





# Executive Summary

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Looking at a neighborhood from the perspective of an older adult allows us to see that the ordinary things we do everyday may pose significant problems to someone with frailties. The grocery store may be too far away for someone who no longer drives; the traffic patterns and stoplights may not allow someone with limited mobility to cross the street in time; people move away, and with everyone's busy lives, there are fewer opportunities to get to know your neighbor. As communities think about retaining their older adult residents, they are learning three fundamental things:

- 1) Older adults want choices about where to age – whether it is staying in their home or apartment, or moving.
- 2) People in general, and particularly older adults, want to feel connected to their communities in some way, and to each other.
- 3) Communities benefit from being connected to older adults in terms of resident stability, historical perspective, economic impact on area businesses, and the willingness of older adults to give back in some way.<sup>1</sup>

The Shorewood Older Adult Community Survey provides a glimpse into the lives of Shorewood's older adults and how they view their community. The good news is that adult residents of Shorewood age 55 and over are doing relatively well. For the most part, they are healthy, financially independent, and connected to the community and to other people. The Village has several assets which contribute to a high quality of life for its older residents. At the same time, there are areas of concern for those Shorewood older adults not faring as well. The predicted growth of the older adult population, particularly among those age 75 and over, will result in

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<sup>1</sup> Kretzmann, John P. and McKnight, John L., Building Communities from the Inside Out, Skokie, IL: ACTA Publications, 1993, pp. 52-53.

increased demand for services, with a decreased ability for older adults to pay for services. Potential areas for future discussion include

- Interventions for low-income older adults with health issues
- Ways to reach isolated older adults, and others in need of services
- Support for caregivers as well as for those being cared for
- Financial counseling and long-term care planning
- Providing information about available programs and services to family and friends, health care providers and via the internet; ensuring that information is also readily accessible for Shorewood's non-English speaking population
- Opportunities for volunteerism or greater social interaction.

As a whole, Shorewood has many assets and resources that could be brought together in partnership to improve the ability of Shorewood older adult residents to stay in and contribute to their community. Potential stakeholders in this effort include businesses with a significant older adult customer base; non-profits serving area older adults; municipal policymakers as well as program and service providers; public and private property owners with older adult tenants; and of course older adults themselves. Under the leadership of the Village of Shorewood Elder Services Advisory Board with technical assistance provided by Connecting Caring Communities, this partnership can begin the work of developing relationships, identifying community assets, and exploring new ways of connecting Shorewood older adults with each other and with community resources.

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# Background and Purpose

The Shorewood Older Adult Community Survey 2007 was conducted as part of the Connecting Caring Communities Partnership, under the direction of Interfaith Older Adult Programs. The purpose of the survey was to gather information on behalf of the Village of Shorewood's Elder Services Advisory Board, as a first step in developing a neighborhood partnership to support the ability of older adults to live in and contribute to the community. The Village of Shorewood last conducted a survey of its older adult residents in 1998.

## **About Connecting Caring Communities and Interfaith Older Adult Programs**

Connecting Caring Communities is a project that strengthens the system of long term care for Milwaukee County's older adults through developing, nurturing, and supporting partnerships with all stakeholders. The project was originally supported by The Robert Wood Johnson Foundation through its Community Partnerships for Older Adults national initiative. Milwaukee County is one of sixteen communities to have received a grant with the goal of fostering community partnerships to improve long term care and supportive services systems to meet the current and future needs of older adults. Local funding for Connecting Caring Communities is currently provided by The Helen Bader Foundation and The Greater Milwaukee Foundation.

As one of the major partners in Connecting Caring Communities, Interfaith Older Adult Programs has led neighborhood partnership development efforts in Sherman Park and more recently, in West Allis/West Milwaukee. (Other neighborhood partnerships have been developed by Connecting Caring Communities in the Layton Blvd. neighborhood and the Prospect/Farwell neighborhood). Interfaith was founded in 1973 by several congregations on Milwaukee's East Side who were concerned about isolated elders. These congregations pooled their resources to more effectively reach out to isolated elders. The Interfaith Neighborhood Outreach Program is the direct descendant

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of those early efforts. Interfaith Older Adult Programs, Inc. (then Interfaith Program for the Elderly) incorporated in 1975. Since then Interfaith has replicated those early efforts of Milwaukee's East Side to provide a countywide Neighborhood Outreach Program with 15 offices supported by 186 congregations. Since 1975, Interfaith has established many other programs that enhance the welfare of elders and family caregivers who support them. Programs include:

- Employment Services
- Family Caregiver Support Network
- Family Care Case Management Unit
- Foster Grandparent Program
- Good Neighbor Project
- Neighborhood Outreach
- Personal Care Plus +
- RSVP Volunteer Program
- Senior Centers
- Senior Dining
- Telephone Reassurance

### **About the Village of Shorewood Elder Services Advisory Board**

The Elder Services Advisory Board consists of seven members serving three year terms. It advises the Village Board and administration on matters related to the needs of Shorewood's older adult population. Current members include:

*John Hein, Chairperson*

*Alex Hill*

*Linda Maki*

*Thomas Pexton*

*Lynn Sager*

*Judy Spencer*

*Melinda Vernon*

# Survey Methodology

A random sample of target-listed addresses in the Village of Shorewood with the probability of having an adult age 55 and over was provided to JKV Research, LLC by Survey Sampling International. A representative sample was drawn for the River Park apartments, since they were underrepresented in the original sample. As a result, a total of 1,760 addresses were used. A three-step approach was conducted:

- 1) A pre-notification letter was sent on September 21, 2007 from the Village Board President announcing the upcoming survey.
- 2) On September 28, 2007 the questionnaire packet was mailed. It included a letter, the 12 page survey, and a postage-paid envelope.
- 3) A reminder postcard was mailed on October 5, 2007.

A total of 926 questionnaires (8% were written in Russian) were returned by October 31, 2007. Fifty-seven questionnaires were returned as inapplicable since there was no adult 55 or older present, or the packet was returned as undeliverable. Therefore the adjusted sample size was 1,703, resulting in a response rate of 54%. With a sample size of 926 we can be 95% sure that the sample percentage reported would not vary by more than +/- 3 percent from what would have been obtained by interviewing all persons 55 years old and older who live in Shorewood. The margin of error for smaller subgroups will be larger. Post-stratification was done by gender and age to reflect the 2000 census proportion.

Results of the Shorewood Older Adult Community Survey 2007 can be generalized to the adult population who are age 55 and older. In 2000, the census counted 3,140 adults age 55 and older in Shorewood. When using percentages from this study, it is important to keep in mind what each percentage point, within the margin of error, actually represents in terms of the

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total adult population. One percentage point equals approximately 30 adults. Throughout the report, some totals may be more or less than 100% due to rounding, response category distribution, and those who did not answer the question. Survey management was conducted by JKV Research, LLC.

This summary report was prepared by Sue Kelley Consulting for Interfaith Older Adult Programs. While this report summarizes some of the key findings of the survey, without comparison data, it is difficult to determine whether a finding is statistically significant. The key findings were identified by the writer of the report, with assistance from the Village of Shorewood Elder Services Advisory Board. Full copies of the survey can be obtained by contacting Elizabeth Price, Director of the Shorewood Senior Resource Center (414) 847-2727.

## Resources/Assets

Shorewood is fortunate to have many resources, both formal and informal, to support the ability of older adults to live in and contribute to the community. These “formal” resources include:

- The Village of Shorewood Senior Resource Center
- The Shorewood/Whitefish Bay Health Department
- The Village of Shorewood Police Department (security surveys, block watch program)
- The School District of Shorewood Recreation and Community Services Department (reduced fee programs and the Shorewood Community Fitness Center)
- The School District of Shorewood (older adult activities pass)
- The Village of Shorewood Public Library (large print materials, books-on-tape; free internet access)
- The Village of Shorewood (absentee ballot requests)

- The Village of Shorewood Department of Public Works (back door trash collection for residents with disabilities)
- The North Shore Fire Department (lockbox program in cooperation with Interfaith's Project Reassurance, safety education)

In addition, The Milwaukee County Aging Resource Center and numerous County-administered programs are available to Shorewood residents.

Shorewood also has many "informal" resources for older adults as well, including but not limited to:

- Shoreline Interfaith Neighborhood Outreach Program
- Friends of Shorewood Library
- Shorewood Historical Society
- Shorewood Men's Club
- Shorewood Women's Club
- Shorewood businesses offering special services, e.g., home delivery, and/or discounted pricing to Shorewood older adults
- Shorewood businesses primarily serving older adults
- Block Clubs
- Area churches

Additionally, there are programs offered at UW-Milwaukee and in the north shore area accessible to Shorewood older adults.

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## Demographic Summary

As the baby boomers reach old age beginning in the year 2010, the composition of this country's population will shift. It is predicted that by the year 2030, one in every five Americans will be older adults<sup>2</sup>. In Shorewood, this demographic shift has already occurred: currently one in five residents is an older adult. Shorewood is home to approximately 3,140 adults age 55 and over<sup>3</sup>. It is estimated that 22.8% of the total Village population fits into this age bracket, compared with 22.9% of Milwaukee County's population and 18.9% of neighboring Whitefish Bay's population.<sup>4</sup>

Table 1. Older Population in Shorewood by age group	
Age group	Population
55-59 years	623
60-64 years	495
65-74 years	940
75-84 years	747
85 years and older	290
Total	3,140

Nationally, it is predicted that the fastest growing segment of the older adult population is expected to be among persons age 85 and older<sup>5</sup>. While the

<sup>2</sup> West Allis West Milwaukee Older Adult Community Survey 2007. City of West Allis Health Department, December 4, 2007.

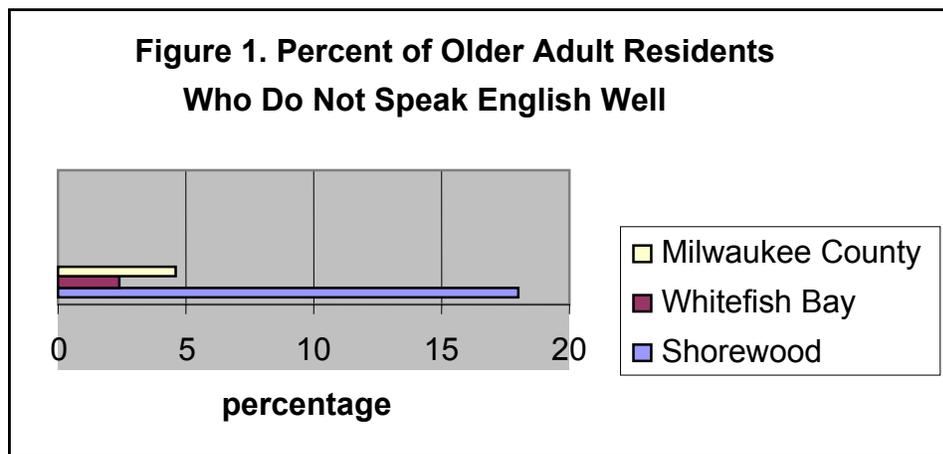
<sup>3</sup> Data compiled by the Milwaukee County Department on Aging from Census 2000 Summary File (SF1)

<sup>4</sup> Milwaukee County Department on Aging. The Face of Aging in Milwaukee County Second Edition. Milwaukee, WI: July 2004.

<sup>5</sup> Ibid.

demand for health and long term care services will increase, as people age their ability to pay for services decreases<sup>6</sup>.

In general, it can be said that Shorewood's older adult population is more affluent and highly educated than Milwaukee County's older adult population as a whole. Looking at data from the 2000 U.S. Census, there is a higher proportion of the older adult population identified as non-English speaking in Shorewood (18% of the older adult population identify themselves as not speaking English very well) in comparison to Whitefish Bay older adults (2.4%) and Milwaukee County older adults (4.6%).



While most Shorewood older adults own their own homes, a number of residents live in apartment buildings scattered throughout the Village, in duplexes, or in the River Park apartments, consisting of 427 units of federally-subsidized housing for low-income and disabled people. Roughly half (52.3%) of all Shorewood residents age 55 and over live in renter-occupied housing, which is slightly higher than the proportion of Milwaukee County older adults (47.4%) and significantly higher than the proportion of Whitefish Bay older adults (14.7%). Nearly 8% of Shorewood's population over age 55 live below the poverty level.

<sup>6</sup> Long Term Care resources include a spectrum of services and equipment provided to older adults on a non-acute basis, e.g., everything from home modification to snow shoveling to transportation to supportive housing.



## About the survey respondents

Table 2. Percent of survey respondents by age	
55-59 years	19%
60-64 years	13%
65-69 years	14%
70-74 years	15%
75-79 years	17%
80 & older	18%

A typical survey respondent is female (61%), a college graduate (63%), not employed for pay (61%), with an income over \$40k (54%), and living with one or more additional people (55%).

The educational level of survey respondents is shown in Table 3.

Table 3. Percent of survey respondents by education	
High School Graduate or Less	12%
Some post high school	23%
College Graduate	63%

The employment status of survey respondents is shown in Table 4.

Table 4. Percent of survey respondents by employment status	
Full-time	25%
Part-time	12%
Not employed for pay	61%

The household income of survey respondents is shown in Table 5.

\$17,000 or less	18%
\$17,001 to \$40,000	19%
\$40,001 or more	54%

The number of people per household of survey respondents is shown in Table 6.

Table 6. Percent of survey respondents by number of people in household	
One person	12%
Two people	23%
Three or more people	63%

## Physical Health

The aging process results in physical changes, when coupled with the loss of family and friends, puts the older adult at greater risk for developing depression. How the older adult adapts to these challenges and limitations greatly determines their overall sense of health and well-being.<sup>7</sup>

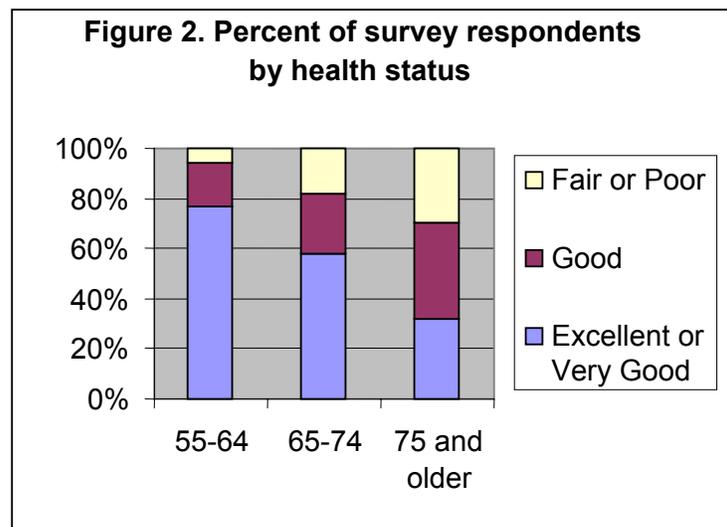
According to the Shorewood Older Adult Community Survey 2007, 54% of respondents reported their health as excellent or very good; 26% as good; and 20% said fair or poor. Factors associated with reporting excellent or very good health: those age 65 and under; those with higher educational levels, those still

<sup>7</sup> "Add 5 Good Years to Your Life." UCLA Division of Geriatrics: Healthy Years. 4G (August, 2006):3.



involved in the world of work, those with higher incomes, those married and those living in a household with others.

The highest percentage of those reporting fair or poor health (53%) are those reporting they are not hopeful about the future. Those identifying themselves as caregivers are also more likely to report fair or poor health (30%) in comparison to non-caregivers (18%). Not surprisingly, reports of fair or poor health increase with age (6% of that age 55 to 64 report fair or poor health vs. 30% of those age 75 and older).



### Physically Fit

58% of the respondents reported feeling physically fit nearly all or all of the past month. A total of 23% of respondents indicated that they felt physically unfit.

The factors with the highest correlations to feeling unfit: those not hopeful about the future (64%), those with incomes less than \$17k (40%), those who indicated they would like to do more in terms of social activities (35%) and those identifying themselves as caregivers (34%).

### Prescription drugs

In the past year, 43% of respondents reported their health care provider discussed prescription drug use including possible interactions between prescription drugs, over-the-counter drugs, alcohol, or other substances. This was more common among male respondents (53%) than female respondents (38%) and highest among those with household incomes less than \$17k.

### **Use of cane**

15% of respondents were told to use a cane or walker in the home to get around; 35% of this group reported always using one.

### **Alcohol**

While 40% of the respondents indicated they did not consume any alcoholic beverages in an average week, 22% of respondents reported drinking five or more. This number was higher among men (30%) than women (19%) and among those with incomes over \$40k (33%). Of those not hopeful about the future, this number was only 8%.

### **Home safety**

In the past 12 months, 7% of respondents reported they had fallen and injured themselves at home. Factors correlated with this report: older age, low-income, renters, those wanting to do more social activities. Nine percent (9%) of respondents reported their bathroom needed grab bars while 6% reported a bath bench in their shower or tub was needed.

## **Mental Health/Social Connectedness**

It is important for all of us to feel like we are a part of something -- to feel like we belong. Those older adults who continue to interact with others tend to be healthier, both physically and mentally, than those who become socially isolated.

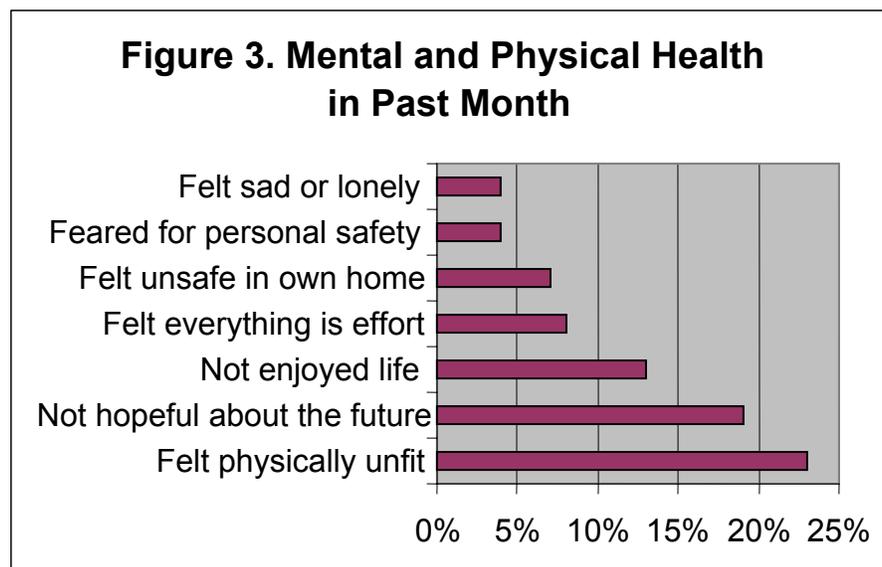
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Interactions with friends and family members can provide emotional and practical support that enable older people to remain in the community, and reduce the likelihood they will need formal health care services.<sup>8</sup> For those with lifelong mental health issues, untreated problems often become more difficult when combined with the aging process and the body's changing response to medications. Isolation certainly compounds these problems.

### Outlook on life

The survey found 71% of the respondents reported that they enjoy life. It also found 19% of the respondents not hopeful about the future. Of those reporting that they were being cared for in the home by someone else, this number was much higher: 42% were not hopeful about the future. Thirteen percent (13%) indicated that they felt sad or lonely either several days or nearly all days of the past month. Eighty-eight percent (88%) reported feeling safe in their own home.



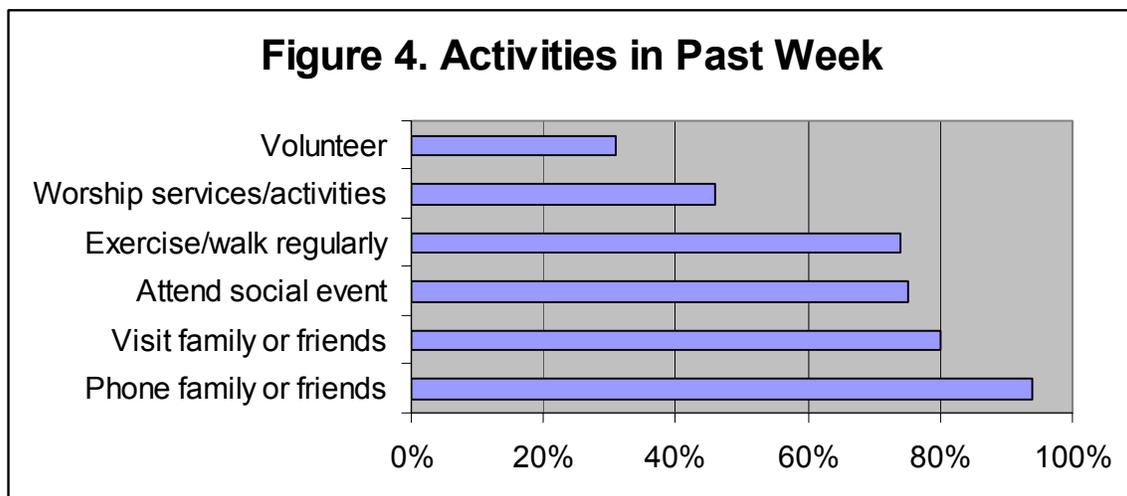
<sup>8</sup> Federal Interagency Forum on Aging Related Statistics. Older Americans 2000: Key Indicators of Well-Being. Washington, D.C.: US Government Printing Office. August 2000.

### Social Interaction

Ninety-four percent (94%) of survey respondents reported in the past week they had talked on the phone with family or friends and 80% reported a visit in person. Seventy-five percent (75%) attended a social event and 74% exercised or walked regularly.

Sixty-nine percent (69%) of the respondents reported that neighbors, family or friends would check in if they hadn't heard from the respondent within 24 hours. This number was higher for renters than homeowners and highest (83%) among those with household incomes of \$17k or less.

Eighteen percent (18%) had attended a senior center; less than 4% of this total is age 64 or under. Nineteen percent (19%) of respondents would like to do more social activities. This group is primarily comprised of people who are not married, who rent their homes, and are over the age of 65.



### Volunteerism

Thirty-one percent (31%) of survey respondents reported they volunteered for some type of organization in the past week. Data from the 2005 Current Population Survey indicates that 30.2% of older people age 55-64 engaged in



formal volunteerism while 24.8% of those 65 and older reported the same.<sup>9</sup> According to national think tank Civic Ventures, just 17% of adults age 55 and over who were not directly asked to volunteer did volunteer on their own. Among those who were asked, however, 83% – or more than four times as many – volunteered.<sup>10</sup>

## Social Services

Five percent (5%) reported they were caring for someone who may need care including dressing, bathing, eating, financial work or household chores. In 59% of the cases it was a spouse; 12% reported caring for a parent and 5% reported caring for another relative. As noted earlier, caregivers are more likely to report that they feel physically unfit.

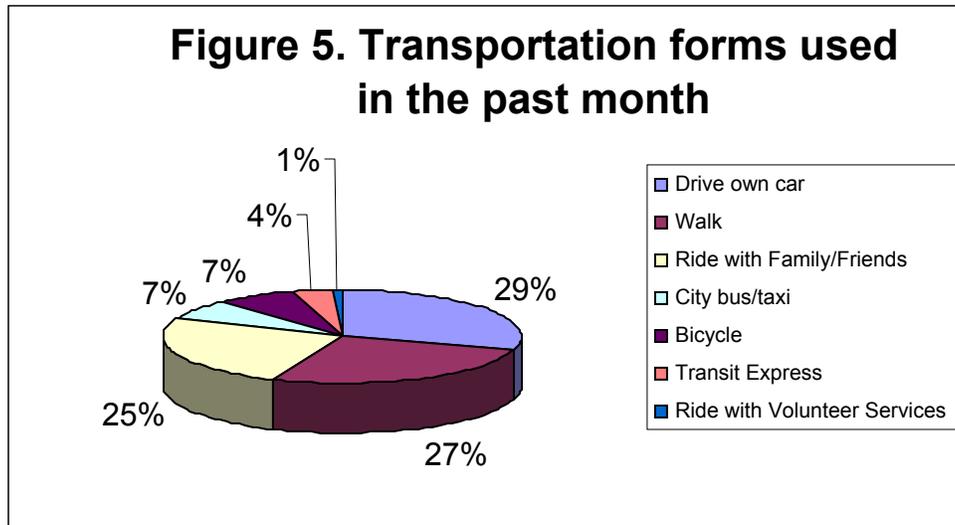
### Transportation

Seventy-four percent (74%) of respondents reported driving their own car; 62% rode with family or friends. Sixty-seven percent (67%) of respondents reported walking in the past week while 18% of respondents reported using a city bus and/or taxi within the past month.

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<sup>9</sup> Rozario, Philip A. “Volunteering Among Current Cohorts of Older Adults and Baby Boomers.” *Generations*, Washington, D.C.: American Society on Aging, Volume XXX, Number 4.

<sup>10</sup> From the Civic Ventures website, [ventures.org/publications/articles/fact\\_sheet\\_on\\_older\\_americans.cfm](http://ventures.org/publications/articles/fact_sheet_on_older_americans.cfm)



Eight percent (8%) of respondents reported it was very or somewhat difficult to arrange transportation to social activities/visit others or do routine shopping; Seven percent (7%) reported it was very or somewhat difficult to arrange transportation to medical or dental appointments.

### Needing Help

When asked if they have received help they might need in the areas of household chores, paperwork/finances and personal care, 34% of respondents reported they have received the help they need. Four percent (4%) reported the main reason for not receiving the help they need is that they are reluctant to ask for help; 3% reported they can't afford to pay for help while 2% reported they can't find reliable help.

## Concerns of Older Adults

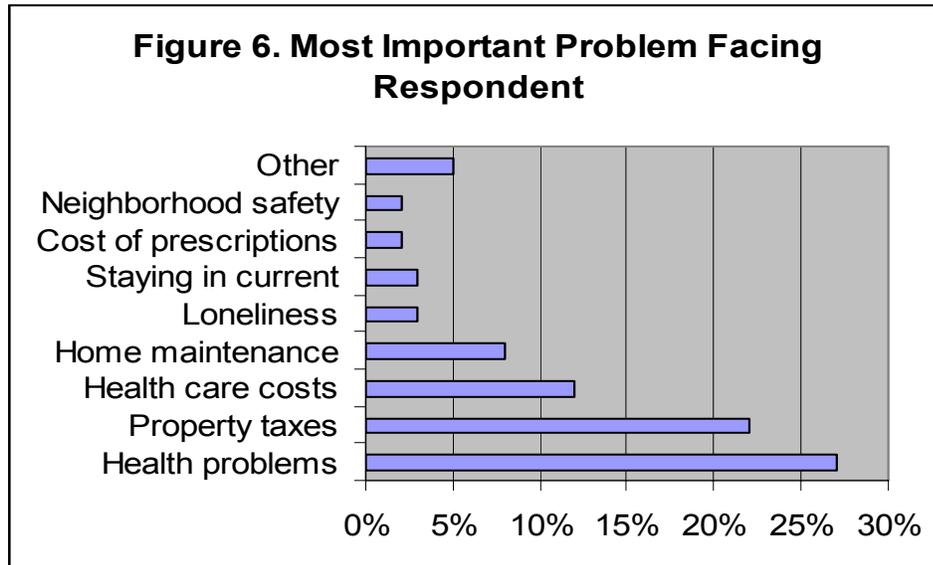
### Most important problems

From a list of twelve possible problems, respondents were asked to identify the most important problem they are facing. The results in order of importance:

Health problems (27%)

Property taxes (22%)

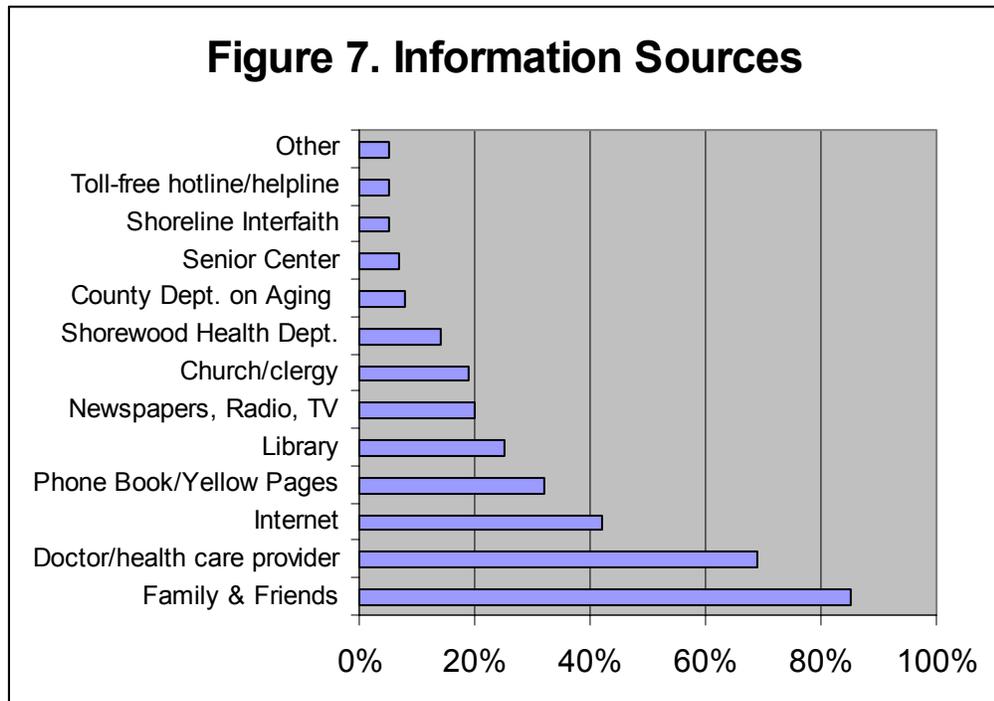
Health care costs (12%)  
Home maintenance (8%)



### Sources of Information

Survey respondents were asked where they would turn for information if they had any problems and needed information. Most respondents reported they would turn to family or friends for information, followed by their doctor or other health care provider. The results:

- 85% family or friends
- 69% doctor or other health care provider
- 42% would turn to the internet
- 32% the phone book/yellow pages
- 20% newspapers, radio, TV
- 19% church/clergy
- 14% Shorewood Health Department
- 8% Milwaukee County Department on Aging Resource Center
- 7% Senior Center
- 5% Shoreline Interfaith
- 5% Toll-free hotline/helpline



The internet is fast becoming an important resource for older adults. In Shorewood, 61% of respondents said they have internet access at home. This is more likely to be true of those under age 75 with incomes over \$17k per year. Of those who have internet access at home, 76% use it every day or nearly every day.

### Planning for the future

Sixty-eight percent (68%) of respondents reported that it is most important or very important to live in their current residence as they grow older; this is equally true for renters and homeowners. If a respondent intended to move outside of Shorewood, the most common reasons were to find more affordable housing (23%), to move to an assisted living facility (22%) or to be near family (16%).

Sixty-four percent of respondents (64%) reported they have made legal arrangements naming someone to make health care decisions on their behalf if they are unable to do so. Sixty-percent (60%) reported they made legal arrangements for someone to make financial decisions on their behalf while 25% reported long-term care arrangements have been made.



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# Beyond the Survey Report

For many older adults, Shorewood is a great place to live. It is a walk-able community, with many opportunities to stay connected to other people and many resources to draw upon. For others, there are barriers to enjoying life and to obtaining the services and resources needed to remain independent.

To date, Connecting Caring Communities has worked in three neighborhoods throughout Milwaukee County to bring together people and organizations wanting to develop and build upon connections within the neighborhood that will ultimately improve the quality of life for older adults. The model process Connecting Caring Communities has created for building neighborhood partnerships consists of five phases<sup>11</sup>:

- Identifying the lead organization
- Conducting asset mapping and gathering initial data
- Building and nurturing the partnership
- Developing the plan, based upon assets and data
- Working toward sustainability

In Shorewood, the Village's Elder Services Advisory Board has expressed a willingness to lead the development of a neighborhood partnership. This survey report serves as the compilation of initial data and information regarding assets. The next phase of partnership development will be to build the partnership by convening a group of residents, organizations, businesses, and formal and informal resource representatives willing to work together on behalf of Shorewood's older adults. This partnership will need development and nurturing, which will take time. As partners begin to make connections, a plan

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<sup>11</sup> Taken from "[Won't you be my neighbor?](#)" [A Guide to Connecting Caring Communities](#), Milwaukee: Connecting Caring Communities Partnership, June 1, 2007

will be developed, with an eye towards sustainability. Relationship-building and sharing of resources can lead to new opportunities and success for all involved.

