



Wauwatosa, WI

Senior Commission

Meeting Agenda - Final

Monday, May 18, 2026

4:00 PM

Wauwatosa Health Department
Conference Room and Zoom:
<https://us02web.zoom.us/j/89993052063>,
Meeting ID: 899 9305 2063

Regular meeting

HYBRID MEETING INFORMATION

Members of the public may observe and participate in the meeting in-person or via Zoom at the link above. To access the Zoom meeting via phone, call 1-312-626-6799 and enter the Meeting ID.

CALL TO ORDER

ROLL CALL

APPROVAL OF MINUTES

1. Approval of April 20, 2026 Minutes [26-0912](#)

NEW BUSINESS

1. Aging articles shared by Pat Bruce [26-0914](#)
2. Community Advocates Presentation: Aging Adults and Housing Insecurity
<<https://communityadvocates.net/what-we-do/aging-adults-and-housing-insecurity/aging-adults-and-housing-insecurity.html>> - Kathy and Carmen [26-0917](#)
3. CHA Age-Friendly Snapshot - Carmen [26-0922](#)
4. In-District Advocacy Day May 27 - Carmen [26-0924](#)

WAUWATOSA HEALTH DEPARTMENT REPORTS

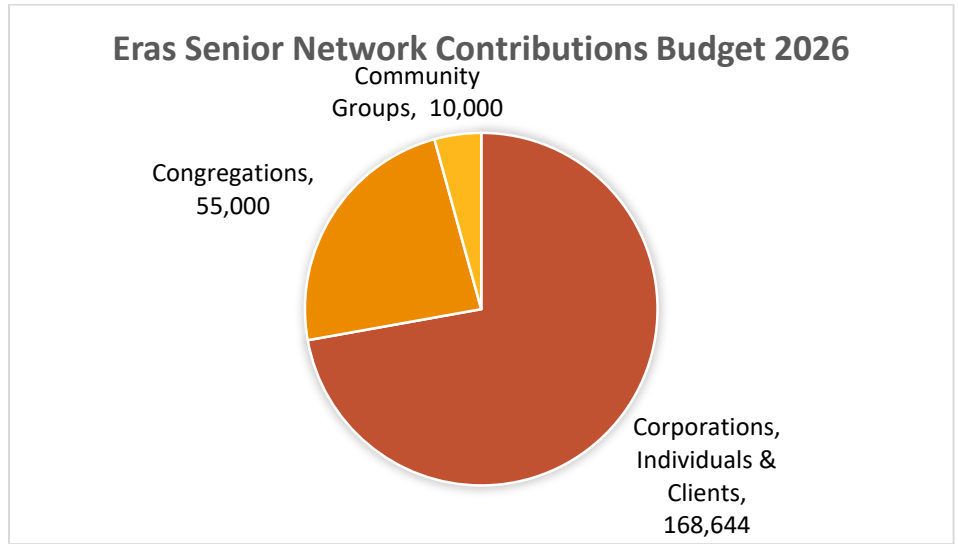
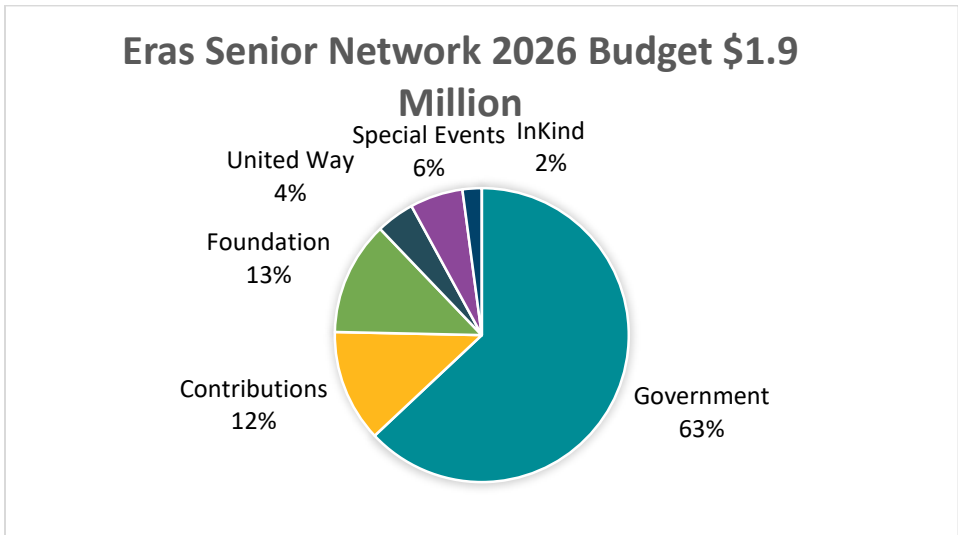
1. Senior Center/Senior Club [26-0926](#)
2. Health Department and Age-Friendly Tosa [26-0929](#)
3. Police Department [26-0928](#)
4. Joint Housing Coalition [26-0930](#)
5. Common Council [26-0931](#)

ANNOUNCEMENTS

NEXT MEETING DATE: Monday, June 15, 2026

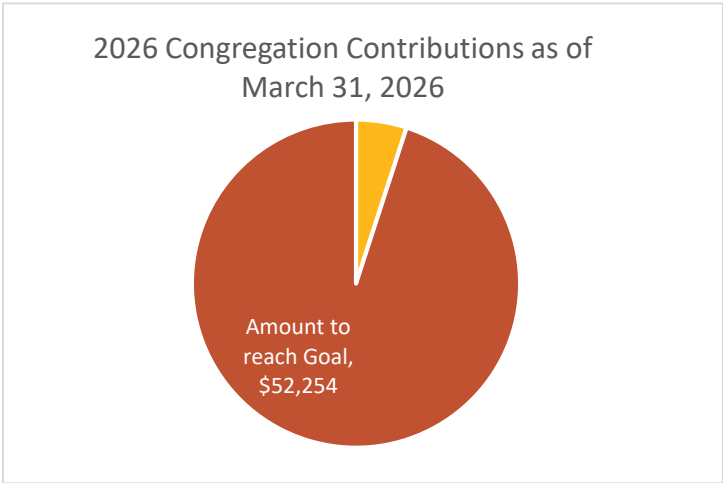
ADJOURNMENT

Eras Senior Network, Inc.
Financial Report
for period ending March 31, 2026

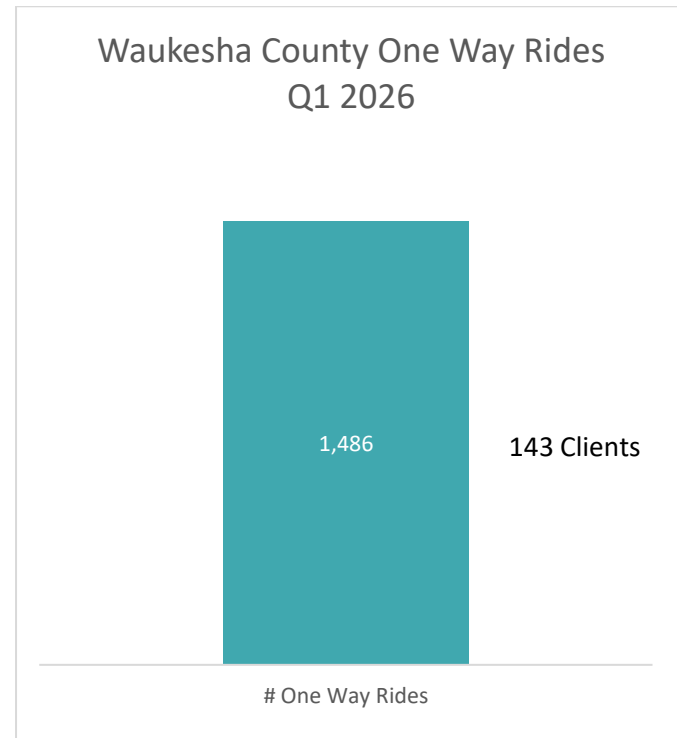
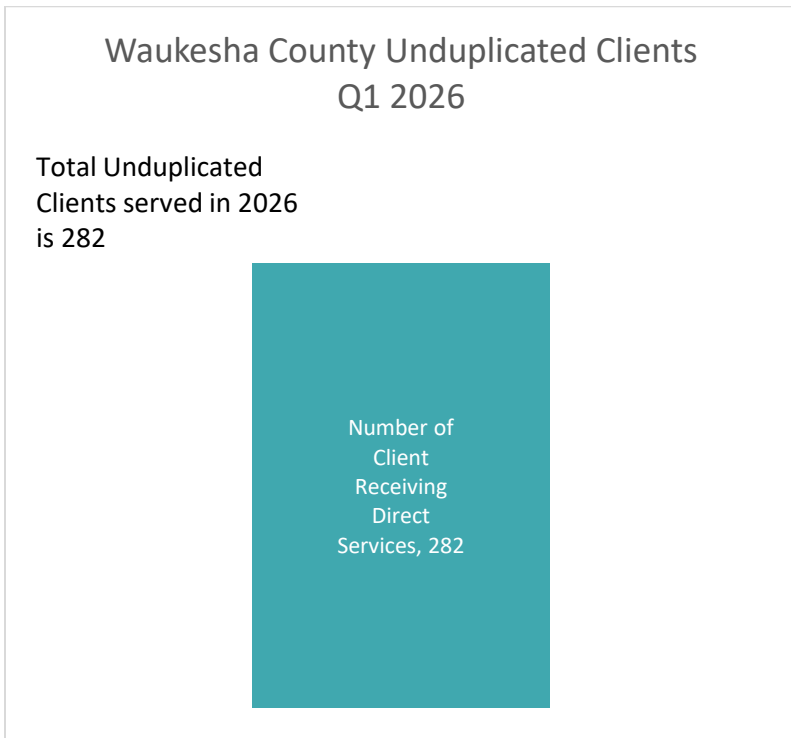
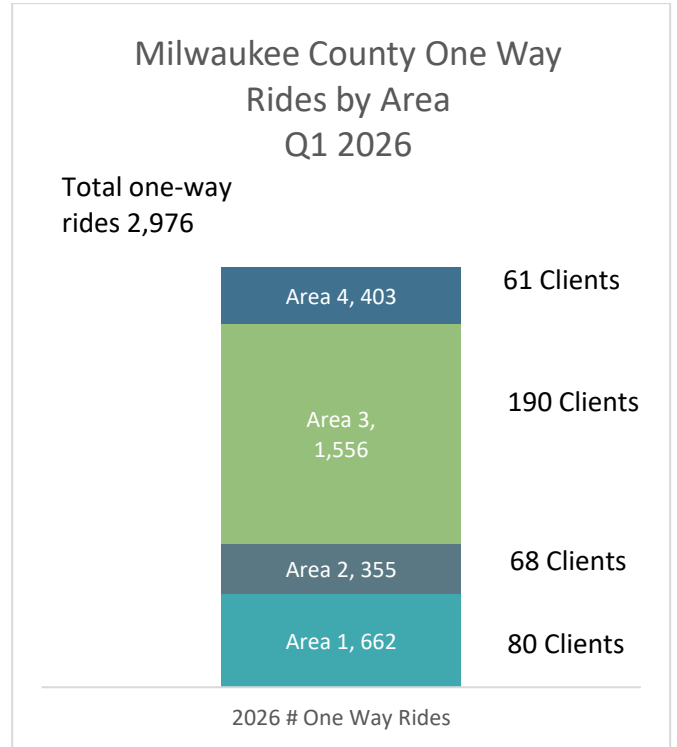
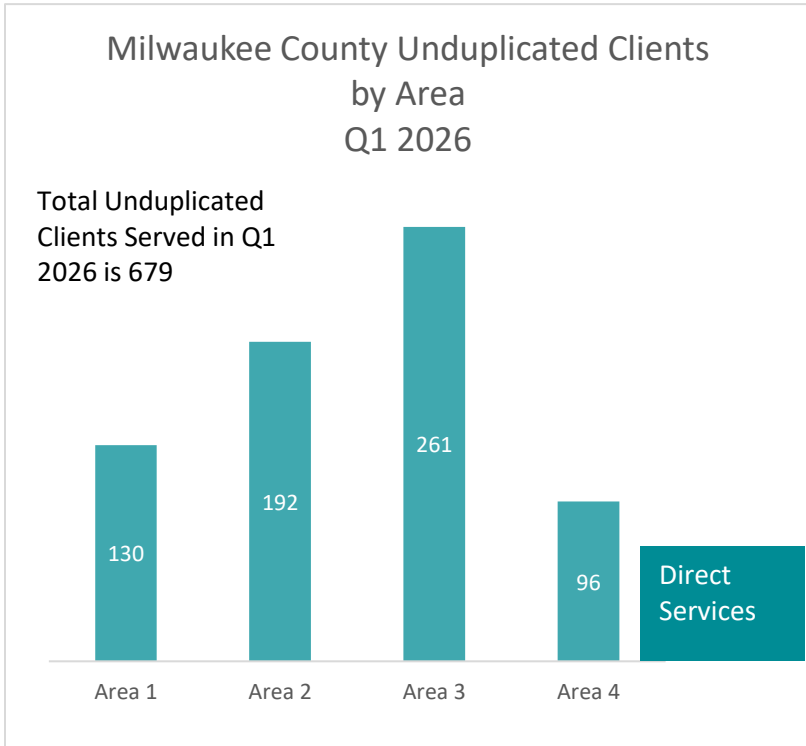


Congregation Contributions as of March 31, 2026:

Milwaukee County	\$841
Waukesha County	\$1,905
Total	\$2,746
Amount to Reach Goal	\$52,254



Services provided for Quarter 1 2026



Volunteer Needs:

Drivers: Milwaukee County and Waukesha County

Seeking Connection

Ken Stern

Older Americans are lonely.

Special to USA TODAY

It's a public health crisis

'I don't know how to make new friends at my age.' 'I feel isolated in my home.' 'I'm worried that I will lose all my work friends when I retire.' Those are the type of comments I get in my side gig as a writer of a weekly advice column on social connection. It was never on my career plan to start dispensing advice to people over 50, but with our longer lives, many of us are on second, third and fourth acts anyway. Business is brisk in the advice trade because fear of loneliness and loss of social networks as we age is a rising concern in a rapidly aging country and world.

It's a big issue: Being lonely has all sorts of negative health consequences, especially later in life when people are more vulnerable to downturns in both physical and cognitive health. More people are becoming aware that loneliness is connected to everything from heart disease to diabetes to dementia, but they are still stunned to find that researchers have judged that being lonely is roughly equivalent to smoking 15 cigarettes a day. And a new national study from AARP, released in December 2025, found that 40% of adults age 45 and over are lonely, a material rise from the 35% that AARP found in both 2010 and 2018.

Loneliness is not evenly spread, even among older adults. Men, for instance, are more likely to be lonely than women but so are people who are not working, make less than \$25,000 a year, live in rural areas or identify as LGBTQ+. Conversely, while no group escapes the threat of loneliness, you are better off being highly educated, wealthy and over 70.

To be fair, there really is no period of our lives that we can escape the modern plague of loneliness. But loneliness in the second half of life needs to be a focus of public health policy, not just because rates of loneliness are increasing but because we have so many more older people in the United States now. If you do math on the AARP study, it pencils out that there are more than 50 million adults in the 45 and over category who measure out as lonely.

That's a public health crisis.

What is going on with older Americans and loneliness?

The AARP study provides clues to the source of our decline in social connection. It's not that we are less friendly as people than we were a decade ago, but we participate far less in activities that provide the glue of social connection. Declines in social connection date back at least to the 1980s – Robert Putnam's 'Bowling Alone' is rooted in social trends of that era – but it is shocking what is happening with older Americans over just the last decade and a half.

According to AARP, attendance at religious services by people 60 and over plunged from 50% to 37%, belonging to a community group dropped from 32% to 25% and volunteering rates fell from 47% to 33%. These are huge, epochal changes for older Americans that have happened in just the past 15 years. COVID-19, we might speculate, may have had something to do with that, but trends predate the pandemic and there is no evidence that in the three years past that participation rates among older adults are rebounding.

How we build a more connected society

What are we to do about this?

Increasingly, social connection is like the weather. We all talk about it, but no one does anything about it. Former Surgeon General Vivek Murthy declared a loneliness crisis in 2023, but left office without taking many concrete steps toward addressing it. The new Make America Healthy Again report, to its credit, identified loneliness and lack of social connection as a source of poor health in America's youth, but, to its discredit, only one of its over 180 recommendations related to social isolation, and even that recommendation (phone use in schools) falls outside the traditional purview of the federal government.

Local governments have occasionally acknowledged the problem, but rarely with sustained interest. New York named Ruth Westheimer as its first Ambassador for Loneliness in 2023 but the job, such as it is, has remained unfilled since her death in 2024.

Piecemeal initiatives are inadequate to address a problem that is undermining the health and happiness of so many older Americans. It is particularly complex because everything from how we live (far apart from each other) to how we work (older workers routinely lose social networks when they are pushed out from work) to how we use technology (way too much) contributes to our epidemic of loneliness.

But we can take heart from the fact that our peer countries view elder loneliness not as a problem for each person to tackle for themselves, but as a public health crisis. Both the U.K. and Japan have appointed Ministers of Loneliness, and Germany has built a network of some 400 Senior Citizens Offices with the express purpose of helping older people find volunteer opportunities and social connection. Japan's Silver Jinzai Human Resources Centers help almost a million older adults, ages 65 to 100, engage in part-time work.

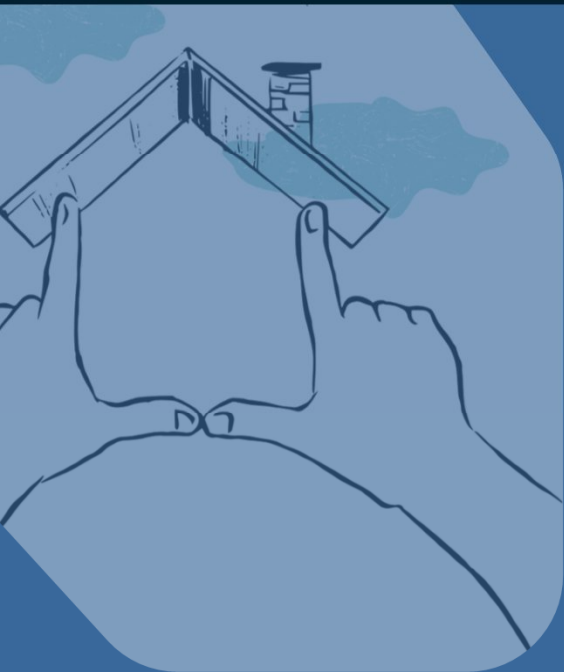
These societies, and other successful aging nations, are creating a social health infrastructure to support connection, purpose and engagement in the second half of life. They are creating a road map that we can follow – and hopefully put me out of business as a social connection advice columnist.

Ken Stern writes the 'Ask Ken' advice column on social connection. He is also the author of the book 'Healthy to 100: How Strong Social Ties Lead to Long Lives.'

**A new national study from AARP,
released in December 2025, found that
40%
of adults age 45 and over are lonely**

Illustration by Dani Cherchio/USA Today Network; and Getty Images

From Milwaukee Journal Sentinel March 22nd, 2026



Health & Housing Insecurity Among Milwaukee County's Older Adults

Finding Presentation · April 28, 2026 · Milwaukee, Wisconsin




Study done in partnership with:





About the Project



Funded by Advancing a
Healthier Wisconsin Endowment
\$50,000 Seed Grant

Milwaukee's First Comprehensive Study Of Older Adult Homelessness

01

Develop a project team,
evaluate current research
and generate an IRB
approved mix-methods
survey.

02

Gather qualitative &
quantitative data on older
adults' experiences and the
systems that impact them.

03

Hear from stakeholders and
decision-makers on the
systems and policies
serving this population.

How We Gathered the Data

118

Surveys with older adults experiencing homelessness

17

In-depth stakeholder & service provider interviews

5

Research domains explored in depth

IRB

Approved mixed-methods design

Five Research Domains

- ◆ Who experiences homelessness
- ◆ Pathways into homelessness
- ◆ Experiences while unhoused
- ◆ Barriers & facilitators to stable housing
- ◆ Policy and solution recommendations from stakeholders

Modeled on the California Statewide Study of People Experiencing Homelessness (CSSPEH) – the largest homelessness study conducted since the 1990’s. Surveys and interview guides were locally adapted for Milwaukee County.

Who Is Experiencing Homelessness & Why

The Majority Is:

Gender	Male
Age range	55 – 65
Race	Black / African American
Education	Highschool diploma + some college
Phone	Most have a working number

Top Reasons Housing Was Lost

- 1** Loss of income
Job loss or SSI / alternative income
- 2** Family problems
Breakdowns, conflict, loss of support
- 3** Health challenges
Physical disability, mental health, substance use

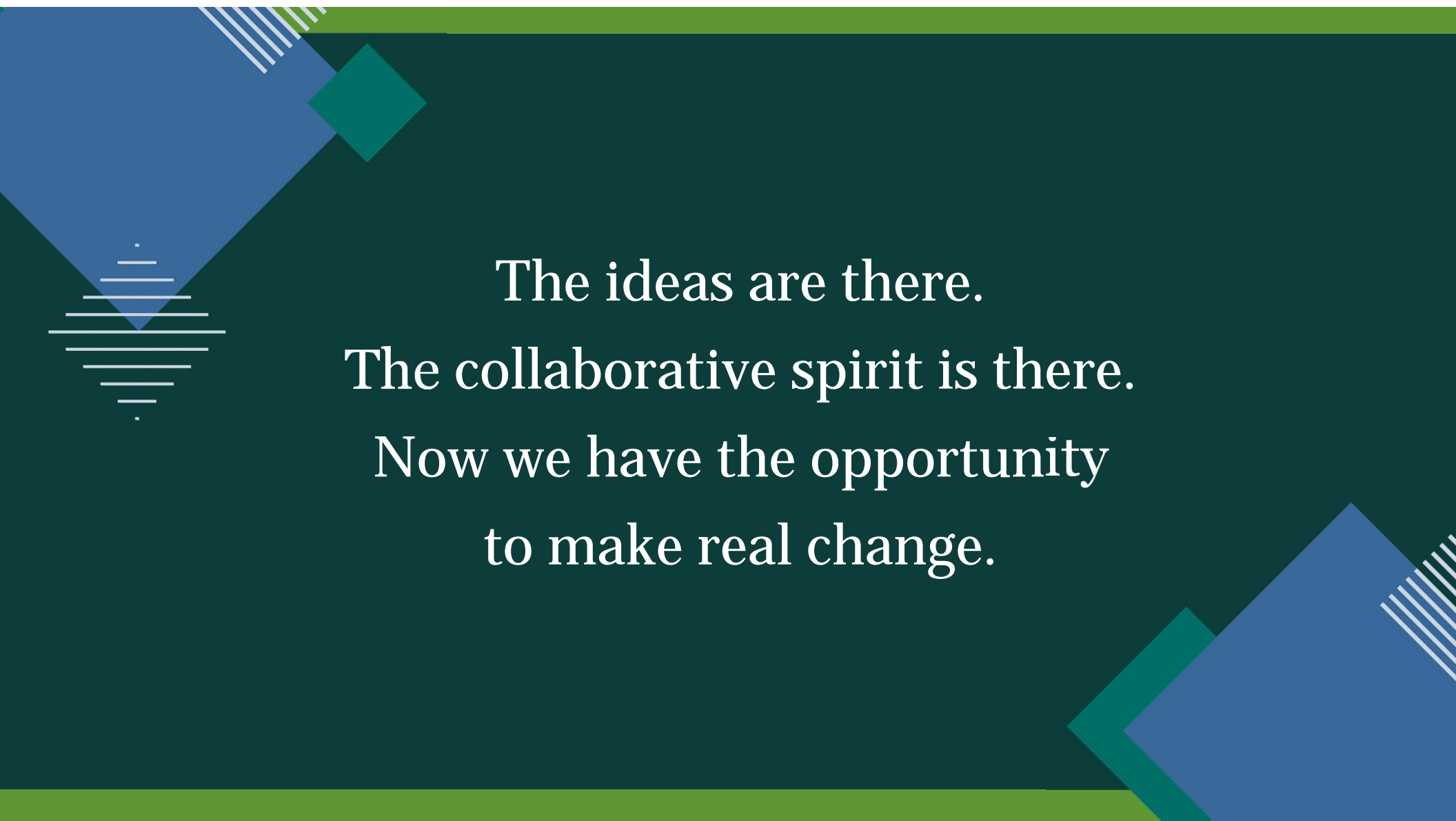
What People Said Would Help & Promising Solutions

Collective Voice



Promising Solutions





The ideas are there.
The collaborative spirit is there.
Now we have the opportunity
to make real change.

Health & Housing Insecurity Among Milwaukee County's Older Adults

Panel Discussion

PANELISTS



Dr. Bill Calawerts
MCW-North Side Family
Medicine Residency
Outreach Community
Health Center



Erin Cronn
Director of Nursing
City of Milwaukee
Health Department



Emily Kenney
Director of Strategic
Initiatives &
Transformation
Milwaukee County DHHS



Matt Raymond
Supportive Housing
Program Director
Community Advocates

HOST



MODERATOR



PRESENTER



Study done in partnership with:



Learn more!





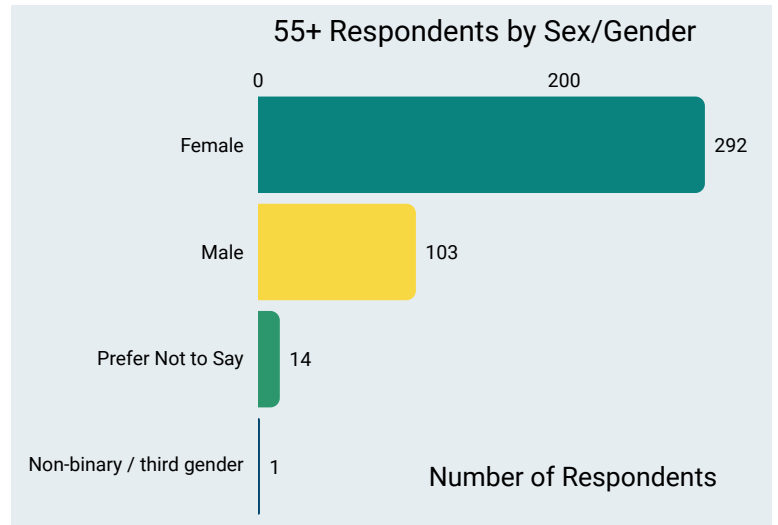
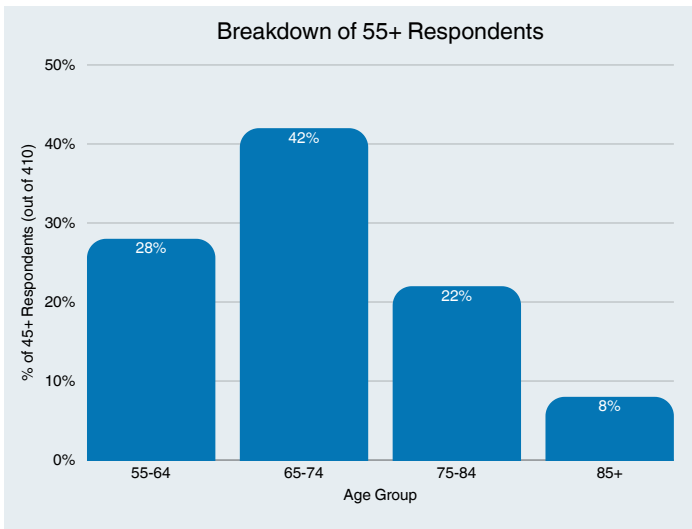
Community Health Survey

Snapshot: Age-Friendly



Summary

Of 745 survey respondents, 410 (55%) were 55 years or older. This report displays metrics specific to these 410 respondents.



We asked respondents to rank the top 3 factors they believe define a healthy community.

Top 3 things that make a Healthy Community

Safe Neighborhoods

59%

Access to Healthcare

38%

Quality Schools

33%

Top 3 things that make it *harder* for a community to be healthy

Violence

58%

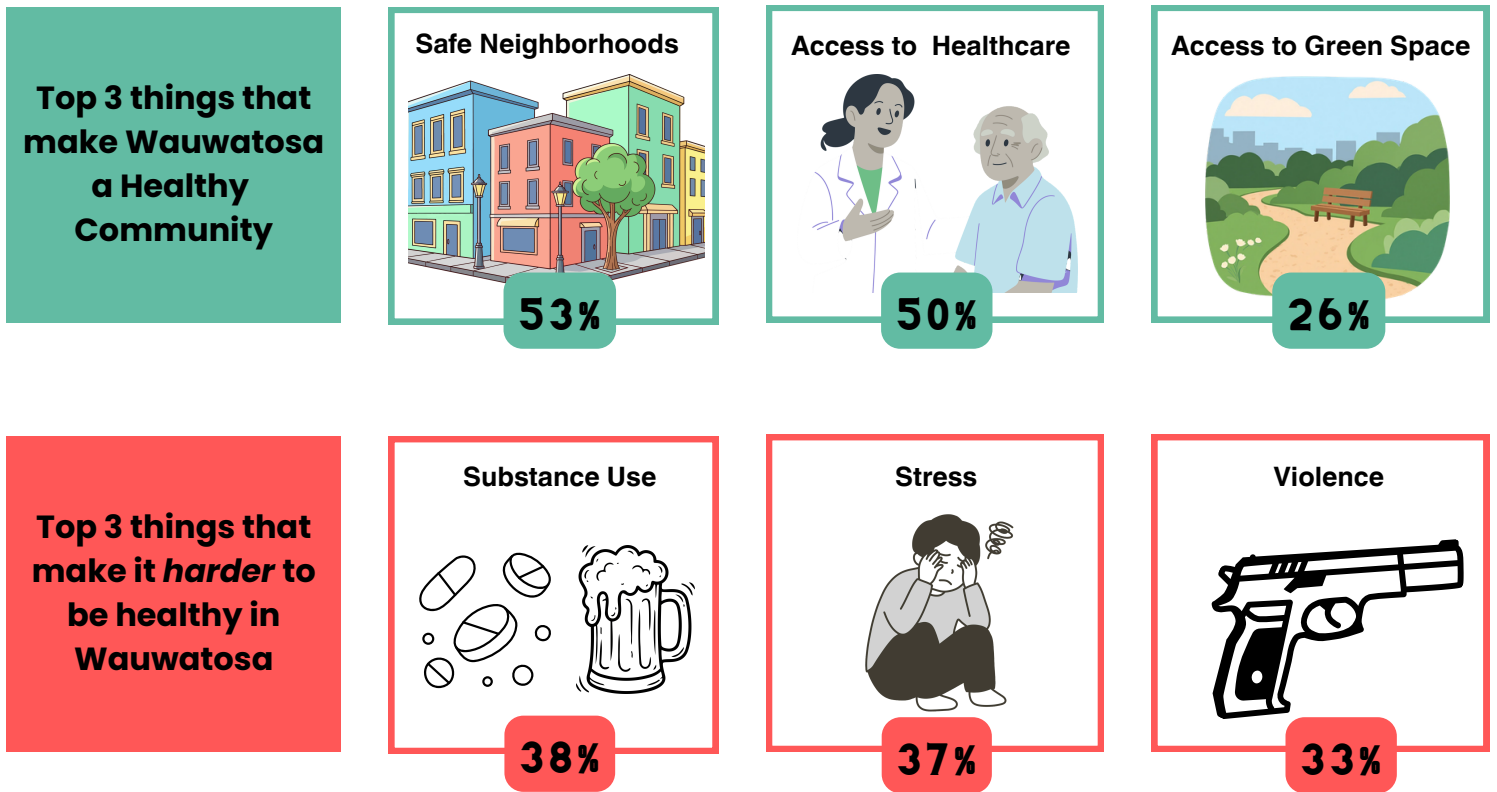
Lack of Access to Healthcare

41%

Substance Use

32%

We asked respondents to rank the assets and barriers to being healthy in Wauwatosa.



Other Hot Topics

Survey Respondents had the option to add further topics of concern. Below are common topics that arose.

Distrust in government

Apartment buildings & overcrowding

Cost of Housing & Living

Traffic Safety

School Funding

Mental and Physical Isolation

Quotes from Survey Respondents

1 Trust in Government

- *Need to reject liberal policies*
- *Too many alders don't care about the residents and their opinions.*
- *Unresponsive local government is a HUGE problem*
- *You keep raising taxes and use the higher tax base to keep people from moving into the area that you don't believe belong here*

2 Housing

- *Those working essential jobs cannot afford to rent even a simple studio apartment.*
- *Apartments are priced for doctors.*
- *Recent tax increases are driving long time residents to have to leave.*
- *Wauwatosa has changed from a village of homes to a city of apartments and developers' haven.*

3 Traffic Safety

- *I moved here to be in a more walkable community but am constantly battling unsafe drivers that have no concerns for bicyclists and walkers.*
- *The wonderful tosa village has disappeared along with decent parking for what's left. Seniors cannot walk so far. The increased traffic is already a huge problem.*
- *I love to bike and walk around Wauwatosa but at certain times of the day there is too many reckless drivers that are speeding, ignoring traffic signs/signals.*
- *Why are we overbuilding the village... it was already congested with traffic prior to all the apt being built . We have problems with speeding and reckless driving which we do not have a handle on.*

Age-Friendly Related Concerns

“Unless you have local family or are still able to drive, we're are rather confined. **One thing that would help would be a school crossing light so that people could cross Harwood Ave & walk in the Glenview neighborhood to have a change of scenery.** The kind of isolation that some here experience can be felt, multiplied, particularly by older & poorer people in Wauwatosa. **Being hard of hearing or needing a walker severely limits for getting to the grocery, the doctor, dentist, senior meals, etc.”**

“People who are confined to their homes due to aging, eyesight or dementia, find it very **difficult to receive the services of doctors and nurses without the use of an ambulance. We need home delivered care by creating a plan for community nurses to assist the homebound and their doctors to receive accurate, well coordinated video care.** Nurses could provide and validate the clinical information needed by personal physicians to create an accurate care plan. Nurses could deliver vaccinations and other medical services. As our community ages in place, these services become all the more necessary. “

“**More transportation options** would help older residents remain active and connected”

“It would be helpful to consider more partnerships with **increased programming with the recreation department,** senior center and public as well as private schools. The recreation department can help promote healthy lifestyles by incorporating more programs that utilize the health dept. staff. By adding the use of the spaces in city hall and senior center would expand reach.”

“Many older residents are on fixed incomes, so **keeping healthcare and transportation affordable** is essential to staying independent and healthy.”

Aging and Disability Resource Centers (ADRCs) are a cornerstone of Wisconsin’s support system for older adults, adults living with a disability, and their caregivers.

Wisconsin’s statewide network of ADRCs provide information about critical, cost-saving services and programs related to aging or living with a disability. The state’s 57 ADRCs provide service to all 72 counties and 11 federally recognized tribal nations. They serve individuals, family members, friends and professionals working with related issues.

WAAN’s position:

Increase funding for ADRCs by \$19.9 million/year to address increasing costs and community needs **and by \$1.7 million/year for shared services** in the 2027-2029 biennial state budget.

A robust and well-funded ADRC network will help Wisconsin residents navigate their unique challenges with confidence and dignity.

According to the Wisconsin Department of Health Services, older adults are fastest growing demographic of our state’s population and Wisconsinites aged 60 and older make up over 25% of the population of Wisconsin. As these numbers increase, the contributions of ADRCs to their communities will positively affect the quality of life for even more community members.

Increasing funding to ADRCs will deliver substantial benefits to constituents and taxpayers

Current funding shortfalls lead to inconsistent service delivery and *limit* the ability of some ADRCs to provide *essential, contractually required* services.

An **investment of \$19.9 million/year** will enable every ADRC to continue providing high-quality unbiased information and offer reliable and comprehensive support, allowing individuals to age in place, delay entry into residential long-term care and improve their overall quality of life.

Additional shared services funding of \$1.7 million/year is needed to support attorneys for the Disability and Elder Benefit Specialist programs, PeerPlace reporting system, health data system, toll-free ADRC statewide number, and training.

Investing in ADRCs yields a remarkable return on investment. In 2025, every dollar invested in providing ADRC services to people in the community produces an estimated net savings of **\$1.87 in hospital costs.**¹

Wisconsin’s ADRCs, aging units, aging services providers, and Tribal partner programs served 264,089 people in 2025. **Half of those individuals received services from more than one program area.**

The role of ADRCs in health care outcomes:

According to **2025 statistics**, ADRCs prevented:

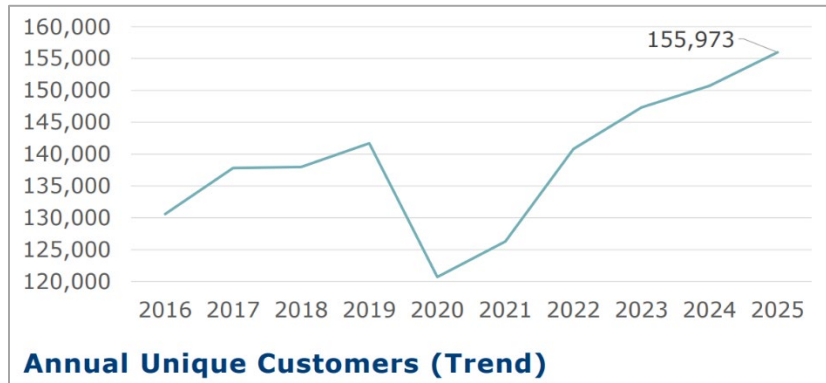
- More than 9,500 hospital 30-day readmissions, and
- Nearly 16,000 emergency department visits.

Impact of ADRCs

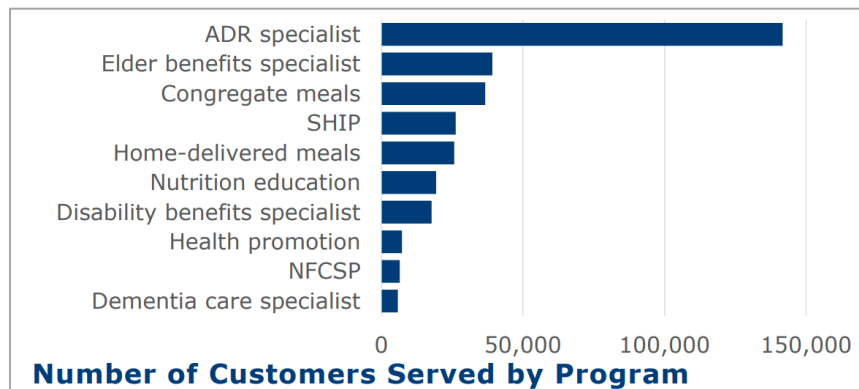
In 2025, ADRCs served nearly **156,000 unique customers**.² Despite this significant reach, current funding levels are inadequate to sustain operations and meet the rising demand for services.

Existing funding does not adequately account for the changing demographics, changing policy landscape, and increasing operational costs faced by ADRCs.

Over the past 14 years, baseline funding for ADRC services increased twice, \$5.1 million in the 2023-2025 biennial budget and another \$2 million in the 2025-2027 budget. While this increase provided some relief, it continues to fall short of what is needed to meet a growing need, rising costs, and increasing complex policies impacting older adults, people living with disabilities, and family caregivers.



Providing the funding needed to support ADRCs is an investment that benefits all of Wisconsin, one community member at a time. Together, we can strengthen our commitment to the well-being of all Wisconsin citizens.



-Reference #3

To learn more about ADRCs, go to <https://www.dhs.wisconsin.gov/adrc/index.htm>.

To view a summary report on The Impact of the ADRC and Tribal Programs in Wisconsin, see <https://www.dhs.wisconsin.gov/publications/p00251.pdf>.

Find this and other WAAN issue briefs at: <https://gwaar.org/issues-and-initiatives>

Sources: (continued on page 3)

(rev. 5-3-26)

2/3

Core member organizations

Aging and Disability Professionals Association of Wisconsin (ADPAW) • Alzheimer's Association Wisconsin Chapter
 Board on Aging and Long Term Care (BOALTC) • InControl Wisconsin
 Wisconsin Adult Day Services Association (WADSA) • Wisconsin Association of Area Agencies on Aging (W4A)
 Wisconsin Association of Benefit Specialists (WABS) • Wisconsin Association of Nutrition Directors (WAND)
 Wisconsin Association of Senior Centers (WASC) • Wisconsin Family and Caregiver Support Alliance (WFACSA)
 Wisconsin Institute for Healthy Aging (WIHA) • Wisconsin Senior Advocates
 Wisconsin Senior Corps Association (WISCA) • Wisconsin Tribal Aging Unit Association

Mission

The Wisconsin Aging Advocacy Network (WAAN) works with and for all older adults by educating community members and policy makers on priority issues while advocating for meaningful change. Learn more at gwaar.org/waan.

ADRC Investment Sources:

1. Return on Investment calculation is based on number of prevented 30-day hospital readmissions and emergency department visits per ADRC customers served using the Wisconsin DHS and MetaStar study and updated cost estimates from the Agency for Healthcare Research and Quality, <https://www.ahrq.gov/>.
2. 2025 ADRC statewide Encounter program data.
3. 2025 ADRC statewide PeerPlace program data.

(rev. 5-3-26)

3/3

Calling All MEN!

Not a class. Not a commitment.

June's Men's Shed gathering features a tour of the Jones Island Water Reclamation Site!

- Learn about the water treatment process and how Milorganite is manufactured
- RSVP Required by June 15th - email Michael at mfigueroaosorio@wauwatosana.net



June 19, 2026

10:00 AM - 12:00 PM

**Jones Island Reclamation Site -
700 E Jones St., Milwaukee, WI
53207**

B A D E R
PHILANTHROPIES
Upholding Dignity



Questions? Call the Health Department: 414-479-8936



FREE HEARING SCREENING

Date: Monday, June 15th, or Friday, Oct 9th

Time: 10:00 a.m. – 12:00 p.m.

Location: Wauwatosa Civic Center Parking Lot

Why Have a Hearing Screening?

Your hearing healthcare is important! Healthy hearing gives you the ability to hear and connect with people, socialize with your friends, call loved ones on the phone and much more!

Mobile Audiology Clinic Provides:

Free Hearing Evaluations

Hearing Aid Selection Fittings

Hearing Aid Repairs



Call or Email for an Appointment:

Kari Allison

Phone Number: 414-479-8949

Email: kallison@wauwatosa.net



Wauwatosa
HEALTH DEPARTMENT