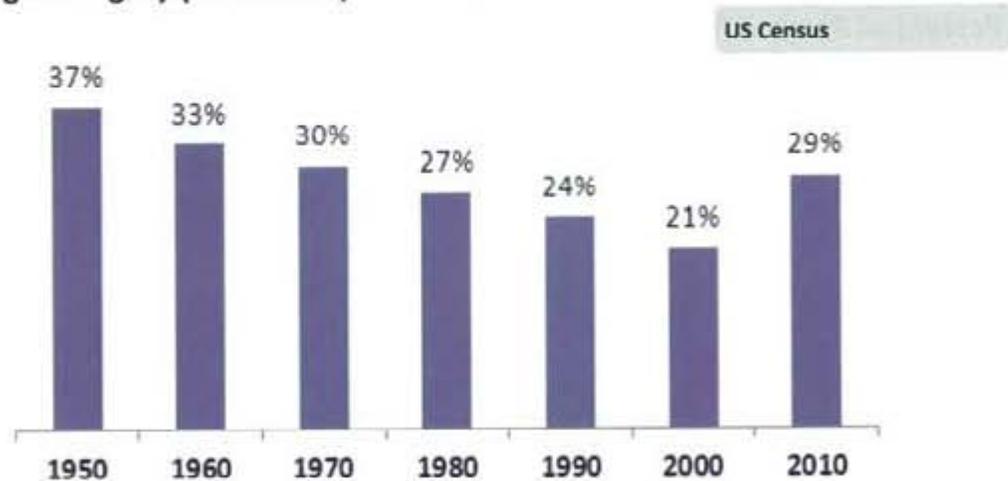


Figure 39

**Percent of Persons Age 65 to 74 in Milwaukee County
by Age Category (1950-2010)**

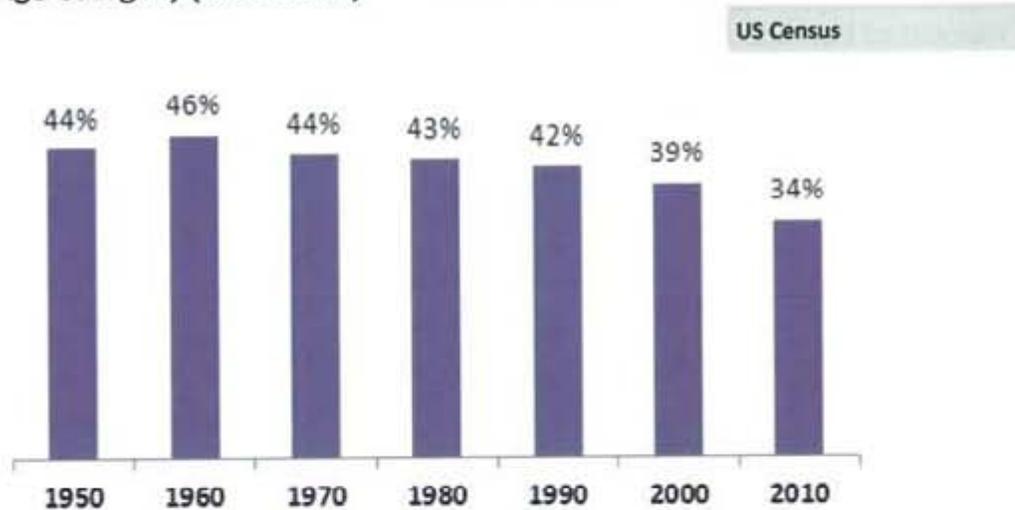




Figure 40

**Percent of Persons Age 75 to 84 in Milwaukee County
by Age Category (1950-2010)**

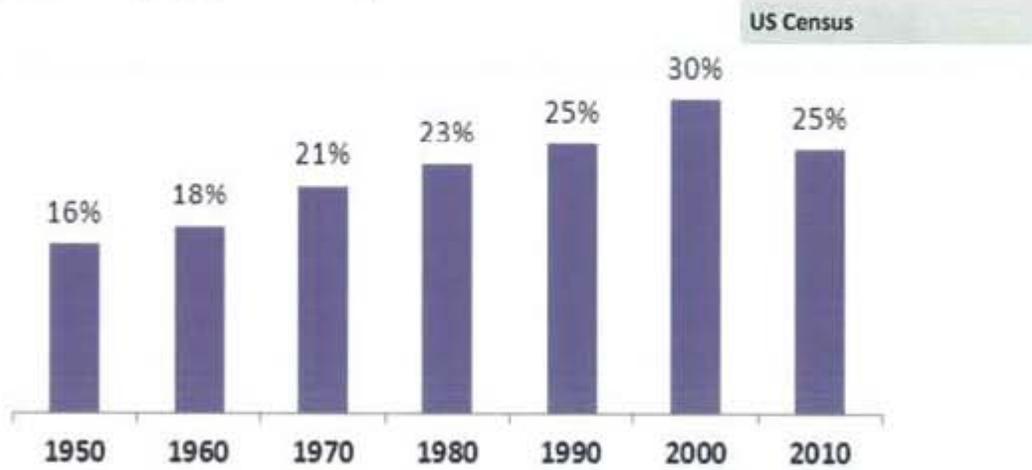


Figure 41

**Percent of Persons Age 85 or Older in Milwaukee County
by Age Category (1950-2010)**

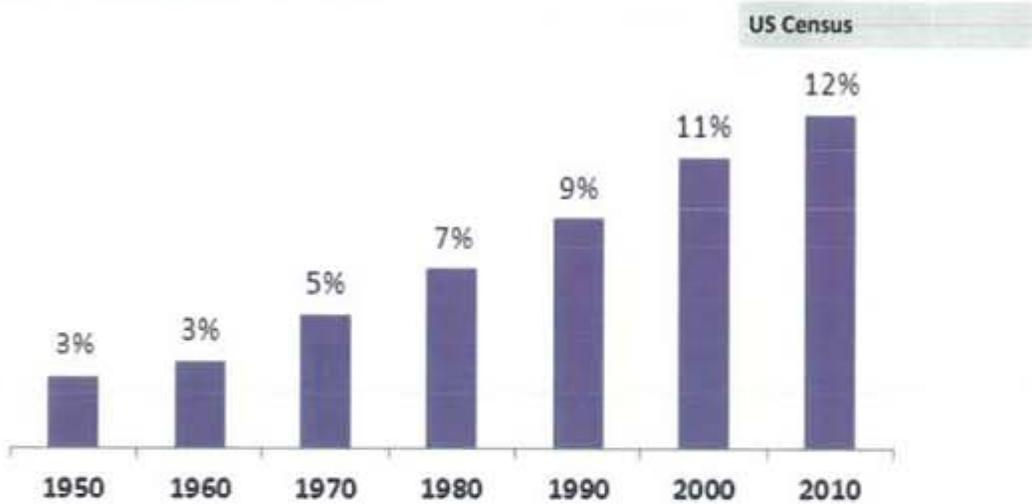




Table 14

Milwaukee County Numerical and Percent Change Among Persons by Age and Gender: 2000-2010

49%

US Census

The percentage increase in persons ages 55-59 from 2000 to 2010.

Men within this age range experienced the largest percentage increase within the past decade.

Regardless of this increase, women still outnumber men in this same age range.

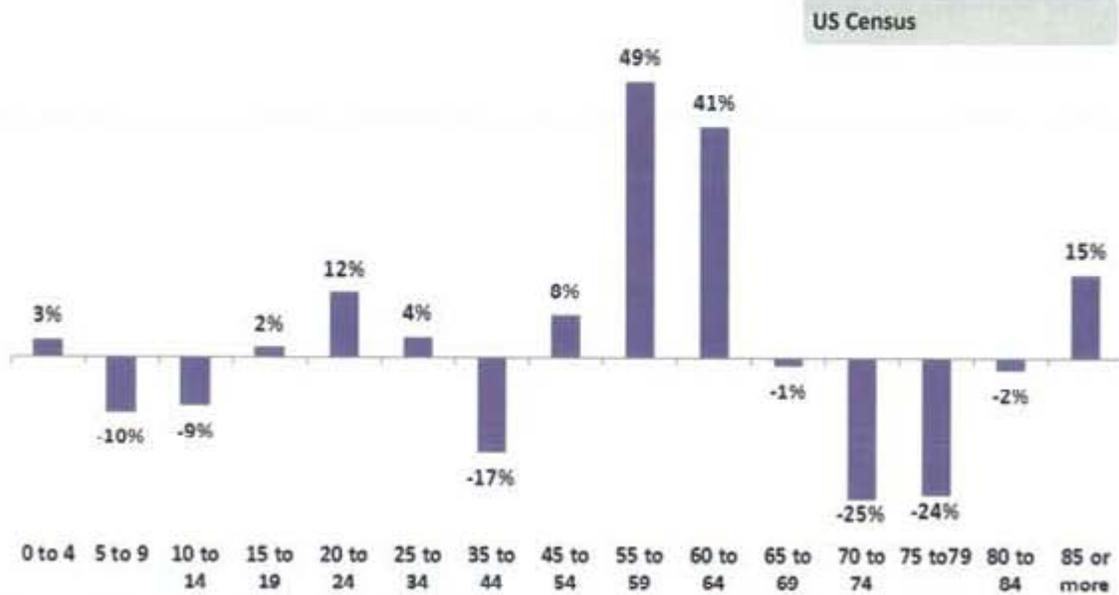
Age	Total Population 2010	Total Population 2000	# Change	% Change	Male Population 2010	Male Population 2000	% Change	# Change	Female Population 2010	Female Population 2000	% Change	# Change
0 to 4	69,364	67,141	2,223	3%	35,292	34,433	2%	859	34,072	32,708	4%	1,364
5 to 9	64,289	71,253	-6,964	-10%	32,693	36,211	-10%	-3,518	31,596	35,042	-10%	-3,446
10 to 14	63,132	69,193	-6,061	-9%	32,288	35,135	-8%	-2,847	30,844	34,058	-9%	-3,214
15 to 19	69,912	68,674	1,238	2%	35,373	34,699	2%	674	34,539	33,975	2%	564
20 to 24	77,957	69,873	8,084	12%	38,234	33,911	13%	4,323	39,723	35,962	10%	3,761
25 to 34	146,338	141,130	5,208	4%	71,373	69,492	3%	1,881	74,965	71,638	5%	3,327
35 to 44	119,301	143,417	-24,116	-17%	58,831	70,044	-16%	-11,213	60,470	73,373	-18%	-12,903
45 to 54	127,190	118,257	8,933	8%	61,661	57,447	7%	4,214	65,529	60,810	8%	4,719
55 to 59	56,696	38,037	18,659	49%	27,373	17,737	54%	9,636	29,323	20,300	44%	9,023
60 to 64	44,423	31,504	12,919	41%	21,175	14,373	47%	6,802	23,248	17,131	36%	6,117
65 to 79	29,200	29,641	-441	-1%	13,119	12,977	1%	142	16,081	16,664	-3%	-583
70 to 74	22,684	30,279	-7,595	-25%	9,754	12,811	-24%	-3,057	12,930	17,468	-26%	-4,538
75 to 79	20,294	26,877	-6,583	-24%	8,142	10,641	-23%	-2,499	12,152	16,236	-25%	-4,084
80 to 84	17,968	18,376	-408	-2%	6,685	6,401	4%	284	11,283	11,975	-6%	-692
85 or more	18,987	16,512	2,475	15%	5,724	4,262	34%	1,462	13,263	12,250	8%	1,013
Totals:	947,735	940,164	7,571	1%	457,717	450,574	2%	7,143	490,018	489,590	0%	428

The table shows the numerical and percent change by age for the total population, male population, and female population in Milwaukee County. As the table shows, the older adult population between the ages of 60 to 64 has seen a 41.0% increase in population since 2000. However, the older adult population in every age category between 65 and 84 experienced a decrease in their percentage of the overall population.



Figure 42

Milwaukee County Population Change by Age Category 2000 to 2010



This chart shows Milwaukee County's population change by age category between 2000 and 2010.



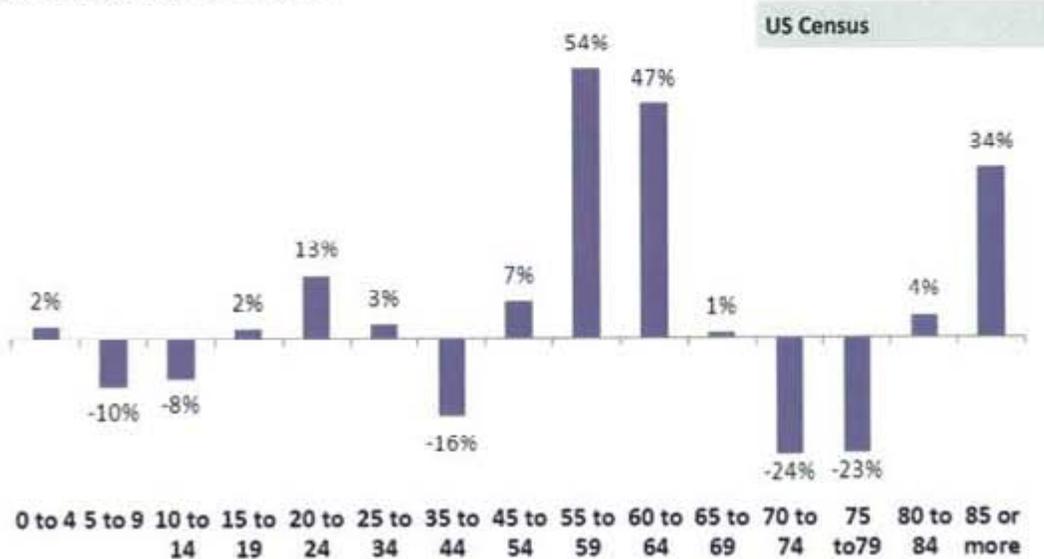
Wildred and Willie Willis, Washington Park Senior Center

Photo: Alvin G. Flowers



Figure 43

Percent Change in Male Population by Age Category: 2000-2010



54%

Total percent increase in the male population ages 55-59 over the past decade.

Figure 44

Percent Change in Female Population by Age Category: 2000-2010



44%

Total percent increase in the female population ages 55-59 over the past decade.



Figure 45

Milwaukee County Population Projection (2010-2035) for Ages 60+

US Census

Projection

The US Census Bureau projects that the Milwaukee County population ages 60 and over will experience a slight increase in population over the next 25 years.



Provided by AARP State Research 2012

This graph shows the projected increase in the number of Milwaukee County seniors ages 60 and over from 2010 to 2035.

In the state of Wisconsin, the older adult population—age 65 and over—is expected to increase rapidly in every five-year interval, from 777,000 people in 2010 to 1,544,000 people in 2040, nearly doubling in 30 years.

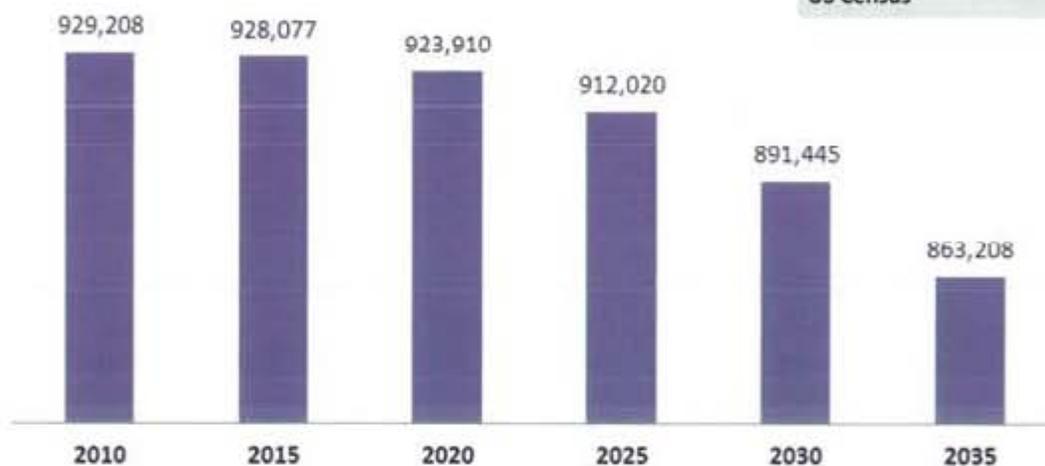
Figure 46

Milwaukee County Total Population Projection (2010-2035)

US Census

Projection

The US Census Bureau projects that the total Milwaukee County population will decrease over the next 25 years.





Education Status

American Red Cross Booth at Emergency Preparedness Education Event
Washington Park Senior Center

Photo: Robert A. Bell



Education Overview

Education plays a significant role in providing an individual with the knowledge, skills and proficiencies needed to participate successfully in their community and the economy. Education is a key determinant of an individual's health, civic participation, political interest and overall satisfaction in life.

Research has demonstrated that the higher the educational attainment of an individual, the longer they tend to live, the more actively they participate in politics and in the community where they live, and the less likely they are to commit crimes and rely on social assistance.

Overall, residents of Milwaukee County who are 65 and older tend to have a high school diploma or equivalent less frequently than all state residents and about as often as U.S. residents.

Figure 47

Percent of Persons 65+, High School Graduate or Equivalent 2010: Wisconsin and Milwaukee County Levels

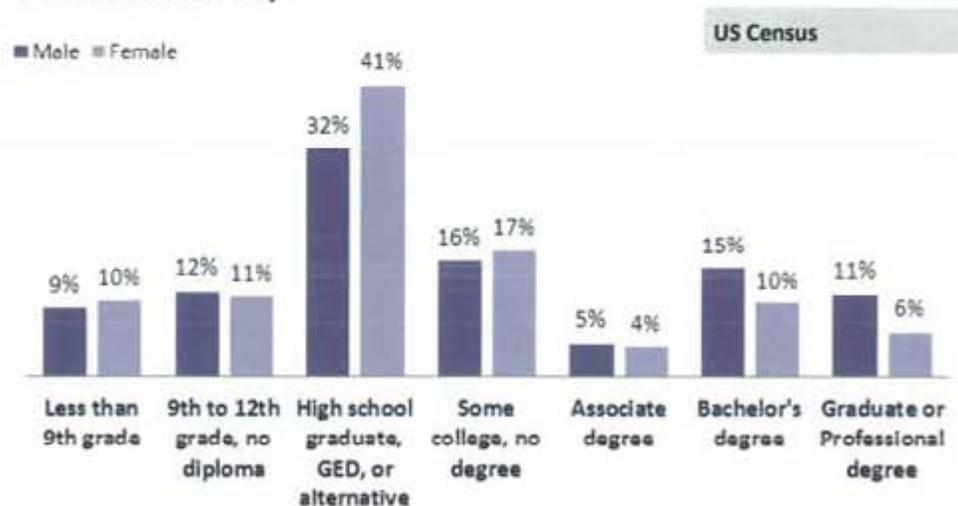


Education

In Milwaukee County, persons 65 and over (both men and women) complete high school or its equivalent at a lower rate compared to their Wisconsin counterparts.

Figure 48

Educational Attainment by Gender: Persons Age 65+ Milwaukee County



Gender

Milwaukee County females over 65 years old attain a high school diploma or equivalent and some college at a higher rate than men.

Men complete college and advanced degrees at a higher rate than women.



Table 15

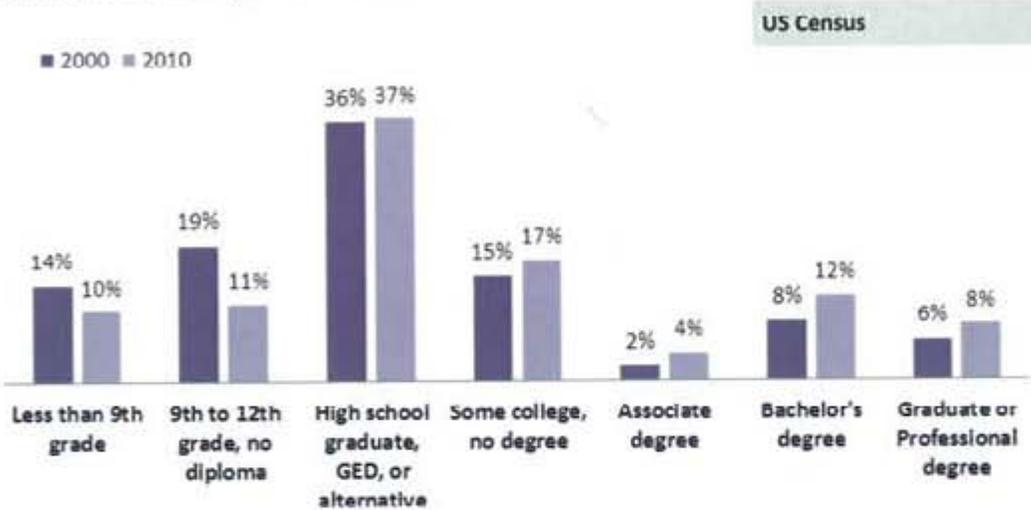
Educational Attainment by Gender

	US Census		
	Milwaukee County 2000	Wisconsin 2010	Milwaukee County 2010
Males: 65 years and over:	47,120	324,488	43,297
65+ Males: High school graduate (includes equiv)	14,698	174,736	14,272
% 65+ Males: High school only	31.2%	38.4%	33.0%
Females: 65 years and over:	74,293	430,380	66,235
65+ Females: High school graduate (includes equiv)	29,465	202,138	28,888
% 65+ Females: High school only	39.7%	47.0%	43.6%
Persons: 65 years and over:	121,413	754,868	109,532
65+ Persons: High school graduate (includes equiv)	44,163	326,874	43,160
% 65+ Persons: High school only	36.4%	43.3%	39.4%

Provided by AARP State Research 2012

Figure 49

Educational Attainment of Persons Age 65+ in Milwaukee County 2000 –2010



US Census

Trends

Fewer Milwaukee County persons 65 years and over completed middle and high school in 2010 as compared to 2000.

In 2010, Milwaukee County persons 65 and over had a higher rate in every other category of attainment as compared to 2000.



Economic Status

Senior Stockbox Distribution
Kelly Senior Center

Photo: Robert A. Bell



Income

One's economic status is a key determinant to quality of life across the lifecycle. Income and economic wealth can improve access to critical life needs such as housing, food and health care as well as provide improved access to quality education. Later in life, one's economic status can provide a buffer or expose one to unexpected financial challenges such as long-term care or specialty housing.

Household income is the average amount of income a household earns or gains each year. This indicator provides a measure for comparison. There is a clear drop in household income from near retirement (45-64 years old) to retirement-aged households (65 years and older). The overall average household income is more than double for near-retirement households than retirement aged households. The decrease in household income is even more dramatic among race and ethnicity.

Poverty status is another measure used to understand a community's economic status and well being. The poverty rate, defined by the federal government, is the percentage of people who live in poverty. The Census Bureau uses a set of income thresholds that vary by family size and composition to determine who is in poverty. If a family's total income is less than the family's threshold, then that family and every individual in it is considered in poverty.

Milwaukee County residents ages 65 and older and who indicate they are either Black/African American or of "two or more races" experience poverty at a greater rate than their White counterparts. Due to deep segregation in Milwaukee, the percentage of individuals 65 years and older who live in poverty tend to reside in central Milwaukee zip codes.

Table 16

Age of Householder 45-64 by Household Income in 2010 by Race/Ethnicity

Household Income	American Community Survey							Total
	White alone	Black or African American alone	American Indian and Alaska Native Alone	Asian alone	Some Other Race alone	Two or More Races	Hispanic or Latino	
Householder 45 to 64 years	135,137	32,145	808	2,383	3,167	1,146	8,701	167,282
Less than \$10,000	10,220	5,385	58	201	219	164	566	16,813
\$10,000 to \$14,999	6,746	3,102	122	87	131	113	502	10,803
\$15,000 to \$19,999	6,758	2,613	130	107	233	34	716	10,591
\$20,000 to \$24,999	6,509	2,477	75	100	182	145	496	9,984
\$25,000 to \$29,999	5,904	1,959	0	112	162	45	392	8,574
\$30,000 to \$34,999	6,966	1,889	15	53	179	56	562	9,720
\$35,000 to \$39,999	6,432	1,763	59	187	292	40	672	9,445
\$40,000 to \$44,999	7,747	1,990	34	136	176	23	515	10,116
\$45,000 to \$49,999	6,384	1,648	14	22	269	60	509	8,906
\$50,000 to \$59,999	12,204	2,571	128	170	433	50	990	16,546
\$60,000 to \$74,999	14,247	2,118	41	197	326	69	936	17,934
\$75,000 to \$99,999	18,099	2,385	99	329	307	182	926	22,327
\$100,000 to \$124,999	11,230	1,017	10	248	73	101	357	13,036
\$125,000 to \$149,000	6,590	553	23	115	36	21	183	7,521
\$150,000 to \$199,999	5,220	399	0	115	36	40	207	6,017
\$200,000 or more	4,386	276	0	204	113	3	172	5,154

Income

The table shows the household income status of the population between the ages of 45 to 64 with regard to race and ethnicity.

Overall average household income is more than double for near-retirement households than retirement-aged households.



Table 17

Age of Householder 65+ by Household Income in 2010 by Race/Ethnicity

Household Income	American Community Sur-							Total
	White alone	Black or African American alone	American Indian and Alaska Native Alone	Asian alone	Some Other Race alone	Two or More Races	Hispanic or Latino	
Householder 65 years or older	60,159	11,110	229	417	373	294	1,960	72,582
Less than \$10,000	4,268	1,749	36	95	87	42	401	6,277
\$10,000 to \$14,999	6,692	2,008	32	39	50	30	269	8,851
\$15,000 to \$19,999	6,323	1,402	22	13	33	7	146	7,800
\$20,000 to \$24,999	5,787	1,046	36	13	63	53	165	6,998
\$25,000 to \$29,999	5,477	880	17	26	0	50	146	6,450
\$30,000 to \$34,999	4,158	652	24	0	41	20	98	4,895
\$35,000 to \$39,999	3,823	613	0	26	19	36	80	4,517
\$40,000 to \$44,999	3,087	345	0	10	41	0	88	3,483
\$45,000 to \$49,999	2,529	317	0	20	7	7	94	2,880
\$50,000 to \$59,999	4,445	453	5	43	10	11	105	4,967
\$60,000 to \$74,999	5,045	683	19	64	9	6	144	5,826
\$75,000 to \$99,999	3,824	427	32	10	0	11	58	4,304
\$100,000 to \$124,999	2,007	245	0	18	13	21	37	2,304
\$125,000 to \$149,999	1,059	114	6	25	0	0	10	1,204
\$150,000 to \$199,999	671	73	0	7	0	0	0	751
\$200,000 or more	964	103	0	8	0	0	19	1,075

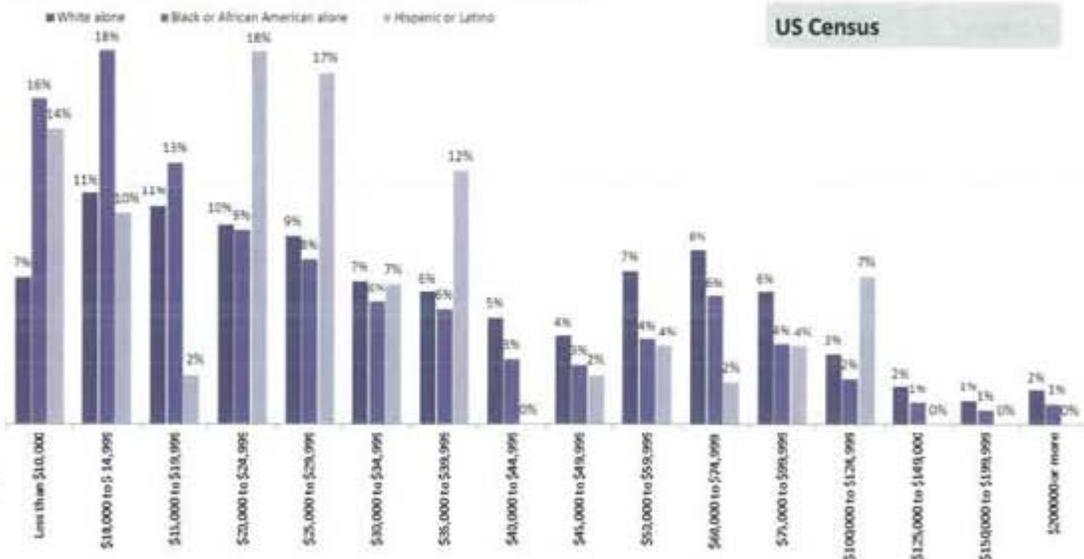
Income

Figure 50

Household Income in 2010 for Households of Persons 65+ by Largest Race/Ethnicity Milwaukee County

This chart shows householder income for persons 65 and over and the distribution or percentage of persons by race or ethnicity.

Black or African Americans and Hispanic or Latinos each have larger percentages of their communities with household incomes of \$15,000 or less.



US Census



Table 18

**Elder Economic Security Standard Index for City of Milwaukee, 2008
Expenses for Selected Household Types**

Elder Economic Security Init.

Expenses/Monthly and Yearly Totals	Elder Person (age 65+)		Elder Couple (one or both age 65+)		Expenses
	Owner w/o Mortgage	Renter, One Bedroom	Owner w/o Mortgage	Renter, One Bedroom	
	Housing (including utilities, taxes and insurance)	\$509	\$636	\$509	
Food	\$226	\$226	\$416	\$416	
Transportation	\$168	\$168	\$269	\$269	
Health Care (Good Health)	\$402	\$402	\$805	\$805	
Miscellaneous	\$261	\$261	\$400	\$400	
Index—Total Expenses Per Month	\$1,567	\$1,694	\$2,399	\$2,526	
Index— Total Expenses Per Year	\$18,803	\$20,329	\$28,788	\$30,312	
Comparative Income Benchmarks	Elder Person (age 65+)		Elder Couple (one or both age 65+)		
	Owner w/o Mortgage	Renter, One Bedroom	Owner w/o Mortgage	Renter, One Bedroom	
	Federal Poverty Guideline (2008 DHHS)	\$10,400	\$10,400	\$14,000	\$14,000
Average Social Security Benefit in the City of Milwaukee, 2008	\$13,424	\$13,424	\$21,908	\$21,908	
Index as a Percent of Federal Poverty Guidelines	55%	51%	49%	46%	
Average Social Security Benefit as a Percent of Index	71%	66%	76%	72%	

City of Milwaukee seniors with incomes at the federal poverty level, or even those living on an average Social Security benefit in 2008, could not afford living expenses without public or private supports for housing and health care. While Social Security was never intended to be the sole source of income for elders, in reality it is the only income source for over 20% of Wisconsin seniors.



The Bureau of Labor Statistics' Consumer Expenditure Survey (CE) measures how American consumers allocate their household budgets among major expenditure items. The bulk of people's spending is on housing, transportation and food. Not surprisingly, spending on health care increases with age.

Table 19

Average Annual Proportion of Consumer Budgets Spent on Select Major Expenses

Provided by AARP State Research 2012

	Total U.S. Consumers (\$48,108)*	Total U.S. Consumers Age 55-64 (\$50,900)*	Total U.S. Consumers Age 65+ (\$36,802)*	Total Midwest Consumers (\$45,278)*
Housing	34%	34%	35%	33%
Transportation	16%	16%	14%	16%
Food	13%	12%	12%	13%
Personal Insurance/Pension	11%	13%	5%	12%
Utilities	8%	8%	9%	8%
Healthcare	7%	8%	13%	7%
Entertainment	5%	6%	5%	6%
Apparel, Services	4%	3%	3%	3%
Cash Contributions	3%	4%	6%	4%
Savings	3%	---	---	---
Education	2%	2%	<1%	3%

*Average Annual Expenditure Amount



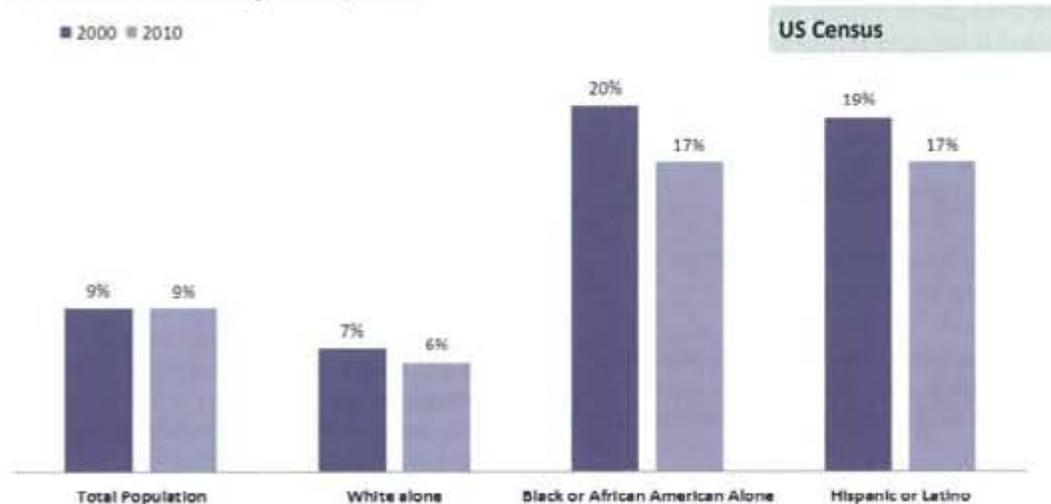
Wilson Park Senior Center Gift Shop

Photo: Robert A. Bell



Figure 51

Percentage of Population 65+ Living in Poverty Milwaukee County 2000, 2010



Poverty

In Milwaukee County the poverty rate for seniors 65 and over has remained steady at 9% since 2000.

Each of the top largest racial/ethnic groups in Milwaukee County have experienced a slight reduction in the number of people living in poverty between 2000 and 2010.

The graph shows the percentage of seniors, ages 65 years or older, living in poverty in 2000 and 2010 in Milwaukee County. Nine percent of the total senior population lives in poverty. White seniors had the lowest poverty rate (6%) in 2010. Seventeen percent of senior Black or African Americans and Hispanic or Latinos live in poverty.

Table 20

Poverty Status by Age and Race/Ethnicity Milwaukee County 2010

Race/Ethnicity	American Community Survey			
	Persons Age 65+	Percent Age 65+	Persons Age 75+	Percent Age 75+
White alone:	5,377	6%	3,310	5%
Black or African American alone:	2,867	17%	1,219	18%
American Indian or Alaska Native alone:	N/A	N/A	N/A	N/A
Asian alone:	317	20%	94	15%
Native Hawaiian and Other Pacific Islander alone:	N/A	N/A	N/A	N/A
Some other race alone	166	14%	N/A	N/A
Two or more races	N/A	N/A	N/A	N/A
Hispanic or Latino	712	17%	270	17%
Totals:	9,439	9%	4,893	9%

The table shows the poverty status of individuals in different age categories pertaining to race and ethnicity. The number is total individuals in poverty within the age and race category. The percentage reflects poverty within the age and race category of the total population of that age and race category.



Financial Security

The United States is experiencing historic growth in the number of people 65 years old and older. The National Council on Aging, United Health Care and USA Today conducted the United States Aging Survey to better understand what this growth means for programs, services and resources.

The City of Milwaukee was one of the survey sites for the national survey.

Older Americans in the City of Milwaukee have mixed feelings about their finances, and for some, the long-term prospects are unclear.

- Although the majority of older Milwaukeeans sampled (67 percent) report that it is very or somewhat easy to pay their monthly living expenses now, 23 percent are not confident that their income will be sufficient to pay their bills over the next five to 10 years.
- When it comes to retirement savings, 18 percent of local seniors are either not confident in, or do not have, a financial plan for their retirement years.
- Still, if an accident or unexpected medical issue were to occur, 83 percent of seniors in Milwaukee believe they would be able to pay the associated expenses. That's significantly higher than the national average of 71 percent, and the highest of all markets sampled.
- Compared to national figures, Milwaukeeans voiced high levels of confidence in their ability to afford their Medicare premiums, deductibles and copays in future years (69 percent locally, versus 61 percent nationally).
 - ◊ Still, close to one-third (29 percent) of respondents reported that they are not confident that they know about all of the government benefits that are available to help meet their needs.
- Almost one in five seniors (20 percent) in Milwaukee are employed either full or part time.
 - ◊ Fifty-nine percent of these individuals reported that they are working for economic reasons, compared with 69 percent nationally. Productivity (75 percent) and the desire to stay involved with other people (66 percent) are the leading reasons they are in the workforce.
 - ◊ About a third of respondents (32 percent) believe that their community offers enough job opportunities for older residents.

Excerpt taken from the United States of Aging Survey, Milwaukee Findings.

To access national population and full Milwaukee survey findings, visit

www.ncoa.org/UnitedStatesofAging or the newsroom at www.UnitedHealthGroup.com.



Independence

Lynn Harvancik at Golden Idol

Photo: Robert A. Bell



Independence

Independence can be defined as the aspects of one's life that allows people to negotiate daily living without assistance. For the purpose of this report, the indicators that help describe independence include housing status, living status, marital status, licensed drivers and caregiving.

Table 21

Number and Percent of Persons Age 60+ and Age 75+ Living Alone by Race and Hispanic Origin, Milwaukee County 2010

Living Alone

White persons ages 60 and over tend to live alone at a higher rate than any other race.

Race/Ethnicity	Persons 60+	1 person Households 60+	Percent Living Alone 60+	US Census		
				Persons 75+	1-person Households 75+	Percent Living Alone 75+
Total	153,556	50,824	33%	57,249	23,636	41%
White alone	121,337	41,370	34%	49,079	20,945	43%
Black or African American alone	25,933	8,245	32%	6,638	2,310	35%
American Indian and Alaska Native alone	600	167	28%	132	40	30%
Asian alone	2,536	331	13%	661	148	22%
Native Hawaiian and Other Pacific Islander alone	29	9	31%	6	2	33%
Some other race alone	2,066	359	17%	456	89	20%
Two or more races	1,055	343	33%	277	102	37%
Hispanic or Latino	6,582	1,324	20%	1,657	410	25%

The table shows different races in two different age categories which represent the older adult population of Milwaukee County. The table's goal is to show how those ages 60 years or older and 75 years or older live, whether by themselves or with others (either renting or owning a household), and to what extent race plays a role in their living style.

As the table shows, the older adults who are classified as White tend to live alone at a higher rate than any other race (for those ages 60 years or older and 75 years and older respectively). Black or African Americans are next with 33% and 41% for those ages 60 years or older and 75 years and older respectively. Asians tend to have a lower quantity of members who live alone in 1-person households at age 60 or older (13%).



2012 Golden Idol Finals

Photo: Robert A. Bell



Figure 52

Percent of Persons Age 60+ Living Alone by Total Population and Race/Ethnicity

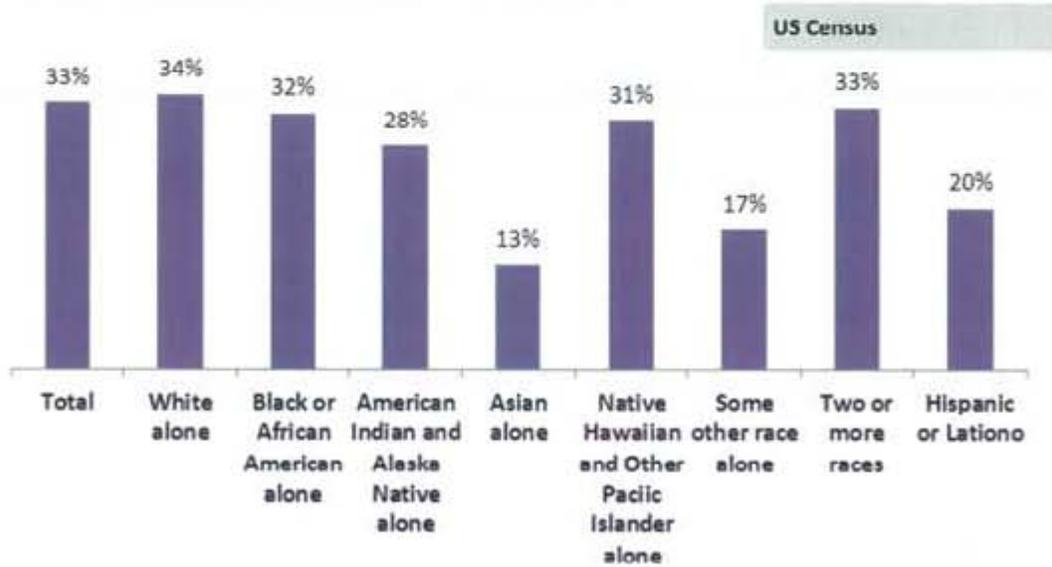


Figure 53

Percent of Persons Age 75+ Living Alone by Total Population and Race/Ethnicity

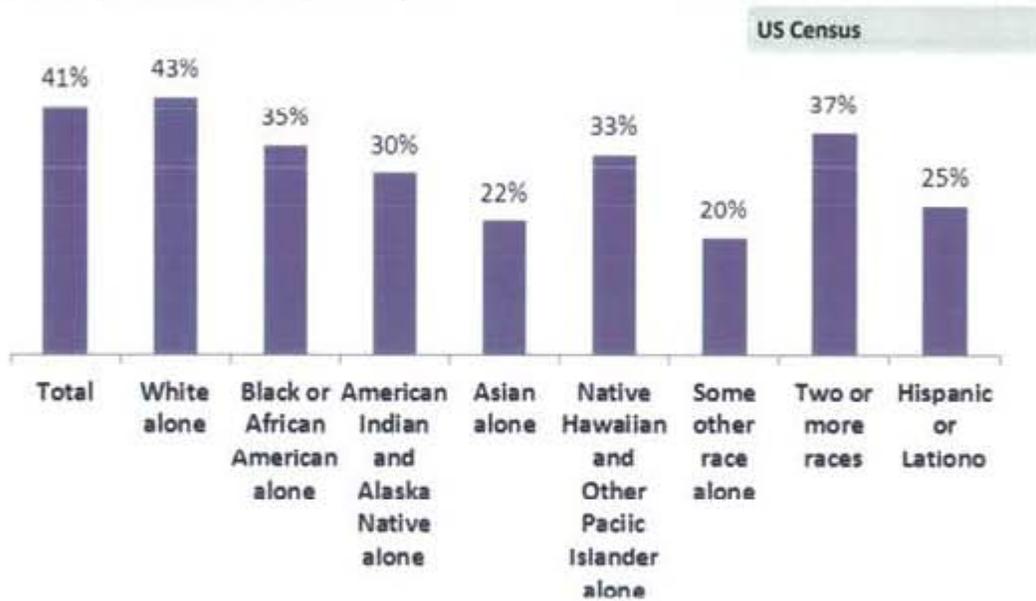


Figure 54

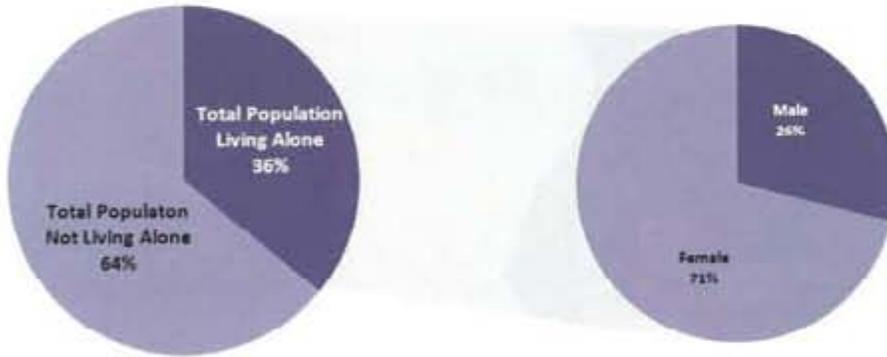
Living Alone: Milwaukee County 2010



Total Population Living Alone in Milwaukee County

US Census

Total Percent Living Alone in Milwaukee County



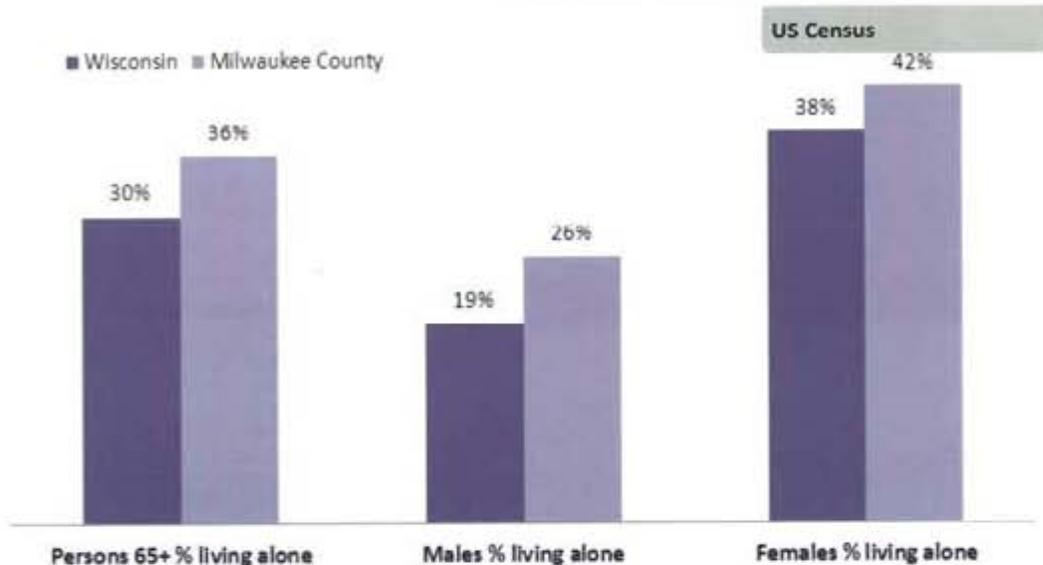
Living Alone

Of the total population of Milwaukee County residents living alone, women live alone at the highest rate (71%).

This graph shows the total population of Milwaukee County residents who live alone. Thirty-six percent of the total population lives alone, of which 26% are male. Seventy-one percent of the total percentage of individuals who live alone are female - a much higher rate than males.

Figure 55

Percent of Persons 65+ Living Alone by Gender



US Census
Provided by AARP State Research 2012

Living Alone

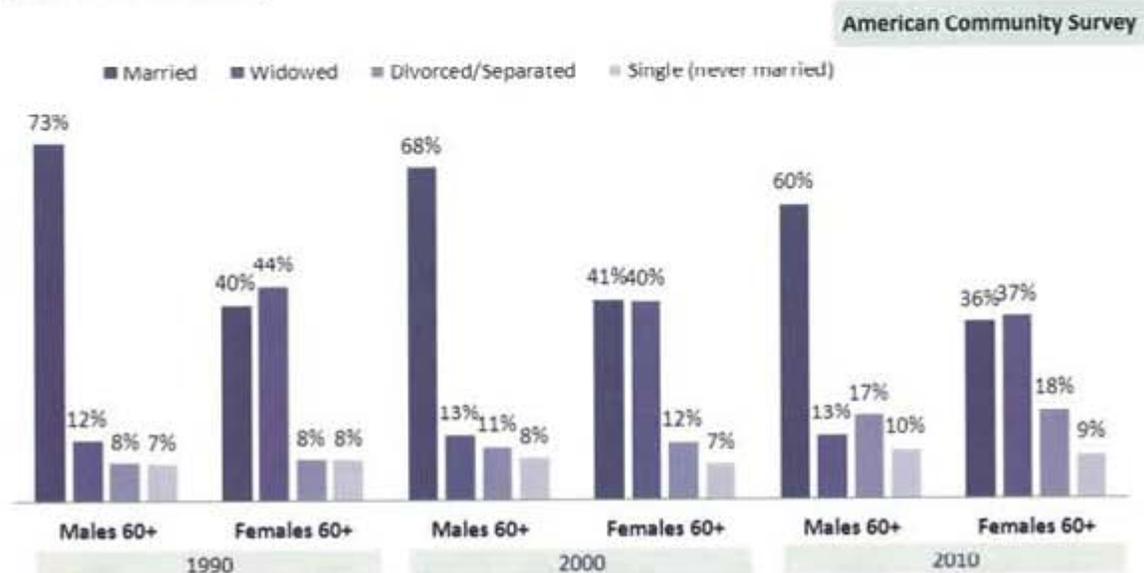
Of Milwaukee County persons 65+, females tend to live alone more than their male counterparts and at a higher rate than the state average.

The graph shows the percent of people, ages 65 or older, living alone with regard to gender in Wisconsin and Milwaukee County. In Wisconsin, approximately 30% of its total older adult population lives alone, whereas in Milwaukee County 36% of its older adult population lives alone. Females tend to live alone more than males. Thirty-eight percent of females ages 65 years and older live alone in Wisconsin and 42% live alone in Milwaukee County. For males ages 65 years and older, 19% live alone in Wisconsin and 30% live alone in Milwaukee County.



Figure 56

Comparison of Older Adults Marital Status 1990, 2000, 2010 Milwaukee County



This graph compares the marital status of Milwaukee County males and females ages 60 and over between 1990 and 2010. Over this period, the percentage of men ages 60 and over who got married decreased from 73% in 1990 to 60% in 2010. The total widowed, divorced, or single male population has remained relatively constant over the last twenty years.

Females had relatively constant rates of being married, widowed, divorced, or single between 1990 and 2010.



Table 22

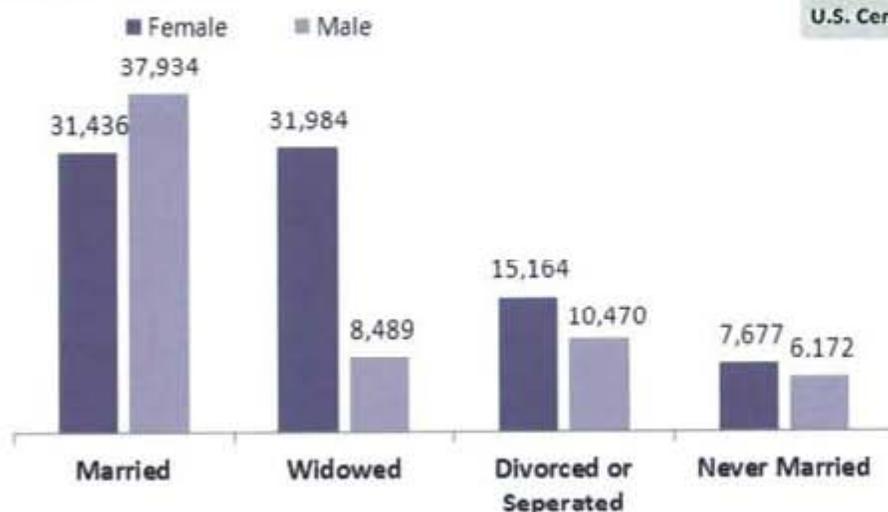
**Marital Status by Sex and Age Among Older Persons
Milwaukee County 2010**

	Numbers					Percentages				
	Married	Widowed	Divorced or Separated	Single (Never Married)	Total	Married	Widowed	Divorced or Separated	Single (Never Married)	Total
	US Census									
Male										
60 to 64 years	11,851	830	4,452	3,303	20,436	58%	4%	22%	16%	100%
65 to 74 years	14,871	1,293	4,686	1,885	22,735	65%	6%	21%	8%	100%
75 to 84 years	8,090	3,594	1,156	811	14,551	62%	25%	8%	6%	100%
85 years and over	2,222	2,772	176	173	5,343	42%	52%	3%	3%	100%
60 years and over	37,934	8,489	10,470	6,172	63,065	60%	13%	17%	10%	100%
Female										
60 to 64 years	9,742	2,777	5,770	3,152	21,441	45%	13%	27%	15%	100%
65 to 74 years	12,273	7,687	6,419	2,333	28,712	43%	27%	22%	8%	100%
75 to 84 years	8,562	13,340	2,462	1,507	25,871	33%	52%	10%	6%	100%
85 years and over	859	8,180	513	685	10,237	8%	80%	5%	7%	100%
60 years and over	31,436	31,984	15,164	7,677	86,261	36%	37%	18%	9%	100%



Figure 57

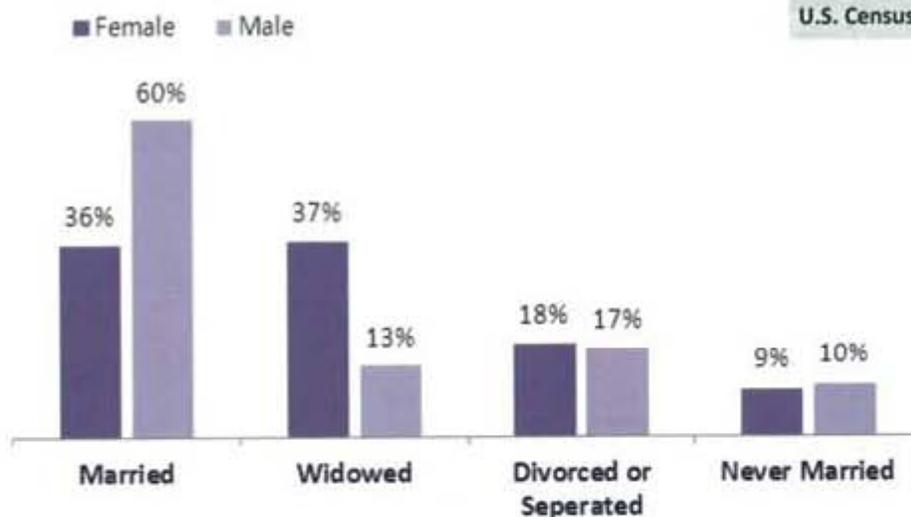
Marital Status of Persons Age 60+: Number Milwaukee County



U.S. Census

Figure 58

Marital Status of Persons Age 60+: Percent Milwaukee County



U.S. Census

60%

Of males 60 and older in Milwaukee County are married compared to only 36% of females.

This chart shows the relationship status of the older adult population between different age categories and gender in Milwaukee County. Sixty percent of males ages 60 years and older are married, 13% are widowed, 17% are divorced or separated, and 10% were never married and are single. On the other hand, 36% of females ages 60 years and older are married, 37% are widowed, 17% are divorced or separated, and 9% were never married and are single.



Figure 59

Women 60+ by Age Category and Marital Status Milwaukee County

80%

Of females ages 85 and over in Milwaukee County are widowed.

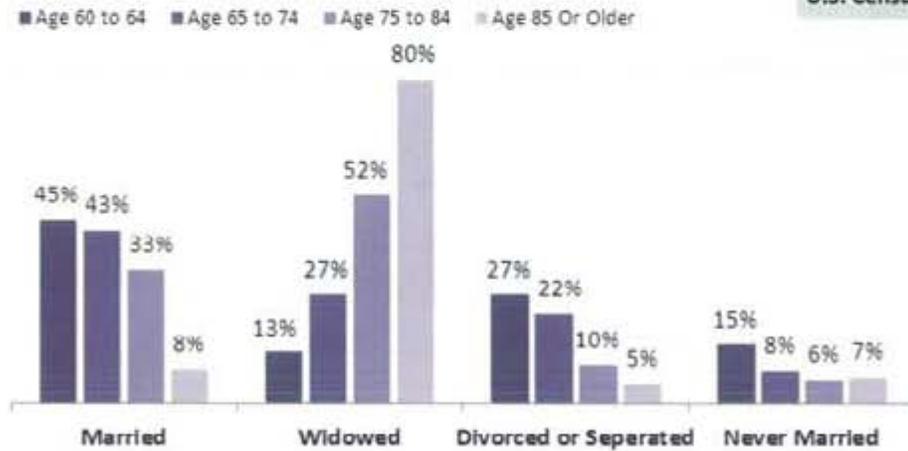
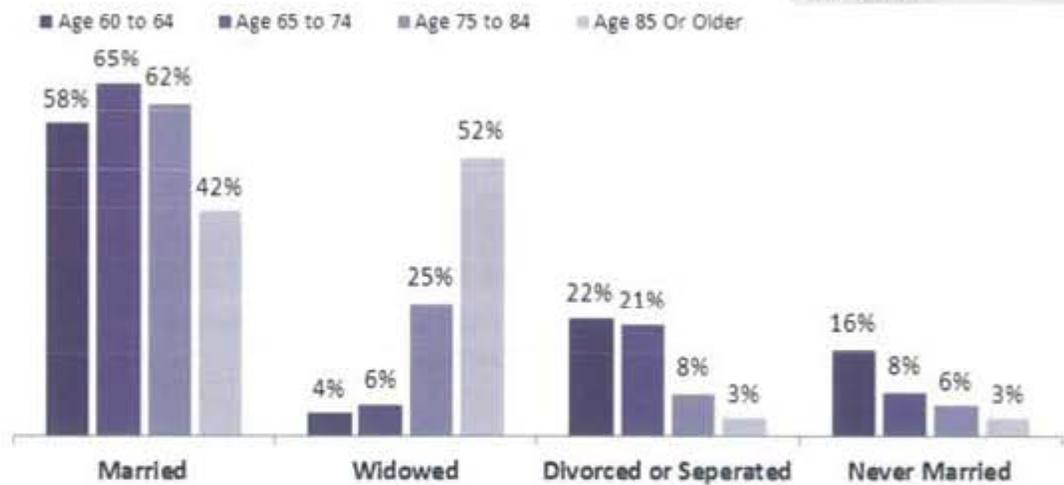


Figure 60

Men 60+ by Age Category and Marital Status Milwaukee County





Driver's License

Over 88 million drivers in the United States are age 50 or older. In Wisconsin, over 4 million drivers are ages 50 and older, and there are slightly more women drivers than men in the state – 903,967 vs. 878,938. The number of licensed drivers decreases with age in Wisconsin.

AARP survey data show that most Americans (87%) age 50 and older drive a car to get to where they want to go.

Most Wisconsinites ages 50 and over (72%) drive their car at least five days a week, and one-third (32%) drive 100 miles or more in a typical week.

Figure 61

Licensed Drivers in Wisconsin by Age (Total= 4,133,377)

Provided by AARP State Research 2012

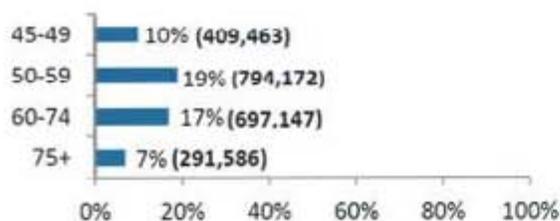


Figure 62

Miles Driven in Typical Week (weighted n=894 U.S. Drivers Age 50+)

Provided by AARP State Research 2012

Less than 25 miles	17%
At least 25 but less than 50 miles	24%
At least 50 but less than 75 miles	14%
At least 75 but less than 100 miles	11%
100 miles or more	32%





Aging in Place

The United States is experiencing historic growth in the number of people 65 years old and older. The National Council on Aging, United Health Care and USA Today conducted the United States Aging Survey to better understand what this growth means for programs, services and resources.

The City of Milwaukee was one of the survey sites for the national survey.

Older Americans in Milwaukee are striving to age in place despite physical and economic difficulties in some cases.

- Eighty-three percent of local seniors intend to continue living in their current home over the next five to 10 years – lower than the national average of 90 percent.
- Leading reasons for wanting to stay include liking where they currently live (88 percent) and having family and friends nearby (66 percent).
- Finances also play a large role in this decision: 30 percent of Milwaukee seniors planning to age in place say their home would not sell in the current market, and 18 percent believe they cannot afford the cost of moving their belongings.
- The vast majority of local individuals (84 percent) report high levels of confidence that they will be able to stay in their homes without having to make any significant home modifications.
- Twelve percent of respondents in Milwaukee believe the housing options available to them are unaffordable.

Excerpt taken from the United States of Aging Survey, Milwaukee Findings.

To access national population and full Milwaukee survey findings, visit

www.ncoa.org/UnitedStatesofAging or the newsroom at www.UnitedHealthGroup.com.



Caregiving

The United States is experiencing historic growth in the number of people 65 years old and older. The National Council on Aging, United Health Care and USA Today created the United States Aging Survey to better understand what this growth means for programs, services and resources.

City of Milwaukee seniors are not only receiving long-term care – they are providing it, too:

- Forty-three percent of Milwaukee seniors report having someone they consider to be a caregiver in their lives—lower than the national average of 50 percent.
- Approximately one in four local seniors (24 percent) serves as a caregiver for someone else.
- Eighty-three percent of older Milwaukeeans with caregivers say they are being cared for by a family member. Nearly half of those caregivers (48 percent) live at home with a senior.
- More than a third of seniors (36 percent) living independently believe it is likely that they will need one of their children or grandchildren to care for them in the future.
- Forty-three percent of respondents who serve as a caregiver for someone else report that they would benefit from additional support services, such as respite care.
 - ◊ While 65 percent of these caregivers are aware that there is a service in their community that they could call to request assistance with everyday needs, only 14 percent say they have used that service.

Excerpt taken from the United States of Aging Survey, Milwaukee Findings.

To access national population and full Milwaukee survey findings, visit

www.ncoa.org/UnitedStatesofAging or the newsroom at www.UnitedHealthGroup.com.



Health Status

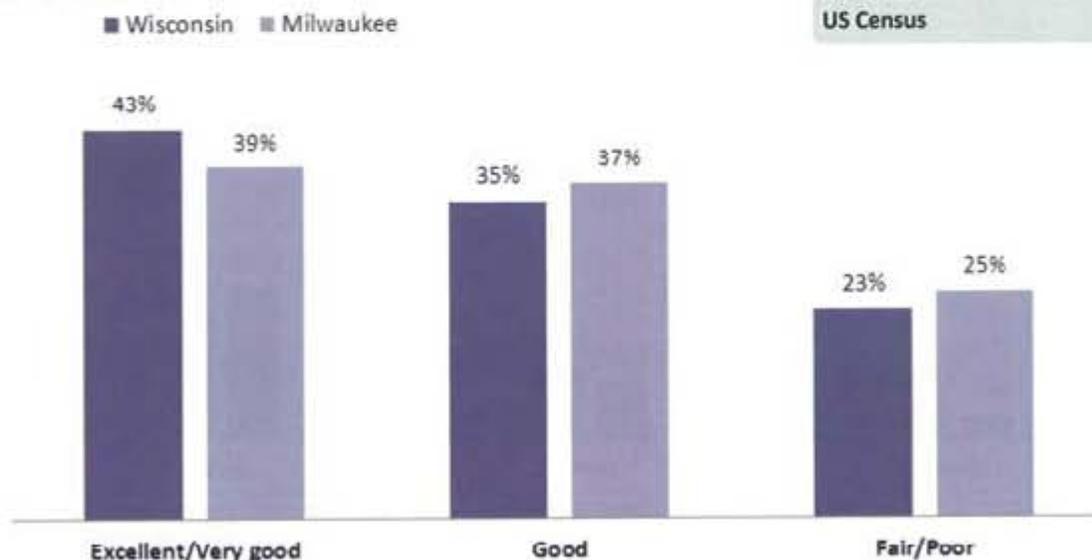
Trekkers
Washington Park Senior Center

Photo: Scott Doering



Figure 63

Self Reported General Health Status of Persons 65+ in Milwaukee County 2010



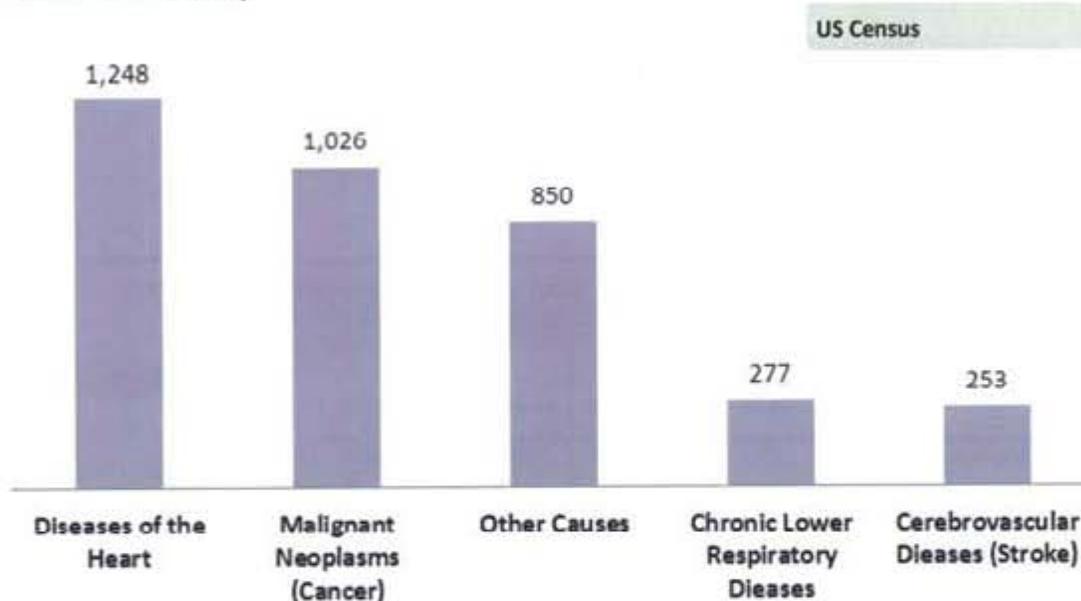
US Census

General Health

More than 75% of Milwaukee County residents 65 and over report feeling good or very good, just slightly less than the state as a whole.

Figure 64

Causes of Death of People Ages 65+ by Death Rate (Deaths per 100,000) Milwaukee County



US Census

Death

Heart disease is the leading cause of death for Milwaukee County residents over the age of 65.

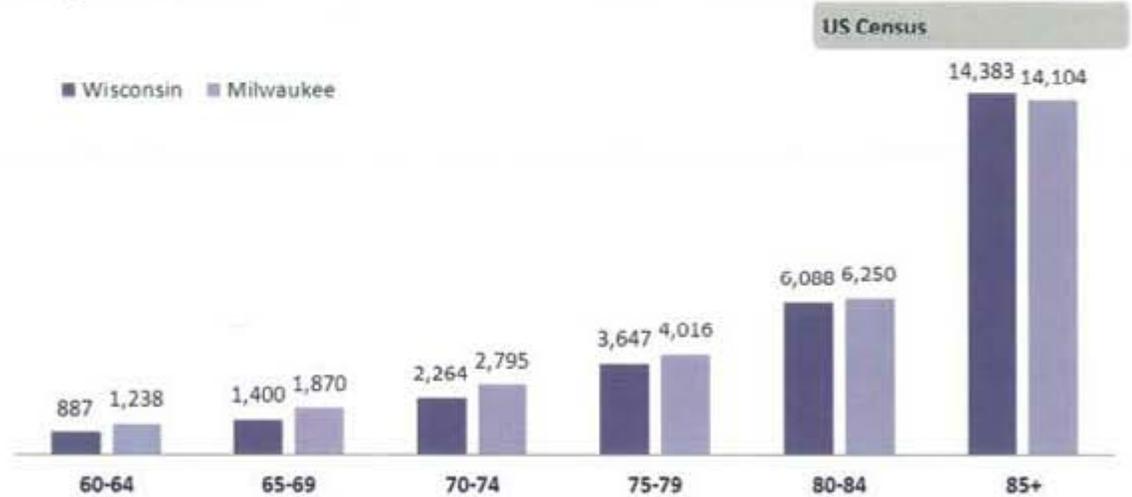


Figure 65

2010 Death Rate (Deaths per 100,000 population) for Age of Death

Death Rate

Milwaukee County experiences a slightly higher death rate across all age categories except for the 85 years and over group.



Insurance Coverage

In 2011, both the proportion and number of people without health coverage significantly decreased. Those without coverage decreased from 50 million in 2010 to 48.6 million in 2011. Conversely, the percentage and number of people with health coverage increased. In 2010, 83.7 percent of Americans had health coverage and in 2011 the proportion rose to 84.3 – or 256.6 million in 2010 to 260.2 million in 2011

Most insured Wisconsinites are covered by an employer-based health insurance plan. Still, many adults not yet eligible for Medicare face higher insurance premiums and have difficulty accessing affordable health care coverage. In 2010, an estimated 97,000 50-64 year olds in Wisconsin were uninsured.

In Milwaukee County, an estimated 20,000 50-64 year olds had no health coverage.

Insurance

In Milwaukee County, an estimated 9% of 50-64 year olds (20,000 people) had no health insurance coverage in 2010.

Table 23

Types of Health Coverage Among Wisconsinites 50 Years and Over

Types of Health Coverage Among 50+ Wisconsinites

	State			Milwaukee		
	50-64	65+	Total	50-64	65+	Total
Employer/Union	73%	34%	57%	66%	35%	54%
Purchased directly	11%	47%	26%	8%	38%	20%
Medicare	6%	99%	43%	9%	98%	44%
Medicaid/public	9%	14%	11%	15%	20%	17%
TRICARE/Military	1%	3%	2%	1%	3%	2%
VA health care	4%	9%	5%	3%	5%	4%
Indian Health Service	3%	1%	1%	<1%	<1%	<1%
No Coverage	9%	<1%	5%	12%	<1%	8%

Provided by AARP State Research 2012



Long-term Care

Many people in our community need assistance with activities of daily living and caring for their health due to physical or developmental disability or because of the increasing challenges that come with aging. This assistance is referred to as long-term care and includes many different services including personal care, housekeeping or nursing services.

Long-term care can be any health or support service that is required because of a chronic illness or disability that prevents someone from carrying out day-to-day activities.

Most long-term care is actually provided by family members and many people pay privately for the care they receive. However there are many Wisconsin residents who need assistance and who cannot afford to pay for their care on their own.

In 2010, more than 44,000 of Wisconsin's frail elders and adults with physical, developmental or intellectual disabilities received long-term care services from one of the state's long-term care

programs.

These programs include Family Care and IRIS. IRIS (Include, Respect, I Self-direct) is a program in which consumers self-direct their care plan and the services they receive within an individual budget allocation. The Family Care programs (Family Care, Family Care-Partnership, and Family Care-PACE) are all managed care programs in which consumers are enrolled and which work with the managed care organizations to implement consumers' care plans and services.

In 2000, there were about 2,500 seniors in Milwaukee County on a waiting list, desperately in need of long-term care. The State of Wisconsin launched the Family Care Program as a pilot program in five Wisconsin counties, including Milwaukee. By 2002, the wait list for seniors was eliminated in Milwaukee County.

Over the past ten years, Milwaukee County has successfully served more than 15,000 Family Care members.

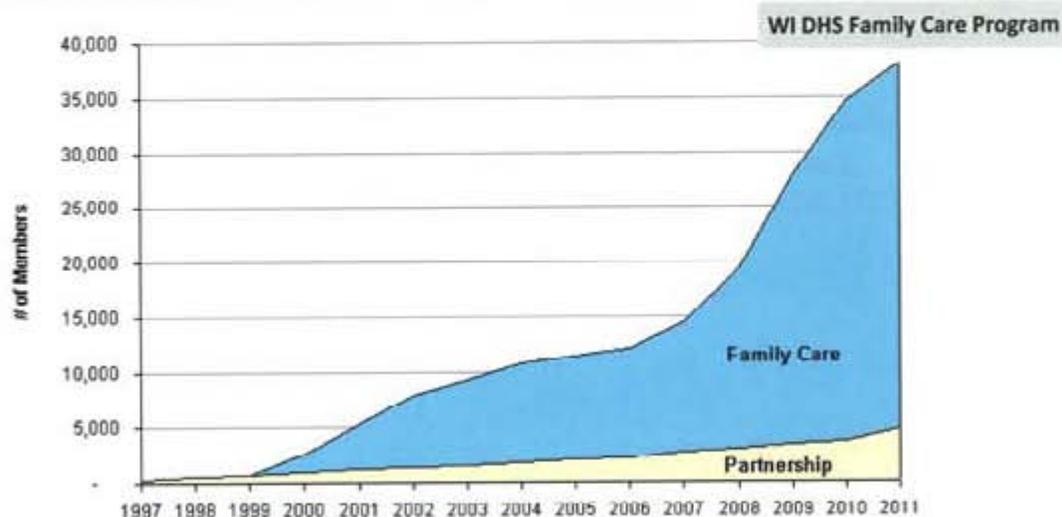
15,000

Milwaukee County residents who have received Family Care benefits over the last decade.

This history and summary was created from Milwaukee County Department of Family Care's website and the 2010 *Annual Report-Long-term Care in Motion: Wisconsin's Long-term Care Programs*, Wisconsin Department of Health Services, Division of Long Term Care.

Figure 66

Wisconsin Family Care and Partnership Program Number of Members Enrolled as of Sept. 30th of Each Year





Long-term Care

Figure 67

Enrollment of Frail Older Adult Population in Long-term Care programs
Number and Percentage of Participants in Family Care Program, 2010

WI DHS Family Care Program

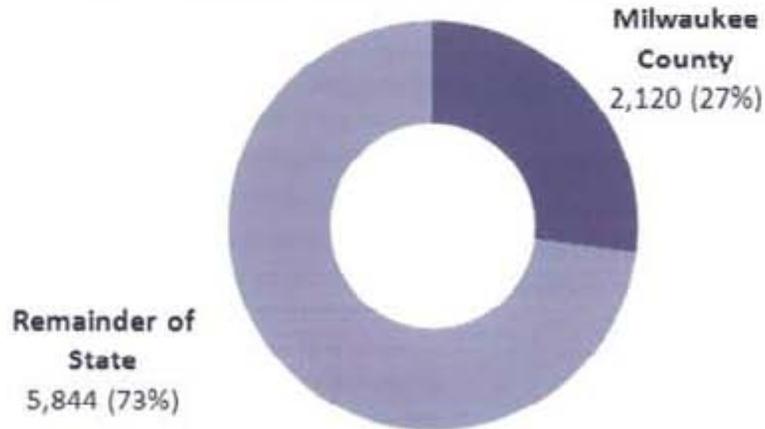
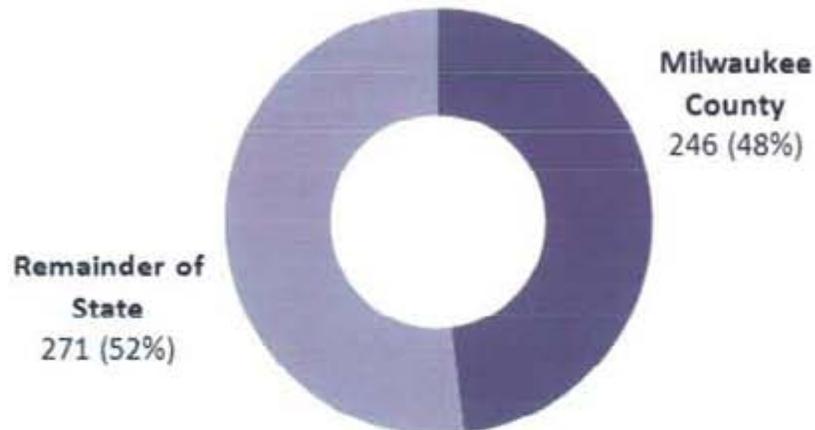


Figure 68

Enrollment of Frail Older Adult Population in Long-term Care programs
Number and Percentage of Participants in IRIS Program, 2010

WI DHS Family Care Program





Long-term Care

Wisconsin has an estimated 121,962 residents ages 85 and over. By 2030 this group is projected to grow by 59 percent. This ranks Wisconsin 32nd in the projected growth rate of the 85 years and over population. Older persons are at a greater risk for developing chronic illnesses that can require long-term care.

In 2010, Wisconsin's nursing homes had an occupancy rate of 84 percent. The cost of this care is expensive. The median monthly costs for a private pay home health aide, a semi-private room, and a private room in a nursing home are higher in the Milwaukee area than the median costs for the state overall.

Table 24

Average Monthly Cost for Select Types of Long-term Care

Provided by AARP State Research 2012 & WI DHS

	Average Costs / Month	
	State	Milwaukee
Private Pay Home Health Aide	\$, 4,004.00	\$4,385.00
Semi-private Room, Nursing home	\$6,965.00	\$8,195.00
Private Room, Nursing home	\$7,756.00	\$8,940.00
Family Care Program*	\$2,472.93	\$2,342.92
IRIS Program*	\$2,401.31	\$2,944.60

Between 7 and 9 million Americans currently have some sort of long-term insurance protection in place, e.g. a traditional policy, coverage through an employer, a life policy with long-term care coverage, or an annuity with long-term care coverage. Sixty percent of individual long-term care insurance purchasers in the U.S. are between the ages of 50 and 64. Nearly 140,000 Wisconsinites have some type of long-term care coverage.

In contrast to the private types of long-term care, average monthly costs for state-sponsored long-term care programs are substantially less expensive.

*Over 90% of individuals enrolled in Family Care and IRIS programs reside in a home setting versus a residential or institutional setting such as a nursing home.



Health and Wellness

80%

of local seniors expect their quality of life to stay the same or get better over the next five to 10 years – five percentage points higher than the national average.

The United States is experiencing historic growth in the number of people 65 years old and older. The National Council on Aging, United Health Care and USA Today conducted the United States Aging Survey to better understand what this growth means for program, services and resources.

The City of Milwaukee was one of the survey sites for the national survey.

Older Americans in Milwaukee are optimistic about their future and say they are healthier than ever.

- Eighty percent of local seniors expect their quality of life to stay the same or get better over the next five to 10 years – five percentage points higher than the national average.
- More than two-thirds of Milwaukee's seniors (67 percent) report that the past year of their life was normal or better than normal, slightly higher than the 65 percent at the national level.
- Similar to the national numbers, a large majority of older Milwaukeeans give themselves high marks when it comes to maintaining their physical and mental health: 93 percent report that they manage their stress levels well, and 87 percent say that they are confident that they will be able to do

what is needed to maintain their health over the next five to 10 years.

- If they were in need of medical care, 96 percent of respondents say that they would be able to see a primary care physician in their community, while 59 percent believe they would be able to see a geriatric care physician.
 - ◊ More than nine in 10 local seniors (95 percent) report that they communicate well with their doctors regarding their health questions and concerns.
 - ◊ Eighty-four percent of older Americans in Milwaukee remain confident in their ability to manage health conditions on their own, reducing their need to see a doctor – greater than the national average (80 percent).

Excerpt taken from the United States of Aging Survey, Milwaukee Findings.

To access national population and full Milwaukee survey findings, visit

www.ncoa.org/UnitedStatesofAging or the newsroom at www.UnitedHealthGroup.com.



Alzheimer's Disease

Alzheimer's disease is an age-related brain disorder that gradually destroys a person's ability to remember, think, learn, and carry out even the simplest of tasks. Alzheimer's is a type of dementia, a broad term for diseases and conditions that damage brain cells and, over time, impair brain function. Alzheimer's is associated with the breakdown of connections between brain cells, or neurons, and their eventual death. Typically diagnosed in people age 60 and older, in rare cases the disease can occur in people in their 30s and 40s.

Baby Boomers and the Risk for Alzheimer's

Today, an estimated 2.4 million to 5.1 million people in the United States may have Alzheimer's disease. While estimates of the number of people with the disorder vary, few would dispute the urgent need to find ways to prevent, delay, and treat this age-related disease—especially in light of America's aging population. The U.S. Census Bureau estimates that the 65-and-older population will double to about 72 million during the next 20 years. In fact, in January 2011, America reached a significant milestone when the oldest "baby boomers" turned 65. This trend toward an aging population is accompanied by a sobering reality: studies have shown that the number of people with Alzheimer's doubles for every five-year interval past age 65. And

the ranks of the very elderly—those 85 years and older and at the highest risk for Alzheimer's—are expected to triple by 2050.

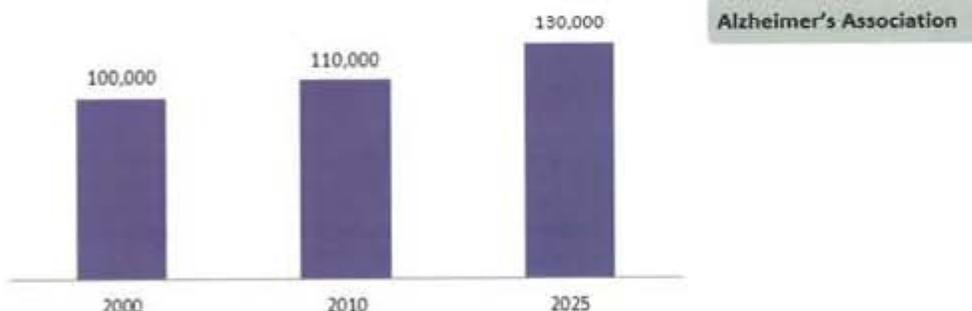
To fully appreciate the impact of Alzheimer's disease in America, one must understand its enormous personal and societal costs. Family, friends, and caregivers of people with Alzheimer's experience emotional, physical, and financial stress as they watch a loved one become increasingly forgetful, frustrated, confused, and lost as the disease progresses. Families struggle to care for loved ones at home but often face difficult decisions about daily, short-term, and long-term care. Frequently, people with Alzheimer's disease rely on assisted living facilities, then nursing homes, for care and support.

Unless more effective interventions are developed, the number of people living with the disease could escalate significantly, along with the need to support them and their caregivers. That is why researchers and clinicians are devoting their time and talent to developing the interventions needed to help people with Alzheimer's, those at risk for the disease and the many caregivers on the frontlines of support.

Excerpt taken from the 2010 Alzheimer's Disease Progress Report produced by National Institute on Aging, National Institutes of Health, U.S. Department of Health and Human Services, December 2011
NIH Publication No. 11-7829

Figure 69

Projected Number of Wisconsin Residents With Alzheimer's Disease



2012 Estimates

The Alzheimer's Association estimates 5.4 million Americans have Alzheimer's Disease.

30%

Projected percent increase in Wisconsin residents living with Alzheimer's Disease over the next 15 years.

Sources

Figures

Figure 1: Milwaukee County Population Projection (200-2035) for Ages 65+

Wisconsin Population 2030, Report on Projected State, County and Municipal Populations and Households for the Period 2000-2030, March 2004 Division of Intergovernmental Relations, Wisconsin Department of Administration

Figure 2: Milwaukee County Population Projection (200-2035) Ages 60+

State of Wisconsin, Department of Administration: Wisconsin Population and Household Projections 2000-2035; US Census Bureau, 2010 Census

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US Census Bureau, 2010 SF2 100% Data

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Census of Population and Housing (2000, 2010)

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US Census Bureau, 2000, 2010

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US Census Bureau, American Community Survey

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Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2010

Figure 13: 2010 Death Rate (Deaths per 100,000 population for Age of Death)

Wisconsin Dept. of Health Services, Division of Public Health, Bureau of Health Information and Policy. Wisconsin Interactive Statistics on Health (WISH) data query system.

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Population 60+ in the United States, 2006-2010 American Community Survey

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US Census Bureau, 2010 SF2 100% Data

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US Census Bureau, Profile of General Population and Housing Characteristics: 2010

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US Census Bureau, 2000 SF1 100% Data

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US Census Bureau, 2000 SF1 100% Data

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US Census Bureau, 2010 SF1 100% Data

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US Census Bureau, 2010 SF1 100% Data

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US Census Bureau, 2010 SF1 100% Data

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US Census Bureau, 2010 SF1 100% Data

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US Census Bureau, 2010 SF1 100% Data

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US Census Bureau, 2010 SF1 100% Data

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US Census Bureau, 2010 SF1 100% Data

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US Census Bureau, 2010 SF2 100% Data, Census Population and Housing (1950, 1960, 1970, 1980, 1990 and 2000)

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US Census Bureau, 2010 SF2 100% Data, Census Population and Housing (1950, 1960, 1970, 1980, 1990 and 2000)

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US Census Bureau, 2010 SF2 100% Data, Census Population and Housing (1950, 1960, 1970, 1980, 1990 and 2000)

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US Census Bureau, 2010 SF2 100% Data, Census Population and Housing (1950, 1960, 1970, 1980, 1990 and 2000)

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State of Wisconsin, Department of Administration: Wisconsin Population and Household Projections 2000-2035; US Census Bureau, 2010 Census

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US Census Bureau, American Community Survey, 2006-2010 Five Year Estimates

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US Census Bureau, American Community Survey, 2010

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US Census Bureau, 2010 SF2

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US Census Bureau, 2010 SF1

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US Census Bureau, American Community Survey, 2006-2010 Five Year Estimates

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US Census Bureau, American Community Survey, 1-year Estimates

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US Census Bureau, American Community Survey, 1-year Estimates

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US Census Bureau, American Community Survey, 1-year Estimates

Figure 60: Men 60+ by Age Category and Marital Status, Milwaukee County

US Census Bureau, American Community Survey, 1-year Estimates

Figure 61: Licensed Drivers in Wisconsin by Age

Select Facts on Wisconsinites: Major Consumer Expenditures, Licensed Drivers, Health Coverage, Long-term Coverage, 2012 AARP

Figure 62: Miles Driven by Typical Week

Select Facts on Wisconsinites: Major Consumer Expenditures, Licensed Drivers, Health Coverage, Long-term Coverage, 2012 AARP

Figure 63: Self Reported General Health Status of Persons 65+ in Milwaukee County, 2010Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2010**Figure 64: Causes of Death of People Ages 65+ by Death Rate, Milwaukee County**

Wisconsin Dept. of Health Services, Division of Public Health, Bureau of Health Information and Policy. Wisconsin Interactive Statistics on Health (WISH) data query system.

Figure 65: 2010 Death Rate (Deaths per 100,000 population) for Age of Death

Wisconsin Dept. of Health Services, Division of Public Health, Bureau of Health Information and Policy. Wisconsin Interactive Statistics on Health (WISH) data query system.

Figure 66: Wisconsin Family Care and Partnership Program, Number of Members Enrolled as of Sept. 30th of Each Year

Wisconsin Department of Health Services, Family Care and PACE/Partnership Enrollment Data

Figure 67: Enrollment of Frail Older Adult Population in Long-term Care Programs, Number and Percentage of Participants in Family Care Program, 2010

Wisconsin Department of Health Services, Family Care and PACE/Partnership Enrollment Data

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Wisconsin Department of Health Services, Family Care and PACE/Partnership Enrollment Data

Figure 69: Projected Number of Wisconsin Residents with Alzheimer's Disease

2012 Alzheimer's Disease Facts and Figures, Alzheimer's Association

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US Census Bureau, 2010 SF2 100% Data

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US Census Bureau, 2010 S+2 100% Data, Census Population and Housing (2000)

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US Census Bureau, 2010 SF2 100% Data, Census Population and Housing

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US Census Bureau, 2010 SF1 100% Data

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US Census Bureau, 2010 SF1 100% Data

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US Census Bureau, 2010 SF1 100% Data

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US Census Bureau, 2010 SF1 100% Data

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US Census Bureau, 2010 SF1 100% Data

Table 9: Number and Percent of Some Other Race Alone by Age and Gender, Milwaukee County

US Census Bureau, 2010 SF1 100% Data

Table 10: Number and Percent of Two or More Races by Age and Gender

US Census Bureau, 2010 SF1 100% Data

Table 11: Number and Percent of White Alone by Age and Gender, Milwaukee County

US Census Bureau, 2010 SF1 100% Data

Table 12: Number and Percent of Hispanic or Latino by Age and Gender, Milwaukee County

US Census Bureau, 2010 SF1 100% Data

Table 13: Number and Percent of Aging Community by Age Category

US Census Bureau, 2010 SF2 100% Data, Census Population and Housing (1950, 1960, 1970, 1980, 1990 and 2000)

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US Census Bureau, American Community Survey, 2006-2010 Five Year Estimates

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Age of Householder by Household Income in the Past 12 Months (in 2010 inflation-adjusted dollars), 2006-2010 American Community Survey

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Age of Householder by Household Income in the Past 12 Months (in 2010 inflation-adjusted dollars), 2006-2010 American Community Survey

Table 18: Elder Economic Security Standard Index for City of Milwaukee, 2008, Expenses for Selected Household Types

Elder Economic Security Initiative™ Program: The Elder Economic Security Standard™ Index for Wisconsin, Wisconsin Women's Network

Table 19: Average Proportion of Consumer Budget Spent on Select Major Expenses

Select Facts on Wisconsinites: Major Consumer Expenditures, Licensed Drivers, Health Coverage, Long-term Coverage, 2012 AARP

Sources

Table 20: Poverty Status by Age and Race/Ethnicity, Milwaukee County 2010

US Census Bureau, American Community Survey, 2010

Table 21: Number and Percent of Persons Age 60+ and Age 75+ Living Alone by Race and Hispanic Origin, Milwaukee County 2010

US Census Bureau, 2010

Table 22: Marital Status by Sex and Age Among Older Persons, Milwaukee County

US Census Bureau, American Community Survey, 1-year Estimates

Table 23: Types of Health Coverage Among Wisconsinites 50 Years and Over

Select Facts on Wisconsinites: Major Consumer Expenditures, Licensed Drivers, Health Coverage, Long-term Coverage, 2012 AARP

Table 24: Average Monthly Cost for Select Types of Long-term Care

Select Facts on Wisconsinites: Major Consumer Expenditures, Licensed Drivers, Health Coverage, Long-term Coverage, 2012 AARP
Wisconsin Department of Health Services, Family Care and PACE/Partnership Enrollment Data

Maps

All maps were created by AARP State Research with data from the 2010 US Census.

Photos

Photos were taken by the Milwaukee County Department on Aging staff unless otherwise indicated on the photo.



Thomas Driscoll, Golden Idol 2012

Photo: Direct Supply



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John F. Weishan, Jr.



The mission of the Milwaukee County Department on Aging is to affirm the dignity and value of older adults of Milwaukee County by supporting their choices for living in, and giving to, our community.

Milwaukee County Department on Aging

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Milwaukee County Commission on Aging



Attachment D

Summary of 2012 "Dessert and Discussion" and "Cookies and Conversation"
participant comments

2012 Area Plan Listening Sessions – Summary of Participant Comments

NOTES:

- Each individual participant got 3 dots/votes that they could place in any category (and they could put all 3 dots/votes in one category if they wanted to)
- Sub-category narrative reflects the actual wording on the easel sheets that people read before casting their votes
- Major service/issue categories (i.e., property maintenance, transportation, etc) are ordered in terms of highest amount of votes to lowest

Property Maintenance (TOTAL VOTES: 81)

- Handicapped ramps – change city regulations and improve access (3)
- Property maintenance/home repairs (74)
- Keeping senior centers in good repair (4)

Exercise/Nutrition/Social Interaction (TOTAL VOTES: 76)

- Nutrition – get proper information (8)
- More access to fitness centers (2)
- Social and physical interaction for ourselves and others (7)
- Exercise and social opportunities (4)
- Dietary needs – healthy, affordable meal planning using local growers (6)
- Exercise Programs – (14)
- Societal perception of elderly/respect/intergenerational acceptance (7)
- Easy access to social network to share information and get day-to-day support (8)
- Intergenerational communication – teach teens (4)
- Social interaction – plays, activities (3)
- More affordable social outlets (3)
- Expand recreational opportunities and visitation services (2)
- More senior center hours in summer and weekends (2)
- Overlap of hours at senior centers (especially during hot weather) (6)

Health Care (TOTAL VOTES: 76)

- Address mental health issues (5)
- Better prescription drug coverage (5)
- Coordination of health care services and resources (14)
- Affordable health care – advanced directives (13)
- Help to select supplemental health insurance (10)
- Lower medical costs (4)
- Affordable dentists (11)
- Information on health care changes and availability (10)
- Personal grooming (4)

Communication about programs and services (TOTAL VOTES: 75)

- Accurate information on services and programs available (36)
- Public relations for MCDA – check phone numbers, have staff follow up with customers (5)
- More professional style and tone for MCDA staff; more humanity (6)
- Improve Telephone Reassurance Program (2)
- Improve knowledge of existing programs and resources (6)
- More personal connection to services and programs (1)
- Communication to seniors about programs and services (10)
- Public awareness of programs and services (9)

Financial Help/Money Management/Budgeting (TOTAL VOTES: 69)

- Financial assistance with health and dental (5)
- Change income guidelines for programs and services (1)
- Finances – discounts for seniors (12)
- More money needed (2)
- Senior insurance problems – help seniors fill out forms (8)
- Finances – concerns about eligibility for programs and services (16)
- Financial services (7)
- Assist with understanding bills and notices (1)
- Financial needs – VA benefits and county programs (3)
- Final arrangements – what options are available (5)
- Estate planning (9)

Transportation (TOTAL VOTES: 67)

- Transportation services (12)
- Transportation – reduce costs (27)
- Ride times on transit vans are too long (7)
- Affordable transportation (21)

Miscellaneous (TOTAL VOTES: 15)

- Safety – in and out of home (6)
- Safety – neighbor harassments (3)
- More information about scams (6)

Attachment E

Summary of Milwaukee County Department on Aging online and paper surveys
(780 surveys in total)

1. In what year were you born? (enter 4-digit birth year; for example, 1976)

	Response Count
	779
answered question	779
skipped question	0

2. What is your gender?

	Response Percent	Response Count
Female	71.4%	556
Male	28.6%	223
answered question		779
skipped question		0

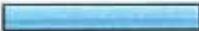
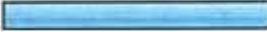
3. Where do you live?

	Response Percent	Response Count
City/Town:	100.0%	779
ZIP:	100.0%	779
answered question		779
skipped question		0

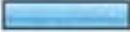
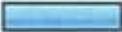
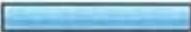
4. Have you used one or more of these services in the last three years? Check all that apply:

		Response Percent	Response Count
Called the Aging Resource Center for information and assistance		25.6%	131
Senior / community centers		60.3%	308
Senior fitness center		28.4%	145
Senior dining / meal sites		51.9%	265
Home delivered meals		4.1%	21
Specialized senior transportation for age 60+ (do you have an MCDA transportation card?)		10.6%	54
Milwaukee County para-transit (all ages - Transit Plus)		11.0%	56
Adult day care		2.5%	13
Telephone reassurance		4.5%	23
Neighborhood services (i.e. lawn care, house cleaning, general chores)		8.6%	44
Respite care (care for loved one in your absence)		1.8%	9
Elder abuse intervention/reporting		3.7%	19
Long term care options counseling (a social worker visited you to talk about assistance)		5.9%	30
		answered question	511
		skipped question	268

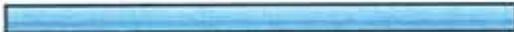
5. How satisfied are you with your home and lifestyle?

		Response Percent	Response Count
Extremely satisfied		30.6%	228
Very satisfied		41.5%	309
Moderately satisfied		22.0%	164
Slightly satisfied		3.4%	25
Not at all satisfied		2.6%	19
		answered question	745
		skipped question	34

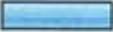
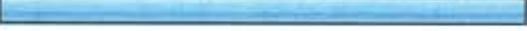
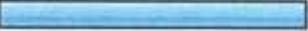
6. Check all that apply:

		Response Percent	Response Count
I will probably move within the next three years		19.4%	136
I need home repairs /maintenance that I cannot afford		18.0%	126
I will or do need assistance to stay in my home		13.3%	93
I find it difficult to keep my yard and home in good repair		19.7%	138
I feel that I am prepared in case of an emergency that would require me to leave my home		29.5%	207
I feel safe in my home and neighborhood		80.9%	567
I do not feel safe in my home and neighborhood		8.3%	58
		answered question	701
		skipped question	78

**7. How do you get around for errands, medical appointments, shopping and social events?
Check all that apply:**

		Response Percent	Response Count
Public bus		13.5%	99
Drive own car		79.9%	588
Drive with friend or family		29.9%	220
Bike		4.2%	31
Walk to destinations		16.4%	121
		Other (please specify)	51
		answered question	736
		skipped question	43

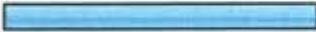
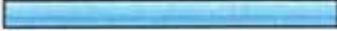
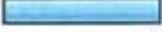
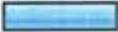
8. Check all that apply:

		Response Percent	Response Count
I go to a fitness center that charges a membership fee		17.1%	125
I attend or have attended a support group to learn how to cope with a physical/health issue		9.6%	70
I am able to shop for and prepare healthy food		83.3%	610
I have trouble with personal hygiene and caring for myself		3.3%	24
I need help with medication management		3.6%	26
I see my doctor regularly		82.8%	606
I have one or more chronic conditions		48.0%	351
		answered question	732
		skipped question	47

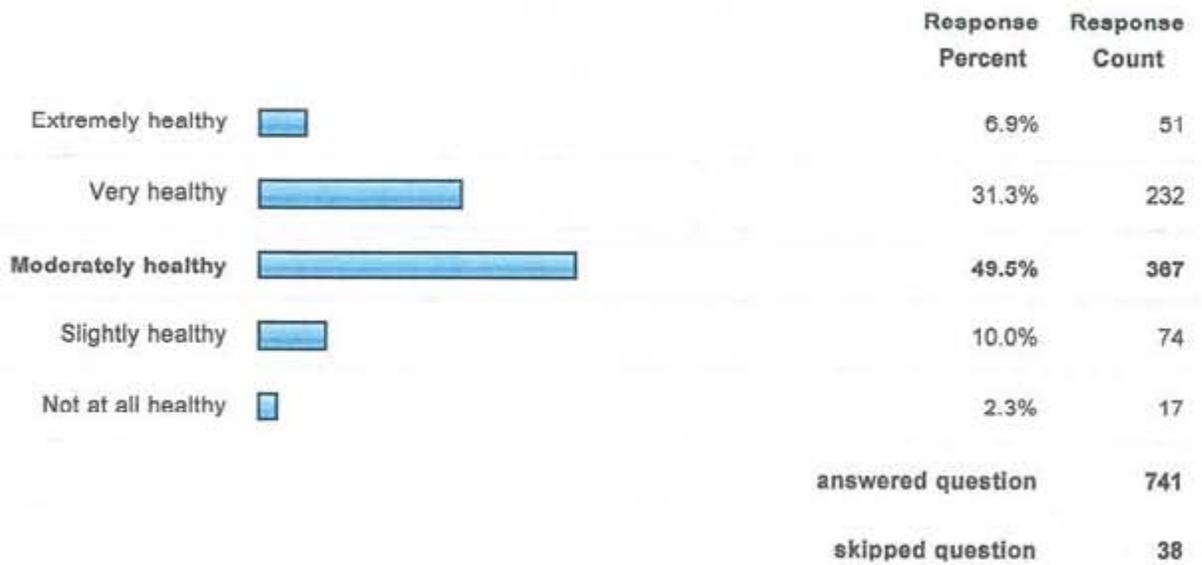
9. Would you like to learn new skills or attend educational activities/presentations?

		Response Percent	Response Count
Yes		46.6%	341
No		25.7%	188
Undecided		27.6%	202
		answered question	731
		skipped question	48

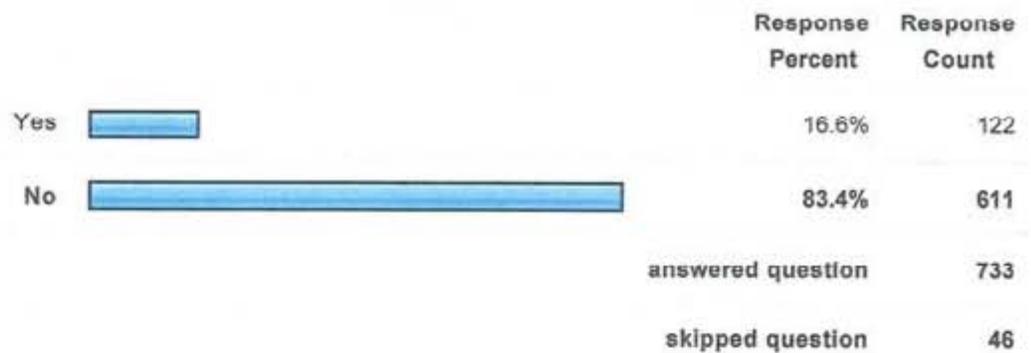
10. If you said yes to the previous question, what is the skill or activity category that is of interest to you? Check all that apply:

		Response Percent	Response Count
Academic		48.8%	197
Recreation		52.0%	210
Hobby		51.7%	209
Professional Development		18.8%	76
Job training		12.1%	49
Support groups for persons with health problems		24.0%	97
Classes on fall prevention		17.3%	70
Classes on pain relief		30.2%	122
	Other (please specify)		43
	answered question		404
	skipped question		375

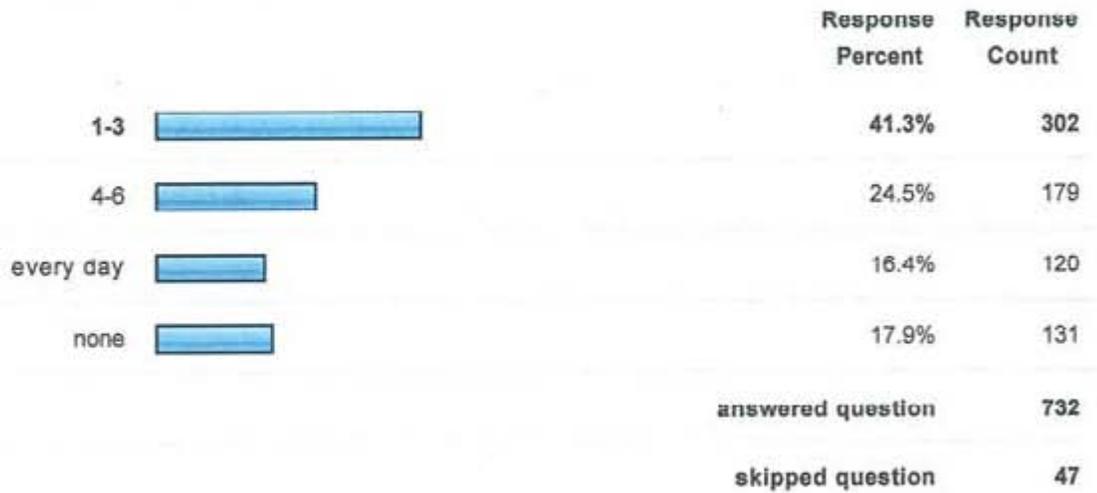
11. How do you feel about your physical health? I feel I am:



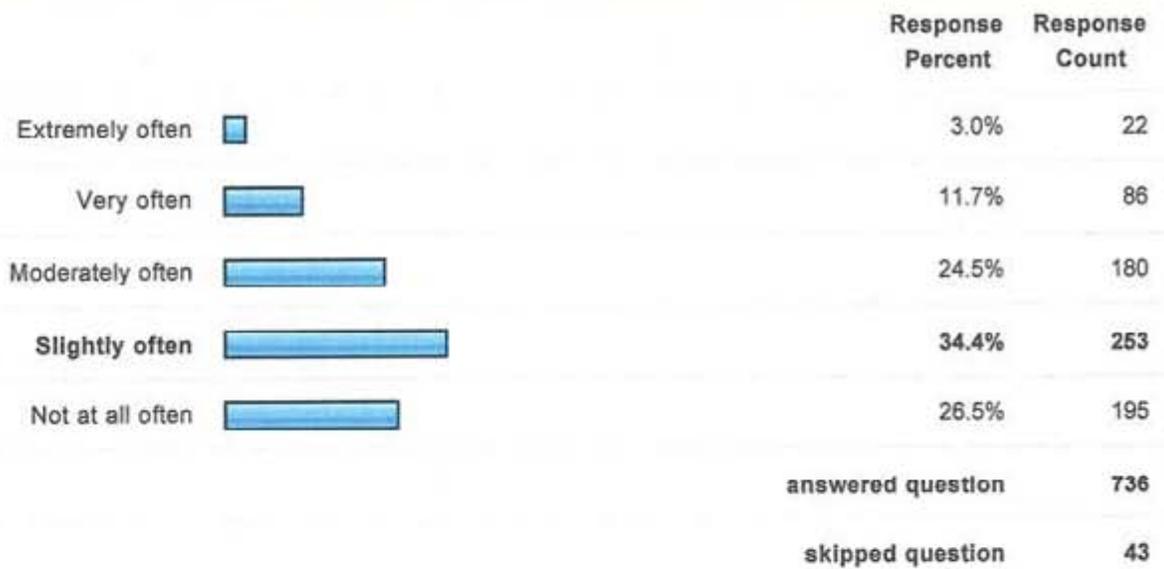
12. Have you fallen one or more times in the past 6 months?



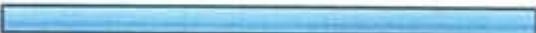
13. In a typical week, how many times do you exercise?



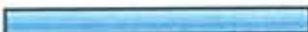
14. In a typical week, how often do you feel stressed?



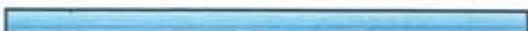
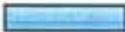
15. If you told us you exercise, Please tell us what you do for exercise?

		Response Percent	Response Count
Work out on exercise equipment		26.1%	151
Walk		83.8%	485
Walk on treadmill		23.1%	134
Run		2.1%	12
Hike		3.1%	18
Swim		8.6%	50
Dance		8.6%	50
Aerobics		10.5%	61
Pilates		1.2%	7
Play a team sport		2.2%	13
	Other (please specify)		161
	answered question		579
	skipped question		200

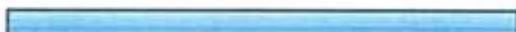
16. In a typical week, how often do you feel sad or depressed?

	Response Percent	Response Count
Extremely often 	1.8%	13
Very often 	4.8%	35
Moderately often 	13.9%	101
Slightly often 	32.0%	233
Not at all often 	47.5%	346
	answered question	728
	skipped question	51

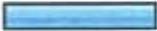
17. Check all that apply:

		Response Percent	Response Count
I am lonely		8.1%	59
I talk with friends or family more than once a week		81.8%	595
I do not talk with friends or family enough		7.8%	57
I need to get out more		18.4%	134
I would like to make new friends		23.0%	167
I am sad		4.8%	35
I am happy with my life		59.0%	429
I am depressed		7.6%	55
I need spiritual guidance		2.3%	17
I would like to learn more about emotional/spiritual and/or mental health		13.1%	95
	Other (please specify)		24
	answered question		727
	skipped question		52

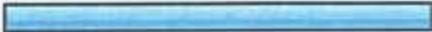
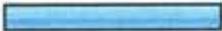
18. I have a cell phone.

		Response Percent	Response Count
Yes		79.9%	583
No		20.1%	147
	answered question		730
	skipped question		49

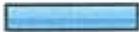
19. If you answered yes to question 18 check all that apply: I use my cell phone for:

		Response Percent	Response Count
Emergencies only		29.9%	165
Only when I am away from home		64.2%	354
As my only phone (replaces my home phone)		23.2%	126
		answered question	551
		skipped question	228

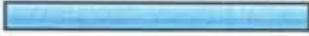
20. Do you use a computer?

		Response Percent	Response Count
Yes		66.3%	483
No		33.7%	245
		answered question	728
		skipped question	51

21. If you answered yes to question 20, check all that apply:

		Response Percent	Response Count
Yes I have one in my home		90.8%	443
Yes I use one in a place that is not my home		20.3%	99
		Where?	88
		answered question	488
		skipped question	291

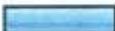
22. If you answered yes to question 20, check all that apply:

		Response Percent	Response Count
I use an Ipad or other tablet-style device		47.7%	94
I use a kindle – nook or other book reader		32.5%	64
I use a smart phone or Blackberry		50.3%	99
		Other (please specify)	51
		answered question	197
		skipped question	582

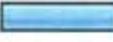
23. If you answered no to question 20 check all that apply:

		Response Percent	Response Count
No I have no interest in learning how to use a computer		43.3%	94
No but I would use one if I had one in my home		37.3%	81
No but I am not sure about how to learn		21.7%	47
No but I would use one at a place that is not my home if I knew how		12.4%	27
		Where?	11
		answered question	217
		skipped question	562

24. How satisfied are you with your financial situation?

		Response Percent	Response Count
Extremely satisfied		6.8%	49
Very satisfied		28.6%	206
Moderately satisfied		38.3%	276
Slightly satisfied		16.8%	121
Not at all satisfied		9.0%	69
		answered question	721
		skipped question	58

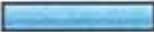
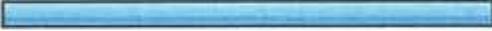
25. Check all that apply:

		Response Percent	Response Count
I find it difficult to pay for the medications I need		11.4%	75
I find it difficult to budget for food		8.3%	55
Sometimes I have to choose between purchasing medications and paying for other needs		7.0%	46
I do not have enough money to pay my household bills (utilities, rent/mortgage)		11.7%	77
I have applied for energy assistance		11.7%	77
I have used food assistance programs or funding (food share, WIC, food pantry)		17.7%	117
I have enough money to pay for the things I need		72.6%	479
		answered question	660
		skipped question	119

26. Are you worried or concerned about your finances?

		Response Percent	Response Count
Yes		43.1%	306
No		56.9%	404
		answered question	710
		skipped question	69

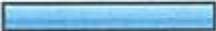
27. I work full or part time.

		Response Percent	Response Count
Yes		23.4%	165
No		76.6%	539
answered question			704
skipped question			75

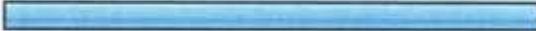
28. Check all that apply:

		Response Percent	Response Count
I would like to work full or part time		32.9%	145
I would not work full or part time if I did not have to		68.9%	304
answered question			441
skipped question			338

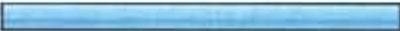
29. Check all that apply:

		Response Percent	Response Count
I would talk to an expert about financial problems		78.8%	152
I need financial help		32.6%	63
answered question			193
skipped question			586

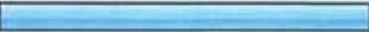
30. Are you a family or informal caregiver for someone aged 60+?

	Response Percent	Response Count
Yes 	15.9%	114
No 	84.1%	602
Other (please specify)		13
answered question		716
skipped question		63

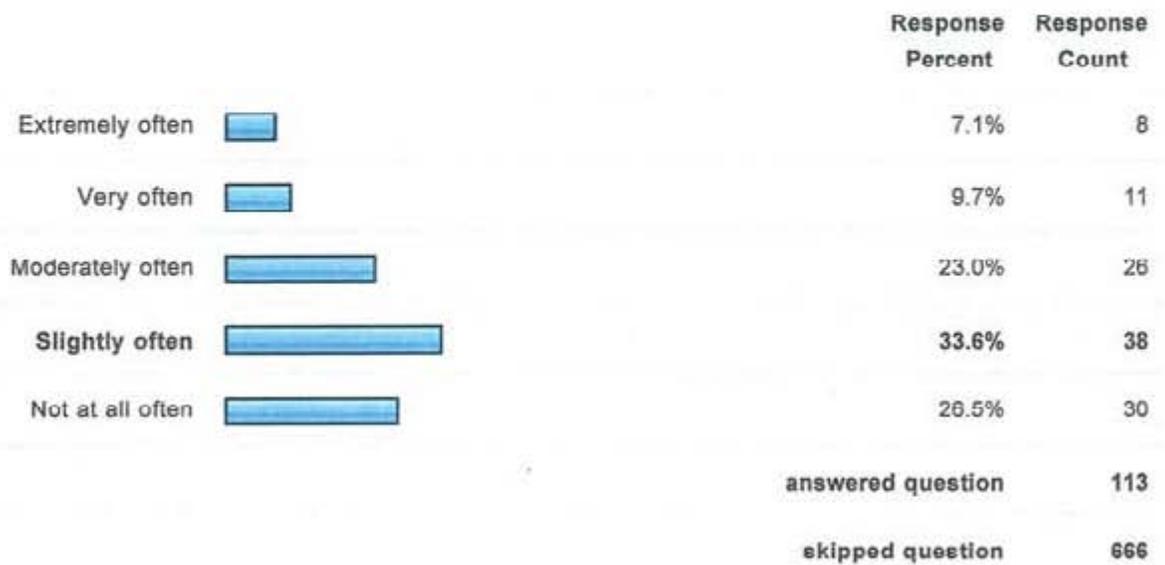
31. If you answered yes to question 30, does the person you care for have a memory related condition like Alzheimer's or Dementia?

	Response Percent	Response Count
Yes 	27.0%	34
No 	62.7%	79
Not sure 	10.3%	13
answered question		126
skipped question		653

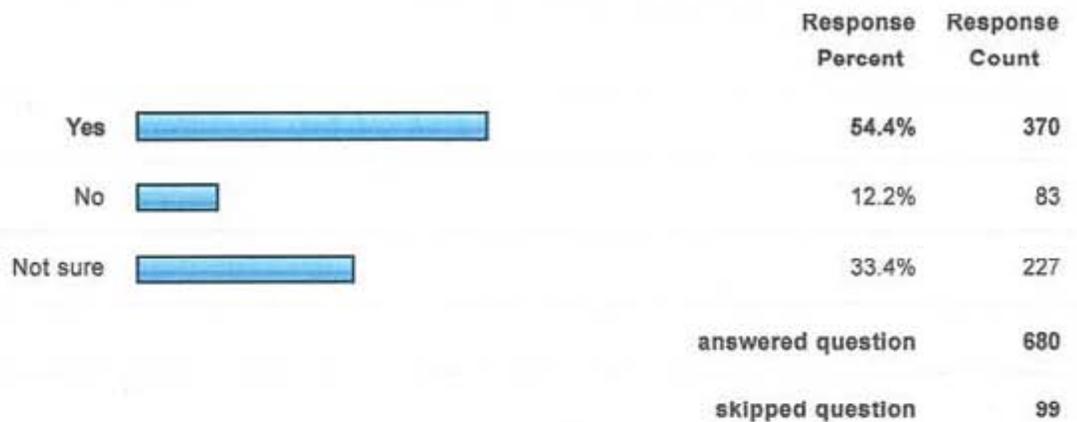
32. If you answered yes to question 30, has the person for whom you care fallen one or more times in the past 6 months?

	Response Percent	Response Count
Yes 	41.9%	49
No 	58.1%	68
answered question		117
skipped question		662

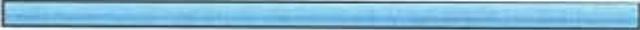
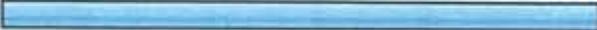
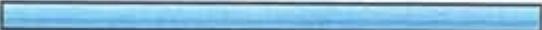
33. If you answered yes to question 30, in a typical week, how often do you feel stressed by your role as caregiver?



34. Do you feel that you have the resources you need to feel supported in the community?



35. Name the top three resources you feel are most important to living a healthy and independent life.

		Response Percent	Response Count
1.		99.8%	586
2.		93.4%	548
3.		84.8%	498
		answered question	587
		skipped question	192

36. Is there anything else you would like us to know?

	Response Count
	129
answered question	129
skipped question	650

Attachment F

Minutes from the November 13, 2012 Advisory Council meeting

Minutes from the November 16, 2012 Commission on Aging meeting

Milwaukee County Commission on Aging
Advisory Council

November 13, 2012

The Advisory Council of the Milwaukee County Commission on Aging held its quarterly meeting on November 13, 2012 at the Marcia Coggs Human Services building, 1220 W. Vliet St., Conference Room 104, Milwaukee, WI 53205.

Advisory Council Members Present

Kerry Malak, Co-Chair
Rocille McConnell, Co-Chair
Barbara Bechtel
Lisa Bittman
Gina Green-Harris
David L. Hoffman
Gwen T. Jackson, Commissioner Emeritus
Denice (Deedee) Mader
Joan M. Schncider

Advisory Council Members Excused

Teresa Barlow
James Kimble
Sandra Richins, Commissioner
Bill Serpe
Arnoldo Sevilla, Commissioner
Betty Struck
Judy Troestler
Gerald Verduyn
Virginia Verduyn
Jean Davidson
Dawn Schmidt
Delois Taylor
Llewellyn Walker

Guests Present

Kellie Miller – BOALTC/Volunteer Ombudsman Program
Hillary Schenk – BOALTC
Kim Verstegen - BOALTC

MCDA Staff Present

Jonette Arms
Diane Beckley
Mary Brown
Jon Janowski
Jill Knight
Randy Kohl
Zulma Myszewski

INFORMATIONAL ITEMS

I. Call to Order

Rocille McConnell called the meeting to order at 1:32 pm.

II. Review and Approval of August 9, 2012 Minutes

MOTION: Approve the August 9, 2012 Meeting Minutes.

ACTION: Motion carried unanimously. (Jackson moved, Bittman seconded.)

III. Presentation by Kellie Miller, Hillary Schenk, and Kim Versteegen, Wisconsin Board on Aging and Long-Term Care – “Board on Aging and Long-Term Care Volunteer Ombudsman Program”

Ms. Miller introduced her staff and began her presentation with a brief video about the Volunteer Ombudsman Program in the state of Wisconsin. This program has now been available for about 20 years. She stated that there are about 5,000 to 6,000 consumers served per ombudsman. She stressed that they are in dire need of volunteers to reach out to a broader range of consumers, not just the 26 counties it currently serves. In Milwaukee County there are about 50% of residences that do not have a volunteer ombudsman serving them.

Key duties of an ombudsman are: building trust by empowering residents on key issues of importance to them, observing the residence, interacting with residents, and addressing issues of concern with permission. She further explained that if there is a concern regarding a resident, the resident needs to state their permission for the volunteer to address that situation with the staff – confidentiality is stressed. Volunteers undergo a mandatory 6-7 hour training session, as well as a background check. She stated that the only requirements of volunteers are that they commit to six months of volunteering and visit their assigned residence anytime between 8 AM and 8 PM once a week for about 2-3 hours. At the end of the presentation, Ms. Miller handed out a brochure about the program and Ms. Schenk, the local volunteer coordinator, passed out her business card to everyone in attendance.

IV. Review and Approval of Milwaukee County Department on Aging 2013-2015 Area Plan

Jonette Arms made reference to the area plan goals received by everyone at the meeting. Advisory Council members received the complete area plan, including the goals. She emphasized the cooperation from all staff members in the compilation of the area plan, as well as the public input from all Department on Aging events. Gwen Jackson asked about including intergenerational involvement in the area plan. Ms. Arms stated that Goal Statement #1 under Social Engagement includes a plan for an intergenerational symposium and recommendations for future collaboration by the end of the area plan term.

Another suggestion for carrying out the goals was the use of workgroups. Ms. Arms mentioned that a Communications Workgroup will be created to focus on marketing aging services, the current Underserved Populations Workgroup will work on transportation issues, and a Home Chores Workgroup will also be formed. The Home Chores workgroup will include Rebuilding Together of Greater Milwaukee and several other partner agencies. There will be an Alzheimer's subcommittee. Jill Knight stated that she pulled together a committee to help develop the 2013-2015 area plan goals. The groups will continue to work together to implement the approved goals. The committee does include the Alzheimer's Association and Wisconsin Alzheimer's Institute, among other groups with a vested interest in this specific area. Ms. Arms added that the Care Transitions project consists of a current partnership with Aurora and will eventually also include other health systems.

MOTION: Approve the Milwaukee County Department on Aging 2013-2015 Area Plan.

ACTION: Motion carried unanimously (Hoffman moved, Jackson seconded).

V. County and State Updates

Jon Janowski mentioned that the Commission on Aging's Advocacy Committee has started to focus on the state budget, and to that end the Committee is drafting a letter to Governor Walker that outlines the Commission's budget priorities.

Ms. Arms added that the county budget process is almost over and the Department on Aging budget looks good for 2013.

VI. Other Business

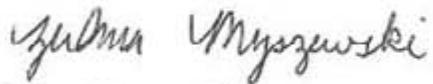
The Advisory Committee and Commissioners were reminded about the invitation to the Face of Aging Demographic Report event on December 7, 2012.

Ms. Malak asked for a moment of silence in honor of Meg Lemmen who recently passed away and will be dearly missed in the community.

VII. Adjournment

The meeting was adjourned at 2:40 PM.

Respectfully submitted,

A handwritten signature in cursive script that reads "Zulma Myszewski".

Zulma Myszewski
MCDA Secretarial Assistant

**MILWAUKEE COUNTY DEPARTMENT ON AGING
COMMISSION ON AGING
NOVEMBER 16, 2012 | MEETING MINUTES**

I. CALL TO ORDER & ROLL CALL

Chairperson Viola "Vi" Hawkins called the meeting to order at 9:11am; MCDA – Marcia Coggs Building, 1220 West Vliet Street – Room 104, Milwaukee, WI 53205.

Commissioners Present

Viola "Vi" Hawkins – Chair
Frank Gonzales Jr. – Vice Chair
Mattie Payne – Secretary
Brenda Doxtator
Casper Green
Bob Haase
Eileen Hayes
Alvin Hill Jr.
Gwen Jackson – *Commissioner Emeritus*
Sr. Edna Lonergan
Sandra Richins
Arnoldo Sevilla
Judith Strauss
Supervisor Steve F. Taylor
Shirley Warren

Commissioner(s) Excused

Lynnea Katz-Petted
Gary Mikolajczyk

Visitors Present

Gina Green-Harris, WAI
David Hoffman, Wellness Council
Cindy Ofstead, WI Office on Aging
Bria Grant, Senator Lena Taylor's Office
Barbara Bechtel, Advocacy
Todd Warren, Genesis
Linda Steinke, Interfaith
David Pifer, SeniorLaw
Joan Schneider, CDBP
Nancy Gonzales, Senior Statesman

Milwaukee County Staff Present

Stephanie Sue Stein, Aging
Jonette Arms, Aging
Jill Knight, Aging
Jon Janowski, Aging
Zulma Myszewski, Aging
Randy Kohl, Aging
Diane Beckley, Aging
Greg Reiman, Aging
Beth M Zatarski, Aging
Gary Portenier, Aging
Mary P Brown, Aging
Teresa Smith, Aging
Steve Peterson, Aging
Valerie Woods, Family Care

II. REFLECTION

Commissioner Mattie Payne, Secretary of the Commission on Aging, shared some thoughts and reflections on the topic of caregivers. November is National Caregivers Month and it's a time to reflect on the compassion and dedication that caregivers embody every day. Commissioner Payne encouraged everyone to offer our appreciation and admiration for their difficult work, and extend our own efforts of support to them and their loved ones. Commissioner Payne explained the numerous resources available for caregivers. She is the Senior Companion Program Manager for the Social Development Commission (SDC) in Milwaukee. For more information about the program, requirements, benefits, etc.: <http://www.cr-sdc.org/Programs/SeniorCompanions.htm> or 414-906-2779.

III. APPROVAL OF THE OCTOBER 26, 2012 COA MEETING MINUTES

MOTION: Approve the OCTOBER 26, 2012 COA meeting minutes.

ACTION: Motion carried unanimously. (Sevilla moved, Haase seconded)

IV. DIRECTOR'S REPORT

Stephanie Stein thanked Commissioner Mattie Payne for her reflection and important information about caregivers. Ms. Stein then provided information and updates to the meeting attendees:

- Introduction of the Department on Aging's Program Coordinator (Community Programs), Randy Kohl.
- Reminder: Invitations were sent for our December 7th (11AM-1PM) celebration of the release of the Third Edition (2012) of "The Face of Aging In Milwaukee County" at the Italian Conference Center (631 East Chicago Street in Milwaukee). The Center for Urban Population Health and AARP Research & Strategic Analysis will present an invaluable demographic analysis and include you and other elected officials, community leaders, and aging advocates and service providers in an interactive, guided discussion about information highlighted in the publication. Reservations *must* be made by Thursday, November 29 to 414-289-5950 or agingevents@milwaukeecounty.com.
- People with intellectual and physical disabilities in Milwaukee County, who are eligible for long-term support services, now can receive help right away via the Disabilities Services Division (DSD) of the Milwaukee County Department of Health & Human Services. Ms. Stein and Geri Lyday (Disabilities Administrator) are very pleased and say the end of the waiting list is a huge step forward. Individuals can find out whether they are eligible for services by calling 414-289-6660.

V. Milwaukee County Budget Update – *Chairwoman Dimitrijevic*

Chairwoman Marina Dimitrijevic provided some highlights about the 2013 Milwaukee County Budget:

- The County Board adopted, on a 13-5 vote, a 2013 Milwaukee County budget that improves public safety, moves toward greater intergovernmental cooperation, and strikes a more balanced approach to fiscal choices.
- The Board prioritized investment in public safety, including moving ahead on 911 responses transferring to the Milwaukee Police Department; strengthening support for Emergency Medical Services; and creating two new investigator positions in the Office of the District Attorney.
- The Board favored the Sheriff's plan and promise to commit to proactive patrols in the County Parks.
- Details about the budget can be found on the Milwaukee County website.

VI. COMMITTEE/COUNCIL REPORTS

A. ADVOCACY COMMITTEE (NOVEMBER 5, 2012)

See Advocacy Committee meeting minutes (mailed/distributed) for a comprehensive explanation of topic/issue discussions.

MOTION: Approve the NOVEMBER 5, 2012 Advocacy Committee meeting minutes *along with* action items.

ACTION: Motion carried unanimously. (Haase moved, Richins seconded)

B. SERVICE DELIVERY COMMITTEE (OCTOBER 9, 16, 23)

See Service Delivery Committee meeting minutes (mailed/distributed) for a comprehensive explanation of discussed contracts.

Judy Strauss, Service Delivery Committee Chairperson, gave an overview/explanation of the contract review process and contract recommendations. Ms. Strauss thanked the MCDA staff for all of their hard work.

MOTION: Approve the contract recommendations as outlined in the OCTOBER 9, 2012 Service Delivery Committee meeting minutes.

ACTION: Motion carried unanimously. (Warren moved, Gonzales seconded)

MOTION: Approve the contract recommendations as outlined in the OCTOBER 16, 2012 Service Delivery Committee meeting minutes.

ACTION: Motion carried unanimously. (Haase moved, Gonzales seconded)

MOTION: Approve the contract recommendations as outlined in the OCTOBER 23, 2012 Service Delivery Committee meeting minutes.

ACTION: Motion carried unanimously. (Jackson moved, Richins seconded)

C. ADVISORY COUNCIL (NOVEMBER 13, 2012)

See Advisory Council meeting minutes (distributed) for a comprehensive explanation of discussed topics/issues. The Advisory Council unanimously approved the MCDA Area Plan.

MOTION: Approve the NOVEMBER 13, 2012 Advisory Council meeting minutes/report.

ACTION: Motion carried unanimously. (Sevilla moved, Warren seconded)

D. RESOURCE CENTER OVERSIGHT COMMITTEE (NOVEMBER 14, 2011)

Due to meeting time constraints, Shirley Warren, RCOC Chairperson, mentioned that at their November 14th meeting, they discussed the numbers/topics of calls coming into the Resource Center as well as disaster preparedness and Senior Ambassadors. Minutes will be mailed/distributed a.s.a.p.

MOTION: Approve the NOVEMBER 14, 2012 RCOC report.

ACTION: Motion carried unanimously. (Green moved, Gonzales seconded)

E. INTERGENERATIONAL COUNCIL (NOVEMBER 15, 2012)

Sr. Edna Lonergan, Intergenerational Council Chair, provided a few highlights from the meeting including an update on the Fall 2013 Symposium. Minutes will be mailed/distributed a.s.a.p.

MOTION: Approve the NOVEMBER 15, 2012 Intergenerational report.

ACTION: Motion carried unanimously. (Green moved, Warren seconded)

F. WELLNESS COUNCIL (NOVEMBER 15, 2012)

David Hoffman, Intergenerational Council Chair, provided a few highlights from the meeting including: welcoming new staff member Randy Kohl, a presentation on hoarding, and an overview of the Area Plan Goals. Minutes will be mailed/distributed a.s.a.p.

MOTION: Approve the NOVEMBER 15, 2012 Intergenerational report.

ACTION: Motion carried unanimously. (Jackson moved, Hayes seconded)

G. NUTRITION COUNCIL (OCTOBER 16, 2012)

See Nutrition Council meeting minutes (mailed/distributed) for a comprehensive explanation of discussed topics/issues.

MOTION: Approve the OCTOBER 16, 2012 Nutrition Council meeting minutes/report.

ACTION: Motion carried unanimously. (Richins moved, Warren seconded)

VII. AREA PLAN 2013-2015 – Jonette N. Arms

MOTION: Approve the AREA PLAN and GOALS as presented.

ACTION: Motion carried unanimously. (Hill moved, Payne seconded)

VIII. COUNTY SUPERVISOR'S REPORT – Supervisor Steve F. Taylor

Supervisor Taylor provided some information/updates:

- Supervisor Taylor has been attending various meal site locations and will be scheduling future visits; will be visiting each and every site. He will send emails to the Commissioners regarding his visits in case anyone wants to join him.
- Supervisor Taylor distributed Milwaukee County Maps to the Commissioners.
- Supervisor Taylor will continue to have his newsletter as another source of highlights/information.

IX. STATE UPDATES – Cindy Ofstead

Cindy Ofstead has taken over Gail Schwersenska's position as Director of the State's Office on Aging; Gail retired earlier in the year. Ms. Ofstead reported on several items of interest:

- Donna McDowell will be retiring and there will be a party in January.
- Work continues on the legislative council study, grant proposals, work plans, etc.
- Challenges include filling/funding Elder Abuse Specialist and Nutrition Program Specialist.

X. CHAIRPERSON'S REPORT – Vi Hawkins

Vi Hawkins thanked and had great compliments for Stephanie Sue Stein and her team of staff members. Ms. Hawkins also thanked Committee/Council Chairs for their reports and hard work. She reminded everyone that there are no Commission on Aging Meetings in December and to enjoy the holidays!

XI. OTHER BUSINESS – COMMISSIONERS

none

XII. OTHER BUSINESS – PUBLIC

Reminder – Please take and complete the 2013 Milwaukee County Senior Citizen Hall of Fame nomination forms!

XIII. ADJOURNMENT

The meeting adjourned at 11:02AM. The next Commission on Aging meeting will be held in JANUARY 2013. Meg will send out a 2013 schedule of meetings in December.

Respectfully submitted,

Meg Rauschenberger, MCDA Executive Assistant

Compliance with Federal and State Laws and Regulations

On behalf of the area agency on aging, we certify

Milwaukee County Department on Aging

(Give the full name of the area agency on aging)

has reviewed the appendix to the area plan entitled Assurances of Compliance with Federal and State Laws and Regulations for 2013-2015. We assure that the activities identified in this plan will be carried out to the best of the ability of the Area Agency on Aging in compliance with the federal and state laws and regulations listed in the Assurances of Compliance with Federal and State Laws and Regulations for 2013-2015.

Viola "Vi" Hawkins

December 10, 2012

Signature and Title of the Chair of the Commission on Aging

Date

Kenny Malae

December 20, 2012

Signature and Title of the Chair of the Commission on Aging Advisory Council Date

Rocille McConnell

December 27, 2012

Signature and Title of the Chair of the Commission on Aging Advisory Council Date

Assurances

The applicant certifies compliance with the following regulations:

1. Legal Authority of the Applicant

- The applicant must possess legal authority to apply for the grant.
- A resolution, motion or similar action must be duly adopted or passed as an official act of the applicant's governing body, authorizing the filing of the application, including all understandings and assurances contained therein.
- This resolution, motion or similar action must direct and authorize the person identified as the official representative of the applicant to act in connection with the application and to provide such additional information as may be required.

2. Outreach, Training, Coordination & Public Information

- The applicant must assure that outreach activities are conducted to ensure the participation of eligible older persons in all funded services as required by the Bureau of Aging and Disability Resources Resource's designated area agency on aging.
- The applicant must assure that each service provider trains and uses elderly persons and other volunteers and paid personnel as required by the Bureau of Aging and Disability Resources Resource's designated area agency on aging.
- The applicant must assure that each service provider coordinates with other service providers, including senior centers and the nutrition program, in the planning and service area as required by the Bureau of Aging and Disability Resources Resource's designated area agency on aging.
- The applicant must assure that public information activities are conducted to ensure the participation of eligible older persons in all funded services as required by the Bureau of Aging and Disability Resources Resource's designated area agency on aging.

3. Preference for Older People with Greatest Social and Economic Need

The applicant must assure that all service providers follow priorities set by the Bureau of Aging and Disability Resources Resource's designated area agency on aging for serving older people with greatest social and economic need.

4. Advisory Role to Service Providers of Older Persons

The applicant must assure that each service provider utilizes procedures for obtaining the views of participants about the services they receive.

5. Contributions for Services

- The applicant shall assure that agencies providing services supported with Older Americans Act and state aging funds shall give older adults a free and voluntary opportunity to contribute to the costs of services consistent with the Older Americans Act regulations.
- Each older recipient shall determine what he/she is able to contribute toward the cost of the service. No older adult shall be denied a service because he/she will not or cannot contribute to the cost of such service.
- The applicant shall provide that the methods of receiving contributions from individuals by the agencies providing services under the county/tribal plan shall be handled in a manner that assures the confidentiality of the individual's contributions.
- The applicant must assure that each service provider establishes appropriate procedures to safeguard and account for all contributions.
- The applicant must assure that each service provider considers and reports the contributions made by older people as program income. All program income must be used to expand the size or scope of the funded program that generated the income. Nutrition service providers must use all contributions to expand the nutrition services. Program income must be spent within the contract period that it is generated.

6. Confidentiality

- The applicant shall ensure that no information about, or obtained from an individual and in possession of an agency providing services to such individual under the county/tribal or area plan, shall be disclosed in a form identifiable with the individual, unless the individual provides his/her written informed consent to such disclosure.
- Lists of older adults compiled in establishing and maintaining information and referral sources shall be used solely for the purpose of providing social services and only with the informed consent of each person on the list.
- In order that the privacy of each participant in aging programs is in no way abridged, the confidentiality of all participant data gathered and maintained by the State Agency, the Area Agency, the county or tribal aging agency, and any other agency, organization, or individual providing services under the State, area, county, or tribal plan, shall be safeguarded by specific policies.
- Each participant from whom personal information is obtained shall be made aware of his or her rights to:
 - (a) Have full access to any information about one's self, which is being kept on file;
 - (b) Be informed about the uses made of the information about him or her, including the identity of all persons and agencies involved and any known consequences for providing such data; and,

(c) Be able to contest the accuracy, completeness, pertinence, and necessity of information being retained about one's self and be assured that such information, when incorrect, will be corrected or amended on request.

- All information gathered and maintained on participants under the area, county or tribal plan shall be accurate, complete, and timely and shall be legitimately necessary for determining an individual's need and/or eligibility for services and other benefits.
- No information about, or obtained from, an individual participant shall be disclosed in any form identifiable with the individual to any person outside the agency or program involved without the informed consent of the participant or his/her legal representative, except:
 - (a) By court order; or,
 - (b) When securing client-requested services, benefits, or rights.
- The lists of older persons receiving services under any programs funded through the State Agency shall be used solely for the purpose of providing said services, and can only be released with the informed consent of each individual on the list.
- All paid and volunteer staff members providing services or conducting other activities under the area plan shall be informed of and agree to:
 - (a) Their responsibility to maintain the confidentiality of any client-related information learned through the execution of their duties. Such information shall not be discussed except in a professional setting as required for the delivery of service or the conduct of other essential activities under the area plan; and,
 - (b) All policies and procedures adopted by the State and Area Agency to safeguard confidentiality of participant information, including those delineated in these rules.
- Appropriate precautions shall be taken to protect the safety of all files, microfiche, computer tapes and records in any location, which contain sensitive information on individuals receiving services under the State or area plan. This includes but is not limited to assuring registration forms containing personal information are stored in a secure, locked drawer when not in use.

7. Records and Reports

- The applicant shall keep records and make reports in such form and requiring such information as may be required by the Bureau of Aging and Disability Resources and in accordance with guidelines issued solely by the Bureau of Aging and Disability Resources and the Administration on Aging.
- The applicant shall maintain accounts and documents which will enable an accurate review to be made at any time of the status of all funds which it has been granted by the Bureau of Aging and Disability Resources through its designated area agency on aging.

This includes both the disposition of all monies received and the nature of all charges claimed against such funds.

8. Licensure and Standards Requirements

- The applicant shall assure that where state or local public jurisdiction requires licensure for the provision of services, agencies providing services under the county/tribal or area plan shall be licensed or shall meet the requirements for licensure, and apply for licensure.
- The applicant is cognizant of and must agree to operate the program fully in conformance with all applicable state and local standards, including the fire, health, safety and sanitation standards, prescribed in law or regulation.

9. Civil Rights

- The applicant shall comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and in accordance with that act, no person shall on the basis of race, color, or national origin, be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination under any program or activity under this plan.
- All grants, sub-grants, contracts or other agents receiving funds under this plan are subject to compliance with the regulation stated in 9 above.
- The applicant shall develop and continue to maintain written procedures, which specify how the agency will conduct the activities under its plan to assure compliance with Title VI of the Civil Rights Act.
- The applicant shall comply with Title VI of the Civil Rights Act (42 USC 2000d) prohibiting employment discrimination where (1) the primary purpose of a grant is to provide employment or (2) discriminatory employment practices will result in unequal treatment of persons who are or should be benefiting from the service funded by the grant.
- All recipients of funds through the county/tribal or area plan shall operate each program or activity so that, when viewed in its entirety, the program or activity is accessible to and usable by handicapped adults as required in the Architectural Barriers Act of 1968.

10. Uniform Relocation Assistance and Real Property Acquisition Act of 1970

The applicant shall comply with requirements of the provisions of the Uniform Relocation and Real Property Acquisitions Act of 1970 (P.L. 91-646), which provides for fair and equitable treatment of federal and federally assisted programs.

11. Political Activity of Employees

The applicant shall comply with the provisions of the Hatch Act (5 U.S.C. Sections 7321-7326), which limit the political activity of employees who work in federally funded programs. [Information about the Hatch Act is available from the U.S. Office of Special Counsel at <http://www.osc.gov/>]

12. Fair Labor Standards Act

The applicant shall comply with the minimum wage and maximum hours provisions of the Federal Fair Labor Standards Act (Title 29, United States Code, Section 201-219), as they apply to hospital and educational institution employees of state and local governments.

13. Private Gain

The applicant shall establish safeguards to prohibit employees from using their positions for a purpose that is or appears to be motivated by a desire for private gain for themselves or others (particularly those with whom they have family, business or other ties).

14. Assessment and Examination of Records

- The applicant shall give the Federal agencies, State agencies and the Bureau of Aging and Disability Resources Resource's authorized Area Agencies on Aging access to and the right to examine all records, books, papers or documents related to the grant.
- The applicant must agree to cooperate and assist in any efforts undertaken by the grantor agency, or the Administration on aging, to evaluate the effectiveness, feasibility, and costs of the project.
- The applicant must agree to conduct regular on-site assessments of each service provider receiving funds through a contract with the applicant under the county or tribal plan.

15. Maintenance of Non-Federal Funding

- The applicant assures that the aging unit, and each service provider, shall not use Older Americans Act or state aging funds to supplant other federal, state or local funds.
- The applicant must assure that each service provider must continue or initiate efforts to obtain funds from private sources and other public organizations for each service funded under the county or tribal plan.

16. Regulations of Grantor Agency

The applicant shall comply with all requirements imposed by the Department of Health and Family Services, Division of Supportive Living, Bureau of Aging and Disability Resources concerning special requirements of federal and state law, program and fiscal requirements, and other administrative requirements.

17. Older Americans Act

The applicant shall comply with all requirements of the Older Americans Act (PI. 89-73.

Sec. 306(A), AREA PLANS

(2) Each area agency on aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

- (A) services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);
- (B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
- (C) legal assistance;

and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

(4)(A)(i)(I) provide assurances that the area agency on aging will—

- (aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
- (bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);

- (ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

- (I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;
- (II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
- (III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall—

- (I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;
- (II) describe the methods used to satisfy the service needs of such minority older individuals; and
- (III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).

(4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement; and

(4)(C) Each area agency on agency shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.

(6)(F) Each area agency will:

in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

(9) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.

(11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

(13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency--

- (i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
- (ii) the nature of such contract or such relationship.

(13)(C) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

(13)(D) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.

(13)(E) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

(14) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(15) provide assurances that funds received under this title will be used-

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

18. Federal Regulations-

The applicant shall comply with all federal regulations (45 CFR 1321) governing Older Americans Act funds and programs.

19. Wisconsin Elders Act

If the applicant is an aging unit, the aging unit must comply with the provisions of the Wisconsin Elders Act.

Wisconsin Statutes Chapter 46.82 Aging unit.

“Aging unit” means an aging unit director and necessary personnel, directed by a county or tribal commission on aging and organized as one of the following:

- (1) An agency of county or tribal government with the primary purpose of administering programs of services for older individuals of the county or tribe.
- (2) A unit, within a county department under s. 46.215, 46.22
- (3) or 46.23, with the primary purpose of administering programs of
- (4) services for older individuals of the county.
- (5) A private corporation that is organized under ch. 181 and
- (6) that is a nonprofit corporation, as defined in s. 181.0103 (17).

Aging Unit; Creation. A county board of supervisors of a county, the county boards of supervisors of 2 or more contiguous counties or an elected tribal governing body of a federally recognized American Indian tribe or band in this state may choose to administer, at the county or tribal level, programs for older individuals that are funded under 42 USC 3001 to 3057n, 42 USC 5001 and 42 USC 5011 (b). If this is done, the county board or boards of supervisors or tribal governing body shall establish by resolution a county or tribal aging unit to provide the services required under this section. If a county board of supervisors or a tribal governing body chooses, or the county boards of supervisors of 2 or more contiguous counties choose, not to administer the programs for older individuals, the department shall direct the area agency on aging that serves the relevant area to contract with a private, nonprofit corporation to provide for the county, tribe or counties the services required under this section.

Aging Unit; Powers and Duties. In accordance with state statutes, rules promulgated by the department and relevant provisions of 42 USC 3001 to 3057n and as directed by the county or tribal commission on aging, an aging unit:

(a) *Duties.* Shall do all of the following:

1. Work to ensure that all older individuals, regardless of income, have access to information, services and opportunities available through the county or tribal aging unit and have the opportunity to contribute to the cost of services and that the services

and resources of the county or tribal aging unit are designed to reach those in greatest social and economic need.

2. Plan for, receive and administer federal, state and county, city, town or village funds allocated under the state and area plan on aging to the county or tribal aging unit and any gifts, grants or payments received by the county or tribal aging unit, for the purposes for which allocated or made.
3. Provide a visible and accessible point of contact for individuals to obtain accurate and comprehensive information about public and private resources available in the community, which can meet the needs of older individuals.
4. As specified under s. 46.81, provide older individuals with services of benefit specialists or appropriate referrals for assistance.
5. Organize and administer congregate programs, which shall include a nutrition program and may include one or more senior centers or adult day care or respite care programs, that enable older individuals and their families to secure a variety of services, including nutrition, daytime care, educational or volunteer opportunities, job skills preparation and information on health promotion, consumer affairs and civic participation.
6. Work to secure a countywide or tribal transportation system that makes community programs and opportunities accessible to, and meets the basic needs of, older individuals.
7. Work to ensure that programs and services for older individuals are available to homebound, disabled and non-English speaking persons, and to racial, ethnic and religious minorities.
8. Identify and publicize gaps in services needed by older individuals and provide leadership in developing services and programs, including recruitment and training of volunteers, that address those needs.
9. Work cooperatively with other organizations to enable their services to function effectively for older individuals.
10. Actively incorporate and promote the participation of older individuals in the preparation of a county or tribal comprehensive plan for aging resources that identifies needs, goals, activities and county or tribal resources for older individuals.
11. Provide information to the public about the aging experience and about resources for and within the aging population.
12. Assist in representing needs, views and concerns of older individuals in local decision making and assist older individuals in expressing their views to elected officials and providers of services.
13. If designated under s. 46.27 (3) (b) 6., administer the long-term support community options program.
14. If the department is so requested by the county board of supervisors, administer the pilot projects for home and community-based long-term support services under s. 46.271.
15. If designated under s. 46.90 (2), administer the elder abuse reporting system under s. 46.90.
16. If designated under s. 46.87 (3) (c), administer the Alzheimer's disease family and caregiver support program under s. 46.87.
17. If designated by the county or in accordance with a contract with the department, operate the specialized transportation assistance program for a county under s. 85.21.
18. Advocate on behalf of older individuals to assist in enabling them to meet their basic needs.

19. If an aging unit under sub. (1) (a) 1. or 2. and if authorized under s. 46.283 (1) (a) 1., apply to the department to operate a resource center under s. 46.283 and, if the department contracts with the county under s. 46.283 (2), operate the resource center.

20. If an aging unit under sub. (1) (a) 1. or 2. and if authorized under s. 46.284 (1) (a) 1., apply to the department to operate a care management organization under s. 46.284 and, if the department contracts with the county under s. 46.284 (2), operate the care management organization and, if appropriate, place funds in a risk reserve.

(b) Powers. May perform any other general functions necessary to administer services for older individuals.

(4) Commission On Aging.

(a) Appointment.

1. Except as provided under subd. 2., the county board of supervisors in a county that has established a single-county aging unit, the county boards of supervisors in counties that have established a multicounty aging unit or the elected tribal governing body of a federally recognized American Indian tribe or band that has established a tribal aging unit shall, before qualification under this section, appoint a governing and policy-making body to be known as the commission on aging.

2. In any county that has a county executive or county administrator and that has established a single-county aging unit, the county executive or county administrator shall appoint, subject to confirmation by the county board of supervisors, the commission on aging. A member of a commission on aging appointed under this subdivision may be removed by the county executive or county administrator for cause.

(b) Composition.

A commission on aging, appointed under par. (a) shall be one of the following:

1. For an aging unit that is described in sub. (1) (a) 1. or 2., organized as a committee of the county board of supervisors, composed of supervisors and, beginning January 1, 1993, advised by an advisory committee, appointed by the county board. Older

individuals shall constitute at least 50% of the membership of the advisory committee and individuals who are elected to any office may not constitute 50% or more of the membership of the advisory committee.

2. For an aging unit that is described in sub. (1) (a) 1. or 2., composed of individuals of recognized ability and demonstrated interest in services for older individuals. Older individuals shall constitute at least 50% of the membership of this commission and

individuals who are elected to any office may not constitute 50% or more of the membership of this commission.

3. For an aging unit that is described in sub. (1) (a) 3., the board of directors of the private, nonprofit corporation. Older individuals shall constitute at least 50% of the membership of this commission and individuals who are elected to any office may not constitute 50% or more of the membership of this commission.

(c) Terms.

Members of a county or tribal commission on aging shall serve for terms of 3 years, so arranged that, as nearly as practicable, the terms of one-third of the members shall expire each year, and no member may serve more than 2 consecutive 3-year terms. Vacancies shall be filled in the same manner as the original appointments. A county or tribal commission on aging member appointed under par. (a) 1. may be removed from office for cause by a two-thirds vote of each county board of supervisors or tribal

governing body participating in the appointment, on due notice in writing and hearing of the charges against the member.

(c) Powers and duties.

A county or tribal commission on aging appointed under sub. (4) (a) shall, in addition to any other powers or duties established by state law, plan and develop administrative and program policies, in accordance with state law and within limits established by the department of health and family services, if any, for programs in the county or for the tribe or band that are funded by the federal or state government for administration by the aging unit. Policy decisions not reserved by statute for the department of health and family services may be delegated by the secretary to the county or tribal commission on aging. The county or tribal commission on aging shall direct the aging unit with respect to the powers and duties of the aging unit under sub. (3).

(5) Aging Unit Director; Appointment. A full-time aging unit director shall be appointed on the basis of recognized and demonstrated interest in and knowledge of problems of older individuals, with due regard to training, experience, executive and administrative ability and general qualification and fitness for the performance of his or her duties, by one of the following:

(a) 1. For an aging unit that is described in sub. (1) (a) 1., except as provided in subd. 2., a county or tribal commission on aging shall make the appointment, subject to the approval of and to the personnel policies and procedures established by each

county board of supervisors or the tribal governing body that participated in the appointment of the county or tribal commission on aging. 2. In any county that has a county executive or county administrator and that has established a single-county aging unit, the county executive or county administrator shall make the appointment,

subject to the approval of and to the personnel policies and procedures established by each county board of supervisors that participated in the appointment of the county commission on aging.

(b) For an aging unit that is described in sub. (1) (a) 2., the director of the county department under s. 46.215, 46.22 or 46.23 of which the aging unit is a part shall make the appointment, subject to the personnel policies and procedures established by the county board of supervisors.

(d) For an aging unit that is described in sub. (1) (a) 3., the commission on aging under sub.

(4) (b) 3. shall make the appointment, subject to ch. 181.

