



2022-2024 Dane County Aging Plan



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Section 1—Executive Summary

What is the aging unit as an organization?

The mission of the AAA of Dane County is to advocate for older adults and to enable them to maintain their full potential and enhance their quality of life; to affirm the dignity and value of older adults by supporting their choices for living in and giving to our community; and to create and promote opportunities for communication among the entire community.

Contact Info & Hours of Operation

Area Agency on Aging of Dane County, 2865 N Sherman Ave, Madison WI 53704

PH: (608) 261-9930 FAX: (608) 283-2995 TTY: Call WI Relay 711

<https://dcdhs.com/Area-Agency-on-Aging> aaa@countyofdane.com

Business hours are 7:45 am-4:30 pm, Monday through Friday

What does the aging unit provide for the community?

Program/Service	2018	2019	2020 (COVID-19)
Caregiver Alliance Facebook Followers	187	194	240
Caregiver Program Grants Awarded	\$89,278	\$91,963	\$131,000
Case Management Clients*	3,163	3,099	3,226
Case Management Service Hours*	24,824	24,330	25,451
Congregate Meal Participants	4,375	4,295	2,332
Congregate Meals Served	103,855	97,458	24,752
Cultural Diversity Program Participants**	156	127	72
Driver Escort Riders/RSVP	1,109	1,080	87
Driver Escort Rides/RSVP	17,361	15,917	314
EBS Cases Opened	468	472	219
EBS Clients (unduplicated)	154	187	131
EBS Legal Services Hours	2,308	2,255	1,404
Grandparents & Other Relatives Caregivers	19	16	17
Home-Delivered Meal Participants	1,334	1,415	3,655^
Home-Delivered Meals Provided	139,394	153,089	262,715^
Stepping On Class Attendees	158	197	53
Volunteer Guardian/Rep Payee Participants	36	39	27
Volunteers/RSVP	1,467	850	609

*Bilingual (Spanish speaking) Case Management Program

2018: 60 Spanish-speaking CM Clients & 921 Service Hours

2019: 50 Spanish-speaking CM Clients & 622 Service Hours

2020: 49 Spanish-speaking CM Clients & 537 Service Hours

*Bilingual (SE Asian) Case Management Program

2020: 11 SE Asian CM Clients & 269 Service Hours

**Cultural Diversity Program

2018: 69 African American & 87 Latinx Older Adults

2019: 63 African American & 64 Latinx Older Adults

2020: 30 African American & 42 Latinx Older Adults

^Included drive-through participants/meals



The Year in Review: 2018

A large portion of the AAA staff's time this year was spent in support of the 2019-2021 Dane County Aging Plan. Required by the Federal Older Americans Act, AAA staff worked closely with 32 community volunteers in identifying specific, measureable, attainable, relevant, and timely (S.M.A.R.T.) annual goals in six areas targeted by the State: Advocacy, Elder Justice, Elder Nutrition, Healthy Aging, Services in Support of Caregivers, and Services to People with Dementia. Adding to this list were two local priorities: Client-Centered Case Management Programs (to include English & Spanish speaking clients) and Cultural Diversity Programs (for African American & Latinx older adults).

This massive undertaking started in February with the first Advisory Council meeting. A timeline was immediately created to ensure a final plan would be submitted to the State by year end. After breaking into workgroups to concentrate on each focus area, draft goals were submitted to the State in early summer for initial review and feedback. The fall season was spent offering public hearings and an online survey for community input. All of this hard work resulted in the AAA Board approving the final plan in December.



Specific highlights for the year included:

- Served 103 caregivers through National Family Caregiver Support Program (NFCSP); awarded \$89,278 to caregivers for respite care and supplemental services
- Nearly 3,000 hours of paid respite was provided to 99 caregivers in hopes of relieving caregiver stress
- Increased 2019 funding for Case Management, Dementia Capable Crisis Worker, Health Promotion Coordinator, and Nutrition Catered Meals & Site Management due to strong advocacy of community older adults
- Focal Point Case Managers helped 809 older adults conduct an annual evaluation of their Medicare Prescription Drug Plans, resulting in saving Dane County older adults over \$290,000 in 2019
- Offered four *Welcome to Medicare* classes presented by EBS staff for community members turning age 65 (doubled from the previous year)
- Nutrition Program satisfaction surveys reported 64% of congregate meal participants and 63% of home-delivered meal participants indicated these meals account for half or more of all food they eat each day
- Over 1,600 older adults were provided with nutrition education materials more than 4,300 times, increasing their knowledge of healthy eating as they age
- 271 older adults were provided nutrition counseling from a dietician as it relates to healthy eating habits for their individual conditions

Program Highlight: Case Management

The Case Management Program is a partnership between Dane County government and geographically defined and community-based agencies called Senior Focal Points. Dane County funds this program through tax levy. The purpose of this partnership is to promote senior adult independence.

Case Managers assess the needs of the client and the client's family (when appropriate) and arrange, coordinate, monitor, evaluate, and advocate for multiple services to meet specific complex needs.

The primary goal of client-centered case management is to optimize client functioning by a thorough assessment of needs. Using this assessment, the Case Manager, with the client's input, develops a plan to provide efficient and effective services.

Dane County is committed to providing case management services to help older adults live independently for as long as possible in their own home and has made funding this program a priority (\$857,514 provided in 2018). County funding is 39% of the total needed for this program—thus without additional financial support from cities, municipalities, townships, villages, and donations, it would not be possible. Dane is the only county in the state that has such a program and it has been recognized by the State as a “Best Practice” for meeting the ongoing needs of older adults in our community.

The Year in Review: 2019

A focus of staff’s time was on the promotion of Healthy Aging programs proven to prevent or reduce the incidence of debilitating falls, reliance on opioids for the treatment of chronic pain, physical decline resulting from complications of chronic disease, and lack of activity in older adults. AAA committed the financial resources for a Healthy Aging Coordinator to expand evidence-based workshops available in Dane County. Due to the success of these workshops, participants reduced the number of trips to the emergency department and hospitalizations, had fewer falls, and reported measurable reductions in the progress of illnesses.

Another area of focus was analyzing loneliness and isolation in older adults. AAA discovered social isolation carries a risk that is comparable to smoking up to 15 cigarettes per day and persons without meaningful relationships are at higher risk for poor health outcomes, to include death.

Finally, AAA started and continues to work as a key partner to ensure all older adults are counted in the 2020 US Census.

Specific highlights for the year included:



Advocacy

- Increased 2020 funding for Case Management (\$75,376), Mental Health Services (\$200,000), Nutrition Catered Meals (\$56,785) & Site Management (\$23,630), and RSVP Driver Services (\$35,000) due to strong advocacy of community volunteers
- Hosted day-long Senior Advocacy Training for 23 Focal Point Directors and Board members on 8/8/19

Caregiver

- Served 119 caregivers through National Family Caregiver Support Program (NFCSP); awarded \$91,963 to caregivers for respite care and supplemental services
- 6,060 hours of paid respite was provided to 109 caregivers in hopes of relieving caregiver stress

Elder Benefit Specialists

- Top three topics addressed with clients were health insurance benefits, income benefits, and housing/utilities

Nutrition

- Nutrition Program satisfaction surveys reported 55% of congregate meal participants and 66% of home-delivered meal participants indicated these meals are half or more of all food they eat each day
- 2,050 older adults were provided with nutrition education materials more than 6,800 times, increasing their knowledge of healthy eating as they age
- Planning phase completed to open two culturally specific meal sites in 2020

Program Highlight: Medicare Help

Turning age 65 means qualifying for Medicare benefits. This can be a daunting time—navigating through all the options associated with this complex process. In an effort to help older adults make informed decisions, two programs are promoted each year:

Welcome to Medicare Seminars

Elder Benefit Specialists offer unbiased information to community members during Saturday morning sessions at various locations throughout Dane County. In 2019, seminars were held in Madison, Monona, Mount Horeb, Oregon, and Waunakee with 169 attending.

Medicare Part D Open Enrollment

Senior Focal Point case managers provide one-on-one assistance to community members by running annual evaluations of drug plans using the Medicare.gov online Plan Finder Tool. In 2019, case managers helped 927 older adults, conducted 911 Plan Finders, and enrolled 470 older adults in a new Part D Plan. All of these efforts resulted in a monetary impact savings of \$1,839,649!

The Year in Review: 2020

The COVID-19 pandemic dramatically changed the way AAA and our aging network partners provided services to older adults in Dane County. Fearful of a disease that disproportionately caused serious illness and death in older adults, we all sheltered at home and ended the year under continued quarantine but hopeful for a vaccine.

AAA staff worked closely with the Dane County Aging Network to leverage additional resources, establish new partnerships, and create innovative programs to rapidly respond to challenges that arose with COVID-19. Significant challenges included combatting social isolation and the continuation of services without the older adult volunteers we relied so heavily on for meals, transportation, and program operations.

In response to these challenges, the following highlight just a few of the practices deployed:

- AAA initiated daily status reports highlighting changes in the agency networks' operations, updates on the virus, and new resources available to older adults.
- Curbside meals were offered through restaurants and senior dining sites—congregate meals were switched to home-delivered meals as needed.
- Programs to combat social isolation were enacted, such as delivery of activities to the home-bound, virtual programming to engage those able to use technology, distribution of laptops and tablets as needed, and telephone conferencing to reach those unable to connect via the internet.
- Recruitment of younger volunteers during periods of unemployment and those comfortable interfacing with the community.

Specific highlights for the year included:

Advocacy

- Increased 2021 funding for Cultural Diversity Program (\$29,050) due to strong advocacy of community volunteers



Caregiver

- Served 114 caregivers through National Family Caregiver Support Program (NFCSP); awarded \$131,000 to caregivers for respite care and supplemental services
- Launched Trualta, a web-based resource for non-paid caregivers to access training resources designed to increase their confidence and knowledge when caring for an older adult
- Implemented a virtual music therapy program for caregivers to offer respite when they were reluctant to have providers come into their homes

Elder Benefit Specialists

- Top three areas of assistance included health insurance benefits, income benefits, and housing/utilities
- Resolved cases for older adults resulting in \$400,000 in benefits or services obtained or preserved as well as money saved or recovered for a client

Nutrition

- Opened sixth *My Meal-My Way* nutrition site at Cuco's Mexican Restaurant
- Opened SE Asian meal site with on-site cooking of authentic, culturally specific meals to reach more diverse older adults
- Served 37% more meals to older adults during the pandemic and partnered with three existing and two new restaurants to provide additional drive-up locations for older adults to safely obtain meals

Program Highlight: AAA Honors & Awards



AAA received a 2020 *Aging Innovations Award* from the National Association of Area Agencies on Aging (n4a), the highest honor presented by n4a to member agencies. *Aging Innovations and Achievement Awards* recognizes n4a's AAAs and Title VI Native American aging programs members that develop and implement cutting-edge approaches to support older adults, people with disabilities, and their family caregivers. Among the selection criteria was the ease with which other agencies could replicate the program in

their communities. *My Meal – My Way Senior Dining*, which partners with local restaurants to provide inviting, freshly prepared meals for older adults to enjoy among others in their communities, took 3rd place honors out of 44 submissions to receive awards during the n4a Virtual Conference & Tradeshow, taking home \$1,000 toward the program as part of the award. *My Meal – My Way Senior Dining* was also awarded the *engAGING Practices: Best Practices for Socially Engaging Older Adults Award*. This Best Practices program highlights social engagement programs that successfully address social isolation.

What was learned through community engagement?

Community engagement has been ongoing since the development of the last plan. It has taken many forms to include:

Surveys of current participants/clients of AAA contracted services

- Caregiver Program
- Case Management Program
- Nutrition Program

Data analysis of current participants/clients of AAA contracted services

- Caregiver Program
- Case Management Program
- Nutrition Program
- Transportation Program

Current year data from Dane County residents

- Paper and online survey of current and future needs, issues, and desires
- Focus groups
- Individual interviews

In summary, information gathered over the past three years has informed the development of the goals in each area of our 2022-2024 Aging Plan. Details of this data are included in the Context Section of this document. The most current information gathered from Dane County older adults is summarized below and was most helpful in guiding our plan development.

Over 40 days in the summer of 2021, Dane County residents were invited to participate in a survey (available on paper and online), focus groups, and 1:1 interviews. Community partners were asked to spread the word to older adults in the community on behalf of AAA in their planning efforts for 2022-2024. AAA engaged Dane County Department of Human Services Planning & Evaluation staff to moderate focus groups and 1:1 interviews, with the exception of the NewBridge groups that were moderated by NewBridge staff. In all, 9 sessions were held and 64 community members participated. An additional 333 people completed a usable survey, resulting in hearing from **397 voices in Dane County**. A summary of the top findings by category is below. Further details about target population responses can be found in the Context Section of this document.

Top 5 issues, problems and challenges facing adults age 50+	Top 5 things that need to improve in Dane County	Top 5 services or resources needed from caregiver/helper perspective	Top 3 resources or services needed for grandparents and relative caregivers
1. Lack of enough safe, affordable housing (56%)	1. In-home support for daily living, both personal care and chores (58%)	1. Transportation to appointments (52%)	1. Day camps or day care for the grandchild(ren) (24%)
2. Transportation after they can no longer drive (53%)	2. Alternative transportation services (47%)	2. Respite care for a vacation or regular time away (47%)	2. Participation fees for the grandchild(ren) to do sports, arts, music, and other activities (23%)
3. Changes to the body or physical capabilities (46%)	3. Safe and affordable housing options (45%)	3. Assistance with personal care (45%)	3. Assistance with technology (21%)
4. Lack of professional workforce for in-home care (43%)	4. Free legal services to complete wills and PoA documents for	4. Help with housekeeping chores and cleaning (39%)	

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			health & finances (38%)								
5. Social isolation/loneliness (39%)		5. Social activities to help with social isolation and loneliness (35%)		5. TIE (35%)		• Adult Day Care		• Home modification support to assist aging in place			

What are the current challenges and needs of the community?

In summary, the needs and challenges identified through community engagement were:

Top five issues, problems, and challenges facing adults age 50+

1. Lack of safe, affordable housing (56%)
2. Transportation after they can no longer drive (53%)
3. Changes to the body or physical capabilities (46%)
4. Lack of professional workforce for in-home care (43%)
5. Social isolation/loneliness (39%)

Top five things that need to improve in Dane County

1. In-home support for daily living, both personal care and chores (58%)
2. Alternative transportation services (47%)
3. Safe and affordable housing options (45%)
4. Free legal services to complete wills and PoA documents for health & finances (38%)
5. Social activities to help with social isolation and loneliness (35%)

Top five services or resources needed from caregiver/helper perspective

1. Transportation to appointments (52%)
2. Respite care for a vacation or regular time away (47%)
3. Assistance with personal care (45%)
4. Help with housekeeping chores and cleaning (39%)
5. Adult Day Care & Home modification support to assist aging in place (tied with 35% each)

Top three resources or services needed for grandparents and relative caregivers

1. Day camps or day care for the grandchild(ren) (24%)
2. Participation fees for the grandchild(ren) to do sports, arts, music, and other activities (23%)
3. Assistance with technology (21%)

Consistent critical needs identified in this survey and supported by Focal Point Case Managers working with older adult clients over the past several years are a lack of housing, transportation, food security, and in-home care. The combination of these unmet needs are gravely impacting the ability of older adults to continue living independently and safely in their own homes—resulting in many of them moving into expensive assisted living or nursing homes, or even becoming homeless.

The survey results of target populations can be found in the full report (Appendix 17).

“Gaping holes in our long-term care infrastructure force aging adults into institutions when they’d rather be at home, put tremendous strain on families to provide uncompensated care and jeopardize their own financial security and health, and exploit a workforce of mostly immigrant and low-income women of color. It doesn’t have to be this way.” —*Justice in Aging*

What is the aging unit's long path vision?

The long path vision for the AAA is: *A community of diverse residents aging together that is inclusive and thriving with independence, opportunity, and dignity.* This vision and mission is in line with the new vision for the Dane County Department of Human Services, which is: *Empowered people thriving in safe, just, and caring communities by providing access to effective, innovative, and evidence-based services and resources that support wellbeing, opportunities to thrive, safety, and justice to persons of all backgrounds.*

This long path vision guided the development of our short term goals to address issues of importance as voiced by older adults over the next three years as the beginning steps to a legacy of our work for future generations of older adults and those that care for them. While many other efforts/programs and services will be forwarded, the following specific goals will be of increased focus over the next three years.

Advocacy & Community Engagement Goal—*Training & Representation*

Goal Statement: Older adults have the knowledge and skills to advocate for funding and other resources at the county, state, and federal level to address issues important to or negatively impacting older adults in Dane County. **As measured by:** (1) Amount of Dane County aging unit budget priorities funded annually through the senior advocacy process; and (2) Increased planning of senior housing resources based upon older adult advocate representation on Housing Initiative Steering Committees and stakeholder groups.

TITLE IIIB: Supportive Services & Emerging Need Goal—*Transportation Options*

Goal Statement: On demand, person-centered individual transportation option(s) for Dane County older adult leisure/socialization activities from their residence that is affordable and available at least one time per month by 12/31/24. **As measured by:** (1) utilization of identified options; and (2) lower levels of social isolation on the UCLA three question social isolation and loneliness scale by persons using new options at onset of use and annually after using the on demand options.

TITLE IIIB: Supportive Services & Person-Centered Services Goal—*Transportation Services*

Goal Statement: Increased availability of group ride services for older adults to meet ridership demand while maintaining reasonable ride times to and from senior center programs for healthy aging and socialization beyond the senior meal program hours by 1/1/23. **As measured by:** increased ridership, reduced time in-transit, and increased participation in activities each year of the three-year aging plan from a 2021 baseline.

Title IIIC: Nutrition Program & Person-Centered Services Goal—*Malnutrition*

Goal statement: After receiving supplemental nutrition in addition to the lunch or dinner meal per day for eight months, HDM participants that scored as malnourished at intake show improvement in their malnutrition status. **As measured by:** changes in the validated Malnutrition Screening Tool (MST) to discern risk and malnutrition status from baseline to eight months post supplemental meals being used.

Title IIIC: Nutrition Program & Person-Centered Services Goal—*Consumer Choice*

Goal Statement: Allow for consumer choice in home-delivered meal (HDM) program delivery options between lunch and dinner in order for more homebound older adults in the City of Madison or Monona to receive balanced nutrition as participants in the HDM program beginning January 2023. **As measured by:** (1) HDM survey indicated increase in meal satisfaction due to an additional choice in delivery options; and (2) number of persons indicating they would otherwise not be able to participate in the meal program if evening delivery was not available.

Title IIID: Health Promotion & Racial Equity Goal—Latinx Evidence-based Healthy Aging Classes

Goal Statement: Improved health outcomes related to falls or self-management of chronic conditions in 40 Latinx older adults in Dane County by December 2024. **As measured by:** the number of Latinx older adults that successfully complete at least one evidence-based health promotion program (attend at least 4 of 6 sessions).

Title IIIE: Caregiver Support & Racial Equity Goal—Caregivers of Color

Goal statement: Reduce caregiver stress and burden in a minimum of 10 caregivers of color that receive at least 112 paid respite service hours per year provided by qualified relative/friend caregivers as measured annually at the end of 2023 and 2024. **As measured by:** pre-post NFCSP caregiver grant staff-assessment survey showing improved stress/burden.

Local Priority & Community Engagement Goal—POC & LGBTQIA+ Older Adults

Goal statement: Increased, ongoing, and meaningful community engagement of older adults, with targeted attention to older adults identifying as persons of color and/or LGBTQIA+, in the planning and provision of aging services in Dane County throughout the area plan period. **As measured by:** (1) AAA Board/Committee/Workgroup member demographics reflect the aging population; and (2) # of older adults engaged in coffee conversations with AAA about problems and solutions for aging issues as measured at the end of each year.

What is the aging unit's leadership?

Aging unit director



Cheryl Batterman has been the AAA Manager since 2012 and will retire in February 2022. She has a BA (Sociology) and MPA. She has a diverse background of work experiences: served 11 years active duty in the Air Force as a Munitions & Aircraft Maintenance Officer and Aerospace Studies Instructor, taught part-time at Madison College while working at the Ronald McDonald House for five years, worked as the Programs Manager at Colonial Club Senior Activity Center, and was the Executive Director of the North/Eastside Senior Coalition for nine years.

Policy-making body (commission on aging) chairperson



Melissa Ratcliff has been the Chair of the AAA Board of Directors since April 2021; she was initially appointed to the Board in October 2018. She serves as the Dane County Supervisor for District 36 and the Village of Cottage Grove Trustee. She serves on the Dane County Broadband Task Force (Co-Chair), Kassel-Dane Sister County Task Force, Library Board, Public Works & Transportation Committee, and UW Extension Committee. She is a Paralegal at Eisenberg Law Offices, S.C. since 2000.

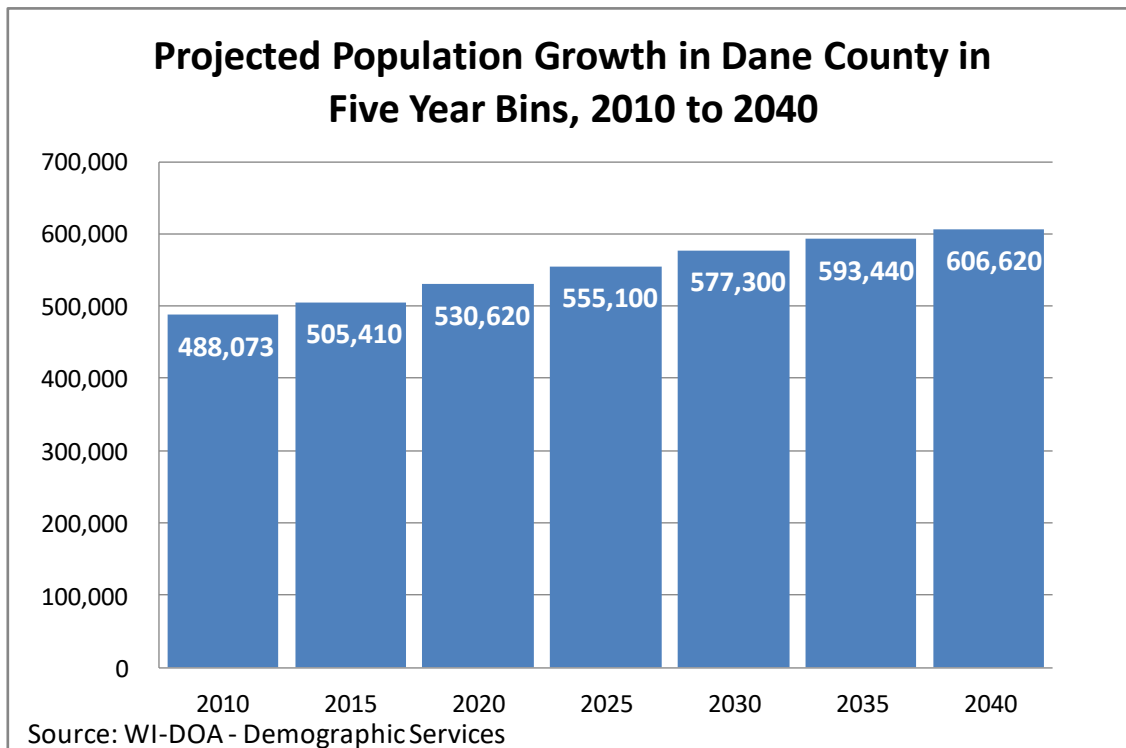
Section 2—Context

What are the age trends for older adults in the county?

2020 Profile of Older Americans

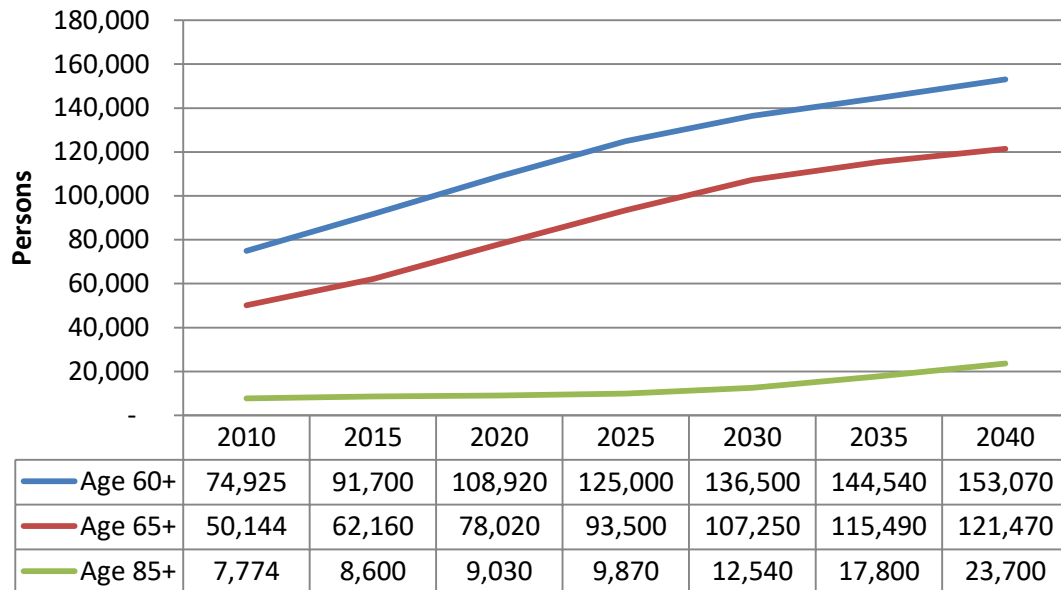
- ✦ The older population (age 65+) is expected to continue to grow significantly in the future. Growth slowed somewhat during the 1990s because of the relatively small number of babies born during the Great Depression of the 1930s, but the older population is beginning to burgeon again as more than two-fifths (41%) of the Baby Boom generation is now age 65 and older.
- ✦ People age 65 and older represented 16% of the population in the year 2019 and are expected to grow to be 21.6% of the population by 2040.
- ✦ The 85 and older population is projected to more than double from 6.6 million in 2019 to 14.4 million in 2040 (a 118% increase).
- ✦ Wisconsin: 1,017,243 Persons 65+, 17.5% of WI Population, 32.4% Increase 2009-2019, 7.4% below poverty line.

As depicted in the chart below, Dane County is projected to grow nearly 25% or 100,000+ over a 30-year time span.

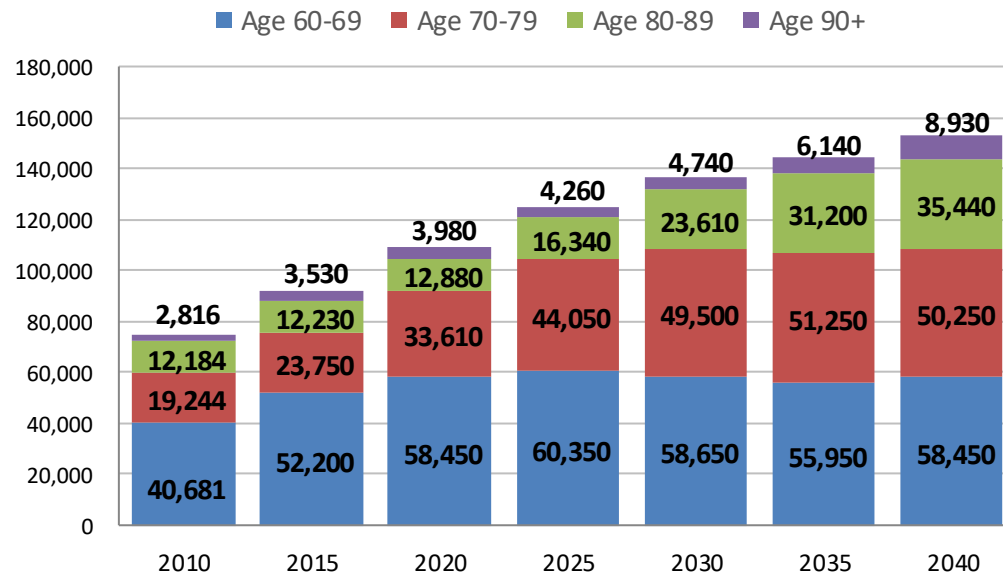


Much like the rest of the nation, our older population is growing and is projected to grow rapidly over three decades as Baby Boomers accelerate this growth. Accordingly, Dane County's future 65+ population is also expected to continue to increase in each age category as depicted in the following three charts.

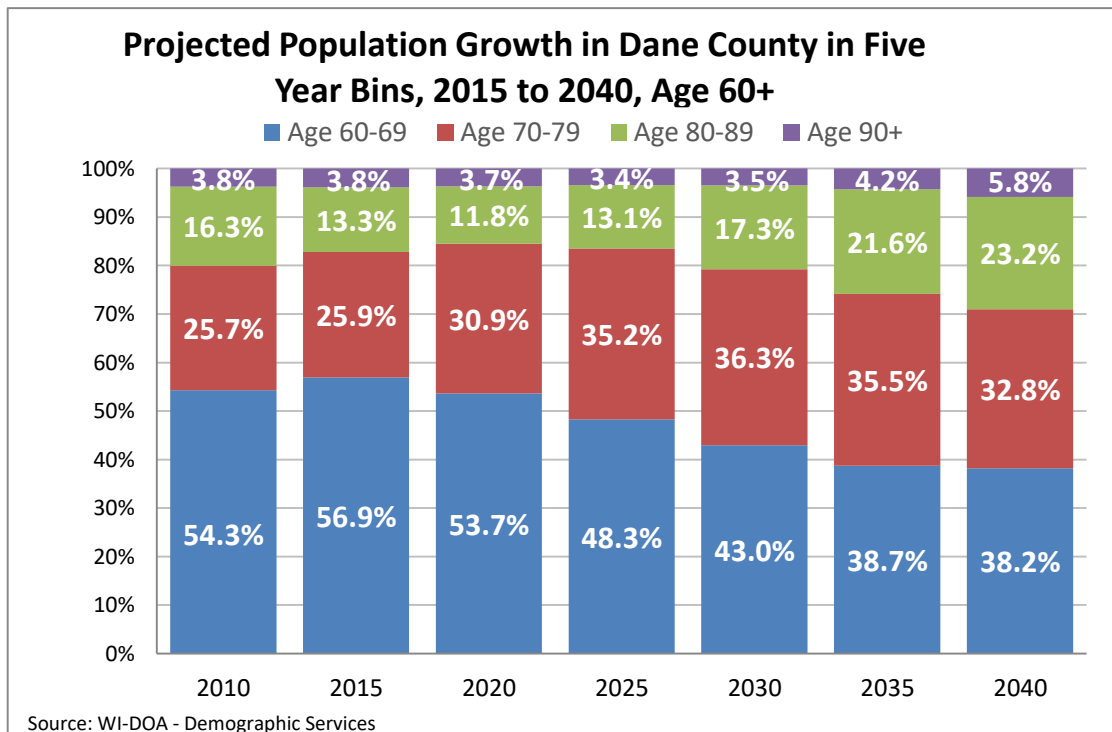
Dane County Population Projections for Persons Age 60 and Older by Age Group and Year



Projected Population Growth in Dane County Age 60+ by Age Group, 2015 to 2040

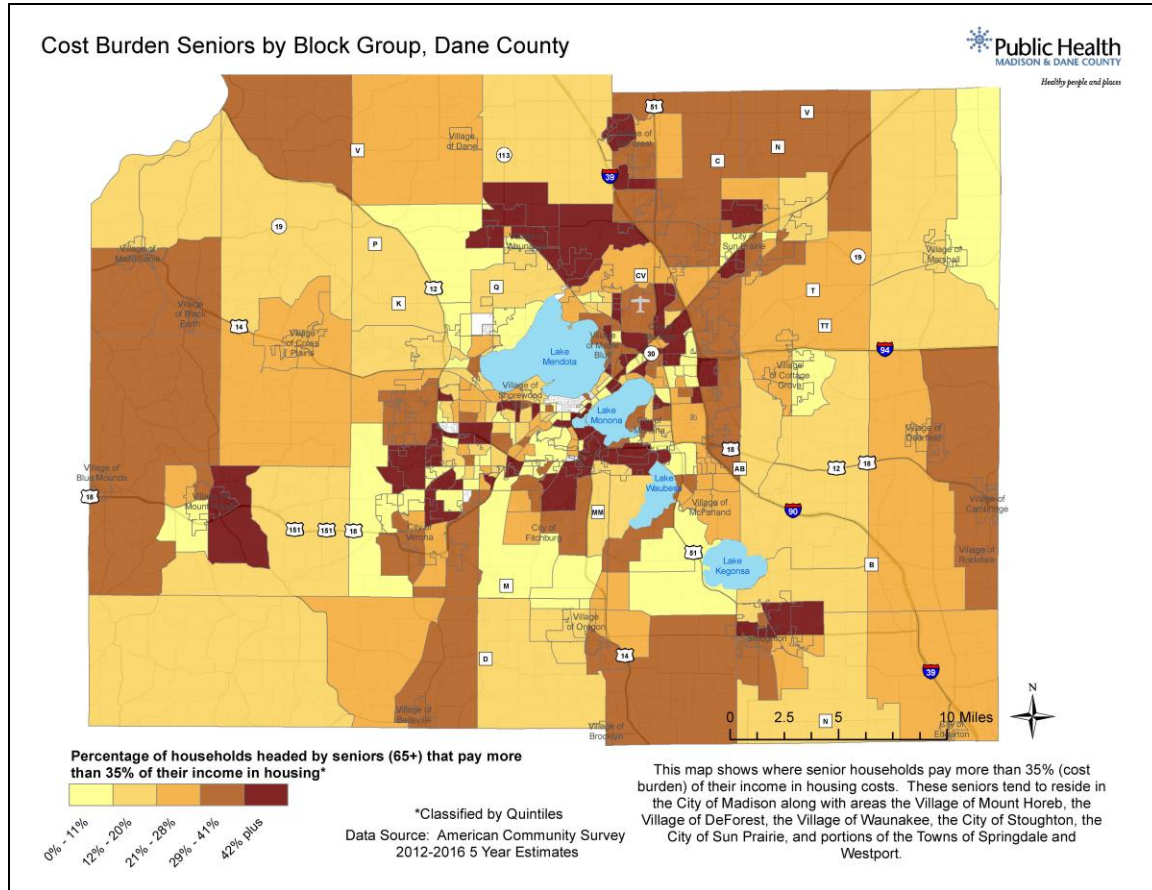


Source: WI-DOA - Demographic Services



What needs have been identified through community engagement or other analysis?

Housing is a top issue in Dane County

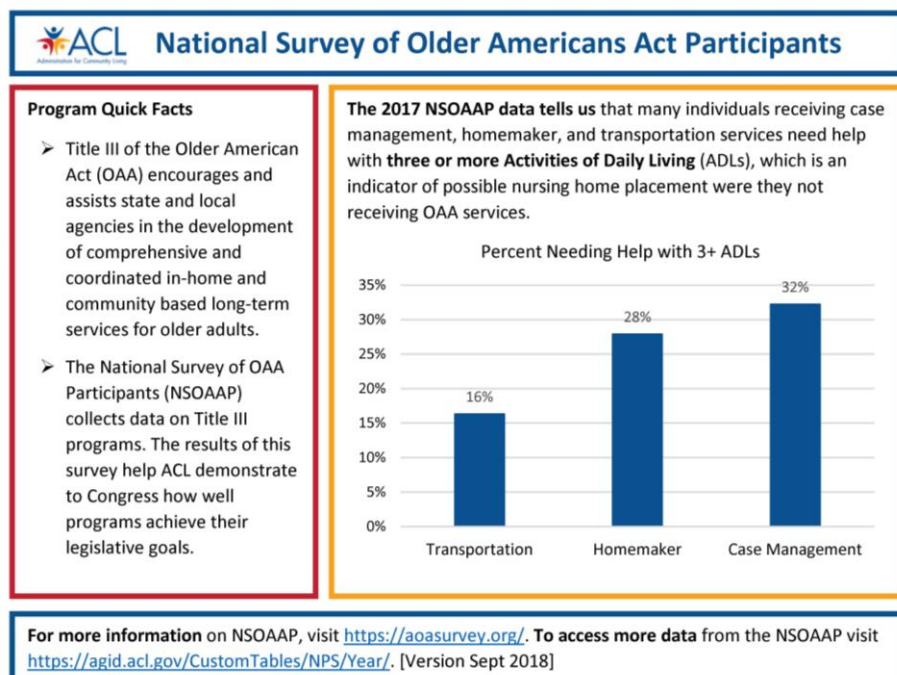


- In 2019, 45% of older householders (age 65+) spent one-third or more of their income on housing costs: 36% for owners and 76% for renters (2020 Profile of Older Americans).
- Young adults and adults over age 65 are more likely to report unaffordable rent (2019-2021 Dane County Community Health Needs Assessment, page 80).

As determined through the community engagement process, the following was learned:

- Property taxes are pushing people out of their homes.
- Apartment rent has gone up and forced some into low-income housing (if they can get a spot as there are long waitlists).
 - Apartments are getting turned into condos, shrinking the rental market.
- There is limited safe, affordable, senior housing—and it should be designed for older adults.
 - 56% of survey respondents named “lack of enough safe, affordable housing” as a top issue (1st out of 15), problem, or challenge facing adults 50+ living in Dane County.
 - 45% named “safe and affordable housing options” (3rd out of 16) as a top issue that needs improvement to help Dane County adults as they age.
 - Notably, those who speak English were more likely to name this as needing improvement than those who are more comfortable speaking another language (48% versus 13% respectively).
 - For communities to be designed for older adults, consider:
 - Building more single-story homes in new developments;
 - Providing access to additional services in the home as one ages and needs them; and
 - Creating independent-living communities where older adults can lean on each other for support.
- Staying in Madison and not rural areas is important to them because Madison has the service providers (e.g., doctors).

Reliable transportation is needed for medical and other trips



✦ **Community Needs—Personal and Public Transportation:** *Improve funding for transportation and ride-shares, to enable Latinx people to attend appointments and community events.* Lack of public transportation is the top barrier limiting the mobility of the Latinx population. Even in counties where it is accessible, many Latinx people are hesitant to use public transportation because it requires money and English language abilities. Latinx people who do not have driver's licenses tend to rely on family and friends for transportation. More emphasis is needed on providing funding for transportation to clinical appointments and community events ([*Nuestra Comunidad, Nuestro Futuro: A Latinx Community Portrait 2019*](#), UW Cancer Health Disparities Initiative; studied a 20-county region served by the UW Carbone Cancer Center with a large number of the state's Latinx residents).

- Transportation should not fall through, it should get you to your appointment on time, and it should return you home (MTM has a bad reputation for “stranding” riders).
- Low cost, consistent fares are important in planning to get to medical appointments.
- Older Adults realize it is likely they will lose the ability to drive in the future and need ways to get to appointments as well as getting shopping done.
 - “Transportation after they can no longer drive” is the second most often selected problem facing adults age 50+ living in Dane County (53%).
 - Notably, this problem is stated more often by majority identities (58% of Non-POC respondents selected it compared to just 14% of POC; 56% of English speakers selected it compared to just 13% of those more comfortable speaking another language).
 - Transportation is also the second most selected needed improvement (47% select needing to improve “alternative transportation services”).
 - Similar to above, those who speak English (50%) are more likely to prioritize this problem than those more comfortable speaking another language (13%).
 - Transportation is the most mentioned need of caregivers (52% select “transportation to appointments” for their care partner).
- Bus service doesn’t always meet their needs: it can be hard for them to get on and off of transit vehicles; passes are expensive (\$57 a month); Badger Bus service does not extend to more rural areas (for example, it does not go to McFarland where new senior housing is being built).
- Bike paths need to be cleared in winter for those who rely on a bike instead of a car.
- Transportation from senior focal points/centers to enrichment activities like going to a park or theatre would be appreciated as well as transportation to church services.

Help around the home and with personal care is needed

- In-home help is desired.
 - As they age it is harder to clean the floors and under furniture.
 - They would like more help with cooking, cleaning, home repairs and maintenance, hanging curtains and rods, flipping mattresses, walking dogs, yard care, changing light bulbs, and smoke detector battery replacement.
 - They anticipate future need for help to get in and out of bed/change their clothes/bathe.
 - Companionship and caregiving has overlap. They talked about caregivers who can stay in the home with them as well as in-home health services—blood pressure checks, INR warfarin blood test, nail clipping, salon/hair needs. One comment mentioned wanting more LGBTQIA+ health care workers who can go into homes because the LGBTQIA+ community doesn’t want to be discriminated against.

- The fourth highest problem (43%) for people age 50+ in Dane County is “lack of professional workforce for in-home care.” The highest need is “in-home support for daily living, both personal care and chores” (58%).
- Help around the home is the third most mentioned need of caregivers (45% need “assistance with personal care” for those they are helping), followed closely by “help with housekeeping chores and cleaning” (39%).
- CNAs are hard to come by, they don’t get paid enough so there aren’t many of them.
- NewBridge had volunteers to help clean apartments 1-2 times per week during the COVID-19 pandemic and it was well-liked.
- Partnership with Briarpatch for snow removal is helpful when their volunteers show up.

Access to (healthy) food is essential to aging well

✚ 11.8% of all people and 17.5% of children living in Dane experienced food insecurity at some point during 2014. Although these rates are less than state rates of 12.4% of all people and 20.4% of children, food insecurity disproportionately impacts communities of color and households with low incomes (2019-2021 Dane County Community Health Needs Assessment, page 39).

✚ Nearly 60% of Dane County adults are overweight or obese (PHMDC 2016-2020 Strategic Plan).

✚ **Healthy Eating and Active Living Community Goal**—People of our community are more physically able to enjoy long, fulfilling lives. Eating healthy and being physical active is widely recognized as protective against disease and premature death. There are also health benefits that include improved mental health and ability to complete physical and mental daily activities. Strategy: Encourage access to safe, nutritious, and affordable food options. (PHMDC 2016-2020 Strategic Plan)

- Food was mentioned in both open-ended survey comments and the focus groups, but was infrequently chosen as a closed-ended survey response.
 - Only one-fourth (23%, 13th out of 16 options) chose “delivery/meal options for healthy foods” as one of their top five things that needs improved in Dane County.
 - However, this is especially important to marginalized populations: POC (43% chose this response compared to just 20% of non-POC), those living in poverty (36% versus 18% not living in poverty), and those living alone (28% compared to 17% not living alone).
 - 28% of caregivers/helpers want “meals delivered or prepared in the home” for their care partner (8th of 17 options).
- Food deserts exist throughout Dane County—lacking of affordable, nearby grocery stores (e.g., needing a car to get the grocery store).
 - Westshire Village currently has to rely on the Kwik Trip gas station as their closest grocery store
 - The East side of Madison is resource poor compared to the West side.
 - Older adults need help getting groceries, especially as they experience physical impairments.
 - They also mention wanting transportation to reach congregate meal sites.
- Goodman Community Center food pantry receives praise for its selection, organic foods, fresh produce and the person’s ability to choose what they want.
 - There was also positive talk about Meals on Wheels being helpful for access to food and socialization—although some want more appealing and fresh food in these deliveries
- Food delivery has become more important through the pandemic.
 - Continuing delivery and allowing for choice would be ideal.

- A way to order without having to go online is even better.
- Making this available to people on Food Share is desirable.

In May 2021, Dane County Focal Point case managers began using the Enhanced DETERMINE home-delivered meal assessment to better ascertain levels of malnutrition risk and food insecurity. An immediate finding from this process has been the number of older adults in need of nutrition counseling by the program dietitian. Issues involving weight loss, pre-diabetes, medication interactions, and better management of chronic illness have been addressed through this counseling, with outcomes of improved health, weight gain, and medication/diet showing marked improvement. To date (in 2021), 34 older adults have received 94 nutrition counseling sessions—a more than 100% increase in the number of sessions provided in 2019 pre-pandemic. Use of the new tool is getting older adults the help they need much sooner and a process that will continue throughout the next plan period.

Preliminary data regarding rates of malnutrition are consistent with national data that suggest nearly half of all older adults are at increased risk for malnutrition. As a result, *Stepping Up Your Nutrition* has been added to the promising approaches offered to older adults in Dane County. As these rates continue to become known through assessment for meals, it will be even more critical to offer more than one nutritious meal per day to older adults assessed as at risk. Therefore, the funding and means to provide two meals per day to a targeted population at high risk is identified as a primary goal in our 2022-2024 Aging Plan.

The data is clear that persons prefer the flexibility and choice offered in the meal program through our restaurant and carry-out locations. Unfortunately while much choice is now available in our congregate meal program, the same level of choice is not available to persons receiving home-delivered meals. Only one option for delivery of a hot meal exists currently—lunch. Through nutrition program surveys and comments received by our nutrition site managers, some individuals—particularly those with numerous medical appointments—would prefer to receive an evening meal. In 2023, this plan includes this option.

Need resources for older adults who are on their own, don't have family to lean on

- ✦ An estimated one in five adults over age 50 are affected by isolation (“Framework for Isolation in Adults Over 50” AARP Foundation, May 2012).
- ✦ 28% of people age 65+ live alone (“Framework for Isolation in Adults Over 50” AARP Foundation, May 2012).
- ✦ 50% of women age 75+ live alone (“Framework for Isolation in Adults Over 50” AARP Foundation, May 2012).
- ✦ Social isolation is associated with \$6.7 billion in additional Medicare spending each year (AARP Public Policy Institute).
- ✦ A Pew Research Center analysis of Bureau of Labor Statistics data found that some 73 million older adults are alone for great portions of the day, and suggested that it has a negative impact on health. Americans 60 and older spend about half their waking hours alone, and for those who have no partner, “alone time rises to over 10 hours a day,” according to the federal government. “While time spent alone is not necessarily associated with adverse effects, it can be used as a measure of social isolation, which in turn is linked with negative health outcomes among older adults.” Generally, the study said that adults 60 and older spend seven hours alone a day. Those living alone spend 10 hours to themselves. ([Pew Research Center](#), 7/3/19)
- ✦ Social isolation is arguably the greatest issue LGBTQIA+ older adults face as they age. Research indicates that LGBTQIA+ older adults experience

higher rates of social isolation when compared to their non-LGBTQIA+ counterparts. For example, older LGBTQIA+ individuals are 2 to 3 times more likely to live alone than non-LGBTQIA+ individuals. Furthermore, social isolation can be difficult to overcome for many LGBTQIA+ older adults, as there are fewer opportunities to socialize in age-friendly and LGBTQIA+-inclusive environments. This is especially true for LGBTQIA+ older adults in rural settings where there are fewer LGBTQIA+-inclusive businesses or services. (Movement Advancement Project [MAP] and SAGE. [2010]. Improving the lives of LGBTQIA+ older adults: Full report. Retrieved from <http://www.LGBTQIA+agingcenter.org/resources/resource.cfm?r=>)

- ✚ According to a study published in *JAMA Internal Medicine*, the percentage of homebound, older adults in the U.S. substantially increased in 2020, more than doubling figures seen in the last decade. The prevalence of homebound adults increased from 5 percent in 2011 to 2019 to 13 percent in 2020. Latinx adults were most likely to be homebound in 2020 (34.5 percent), compared to Black adults (22.6 percent) and white adults (10.1 percent). The study did not establish a reason for this increase, though researchers said social distancing and other COVID-19 precautions are a likely explanation. (Becker's Healthcare, 8/23/21)

2020 Profile of Older Americans

- ✚ Of older adults age 65+ living in the community, 61% lived with their spouse/partner in 2020. About 27% lived alone.
- ✚ About 27% (14.7 million) of all older adults (age 65+) living in the community in 2020 lived alone (5 million men, 9.7 million women). They represented 20% of older men and 33% of older women. The proportion living alone increases with advanced age for both men and women. Among women age 75 and older, for example, 42% lived alone.
- ✚ COVID-19 has also taken a toll on mental health, with older adults reporting an increase in symptoms of anxiety or depression. Among those age 80 and older, this increase occurred most dramatically between late 2020 and early 2021. Compared with younger age groups, however, a smaller percentage of older adults in the age groups 60-69, 70-79, and 80 and older reported symptoms of anxiety or depression.
- ✚ *Impact of COVID-19 Pandemic on Well-Being:* 21% of Medicare beneficiaries (all ages) reported feeling more lonely or sad (25% women, 14% men).
- ✚ *Impact of COVID-19 Pandemic on Well-Being:* 38% of Medicare beneficiaries (all ages) reported feeling less socially connected to family and friends (42% women, 33% men).

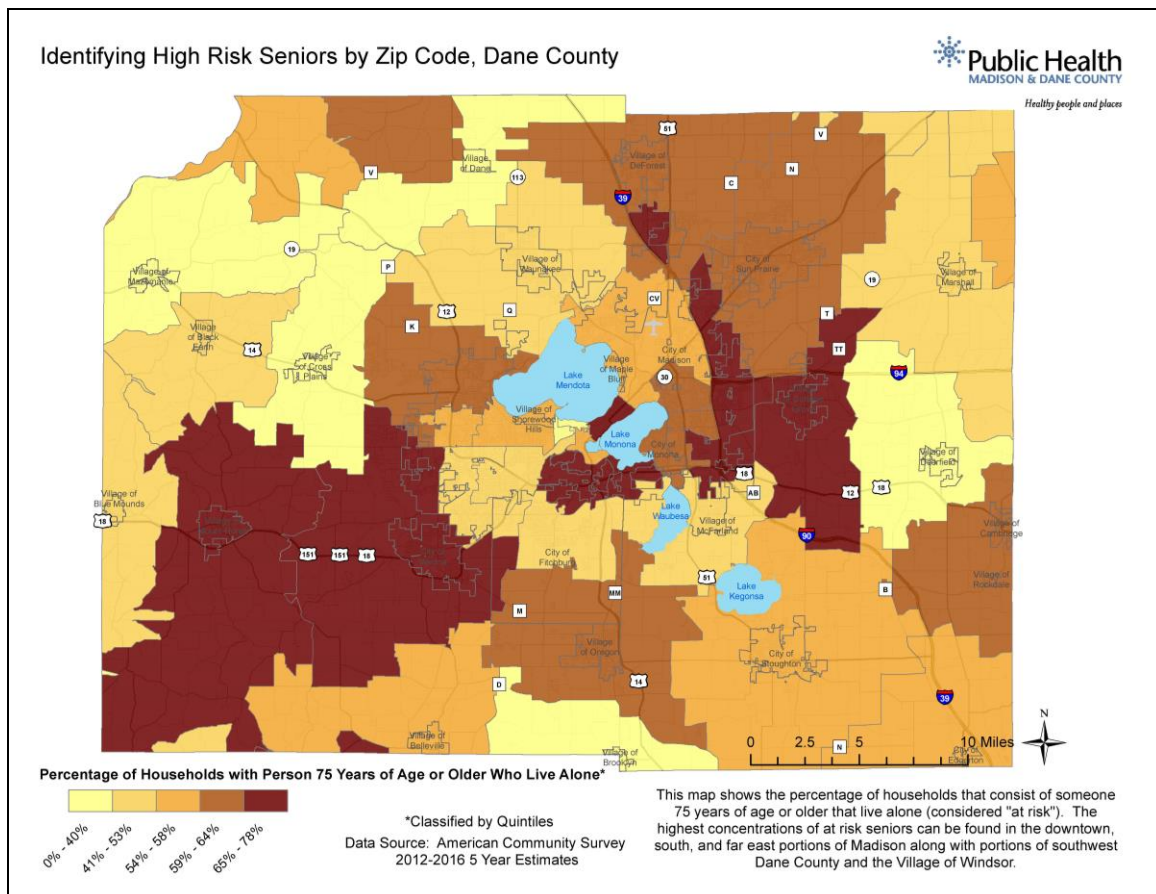
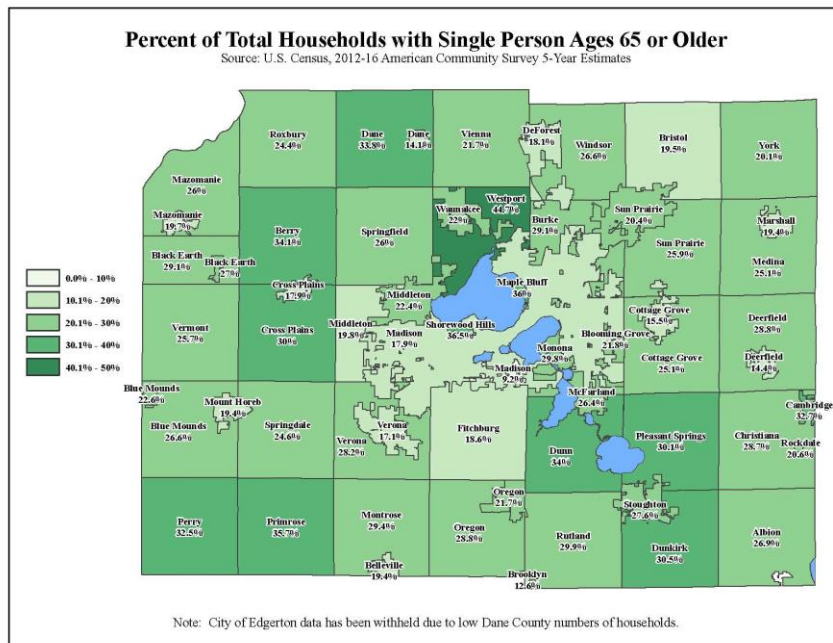
2019-2021 Dane County Community Health Needs Assessment

- ✚ Summary Theme—community members voiced: Importance of connectedness & social cohesion.
- ✚ In Dane County, 29.4% of adults over the age of 65 live alone (page 70).
- ✚ Age-adjusted death rate due to falls in Dane County is higher than State (18.1), National (8.8) and HP 2020 target (7.2) at 24.5 deaths per 100,000 population. Falls are the leading cause of unintentional injury and injury deaths in older adults ages 65+ in Dane county (page 29).

- There was no direct closed-ended measure related to additional supports needed by older adults who do not have family to lean on, but it came up in both the focus groups and other comments left on the survey.
- Someone to check-in—socialization and make sure you haven’t “fallen and can’t get up” is wanted.
- Some older adults have not had children, others’ children moved away. There is no one left in town to stop by and check in on them. Weekends and holidays are especially threatening because of the break in services. Phone trees may work but they don’t have them set up.
 - Is a big issue for the LGBTQIA+ person whose family doesn’t approve of being gay.
 - A survey respondent exemplifies the limited close connections one may have as they age, “I live alone, one close friend, same age (85+); have only 2 meaningful relatives, one my age, me, his daughter.”
 - They would like a personal advocate to look out for them in the case there is no family member available.
- This age group is facing their friends dying and not knowing how to make new friends making isolation a top problem (5th out of 15 on the survey, 39%) and social activities a top need (5th out of 16 on the survey, 35%)—these are universal problems and needs across identities.
- Problem: Changes to the body or physical capabilities ↑
- Need: Preventative health services like blood pressure checks and nail clipping ↑
- Need: Delivery/Meal options for healthy foods ↑
- Need: Free legal services to complete wills and PoA for health and finances ↑
- Problem: Lack of professional workforce for in-home care ↓
- Need: Affordable home modifications for aging in place ↓
- Need: In-home support for daily living, both personal care and chores ↓
- Need: Dementia support and services ↓
- Need: Financial and emotional support for family caregivers ↓
- Grand parenting: Home modification to create private space for grandchild(ren) (for us) ↓

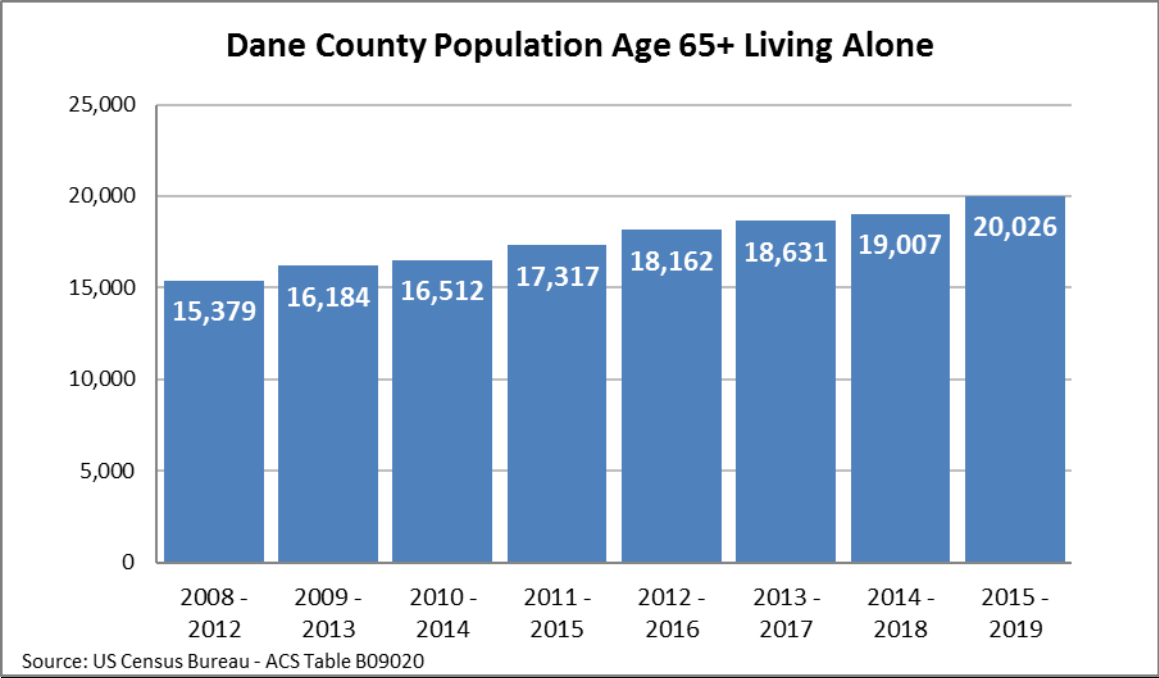
NOTE: Arrows (↑↓) mean the percent of people living alone selecting a choice is significantly higher (↑) or lower (↓) than people who do not live alone.

One area looked at more closely in Dane County continues to be older adults living alone. The number and percent of population living alone is an indicator of the need for services and supports.

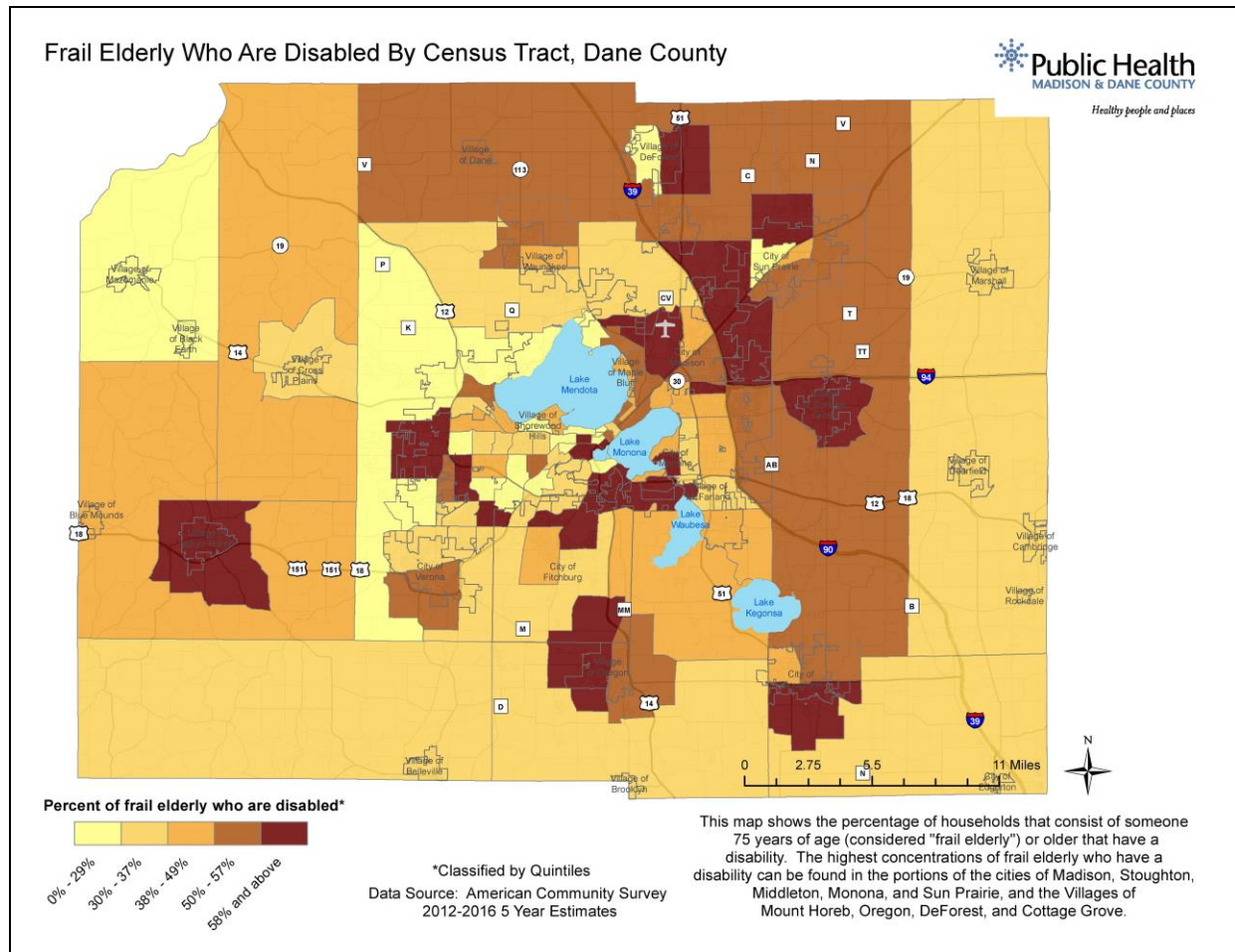


Many circumstances put older adults at risk of social isolation. Physical and geographical isolation are among top risk factors. While Dane County is the site of the State Capitol, much of the area outside Madison City limits is rural. Other indicators of social isolation include being a caregiver, not being able to drive, lack of other good transportation options, identifying as LGBTQIA+, having a language barrier, having a disability, and surviving death of a spouse or partner.

Of particular attention in our new aging plan is the idea of reducing loneliness, a factor far more detrimental to older adults than simply addressing isolation. Preliminary literature reviews of studies looking at isolation, but more importantly loneliness, indicate limited success in current aging programs across the globe having a significant impact on older adult loneliness. One such area of promise in this review is older adults and pets. Continued research into best-practice strategies and programs to address loneliness will be a focus in our plan moving forward because we know that socially-isolated, lonely people are twice as likely to die prematurely than people with many strong social relationships. Social isolation is a powerful predictor of cardiovascular disease, cognitive decline, institutionalization, stroke, re-hospitalization, depression, and increased risk of suicide. Dane County is represented and AAA staff currently participate in the Social Isolation and Loneliness work being completed across the state. Dane County also continues to ask the UCLA social isolation and loneliness screening questions as part of the Enhanced DETERMINE nutrition assessment and on annual nutrition surveys with older adults in order to establish a baseline of data in this area. In talking with older adults here, many have suggested the need for on-demand, affordable, individual transportation options in order to remain engaged in the community with particular interest in evening and weekend options.



Having a disability

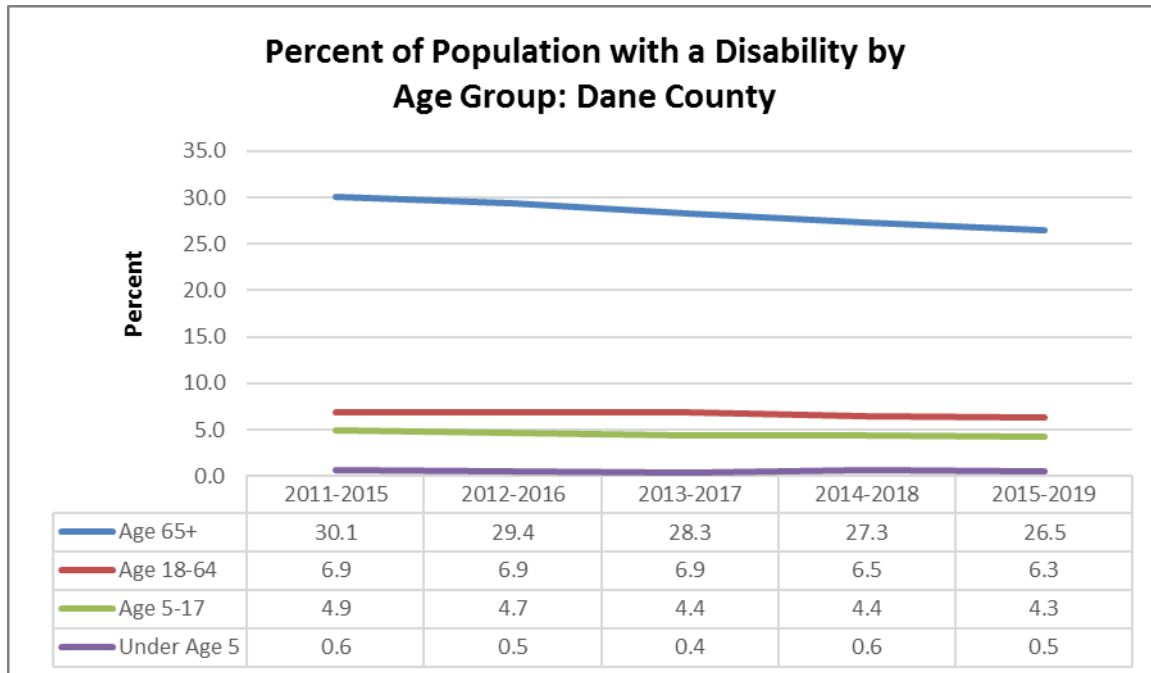


- More than half of all adults in Dane County have one or more chronic health condition, and our residents are getting diagnosed with chronic diseases at younger ages (PHMDC 2016-2020 Strategic Plan).
- In 2019, 19% of adults age 65 and older reported they could not function at all or had a lot of difficulty with at least one of six functioning domains. In each domain, the percentage reporting any level of difficulty varied. Specifically, 22% reported trouble seeing (even if wearing glasses), 31% reported difficulty hearing (even if wearing hearing aids), 40% reported trouble with mobility (walking or climbing stairs), 8% reported difficulty with communication (understanding or being understood by others), 27% reported trouble with cognition (remembering or concentrating), and 9% reported difficulty with self-care (such as washing all over or dressing). (2020 Profile of Older Americans)

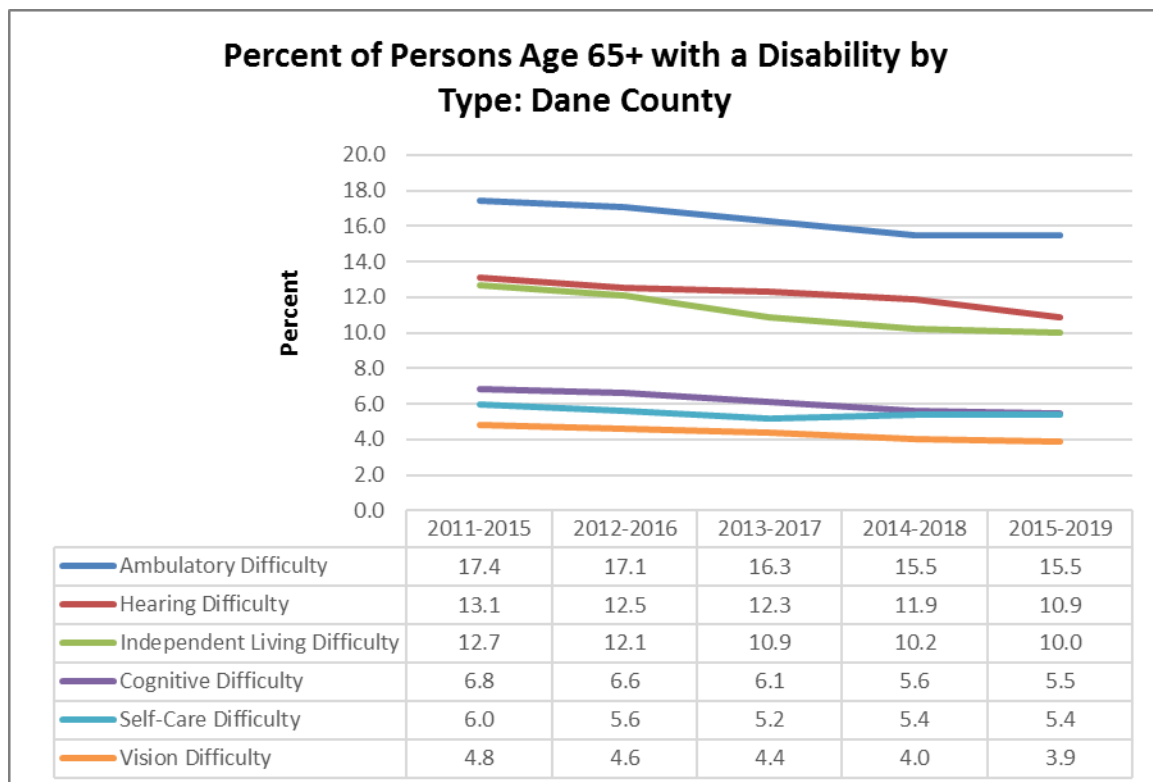
- Problem: Meaningful opportunities for staying engaged in the community ↓
- Need: Dementia supports and services ↓
- Need: Ways to keep fit and healthy through physical activity ↓

NOTE: Arrows (↑↓) mean the percent of the people having a disability selecting a choice is significantly higher (↑) or lower (↓) than people not having a disability.

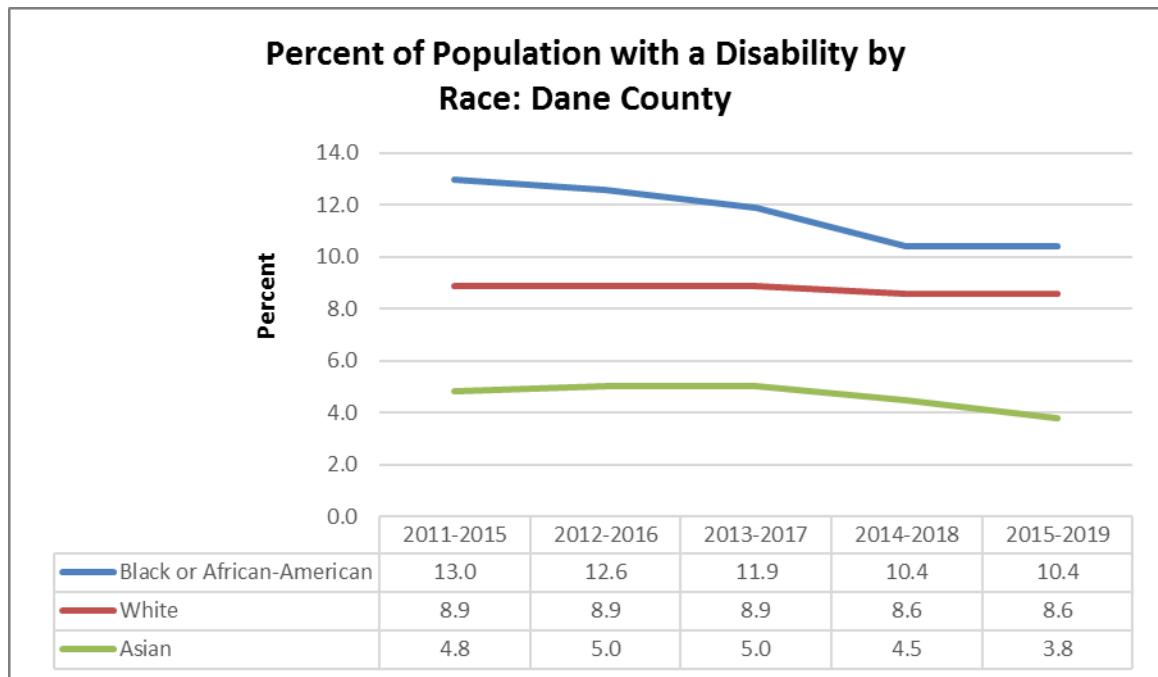
As a result of medical advances, persons are living longer with multiple chronic conditions and increasing disabilities. Ensuring that older adults are provided with a robust community-based continuum of services to meet increased needs, while respecting individual choice and involvement in community activities, will be critical over the next several decades.



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, Table S1810 Disability Characteristics



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, Table S1810 Disability Characteristics



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, Table S1810 Disability Characteristics

With adults age 65+ having the highest percentage of disability in Dane County, and with data about Black older adults being higher than their counterparts (and beginning to rise), it will be important to focus evidence-based health promotion efforts on Black older adults.

Caregivers

- ✦ “As the nation considers how to address inequities in communities across the nation and rebuild the economy in the wake of a worldwide pandemic, the needs of family caregivers must be considered. The nation’s millions of family caregivers give selflessly so others can live meaningful lives with dignity and independence. Their contributions to the well-being of others and the nation’s economy can come at great personal cost to themselves, their families, their finances, and their health. Unless we teach more families ‘how to fish’ we will bankrupt ourselves with burned out caregivers who go down before their care receiver, and/or need to prematurely place their frail loved one in a skilled nursing facility which depletes their funds at the speed of light, leaving taxpayers with an increased burden.” (RAISE Family Caregivers Act Initial Report To Congress)
- ✦ LGBTQIA+Q caregivers more often report being in fair or poor health than non-LGBTQIA+Q caregivers. LGBTQIA+Q caregivers find it harder to coordinate care between providers than they did in 2015. They more often want help managing their physical or emotional stress and would like doctors or other providers to ask about their self-care needs. (National Alliance for Caregiving & AARP, May 2020)
- ✦ Black caregivers show greater interest in a program to pay for some of the hours they provide care, more so than either non-Hispanic white or Hispanic caregivers. Latinx caregivers are especially interested in payment for some of their care hours. (National Alliance for Caregiving & AARP, May 2020)

2020 Profile of Older Americans

- Older adults (age 65+) often provide care to younger family members. For example, approximately 1.1 million grandparents age 60 and older were responsible for the basic needs of one or more grandchildren under age 18 living with them in 2019. Of these caregivers, 60% were grandmothers and 40% were grandfathers.

- **Noticeable differences**
 - Grandparents raising grandchildren are entirely different: they are concerned about health insurance for the child(ren), the generational gaps are challenging to navigate, and many places (like schools) lack inclusive language for their type of family, respite care is needed but they feel guilty using it (shorter respite services or connection to babysitters would be best).
- **More comfortable speaking a language other than English**
 - Caregivers: Respite care for a vacation or regular time away ↑
 - Grand parenting: Assistance with technology (for us) ↓
- **Living alone**
 - Grand parenting: Home modification to create private space for grandchild(ren) (for us) ↓
 - Need: Financial and emotional support for family caregivers ↓
- **Having a disability**
 - Caregivers: Assistive devices like lift chairs, stair lifts, alarms, or technology ↑
 - Grand parenting: Tutoring for academic classes (for them) ↓
- **LGBTQIA+**
 - Caregivers: Adult Day Care (for them) ↓
- **Person of Color (non-white also referred to as BIPOC or POC)**
 - Caregivers: Assistive devices like lift chairs, stair lifts, alarms, or technology ↓
 - Grand parenting: Assistance with technology ↓
- **Rural residents**
 - Caregivers: Assistance with personal care ↑
 - Caregivers: Support groups and/or activities for caregivers to meet and share ↓
- **Living in poverty**
 - Caregivers: Self-care such as massage, yoga class, or gym membership ↑

NOTE: Arrows (↑↓) mean the percent of the target population selecting a choice is significantly higher (↑) or lower (↓) than people who do not identify as part of that group.

In Dane County, what typically prompts the caregiver to reach out to the Caregiver Program for assistance is the care receiver goes from independent to requiring care as a result of a stroke, cancer, anesthesia reaction or similar issue. Or, the caregiver accelerates from supporting to active caregiving as a result of falls, progressing fragility with age, and/or an Alzheimer's or Dementia Diagnosis.

Additionally, we have heard from caregivers of color and those identifying as LGBTQIA+, when contacting the Caregiver Specialist, they would like to have relatives/family friends as caregivers during periods of respite. They are not comfortable using agency personnel that may change frequently or not be familiar with the cultural difference in caring for their loved one. Unfortunately, there is not system in place in Dane County to use grant funding to pay individual family members or family friends for respite care.

During the past two years, reaching caregivers of color and LGBTQIA+, and providing them with services they are requesting through the grant process have been limited. In 2021, 61 grants were made. Of the 61 grants, seven were to Black families, one to a Latinx family, and one to LGBTQIA+

family. In 2020, 82 grants were made due to additional CARES Act funding, with grants going to four Black families, one to a Latinx family, and two to Native American families (grandchildren).

In order to serve more caregivers who identify as Black/Latinx/SE Asian and/or LGBTQIA+, the process for employing individuals outside of a registered agency with the County must be developed with our partners. It must consider building the skill levels of lay relatives/family friends to provide respite safely, and the structure from which a person can be paid as an individual. For these reasons, a racial equity caregiver goal has been developed to address the needs of this targeted caregiving group of individuals.

LGBTQIA+

- Problem: Lack of planning for potential medical or other health crisis situations ↑
- Caregivers: Adult Day Care (for them) ↓

NOTE: Arrows (↑↓) mean the percent of the target population selecting a choice is significantly higher (↑) or lower (↓) than people who do not identify as part of that group.

- The LGBTQIA+ 1:1 interview participant was most concerned with discrimination, stigma, and lack of acceptance around their sexual orientation—noted this causes mental health issues where there aren’t treatment providers who understand

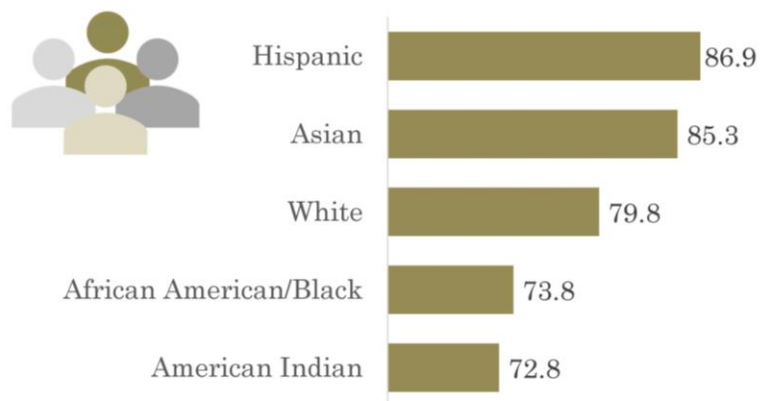
How do the needs differ across race and ethnic groups, rural and urban, income levels, and generations?

Race & Ethnicity

- While the overall age-adjusted death rate due to diabetes in Dane County is lower than state and national rates at 14.7 deaths per 100,000, the rate for Black Dane residents is more than 4 times that of Whites. (2019-2021 Dane County Community Health Needs Assessment, page 25)
- Large health inequities exist when studying specific populations, for instance the prevalence of diabetes in African-Americans is approximately 70 percent higher than whites and the prevalence in Hispanics is nearly double that of whites. (PHMDC 2016-2020 Strategic Plan)
- Persons of Hispanic origin (who may be of any race) represented 9% of the older population (age 65+). (2020 Profile of Older Americans)
- In 2019, 24% of persons age 65 and older were members of racial or ethnic minority populations—9% were African American (not Hispanic), 5% were Asian American (not Hispanic), 0.6% were American Indian and Alaska Native (not Hispanic), 0.1% were Native Hawaiian/Pacific Islander (not Hispanic), and 0.8% of persons age 65 and older identified themselves as being of two or more races. (2020 Profile of Older Americans)
- The population of elderly (age 60+) POC has increased by 76%, from 4,082 in 2010 to an estimated 7,184 according to the ACS 2015-2019 Estimate. During this same time period, the White Non-Hispanic population, grew at 33%, from 70,843 to 94,091 (Arial Barak, DCDHS Program Analyst)

Disparities Are Diverse

Life expectancy for Wisconsin:



(Source: *Disrupting Disparities: Exploring Health Equity and the Social Determinants of Health*, Lola Awoyinka, MHP Epidemiologist, Wisconsin Department of Health Services/Division of Public Health, 6/5/19)

- Problem: Lack of affordable health care and prescription drugs ↑
- Need: Delivery/Meal options for healthy foods ↑
- Need: Culturally-specific services and activities ↑
- Problem: Transportation after they can no longer drive ↓

NOTE: Arrows (↑↓) mean the percent of people living in rural areas selecting a choice is significantly higher (↑) or lower (↓) than people who do not identify as living in a rural area.

Those of minority identities feel a lack of respect and culturally- and identity-specific services:

- The LGBTQIA+ 1:1 interview participant was most concerned with discrimination, stigma, and lack of acceptance around their sexual orientation—noted this causes mental health issues where there aren't treatment providers who understand
- The Black focus group also mentioned struggles with mental health—they spoke of isolation and loneliness resulting in cognitive decline and mental health issues due to a lack of in-person contact during COVID-19 lockdowns
- Additionally, the Black focus group said they do not feel respected, listened to, and cared about because they are older and Black
- The language barrier is the biggest obstacle to the Latinx focus group
 - They spoke of the lack of outreach to the Spanish-speaking community and how that leaves families unsure of what resources are available. They also mention wanting education initiatives for Spanish-speaking families on how to care for grandparents and older adults in their families.
 - Services in Spanish are hard to find, there can be lengthy waitlists, it is hard to get a second opinion, and there seems to be limited oversight of Spanish-speaking staff. Medical facilities, mental health providers, case managers, respite caregivers, shopping centers, and banks are examples they shared where they struggle to find Spanish-speaking staff. The lack of Spanish-speaking staff often results in Latinx older adults leaving before getting the service they need.
 - There is also a lack of community social events in Spanish or bilingual. They don't feel there is a space in the community designed for Latinx older adults to congregate.
- Survey respondents identifying as POC and those more comfortable speaking a language other than English are more likely than their counterparts to select “culturally-specific services and activities” as an important need
 - Both of these groups are underrepresented in the survey POC (n=14), non-English speakers (n=8) and even with these small n-sizes the differences had enough power to register as statistically significant

Rural and Urban

- Caregivers: Assistance with personal care ↑
- Need: Ways to keep fit and healthy through physical activity ↓
- Caregivers: Support groups and/or activities for caregivers to meet and share ↓

NOTE: Arrows (↑↓) mean the percent of the target population selecting a choice is significantly higher (↑) or lower (↓) than people who do not identify as part of that group.

AAA of Dane County provides funding to Senior Focal Points that are geographically located throughout Dane County [Senior Focal Points Directory, Appendix 43 & Senior Focal Points Service Boundaries, Appendix 44]. The demographics of the 2021 older adult population by Focal Point are reflected in the chart on the next page:

Focal Point	Age 60-74		Age 75-84		Age 85+		Age 65 + Living Alone		HH Age 65+ Below Poverty		Rural Factor - Elderly (Age 60+) Density		Minorities Age 60+	
	#	%	#	%	#	%	#	%	#	%	Density	%	#	%
Colonial Club	8,749	11.9	2,220	11.6	832	9.7	2,855	13.1	480	10.1	54.2	22.8	271	6.6
DeForest	2,823	3.8	622	3.3	554	6.5	841	3.8	95	2.0	88.5	4.7	73	1.8
Fitchburg	4,360	5.9	1,008	5.3	273	3.2	1,095	5.0	218	4.6	189.8	0.0	305	7.5
McFarland	4,260	5.8	1,048	5.5	335	3.9	942	4.3	145	3.1	57.8	10.2	92	2.2
Middleton	3,833	5.2	950	5.0	395	4.6	963	4.4	188	4.0	316.5	0.0	164	4.0
NewBridge	32,877	44.6	8,903	46.7	4,189	49.0	9,492	43.4	2,978	62.9	533.2	0.0	2,885	70.7
NW Dane	2,821	3.8	673	3.5	204	2.4	844	3.9	64	1.4	20.4	18.9	27	0.7
Oregon	2,669	3.6	649	3.4	131	1.5	798	3.7	67	1.4	63.5	5.7	31	0.8
Stoughton	2,744	3.7	609	3.2	533	6.2	949	4.3	204	4.3	53.8	7.5	51	1.3
Sugar River	2,791	3.8	677	3.6	205	2.4	1,083	5.0	103	2.2	63.2	6.1	74	1.8
SW Dane	1,737	2.4	432	2.3	288	3.4	544	2.5	80	1.7	19.4	13.2	18	0.4
Waunakee	3,988	5.4	1,276	6.7	618	7.2	1,449	6.6	114	2.4	56.7	10.8	91	2.2
Total	73,652	100	19,066	100	8,557	100	21,857	100	4,736	100		100	4,082	100

Income Levels

✦ The overall poverty rate in Dane County is lower than state and national rates at 12.7%. However, poverty rates disproportionately affect communities of color with 34% of the Black population living in poverty and 29% of the Latinx population. (2019-2021 Dane County Community Health Needs Assessment, page 68)

2020 Profile of Older Americans

- ✦ In 2019, 4.9 million people age 65+ lived below the poverty level. Another 2.6 million were “near-poor.”
- ✦ Consumers age 65+ averaged out-of-pocket health care expenditures of \$6,833 in 2019, up 41% from 2009.
- ✦ During COVID-19, between March and April 2020, the unemployment rate for adults age 65+ more than quadrupled.
- ✦ The median income of older persons age 65+ in 2019 was \$27,398. Men had a higher median income overall: \$36,921 compared to \$21,815 for women. From 2018 to 2019, the real median income (after adjusting for inflation) of all households headed by older people increased by 6.5%, which was statistically significant. Households of families headed by persons age 65 and older reported a median income in 2019 of \$70,254 (\$74,365 for non-Hispanic white, \$50,553 for Hispanic, \$51,743 for African American, and \$76,235 for Asian American). About 5% of family households with an older adult householder had incomes less than \$15,000 and 81% had incomes of \$35,000 or more.
- ✦ In 2019, nearly 1 in 10 people age 65 and older (8.9% or 4.9 million) lived below the poverty level. This poverty rate is statistically different from the poverty rate in 2018 (9.7%). Another 2.6 million or 4.4% of older adults were classified as “near-poor” (income between the poverty level and 125% of this level).

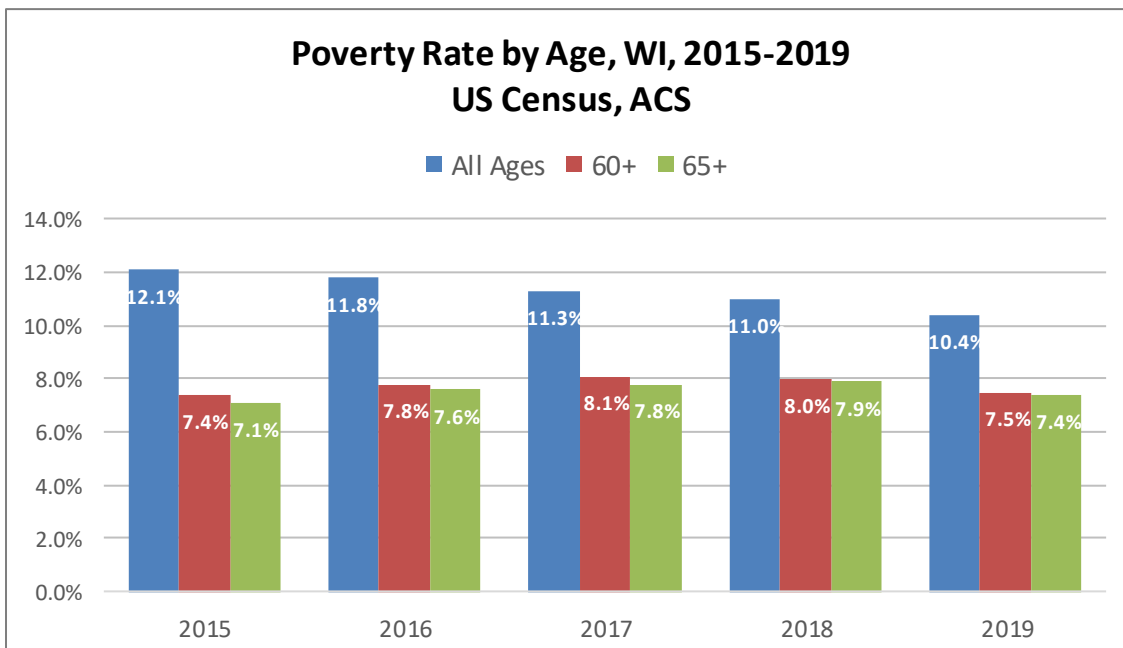
- ✦ The highest poverty rates were experienced among older Hispanic women age 65+ who lived alone (32.1%) and older African American women age 65+ who lived alone (31.7%).
- ✦ In 2019, 6.8% of the older non-Hispanic white population was poor, compared to higher percentages of racial and ethnic minority groups: 18% for African American population, 9.3% for Asian American, and 17.1% for Hispanic (any race).
- ✦ *Impact of COVID-19 Pandemic on Well-Being:* 15% of Medicare beneficiaries (all ages) reported feeling less financially secure (16% women, 13% men)

- **Living in poverty**

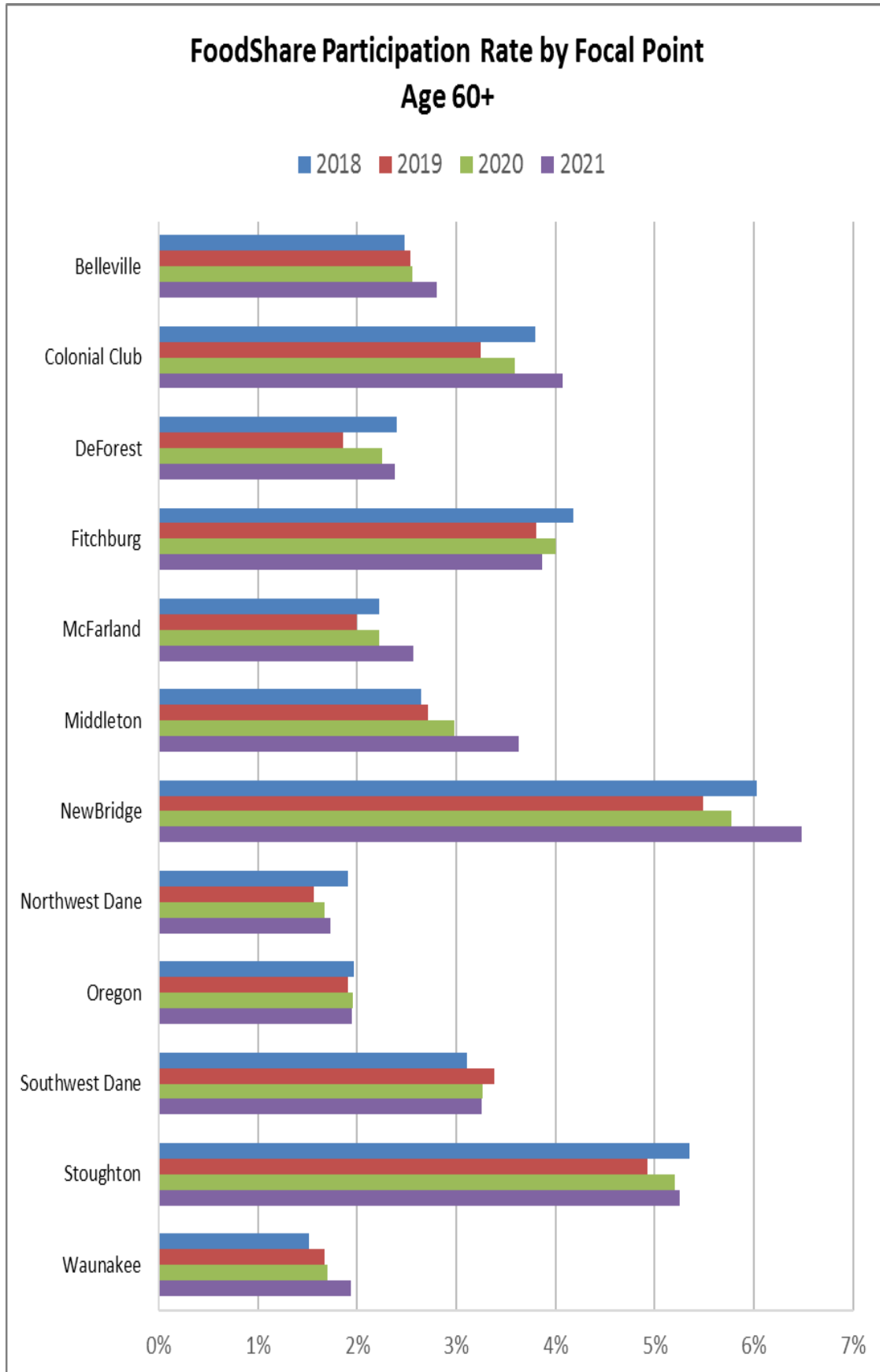
- Problem: Lack of affordable dental care ↑
- Need: Preventative health services like blood pressure checks and nail clipping ↑
- Need: Delivery/Meal options for healthy foods ↑
- Caregivers: Self-care such as massage, yoga class, or gym membership ↑
- Problem: Lack of affordable health care and prescription drugs ↓

NOTE: Arrows (↑↓) mean the percent of the target population selecting a choice is significantly higher (↑) or lower (↓) than people who do not identify as part of that group.

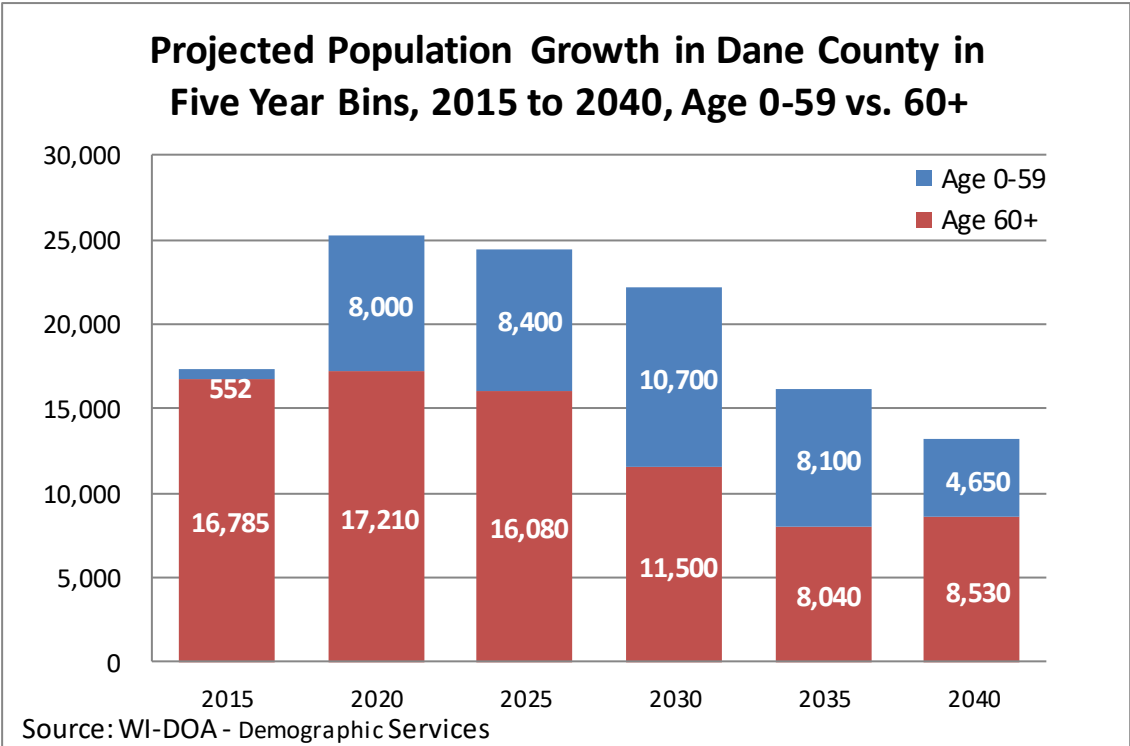
- Those with fewer financial worries were more interested in “enrichment” opportunities.
 - Cross-generational interaction, technology classes, fall prevention, education on Power of Attorney and guardianship at end of life, classes to learn to play card games hosted by senior focal points/centers.
- Specific examples of financial concerns—rising property taxes, community events always costing money instead of being free like in the past, pricing of services (hair care, grooming, dental, exercise classes, etc.) not matching their low incomes, and lack of financial support for those caring for ill family members.
- The Black focus group also wanted more help with paying bills and money management.



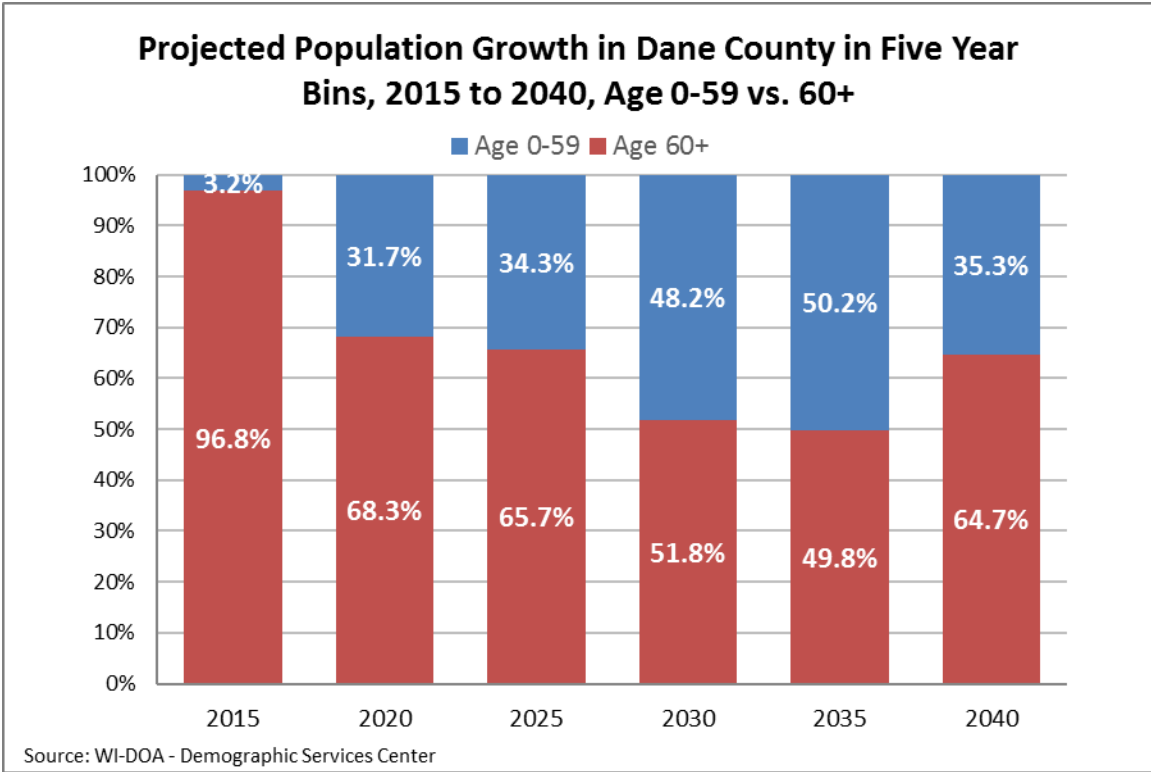
Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, Table S1701 Poverty Status in the Past 12 Months



Generations



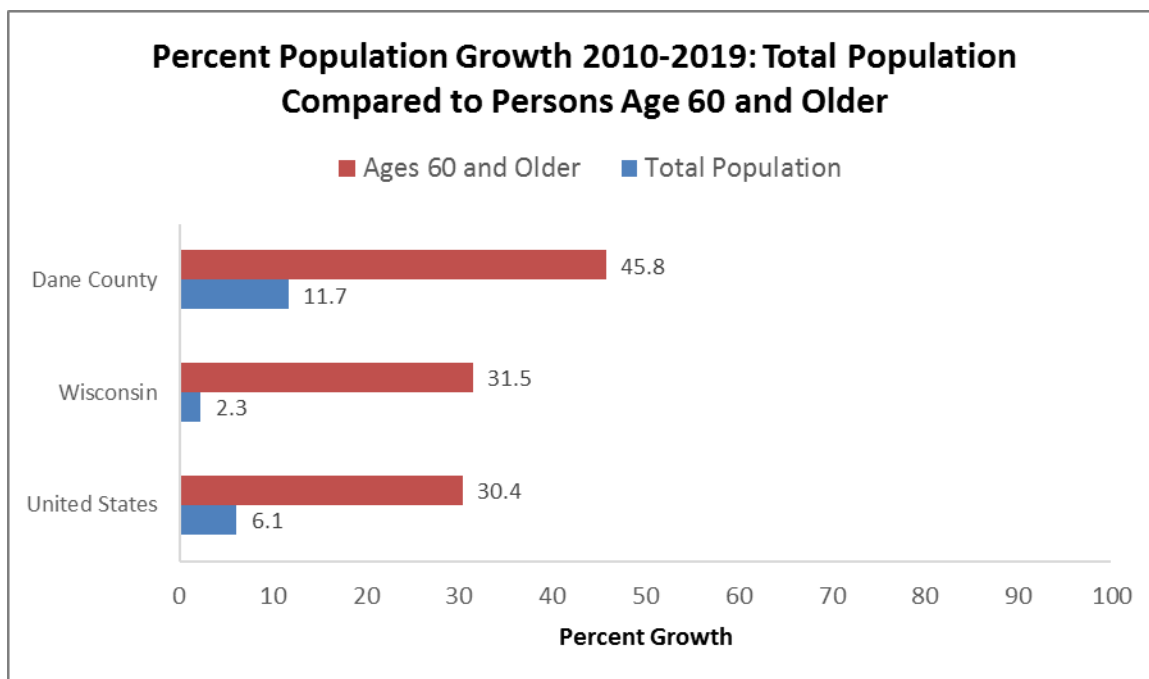
Source: Wisconsin Department of Administration Updated Population Projections for Counties by Age: 2010-2014; Vintage 2013. Prepared by Eric Grosso, Bureau of Aging and Disability Resources 8/2015.



As projected, over a 25 year span, on average, 66.2% of the growth in population to Dane County will be those age 60+.

Dane County, along with the rest of the country, is entering one of the most dramatic demographic shifts experienced in the past century. The impact that will be seen in Dane County is attributed in large part to the overall size of the Baby Boomer generation, in addition to continued medical advances that extend life expectancy. The sheer volume of older adults will force confrontation with challenges this trend will bring in health, social, and financial support; transportation; and other infrastructure services (affordable housing) and programs to meet the needs of older adults. There will have to be increased reliance on agencies that serve older adults. In fact, the projected number of older adults who will be eligible for services through our AAA is staggering. The projected 60-plus population will far surpass the AAA's ability to fund the level of services currently offered, especially with diminishing Federal Title III funds. Local funding, additional funding streams, and targeting of services will be necessary to meet the needs of the most vulnerable older adults.

While the greatest growth will be in persons in the 60-69 age bracket over the next five years which this plan begins to address, growth rate will diminish in that group and balloon in the age 70-79 group, increasing more slowly in other age categories as the Baby Boomers reach later years of life.



Source: Administration for Community Living, Aging Integrated Database, Custom Tables, Population Estimates Data, available on-line, accessed 8.29.2018.

How is the aging network organized to support older adults?

With an annual budget exceeding \$4.7 million from the Older Americans Act (Federal funding), public revenues (state and county), grants, and nutrition donations, AAA is minimally staffed to accomplish the following programs:

- Administer and monitor 26 annual contracts holding 49 programs (2 full-time county staff members)
- Caregiver Specialist (1 full-time county staff position)
- Elder Benefit Specialist Program* (3 full-time county staff members)
- Registered Dietitian & Healthy Aging Coordinator (1 full-time contracted position)

*Includes coordinating MIPPA Program

By contracting with numerous community-based Aging Network agencies, additional older adult programs and services are offered throughout Dane County.

Dane County is fortunate to have 12 senior centers (referred to as Senior Focal Points) that serve as Purchase of Service agencies. Through those community-based centers, services are developed and provided including a great variety of leisure, educational, and recreational services. The agencies also provide nutrition program services (both congregate and home-delivered) and case management services (including assistance with benefit specialist services, assistance in making connections to transportation, and provision of social services in their geographic location). Whenever possible, the Senior Focal Points work to expand and develop partnerships with local communities, non-profit agencies, and the private sector.

AAA also contracts with numerous community agencies to provide the following services: Falls Prevention, Diversity & Inclusion Programs, Grandparents & Other Relatives as Parents Caregiver Program, Senior Advocacy Training, and Volunteer Programs.

Other units within the Dane County Department of Human Services contract for additional older adult programs such as Adult Day Care, Driver Escort Program, Medical Assistance Case Management, National Alzheimer's Family and Caregiver Support Program, and Transportation.

What are the critical issues & future implications for aging services in the community?

Top five issues, problems, and challenges facing adults age 50+

1. Lack of safe, affordable housing (56%)
2. Transportation after they can no longer drive (53%)
3. Changes to the body or physical capabilities (46%)
4. Lack of professional workforce for in-home care (43%)
5. Social isolation/loneliness (39%)

Top five things that need to improve in Dane County

1. In-home support for daily living, both personal care and chores (58%)
2. Alternative transportation services (47%)
3. Safe and affordable housing options (45%)
4. Free legal services to complete wills and PoA documents for health & finances (38%)
5. Social activities to help with social isolation and loneliness (35%)

Top five services or resources needed from caregiver/helper perspective

1. Transportation to appointments (52%)
2. Respite care for a vacation or regular time away (47%)
3. Assistance with personal care (45%)
4. Help with housekeeping chores and cleaning (39%)
5. Adult Day Care & Home modification support to assist aging in place (tied with 35% each)

Top three resources or services needed for grandparents and relative caregivers

1. Day camps or day care for the grandchild(ren) (24%)
2. Participation fees for the grandchild(ren) to do sports, arts, music, and other activities (23%)
3. Assistance with technology (21%)

What are the resources and partnerships?

AAA and/or ADRC are directly involved and share common goals with the following community partners:

Bureau of Aging & Disability Resources (BADR)	Public Health Madison & Dane County
Community Coordinated Response—Elder Abuse	Social Security Administration-local office
Community Coalition (Care Transitions)	Wisconsin Academy of Nutrition & Dietetics (WAND)
Continuity of Care	Wisconsin Aging Advocacy Network (WAAN)
Covering Wisconsin	Wisconsin Area Agencies on Aging Association (w4a)
Dane County Benefits Advocacy Group	Wisconsin Association of Benefit Specialists (WABS)
Dane County Caregiver Alliance	Wisconsin Association of Nutrition Directors (WAND)
Dane County Financial Abuse Specialist Team	Wisconsin Association of Senior Centers (WASC)
Dane County Veterans Services Office	Wisconsin Department of Health Services (DHS)
Dementia Friendly Communities	Wisconsin Guardianship Support Center
Dementia Network	Wisconsin Family & Caregiver Support Alliance (WFACSA)
Domestic Abuse Intervention Services (DAIS)	Wisconsin Institute for Healthy Aging (WIHA)
Elderly Advocacy Network (EAN)	Wisconsin Medicare Task Force
Falls Prevention Taskforce	Wisconsin Pooled & Community Trusts (WisPACT)
Greater Wisconsin Agency on Aging Resources (GWAAR)	Wisconsin Senior Medicare Patrol (WSMP)
Health Watch Wisconsin	Wisconsin State Health Insurance Program (SHIP)
Homeless Services Consortium of Dane County	
Nutrition Site Managers Contact Group	
Office for the Deaf & Hard of Hearing	

AAA currently contracts with the following community-based agencies for the direct provision of services:

Colonial Club Senior Activity Center	RSVP of Dane County
Consolidated Food Services	Safe Communities
DeForest Area Community & Senior Center	SSM Health At Home
Fitchburg Senior Center	Stoughton Area Senior Center
Goodman Catering	Sugar River Senior Center
McFarland Senior Outreach Services	Southwest Dane Senior Outreach
Middleton Senior Center	The Rainbow Project
NewBridge Madison	Waunakee Senior Center
Northwest Dane Senior Services	Waunakee Schools
Oregon Area Senior Center	

Are there gaps in serving older adults who identify as POC or LGBTQIA+?

Nutrition

Significantly more LGBTQIA+ people chose “a need for delivery/meal options for healthy foods” as a need for people age 50+ in Dane County compared to the proportion of people who do not identify as LGBTQIA+.

Health Promotion

Significantly more Persons of Color (POC) chose “lack of planning for potential medical or other health crisis situations” as a problem for people age 50+ in Dane County compared to the proportion of people who do not identify as POC.

Significantly more Persons of Color (POC) chose “Culturally-specific services and activities” as a problem for people age 50+ in Dane County compared to the proportion of people who do not identify as POC.

Caregiver Support

Significantly more caregivers who are more comfortable speaking a language other than English chose “Respite care for a vacation or regular time away” as a need for people age 50+ in Dane County compared to the proportion of people who do not identify as caregivers who are comfortable speaking English.

Significantly fewer LGBTQIA+ people chose “Adult Day Care (for them)” as a problem for people age 50+ in Dane County compared to the proportion of people who do not identify as LGBTQIA+.

Significantly fewer Persons of Color (POC) identifying as Caregivers chose “Assistive devices like lift chairs, stair lifts, alarms, or technology” as a problem for people age 50+ in Dane County compared to the proportion of people who do not identify as POC.

Significantly fewer Persons of Color (POC) identifying as grandparents chose “Assistance with technology” as a problem for people age 50+ in Dane County compared to the proportion of people who do not identify as POC grandparents.

Significantly fewer grandparents who are more comfortable speaking a language other than English chose “Assistance with technology (for us)” as a problem for people age 50+ in Dane County compared to the proportion of people who do not identify as grandparents who are comfortable speaking English.

Housing

Significantly fewer people who are more comfortable speaking a language other than English chose “Safe and affordable housing options” as a need for people age 50+ in Dane County compared to the proportion of people who are comfortable speaking English.

Transportation

Significantly fewer people who are more comfortable speaking a language other than English chose “Transportation after they can no longer drive” as a problem for people age 50+ in Dane County compared to the proportion of people who do not identify as caregivers who are comfortable speaking English.

Significantly fewer people who are more comfortable speaking a language other than English chose “Alternative transportation services” as a need for people age 50+ in Dane County compared to the proportion of people who do not identify as caregivers who are more comfortable speaking a language other than English.

Significantly fewer Persons of Color (POC) chose “Transportation after they can no longer drive” as a problem for people age 50+ in Dane County compared to the proportion of people who do not identify as POC.

Mental Health Support (to include social isolation/loneliness)

- The Black focus group also mentioned struggles with mental health—they spoke of isolation and loneliness resulting in cognitive decline and mental health issues due to a lack of in-person contact during COVID-19 lockdowns.
- Additionally, the Black focus group said they do not feel respected, listened to, and cared about because they are older and Black.
- The language barrier is the biggest obstacle to the Latinx focus group.
 - They spoke of the lack of outreach to the Spanish-speaking community and how that leaves families unsure of what resources are available. They also mention wanting education

initiatives for Spanish-speaking families on how to care for grandparents and older adults in their families.

- Services in Spanish are hard to find, there can be lengthy waitlists, it is hard to get a second opinion, and there seems to be limited oversight of Spanish-speaking staff. Medical facilities, mental health providers, case managers, respite caregivers, shopping centers, and banks are examples they shared where they struggle to find Spanish-speaking staff. The lack of Spanish-speaking staff often results in Latinx older adults leaving before getting the service they need.
- There is also a lack of community social events in Spanish or bilingual. They don't feel there is a space in the community designed for Latinx older adults to congregate.
- Survey respondents identifying as POC and those more comfortable speaking a language other than English are more likely than their counterparts to select “culturally-specific services and activities” as an important need.

Section 3— Aging Plan Community Involvement

What are the methods used to collect qualitative information from the community?

Dane County residents were invited to participate in a survey (available on paper and online) [Appendices 19 & 20], focus groups, and 1:1 interviews. Community partners were asked to spread the word to older adults in the community on behalf of AAA in their planning efforts for 2022-2024. AAA engaged Dane County Department of Human Services Planning & Evaluation staff to moderate focus groups and 1:1 interviews, with the exception of the NewBridge groups that were moderated by NewBridge staff. In all, nine sessions were held and 64 community members participated. An additional 333 people completed an applicable survey, providing input from a total of **397 voices in Dane County**.

Group Name	Date	Participants	Data Collection Mode
Rainbow Project Grandparent Support Group	6/12/21	5	Online focus group
Goodman Community Center Senior Coffee Hour	6/18/21	8	In-person focus group
Goodman Community Center Senior Coffee Hour	6/25/21	7	In-person focus group
NewBridge Latinx Diversity & Inclusion Program	7/1/21	12	Focus group
NewBridge Black Diversity & Inclusion Program	7/8/21	8	Focus group
LGBTQIA+	7/14/21	1	Online in-depth interview
Waunakee Senior Center	7/15/21	3	In-person focus group
Westshire Village Senior Living Community	7/19/21	7	In-person focus group
Foster Grandparents	7/21/21	13	In-person focus group
Survey TOTALS	5/24/21 – 8/2/21	333	Paper and online survey

How were community members, Advisory Council, and AAA Board engaged in the planning process influenced and informed of plan development?

Recognizing an extraordinary effort must be made to obtain input from community members during a worldwide pandemic, AAA staff worked closely with Dane County Department of Human Services Planning & Evaluation (P&E) staff to create a process that involved new opportunities.

Survey

P&E and AAA staff created a survey to capture thoughts and ideas that would help “improve programs and services for the residents of Dane County as they age.” The instructions stated, “Your responses will help us develop a plan for 2022-2024 that will guide our work and funding of existing and needed programs. Thank you for your valuable input!” The survey included five initial questions:

- Q1. What are the top five issues, problems, and challenges midlife and older adults living in Dane County are facing now and into the future? [The responses were grouped into the following categories: *Home*, *Financial*, *Lifestyle*, and *Other*.]
- Q2. What are the top five things that need to improve to help adults living in Dane County as they age? [The responses were grouped into the following categories: *Home*, *Financial*, *Lifestyle*, and *Other*.]
- Q3. Please tell us about any services or events offered outside of Dane County that would be helpful to older people living in Dane County. [Responders provided a narrative answer.]

The next two questions focused on caregiver roles. Responders were instructed to skip these questions if they were not a caregiver.

- Q4. As a caregiver or “helper” for a partner, spouse, adult family member, or friend who are age 60+, what top five services or resources are most important for Dane County to provide? [The responses were grouped into the following categories: *For them*, *For you*, and *Other*.]
- Q5. What top three resources or services should be available for grandparents and relative caregivers raising children up to age 18 and living in Dane County? [Responders selected from eight provided resources or services and *Other*.]

The survey ended with demographic questions to ensure “*the voices of underrepresented people are heard. Self-identifying into the following categories will let us look more closely at the needs of people like you.*”

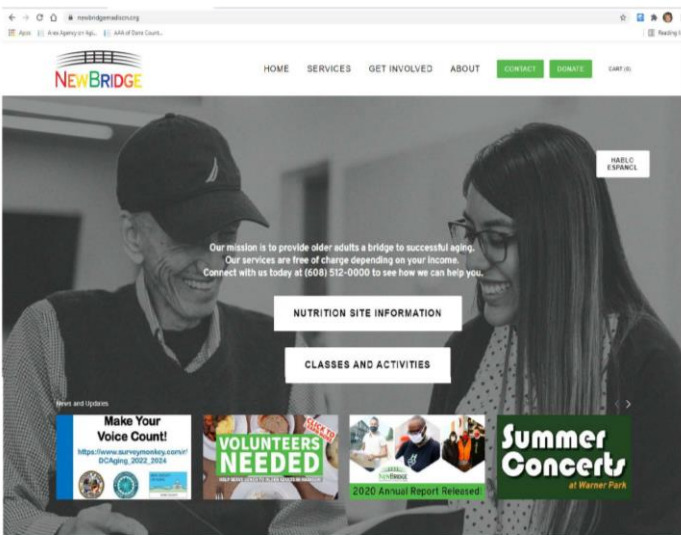
- How old are you?
- Are you a caregiver to someone age 60+?
- Where do you live? [This response identified rural or urban living in Dane County.]
- I am... [Choices included *LGBTQIA+*, *A person of color*, *Living in poverty*, *Living with a disability*, *A surviving spouse/partner*, and *More comfortable speaking in a language other than English*.]
- Are you employed by an organization that receives Dane County funding for aging services?

Several opportunities were provided to Dane County residents to take the survey. The online version was offered using Survey Monkey and ran for two months [Appendix 19]. Small in-person focus groups or 1:1 interviews used a paper document created for this purpose [Appendix 20]. A discussion guide was also created to help the facilitator obtain responses [Appendix 14]. Lastly, paper copies of the survey were also printed and made available for Senior Focal Points and community members to distribute as appropriate. All congregate and drive-thru meal sites received copies for their diners—in addition to all home-delivered meal participants.

Monetary Incentives

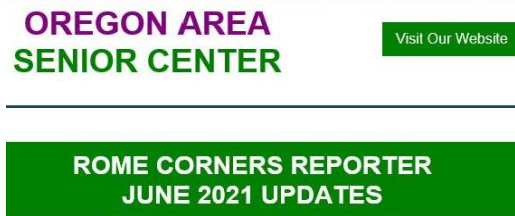
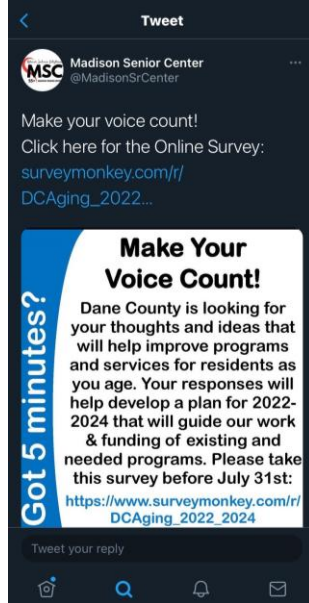
A \$10 Kwik Trip gift card was awarded to community members attending in-person focus groups or 1:1 interviews.

Getting this survey into the hands of Dane County residents during a pandemic was another challenge. AAA staff created several announcements and asked the Dane County Aging Network to post them in their newsletters, websites, weekly email blasts, and social media. Here are a few examples of these postings [see Appendices 15 & 16 for a complete list]:

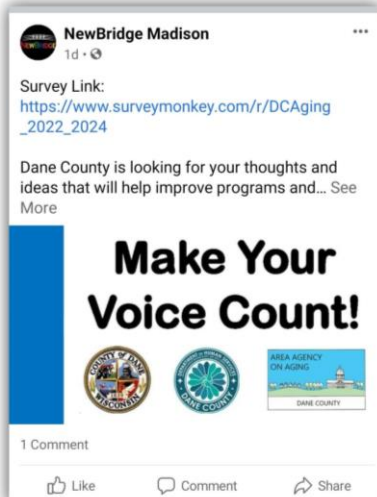
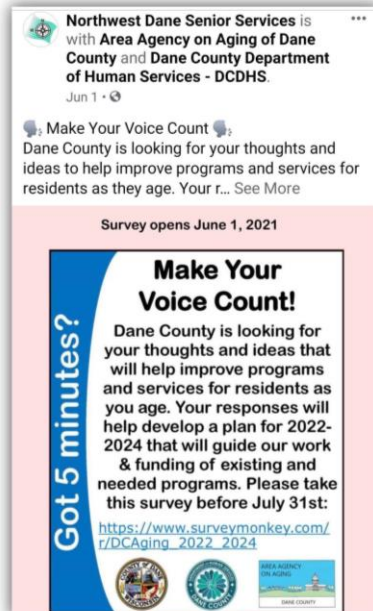
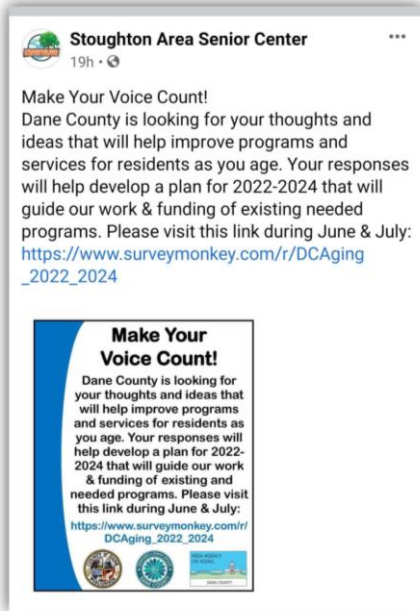


NewBridge Madison took the extra step and also featured the Dane County Aging Plan Survey on the home page of their website!

There are three Senior Centers located in Dane County that choose not to contract with AAA for programs and services for older adults (Madison, Monona & Verona Senior Centers). This doesn't deter us from actively partnering with each other... as this example from Madison Senior Center attests. They tweeted about the Dane County Aging Plan Survey!

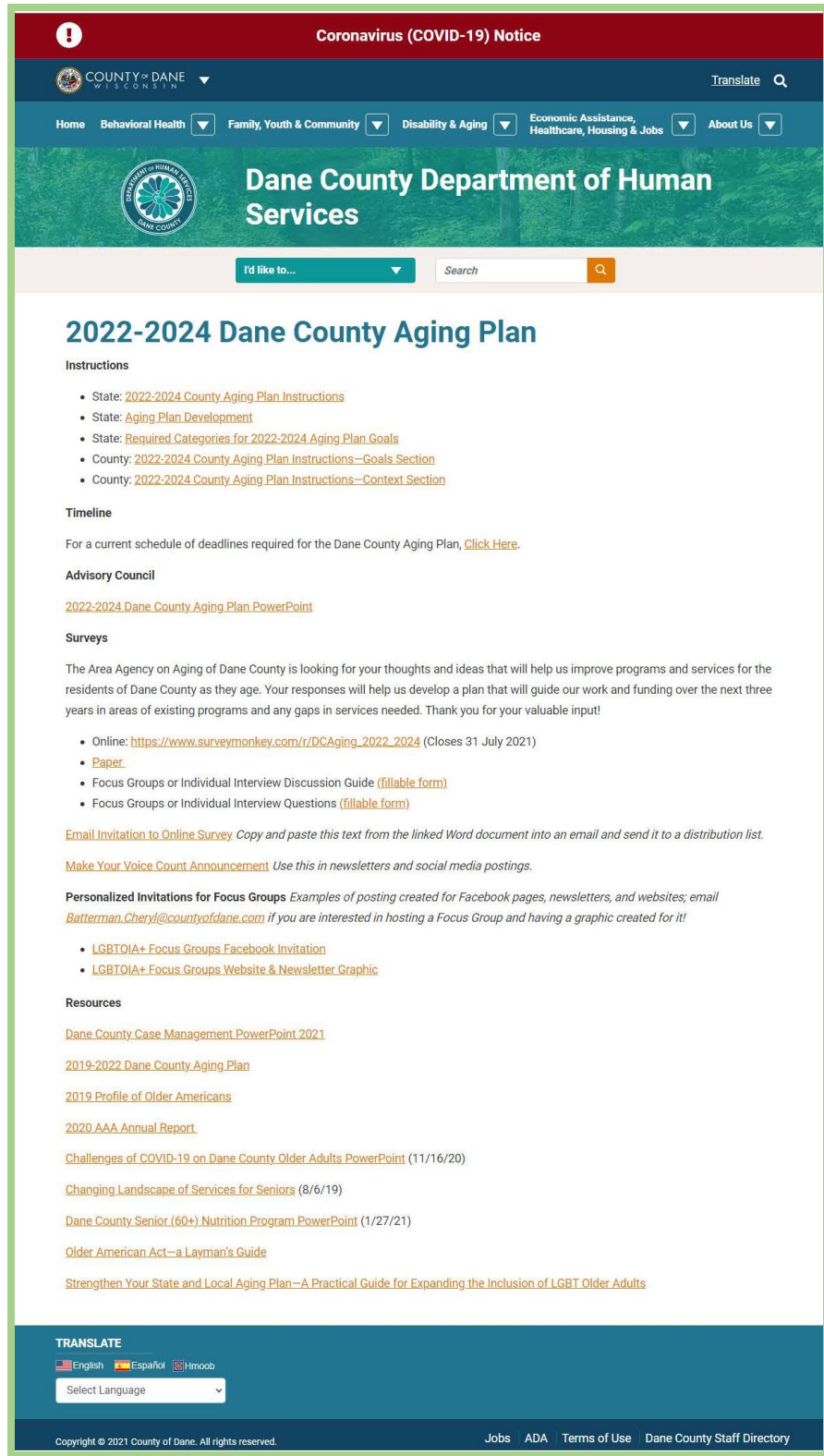


During the COVID-19 pandemic, the Dane County Aging Network emailed weekly "news blasts" to their participants in an effort of keeping older adults informed. This is an example of just one of many who featured the survey.



Website Tab

Dane County IT staff created a separate tab on the AAA website entitled “2022-2024 Dane County Aging Plan” which included a transparent lens to keep community, Advisory Council, and AAA Board/Committee members informed of the development and status of the aging plan. Sections included Instructions, Timeline, Advisory Council (Meeting PowerPoints), Public Hearing, Surveys, Goals & Strategies, Aging Plan Draft, and Resources. Here’s a screenshot of the website:



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What supporting documentation depicts community members' input?

See attached

2022-2024 Dane County Aging Plan Goals & Plan Feedback [Appendices 8 & 9]

AAA Board Meeting Minutes [Appendix 3]

AAA Access Committee Meeting Minutes [Appendix 2]

AAA Legislative/Advocacy Committee Meeting Minutes [Appendix 4]

AAA Nutrition/Wellness Committee Meeting Minutes [Appendix 5]

Community Engagement Report—Diversity & Inclusion Black Focus Group 7/8/21 [Appendix 27]

Community Engagement Report—Foster Grandparents Focus Group 7/21/21 [Appendix 28]

Community Engagement Report—Goodman Community Center 6/18/21 [Appendix 29]

Community Engagement Report—Goodman Community Center 6/25/21 [Appendix 30]

Community Engagement Report—Latinx Focus Group 7/1/21 [Appendix 31]

Community Engagement Report—LGBTQIA+ Focus Group 7/14/21 [Appendix 32]

Community Engagement Report—Rainbow Project Grandparents Focus Group 6/12/21 [Appendix 33]

Community Engagement Report—Waunakee Senior Center Focus Group 7/15/21 [Appendix 34]

Community Engagement Report—Westshire Senior Community Focus Group 7/19/21 [Appendix 35]

How did the aging unit gather information and ideas from the public prior to developing the plan?

Due to the pandemic, outreach efforts were intensified to gather input from the public. AAA staff created and provided numerous graphics to help with these efforts. This graphic was created to post on the OutReach and AAA websites to encourage input from community members who identify as LGBTQIA+.

LGBTQIA+ Community Online Focus Groups

Wednesday, July 14, 2021, 11am-noon
Or Tuesday, July 20, 2021, 1:30-2:30pm

For persons identifying as LGBTQIA+ and at least 50 years old

Earn a \$10 Kwik Trip card for your active participation

Dane County's Area Agency on Aging (AAA) is hosting two online focus groups among the Dane County LGBTQIA+ community. These focus groups are an opportunity to tell AAA what is important to adults age 50+ who identify as LGBTQIA+. We want to amplify the voices of underrepresented identities—hearing directly from you is incredibly important. The needs you share will influence the 2022-2024 Dane County Aging Plan which will guide services and programs for aging adults.

AREA AGENCY
ON AGING



DANE COUNTY

RSVP

Email Strahin.Betsy@countyofdane.com to reserve your spot. Include your name, mailing address (so we can send you the gift card after the group), and which date you prefer to attend. A Zoom link and instructions will be emailed.

A selection of graphics were created for AAA staff to include in their signature blocks for all emails during June and July. They were also used on the AAA website and provided to the Dane County Aging Network for their social media postings.

Make Your Voice Count!

Dane County is looking for your thoughts and ideas that will help improve programs and services for residents as you age. Your responses will help develop a plan for 2022-2024 that will guide our work & funding of existing and needed programs. Please visit this link during June & July:

https://www.surveymonkey.com/r/DCAging_2022_2024



Got 5 minutes?

Make Your Voice Count!

Dane County is looking for your thoughts and ideas that will help improve programs and services for residents as you age. Your responses will help develop a plan for 2022-2024 that will guide our work and funding of existing and needed programs.

Please take this survey before July 31st!

Got 5 minutes?

Make Your Voice Count!


Dane County is looking for your thoughts and ideas that will help improve programs and services for residents as you age. Your responses will help develop a plan for 2022-2024 that will guide our work & funding of existing and needed programs. Please take this survey before July 31st:

https://www.surveymonkey.com/r/DCAging_2022_2024



An article (below) featured in the Dane County *Caregiver Chronicles* newsletter (June 2021) was edited and converted into a flyer for drive-thru and home-delivered meal participants. It combined a welcomed (although temporary) update from the CDC concerning vaccinated individuals with an invitation to complete the Aging Plan survey. Over 1,200 copies were distributed.

Creating our...



The [May 16th announcement from the CDC](#) stated fully-vaccinated individuals could resume activities without wearing a mask or physically distancing (except where required by federal, state, local, tribal, or territorial laws). On its heels came the [May 18 announcement from Public Health Madison & Dane County](#) that Dane County's extremely high number of vaccinated residents allows for the lifting of public health orders on June 2, when they estimate that 75% of those eligible for vaccine will have received their first dose. [Businesses and organizations may choose to enforce their own policies and, in order to protect children younger than 12 along with others who are unable to be vaccinated or have compromised immune systems, unvaccinated people should continue to wear masks in public spaces.]

Of course this is incredible news as vaccines have been extraordinarily successful and vaccination rates in Dane County impressive. At the same time, the relatively quick shifting of gears is challenging. For some, the transition from viewing contact with others as a potential danger requires time to reset. Now we hug our family members and loved ones after a long and difficult separation and must decide how to proceed in a changed world—considering our own risks, preferences, and opportunities.

From a positive standpoint, disruption on the scale of a global pandemic creates an opportunity for a reset. During the anxiety of Stay at Home Orders, we had time to contemplate what matters most to us. Many of us realized during the pandemic that some of the things we had been doing before COVID-19 weren't helping us thrive and it became clear which aspects life could benefit from change. We learned relatively quickly that self-care was essential, and that if we continued to neglect it, burnout was the likely result. The ability to work remotely allowed many of us to be present with our families at home, and for others to travel to be with them while still keeping up with employment. Many of us are exploring technology as a means to keep in closer touch on a more frequent basis.

As you think about how you would like to make changes in your personal life, Dane County would appreciate your thoughts and ideas to help improve programs and services for older adults. Please follow this link to an online survey that will help develop a plan for 2022–2024 that will guide our work and funding of existing and needed programs. Make your voice count!

https://www.surveymonkey.com/r/DCAging_2022_2024

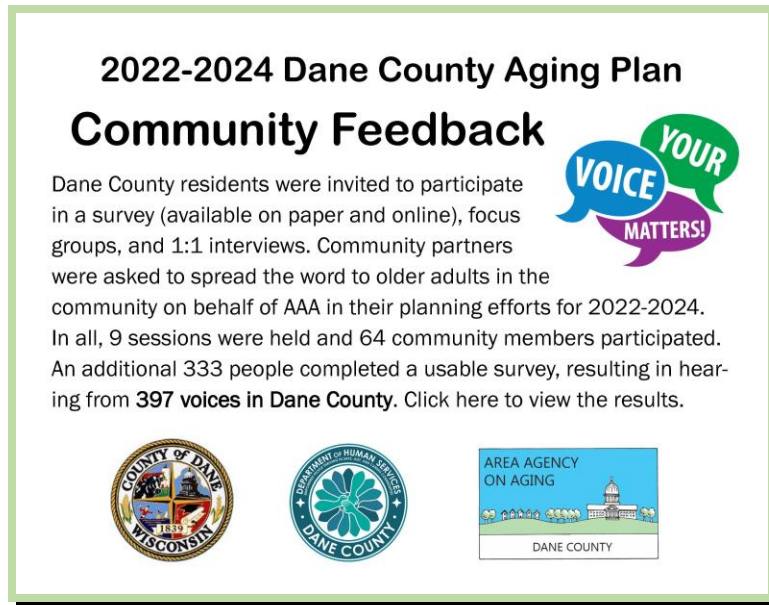
(Adapted from Caregiver Chronicles, June 2021)

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An email [Appendix 41] was sent to all 61 municipal government clerks in Dane County requesting them to post the Aging Plan Survey in their marketing materials (newsletters, social media postings, website) during the months of June and July 2021.

We asked the Dane County Aging Network to post the Aging Plan Survey on their social media accounts and were extremely thankful many of them did. Examples of their postings can be found on Appendix 16 In addition, their June and July newsletters also featured the survey announcement [Appendix 15]

Transparency was key to this process—AAA staff provided the results of the survey. This graphic was created to post on the AAA website's home page and 2022-2024 Dane County Aging Plan section. By clicking anywhere on the graphic, the reader was linked to the survey's final results (**Aging Plan Survey Results**, Appendix 17).



What was the process involved in offering and conducting the public hearing?

(See Public Hearing Report, Appendix 42)

Once again due to the pandemic, previously held in-person public hearings were not offered during this aging plan cycle. This is most unfortunate as they had provided valuable input from community members who were not aware of nor availed themselves of the programs and services offered to older adults living in Dane County. As a result, AAA staff scheduled a virtual public hearing and tapped the Dane County Aging Network to spread the word [See **Notice of Public Hearing for Dane County 2022-2024 Aging Plan**, Appendix 24].

Graphics in multiple formats were created to post on newsletters, websites, social media, and weekly email blasts and distributed to AAA Board & Committee members, Senior Focal Points, Senior Centers, Aging Plan Advisory Council members, POC and LGBTQIA+ organizations and community leaders. They were also posted at congregate meal sites. The graphic at right is an example [Appendix 22]



The AAA website also included the Public Hearing Agenda [Appendix 21] and was posted on Dane County's Legislative Information Center (Legistar) official website.

Public hearing notices were also emailed to the Dane County Elderly Advocacy Network's 275 members. [Note: EAN consists of older adults and aging network professionals; it is sponsored by the Area Agency on Aging Board's Legislative/Advocacy Committee. EAN membership is open to the public.]



Middleton Senior Center
Yesterday at 4:50 PM •

**NOTICE OF PUBLIC HEARING FOR
DANE COUNTY 2022-2024 AGING PLAN**

Notice is hereby given the Dane County Area Agency on Aging Unit will hold a public hearing on the item listed on Tuesday, December 14, 2021 at Noon. The meeting will be held remotely via Zoom. All persons wishing to speak on the agenda item must pre-register for the meeting. In order to register, please go to <https://dane.legistar.com/Calendar.aspx> and select Area Agency on Aging Board meeting. Follow the directions on the agenda to register online. You may also call (608) 261-9930 and provide your name, 10-digit phone number, email address, and your request to register for this public hearing. Online registration will be taken up to 30 minutes prior to the meeting. If you would like to attend the meeting remotely and not speak, the meeting can be accessed by calling (833) 548-0276 and entering access code: 969 4688 6739. If you would like to obtain more details regarding the agenda item, please call (608) 261-9789.

The purpose of the public hearing is to provide an opportunity for citizens of Dane County to comment and provide input on the 2022-2024 Dane County Aging Plan draft. The Aging Plan draft is available for examination by calling (608) 261-9930 to schedule an appointment for pickup or at <https://dcdhs.com/Aging-Plan-Development>.

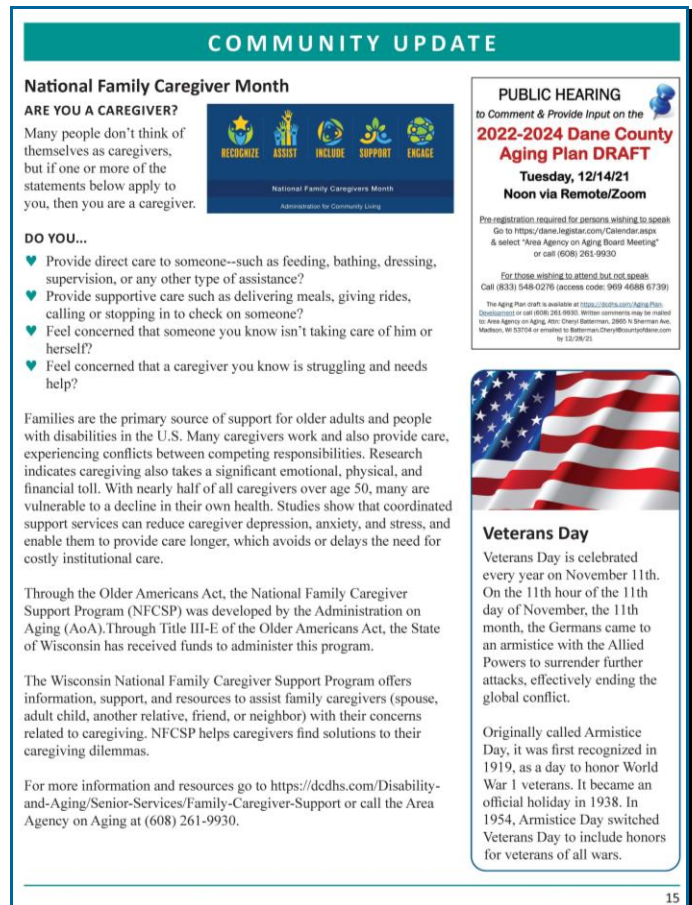
Input received by members of the public at the hearing or written comments will be considered in the development of the final draft of this plan. The final draft will be presented for approval at the Dane County Area Agency on Aging Board meeting scheduled for 3:45 PM, January 3, 2022 via Zoom.

Written comments may be mailed to:
Dane County Area Agency on Aging
Attn: Cheryl Batterman
2865 N Sherman Ave, Madison, WI 53704

Or emailed to Batterman.Cheryl@countyofdane.com through December 28, 2021

Like Comment Share

(Above is an example of a Facebook posting by Middleton Senior Center)



COMMUNITY UPDATE

National Family Caregiver Month
ARE YOU A CAREGIVER?
Many people don't think of themselves as caregivers, but if one or more of the statements below apply to you, then you are a caregiver.

DO YOU...

- ♥ Provide direct care to someone--such as feeding, bathing, dressing, supervision, or any other type of assistance?
- ♥ Provide supportive care such as delivering meals, giving rides, calling or stopping in to check on someone?
- ♥ Feel concerned that someone you know isn't taking care of him or herself?
- ♥ Feel concerned that a caregiver you know is struggling and needs help?

Families are the primary source of support for older adults and people with disabilities in the U.S. Many caregivers work and also provide care, experiencing conflicts between competing responsibilities. Research indicates caregiving also takes a significant emotional, physical, and financial toll. With nearly half of all caregivers over age 50, many are vulnerable to a decline in their own health. Studies show that coordinated support services can reduce caregiver depression, anxiety, and stress, and enable them to provide care longer, which avoids or delays the need for costly institutional care.

Through the Older Americans Act, the National Family Caregiver Support Program (NFCSP) was developed by the Administration on Aging (AoA). Through Title III-E of the Older Americans Act, the State of Wisconsin has received funds to administer this program.

The Wisconsin National Family Caregiver Support Program offers information, support, and resources to assist family caregivers (spouse, adult child, another relative, friend, or neighbor) with their concerns related to caregiving. NFCSP helps caregivers find solutions to their caregiving dilemmas.

For more information and resources go to <https://dcdhs.com/Disability-and-Aging/Senior-Services/Family-Caregiver-Support> or call the Area Agency on Aging at (608) 261-9930.

PUBLIC HEARING
to Comment & Provide Input on the
2022-2024 Dane County Aging Plan DRAFT
Tuesday, 12/14/21
Noon via Remote/Zoom

Pre-registration required for persons wishing to speak
Go to <https://dane.legistar.com/Calendar.aspx> & select "Area Agency on Aging Board Meeting" or call (608) 261-9930

For those wishing to attend but not speak:
Call (833) 548-0276 (access code: 969 4688 6739)

The Aging Plan draft is available at <https://dcdhs.com/AgingPlan>.
Downloaded or call (608) 261-9930. Written comments may be mailed to Area Agency on Aging, Attn: Cheryl Batterman, 2865 N Sherman Ave, Madison, WI 53704 or emailed to Batterman.Cheryl@countyofdane.com by 12/28/21.

Veterans Day
Veterans Day is celebrated every year on November 11th. On the 11th hour of the 11th day of November, the 11th month, the Germans came to an armistice with the Allied Powers to surrender further attacks, effectively ending the global conflict.

Originally called Armistice Day, it was first recognized in 1919, as a day to honor World War I veterans. It became an official holiday in 1938. In 1954, Armistice Day switched Veterans Day to include honors for veterans of all wars.

(Above is an example of a newsletter posting by Madison Senior Center)

The draft plan was posted on the AAA website on 11/12/21—four weeks prior to the Public Hearing. The official public notification was submitted to the *Wisconsin State Journal* for publication. It ran 11/30/21 and 12/7/21 [Appendix 23].

The Public Hearing was held on Wednesday, 12/14/21 via Zoom with 26 community members attending. AAA Manager Cheryl Batterman presented a PowerPoint that summarized the draft plan [Appendix 25]. Public hearing attendees were informed this was an opportunity to provide feedback on the draft plan to reflect the needs and desires of older adults and their representatives who participated in various input activities throughout the year. AAA staff took written notes at the hearing [Appendix 23]. AAA staff clarified the content, and the audience was offered an opportunity to ask questions, obtain answers, and offer comments.

Throughout the planning process, community members were requested to send written and verbal feedback to AAA via phone, e-mail, and snail mail [See **Aging Plan Feedback**, Appendix 8].

Section 4— Plan Period Goals

Focus Area: Title IIIB Supportive Services & Emerging Need Goal— Transportation Options		Due Date
Goal statement: On demand, person-centered individual transportation option(s) for Dane County older adult leisure/socialization activities from their residence that is affordable and available at least one time per month by 12/31/24.		12/31/24
Plan for measuring overall goal success: (1) Utilization of identified options and low levels of social isolation by persons using new options; and (2) Lower levels of social isolation on the UCLA three question social isolation and loneliness scale by persons using new options at onset of use and annually after using the on demand options.		
Specific Strategies and Steps to Meet the Goal	Measure	Due Date
Strategy 1: Research on demand transportation program options in other counties, states & countries and report findings to stakeholders.	Options for on-demand, affordable personal transportation document is presented to the AAA Board for discussion and review.	12/1/22
Strategy 2: Select on demand model(s) to replicate, define approach/partners & pilot.	Model is selected and partners determined to launch pilot program.	12/31/23
Strategy 3: Reallocate existing funding or allocate new funding to support goal as needed.	Allocation for on-demand transportation option is funded in 2024 budget.	11/20/24

Focus Area: Title IIIB Supportive Services & Person-Centered Services Goal— Transportation Services		Due Date
Goal statement: Increased availability of group ride services for older adults to meet ridership demand while maintaining reasonable ride times to and from senior center programs for healthy aging and socialization beyond the senior meal program hours.		12/31/24
Plan for measuring overall goal success: Increased ridership, reduced time in-transit, and increased participation in activities each year of the three-year aging plan from a 2021 baseline.		
Specific Strategies and Steps to Meet the Goal	Measure	Due Date
Strategy 1: Educate stakeholders in the types of transportation funding available, how they can be used, what they are currently funding, and opportunities for additional funding for transportation.	Transportation 101 education series for stakeholders is completed virtually and in person for improved understanding of current funding landscape.	7/30/22
Strategy 2: Provide methods, formulas, or calculation transparency of the allocation of existing funding each year as determined by ridership demand, not equal funding for all.	Transportation allocation process is transparent and based upon ridership across areas, not simply allocated on an equal basis regardless on ridership demand.	7/30/23
Strategy 3: Explore contracting with alternative vendors such as Assisted Living Facilities, Boys & Girls Clubs, Senior Focal Points, and others with vehicles to increase vehicle pool and availability.	Additional vendors and funding are identified to increase the vehicle pool capable of meeting demand during 2024 budget year.	7/30/23

Focus Area: Title IIIC Nutrition Program & Person-Centered Goal #1— Malnutrition		Due Date
Goal statement: After receiving supplemental nutrition in addition to the lunch or dinner meal per day for eight months, home-delivered meal participants that scored as malnourished at intake show improvement in their malnutrition status.		12/2024
Plan for measuring overall goal success: Changes in Malnutrition Screening Tool (MST) to discern risk and malnutrition status from baseline to eight months post supplemental meals being used.		
Specific Strategies and Steps to Meet the Goal	Measure	Due Date
Strategy 1: AAA Dietitian works with contracted caterers to develop nutrient rich breakfast meal for delivery to malnourished older adults in addition to their lunch/dinner meal.	Nutrient analysis for breakfast meal plan completed and resources secured to fund second meal per participant in need.	12/22
Strategy 2: Senior Focal Point Case Managers are trained to encourage breakfast meal in addition to lunch or dinner meal for malnourished older adults during the HDM assessment and malnutrition screening.	Initial and ongoing HDM assessment/malnutrition screen conducted and recorded for all HDM participants and repeated at 8 month intervals for those receiving two meals per day.	Beginning 2023 through 2024
Strategy 3: Malnutrition screening using the MST is repeated at eight month intervals for persons receiving two meals per day.	Baseline and updated scores per client are provided to Nutrition Director for tracking progress annually.	Beginning 2023

Focus Area: Title IIIC Nutrition Program & Person-Centered Goal #2— Consumer Choice		Due Date
Goal statement: Allow for consumer choice in home-delivered meal program delivery options between lunch and dinner in order for more homebound older adults in the City of Madison or Monona to receive balanced nutrition as participants in the HDM program beginning January 2022.		2023 through 2024
Plan for measuring overall goal success: (1) HDM survey indicated increase in meal satisfaction due to an additional choice in delivery options; and (2) number of persons indicating they would otherwise not be able to participate in the meal program if evening delivery was not available.		
Specific Strategies and Steps to Meet the Goal	Measure	Due Date
Strategy 1: Put Madison HDM contract out to bid in 2022 seeking two delivery windows, lunch and dinner beginning in 2023.	At least one bid is received and awarded that can deliver meals at lunch and at dinner Monday-Friday.	12/1/22
Strategy 2: Administer HDM satisfaction survey annually to determine if satisfaction has increased as a result of delivery option choices.	Questions regarding meal delivery time satisfaction are added to the HDM annual survey for Madison and Monona HDM Participants and analyzed by Nutrition Director year.	12/31/23 & 12/31/24
Strategy 3: Determine percentage of new HDM clients choosing evening over lunch delivery window to better allocate funding in vendor contracts.	Contract utilization analyzed each year to determine allocation of funding for delivery window via % of meals served.	5/30/23 & 5/30/24

Focus Area: Title IIID Health Promotion & Racial Equity Goal— Latinx Evidence-based Healthy Aging Classes		Due Date
Goal statement: Improved health outcomes related to falls or self-management of chronic conditions in 40 Latinx older adults in Dane County by December 2024.		12/31/24
Plan for measuring overall goal success: The number of Latinx older adults that successfully complete at least one evidence-based health promotion program (attend at least 4 of 6 sessions).		
Specific Strategies and Steps to Meet the Goal	Measure	Due Date
Strategy 1: Provide access to evidence-based falls prevention (<i>Pisando Fuerte</i>) and chronic disease self-management (<i>Tomando Control de su Salud</i>) workshops offered for non-English, Spanish speaking Latinx older adults.	Four <i>Pisando Fuerte</i> workshops are offered to Dane County Latinx older adults & two <i>Tomando Control de su Salud</i> workshops are offered.	12/31/24
Strategy 2: Allocate additional Title IIID ARPA funding to training and stipends for Spanish leaders through 9/30/24.	Funding to reimburse leader training and provide stipends for leading workshops is allocated annually using IIID ARPA funding during the plan period.	As a budget proposal annually beginning in 2022
Strategy 3: Recruit and enroll at least 40 Latinx older adults in evidence-based falls prevention and chronic disease self-management workshops by 10/1/24.	A minimum of 40 Latinx older adults successfully complete falls prevention or chronic disease self-management workshops.	12/31/24

Focus Area: Title IIIE Caregiver Support & Racial Equity Goal— Caregivers of Color		Due Date
Goal statement: Reduce caregiver stress and burden in a minimum of 10 caregivers of color that receive at least 112 paid respite service hours per year provided by qualified relative/family friend caregivers as measured annually at the end of 2023 and 2024.		12/2024
Plan for measuring overall goal success: pre-post NFCSP caregiver grant staff-assessment survey showing improved stress/burden.		
Specific Strategies and Steps to Meet the Goal	Measure	Due Date
Strategy 1: Recruit and convene the Dane County Caregiver Advisory Board to be the workgroup on this goal area, responsible for design, pilot, testing, and then full implementation.	Advisory Board is recruited and monthly meetings are held throughout the plan period to design, pilot test, and implement.	12/2024
Strategy 2: Create the internal or external systems for training other family relatives in proper respite care and processing of grants paid directly to individuals in order for other trusted relatives/family friends to provide in-home respite care.	Options for direct payments to family/friend caregivers are determined and in place for in-home respite care for POC.	12/2022
Strategy 3: Allocate Caregiver grant funds to support at least five Caregivers of Color per year for 112 hours of respite per year at a minimum of \$15 per hour.	Caregiver grant funding is allocated to cover a minimum of \$8,400 each year for POC family/friend caregivers.	1/1/23 & 1/1/24

Focus Area: Local Priority & Community Engagement Goal— POC & LGBTQIA+ Older Adults		Due Date
Goal statement: Increased, ongoing, and meaningful community engagement of older adults, with targeted attention to older adults identifying as persons of color and/or LGBTQIA+, in the planning and provision of aging services in Dane County throughout the area plan period.		12/31/24
Plan for measuring overall goal success: (1) AAA Board/Committee/Workgroup member demographics reflect the aging population; and (2) # of older adults engaged in coffee conversations with AAA about problems and solutions for aging issues as measured at the end of each year.		
Specific Strategies and Steps to Meet the Goal	Measure	Due Date
Strategy 1: Diversify AAA Board, Committee, and Workgroup representation to be more reflective of the aging population as a whole and encourage aging service providers to do the same.	AAA Board, Committee and Workgroup affiliated members reflect the demographics of our community as measured by percent of membership verses percent of population.	12/31/24
Strategy 2: Host regular coffee and conversation sessions throughout the community to learn of existing or emerging issues and promote older adult interest and involvement in creating solutions for aging issues.	Number of sessions held each year, number of older adults in attendance and ongoing record of issues/concerns raised.	Annually beginning in 2022
Strategy 3: Support department level efforts to expand the reach of marketing about aging services and programs beyond Senior Focal Points.	Number of and times marketing efforts and media outlets promote aging services beyond senior focal points as conducted by DCDHS, ADRC, and Transportation department.	Annually beginning in 2022

Focus Area: Advocacy & Community Engagement Goal— Training & Representation		Due Date
Goal statement: Older adults have the knowledge and skills to advocate for funding and other resources at the county, state, and federal level to address issues important to or negatively impacting older adults in Dane County.		Annually Beginning in 2022
Plan for measuring overall goal success: (1) Amount of Dane County aging unit budget priorities funded annually through the senior advocacy process; and (2) Increased planning of senior housing resources based upon older adult advocate representation on Housing Initiative Steering Committees and stakeholder groups.		
Specific Strategies and Steps to Meet the Goal	Measure	Due Date
Strategy 1: Offer 12-16 hours of Senior Advocacy Training each year to a minimum of 15 older adults each year of the three-year plan.	Senior Advocates introduce and champion AAA budget priorities each year resulting in additional County Board/County Executive funding for essential programs	Nov 2022 Nov 2023 Nov 2024
Strategy 2: Seek older adult representation on Dane County Housing Initiative Steering Committee and stakeholder groups affiliated with	Appointment of older adult representatives to the DC Housing Initiative Steering Committee and	July 2022

the Dane County Planning Office in order to advocate for affordable, safe, housing for older adults.	Stakeholder groups	
Strategy 3: Legislative/Advocacy Committee of the AAA Board provides action alerts on important issues related to older adults to the Elderly Advocacy Network	Action alerts are created and disseminated via the EAN as needed	2022 2023 2024

Section 5—Title III & VI Coordination

Dane County does not include part or all of a federally recognized tribe – Not Applicable

Section 6—AAA's Organization, Structure & Leadership

Who is the primary contact to respond to questions about the aging plan?

Name: Angela Velasquez

Title: Aging Program Specialist

County: Dane

Organizational Name: Area Agency on Aging of Dane County

Address: 2865 N Sherman Avenue

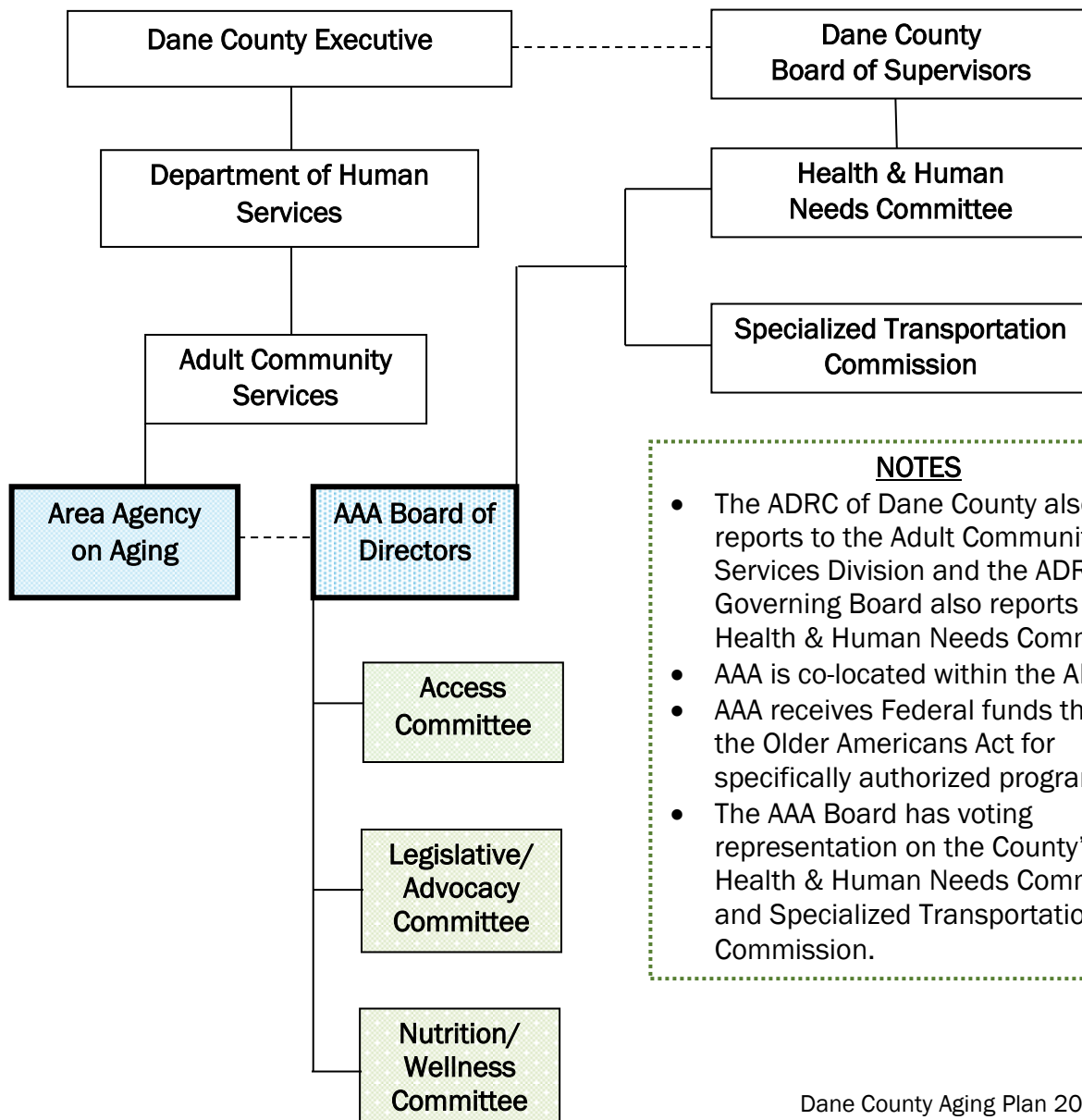
City: Madison

State: WI

Zip Code: 53704

Email Address: Velasquez.Angela@countyofdane.com Phone #: (608) 261-9700

What is the organizational chart of the aging unit?



NOTES

- The ADRC of Dane County also reports to the Adult Community Services Division and the ADRC Governing Board also reports to the Health & Human Needs Committee.
- AAA is co-located within the ADRC.
- AAA receives Federal funds through the Older Americans Act for specifically authorized programs.
- The AAA Board has voting representation on the County's Health & Human Needs Committee and Specialized Transportation Commission.

Who are the aging unit staff?

Cheryl Batterman, Manager

Batterman.Cheryl@countyofdane.com (608) 261-9789

Duties:

- Responsible for agency management, budget, reports, and personnel; review of proposals, and monitoring, evaluating, and managing purchase of service contracts.
- Provides general information and assistance to the public and disseminates information regarding social, economic and demographic trends of a society that is aging.
- Provides technical assistance to planners, service providers, county, and local units of government.
- Contract manager for Case Management; reviews reports/data and coordinates training for senior focal point case managers.
- Contract manager for MIPPA.
- Supervises Elder Benefit Specialist Staff and Aging Program Specialist.
- Coordinates three AAA grants: Henry Norman Leck Endowment Fund, Mally Fund for Aging Education, and Paul H. Kusuda Special Projects Fund.
- Prepares competitive Requests for Proposals and coordinates proposal review efforts.
- Provides staff support to the AAA Board and Committees. In conjunction with the AAA Board, represents interests of older people in planning, developing, and maintaining human service policy, assessing needs, analyzing service gaps, recommending program redesign, and encourages legislative advocacy.
- Establishes and maintains communication among agencies in the aging network and facilitates the network function in a coordinated, cooperative, and mutually-supportive manner.

Angela Velasquez, Aging Program Specialist

Velasquez.Angela@countyofdane.com (608) 261-9700

Duties:

- Contract manager for Cultural Diversity, Caregiver Program, Elderly Nutrition Program (site management, home-delivered and caterers), Volunteer Services, and Evidence-based Health Promotion Programs.
- Develops annual budget, writes contract documents, and completes grant proposals.
- Oversight of reporting systems through the SAMS and SHIP databases, assuring training availability.
- Reviews reports and discusses progress toward identified goals and barriers to achieving goals with contract agencies.
- Provides staff support to Nutrition Committee and AAA Board.
- Acts as the primary contact for assigned programs and agencies.
- Reviews proposals submitted by assigned agencies and makes recommendations regarding fiscal allocations, program expectations, and performance indicators.
- Responds to complaints from consumers and other interested parties regarding assigned programs.
- Prepares competitive Requests for Proposals and coordinates proposal review efforts.
- Prepares data, reports, and presentations regarding assigned programs.
- Identifies broad-based needs and develops training programs to address them.
- Monitors quality compliance and improvement and coordinates implementation of changes in programs as required by federal, state, county, or departmental authorities.
- Participates in Wisconsin Association of Nutrition Directors (WAND) regarding the Elderly Nutrition Program.

Leilani Amundson, Elder Benefit Specialist

Amundson.Leilani@countyofdane.com (608) 240-7458

Tiffany Scully, Elder Benefit Specialist

Scully.Tiffany@countyofdane.com (608) 240-7450

Kenton Zink, Elder Benefit Specialist

Zink.Kenton@countyofdane.com (608) 240-7449

Duties:

- Provides specialized counseling, assistance, and advocacy to clients to resolve public and private benefit-related complications (research, contacting involved entities, drafting correspondence, advocacy, etc.).
- Assists clients with appeals of adverse decisions after establishing merit (research, contacting involved entities, drafting correspondence, advocacy, etc.).
- Provides advocacy and specialized counseling to clients with regard to eviction and other housing-related legal issues (research, contacting involved entities, drafting correspondence, etc.).
- Provides information and assistance to ADRC I&A Specialists and Elder Benefit Specialist Program clients regarding public and private benefit programs (eligibility, application procedures, program rules, problem-solving complications, etc.) and other legal issues.
- Completes benefit checks with clients of the Program to determine eligibility for public benefit programs; assesses client needs; provides individual counseling on benefit program eligibility rules and application procedures; assists with applications.
- Provides referral information for other community agencies, when appropriate.
- Consults with supervising attorney regarding client issues and concerns, program-related rules and procedures as necessary.
- Reviews materials and updates and attends regular trainings related to public and private benefit programs and legal issues affecting Elder Benefit Specialist Program clients to maintain current knowledge of changes in legislation, policies, and procedures.
- Provides current educational materials and benefit-related trainings for Focal Point Case Managers and residents of Dane County over age 60.
- Networks with other agencies in Dane County who serve older adults.
- Maintains accurate client records in Social Assistance Management Software (SAMS) database; completes federal State Health Insurance Assistance Program (SHIP) reporting; participates in quality assurance projects/activities (per MIPPA grant).

Jane De Broux, Caregiver Specialist

DeBroux.Jane@countyofdane.com (608) 261-5679

Duties:

- Administers the National Family Caregiver Support Program (NFCSP) funds. Conducts caregiver assessments, coordinates with financial services and vendors/service providers to set up invoicing and purchase orders; monitors grant spending; creates forms and spreadsheets for data recording and tracking.
- Offers case management and options counseling to Dane County caregivers. Works with Senior Focal Points case managers, ADRC Information & Assistance Specialists, Dementia Care Specialist, and the AFCSP Coordinator to provide comprehensive support to family caregivers.
- Writes and produces monthly newsletter, *Caregiver Chronicles*.
- Provides community education and public speaking.
- Coordinates the Dane County Caregiver Alliance.
- Provides public information about the Caregiver Program.
- Develops marketing plan for NFCSP.
- Provides resources for caregiver support group facilitators.

Shannon Gabriel, Registered Dietitian & Healthy Aging Coordinator

Gabriel.Shannon@countyofdane.com (608) 261-5678

*(contracted position with NewBridge Madison)***Duties:**

- Provides staff support to the Nutrition/Wellness Committee.
- Provides staff support at site manager meetings and coordinates trainings.
- Develops/reviews menus for Elderly Nutrition Program caterers.
- Performs nutritional analysis on menus for Elderly Nutrition Program to meet the Wisconsin Aging Network dietary requirements.
- Plans menus for special events for Nutrition Program.
- Ensures quality of meals and consumer satisfaction by reviewing participant and site manager satisfaction data.
- Meets with caterers to review comments, menus, and surveys.
- Monitors and evaluates safety, sanitation, and training at meal sites.
- Provides nutrition education to congregate and home-delivered meal recipients.
- Monitors meal sites for compliance with Elderly Nutrition Program Standards.
- Distributes and tracks Senior Farmers Market Vouchers.
- Promotes healthy aging in older adults by coordinating evidence-based health promotion programs throughout Dane County.
- Provides nutrition counseling to at-risk adults.

Cindy Matulle, Clerk III

Matulle.Cindy@countyofdane.com (608) 261-9930

Duties:

- Supports staff for Area Agency on Aging including Board and Committees.
- Monitors grant spending activities and provides data entry on service provided.
- Backs up front desk receptionist.
- Answers phones, distributes mail, processes and mails letters and large mailings.
- Maintains various program spreadsheets.
- Performs data entry of Evidence-Based Health Promotion participant information and attendance into SAMS database and SHIP client contacts into SHIP database.
- Writes meeting minutes for Board and Committee meetings.

What is the organizational arrangement between the aging unit and ADRC?

Dane County opened an Aging and Disability Resource Center in November 2012 to become a single entry point where older adults and people with disabilities and their families can obtain information and advice about a wide range of resources available in their local communities. Dane County's ADRC provides options counseling and enrollment for long-term care services, both public and private. Dane County's transition to Family Care started in February 2018 and reached full entitlement in February 2021. We are extremely fortunate to have both an ADRC and 12 Senior Focal Points—enabling continuity of care from short-term information & assistance to long-term case management.

When planning for the opening of an ADRC, Dane County Department of Human Services made a commitment to ensure a strong partnership occurred between AAA and ADRC. This was initially accomplished by dedicating office space for AAA staff in the ADRC building. By being co-located, AAA and ADRC interact daily in providing a broad range of services to older adults—thus reducing duplication of effort. The following activities highlight collaboration efforts to support the county's aging unit plan:

Title III-B: Supportive Services

- ADRC Information & Assistance staff conducts intake for the AAA Elder Benefit Specialist Program
- AAA EBS staff provide daily consultation concerning consumer issues for ADRC staff
- ADRC and AAA staff help coordinate the annual Domestic Violence in Later Life Conference
- ADRC and AAA staff serve on the Coordinated Community Response to Elder Abuse Task Force

Title III-C: Nutrition Program

- ADRC Information & Assistance staff refer older adults to the AAA Elderly Nutrition Program (congregate and home-delivered meals)
- AAA contracted agencies provide outreach opportunities at sites and through Senior Focal Point newsletters for ADRC services and programs

Title III-D: Health Promotion

- ADRC hosts *Healthy Living With Diabetes* and has trained leaders working with AAA Healthy Aging Coordinator contracted to Safe Communities by AAA
- ADRC Supervisor working with AAA contracted agency to develop and implement direct referrals with health care providers to *Healthy Living With Diabetes* workshops
- ADRC Supervisor participates in the Falls Prevention Taskforce
- ADRC co-leads the transitions of care coalition for Dane County

Title III-E: Caregiver Support

- ADRC is a *Share the Care* Station
- ADRC staff refer caregivers to the Dane County Caregiver Program
- The library for AAA caregiving resources is located in the ADRC lobby

Other

- Joint speakers are offered at AAA & ADRC staff trainings
- One AAA Committee member also serves on the ADRC Governing Board (Esther Olson)

What are the statutory requirements for the structure of the aging unit?

Organization: The law permits one of three options. Which of the following permissible options has the county chosen?	Check One
2. A unit, within a county/tribal department with the primary purpose of administering programs for older individuals of the county/tribe.	✓
Organization of the Commission on Aging: The law permits one of three options. Which of the following permissible options has the county chosen?	Check One
2. For an aging unit that is described in (1) or (2) above, 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.	✓
Full-Time Aging Director: The law requires that the aging unit have a full-time director as described below. Does the county have a full-time aging director as required by law?	Yes

Who are the roles of the AAA Board & Standing Committees?

AAA Board of Directors (appointed by the Dane County Board of Supervisors)

Mandated by the State of Wisconsin in December 1972, the Area Agency on Aging (AAA) of Dane County Board of Directors serves in an advisory capacity to the Dane County Executive and Dane County Health and Human Needs Committee. The AAA Board is designated as the planning, policy, and advocacy body of AAA. It also provides technical assistance to county departments and agencies, other governmental agencies, business and community groups, and the general public related to issues of aging and the needs of senior adults.

The purpose of the AAA Board is to enhance the well-being of older adult residents of Dane County and to promote the independence and involvement of older persons in their community. The Board also advocates for older people in order to enable them to maintain their full potential and enhance their quality of life. The work of the Board includes policy development, budget prioritizing, identifying, planning, recommending, and overseeing of County aging services. The Board, in conjunction with AAA staff, creates and promotes opportunities for communication among the entire community, including local organizations and elected representatives, public and private planners, and providers of service.

The Board is made up of 11 members consisting of at-large community members and Dane County Board of Supervisors whom have a recognized ability and demonstrated interest in services for older adults. A majority of the at-large community members must be age 60 or older. Members serve staggered three-year terms and are limited to two consecutive terms.

Aging Plan Development, Review, and Approval Evidence

Development Discussions with AAA Board & Standing Committees [Appendices 2-5]
Email to AAA Board & Committee Members (5/26/21) Re: Aging Plan Survey Request
& AAA Website Tab [Appendix 36]
Review and approval of the final plan [Appendix 13]

Standing Committees (appointed by the AAA Board)

- The **Access Committee** establishes procedures and guidelines on issues of access such as guardianship, elder abuse and neglect, case management, diversity and inclusion of marginalized older adults, transportation, benefits counseling, volunteers, and caregiver issues. Recommendations and position statements of the Access Committee shall be submitted to the AAA Board for further action. The Access Committee:
 1. Performs studies, develop issue papers, and makes recommendations to the AAA Board on prevention and other issues and trends related to older adults.
 2. Develops, reviews, and updates minimum standards for all case managers serving older adults.
 3. Researches, reviews, and updates the case management formula on factors and weights considered to be primary indicators of greatest economic and social issues of elderly persons.
 4. Advocates for older adults, including those with disabilities, to enable them to maintain full potential, enhance quality of life, and affirm the dignity and value of older adults by supporting their choices for living in their own community.
 5. Monitors senior service programs funded by AAA including the Diversity and Inclusion Program, Elder Benefit Specialist Program, Grandparents & Other Relatives as Parents Caregiver Program, National Family Caregiver Support Program, and Volunteer Services and receives periodic reports.
 6. Monitors grant-funded programs administered by AAA, including Medicare Improvements for Patients & Providers Act (MIPPA) and State Health Insurance Assistance Program (SHIP) and receives periodic reports.

7. Advocates for the Elder Abuse Program, Adult and Volunteer Guardianship Programs, Rep/Payee Program, Senior Transportation Services, and Victims of Crime Advocates Program and receives periodic reports from staff.
 8. Participates in activities of ADRC and other committees and groups working toward common goals.
 9. Conducts listening sessions at various sites in Dane County to ascertain needs of focal points and older adults specific to each area.
 10. Conducts listening sessions with various service providers to ascertain issues affecting older adults.
 11. Regularly monitors growth and trends in aging population statistics.
- The **Legislative/Advocacy Committee** submits position statements to the AAA Board for approval. Those positions establish the basis for action on public policy issues. Positions taken by the Legislative/Advocacy Committee are congruent with the approved Dane County Legislative Agenda. The Legislative/Advocacy Committee makes recommendations to the AAA Board on evolving older adult issues. The Legislative/Advocacy Committee:
 1. Sets priorities for action on issues that affect older adults of Dane County.
 2. Researches issues in developing priorities and taking positions.
 3. Develops links with groups providing services or advocating for older adults and the constituency concerned about aging issues in Dane County, especially the Dane County Focal Points and other agencies serving older adults.
 4. Follows deliberations of official bodies on positions taken by the Committee and reports those actions to the aging constituency.
 5. Advocates with respect to positions taken by the Committee with federal, state, county, and local bodies responsible for taking action on those positions by:
 - a. Communicating by letter, email, phone calls, public hearings, meetings, and personal contacts with public officials responsible for implementing the positions.
 - b. Urging the Elderly Advocacy Network (EAN) and other groups to act on positions of the Committee.
 - c. Providing educational opportunities for candidates for public office and public officials.
 - d. Reporting to the AAA Board.
 - e. Meeting with Dane County Lobbyist and others interested in legislative advocacy.
 6. Participates with other groups to implement positions taken by the Committee.
 7. Executes other related assignments as needed.
 - The **Nutrition/Wellness Committee** advises the AAA staff of the Senior Nutrition Program on all matters relating to the delivery of nutrition and nutrition supportive services. An emphasis on Prevention Programs is included in the philosophy and activities of the Nutrition/Wellness Committee. Positions taken by the Nutrition/Wellness Committee shall reflect the approved Dane County Legislative Agenda and follow state policies. The Nutrition/Wellness Committee makes recommendations to the AAA Board on evolving older adult issues. The Nutrition/Wellness Committee:
 1. Promotes policies and programs that enhance and increase the nutritional status of older adults and prevent more costly health problems.
 2. Meets with participants at senior dining centers to ask about their satisfaction with the meals, as well as programs and services connected with the meals.
 3. Surveys consumers and staff regarding transportation issues related to participation in the Senior Nutrition Programs.
 4. Reviews specific Senior Nutrition Program policies as indicated by state policies as needing local determinations.

5. Develops and recommends standards for senior dining centers and home-delivered meals for use in contracts and site reviews.
6. Reviews meal and participant data regarding each senior dining site and/or home-delivered meal provider and makes recommendations to the AAA Board about locations and performance of Dane County nutrition providers.
7. Informs the public about the benefits and costs of the Senior Nutrition Program.
8. Assists staff with special projects, such as measuring outcomes and assisting with provider reviews.
9. Reviews and makes recommendations regarding Prevention Programs.
10. Represents and speaks on behalf of nutrition program participants and programs.
11. As a liaison group, acts as a communications clearinghouse between the nutrition and prevention programs and the general public.
12. Makes contacts with potential nutrition and prevention program volunteers and participants, and with potential Nutrition/Wellness Committee members.
13. Sets annual goals for program improvements.

What is the membership of the AAA Board & Standing Committees?

AAA Board of Directors	Age 60+	Elected Official	Year First Term Began
Richelle Andrae , Dane County Supervisor	No	Yes	2020
Don Ashbaugh , Community Rep	Yes	No	2019
Ted Bunck , Community Rep	Yes	No	2016
Bill Clausius , Community Rep	Yes	No	2020
Diane Farsetta , Community Rep	No	No	2021
Kate McGinnity , <i>Vice Chair</i> , Dane County Supervisor	Yes	Yes	2020
Sridevi Mohan , Community Rep	No	No	2018
Larry Palm , Dane County Supervisor	No	Yes	2021
Melissa Ratcliff , <i>Chair</i> , Dane County Supervisor	No	Yes	2018
Gail Rutkowski , Community Rep	Yes	No	2021
Thom Rux , Community Rep	Yes	No	2021

Access Committee	Age 60+	Elected Official	Year First Term Began
Barbara Boustead , Community Rep	Yes	No	2019
Jennifer Brown , NewBridge Case Manager	No	No	2019
Gerald Derr , Community Rep	Yes	No	2008
Diane Farsetta , AAA Board member	No	No	2021
Jon Hochkammer , <i>Chair</i> , Community Rep	Yes	No	2009
Dianne Leigh , Community Rep	Yes	No	2020
Carol Lorenz , Community Rep	Yes	No	2019
Kate McGinnity , AAA Board Member & Dane County Supervisor	Yes	Yes	2020
Sridevi Mohan , <i>Vice Chair</i> , AAA Board Member	No	No	2016

Legislative/Advocacy Committee	Age 60+	Elected Official	Year First Term Began
Ted Bunck , AAA Board Member	Yes	No	2016
Jodie Castaneda , NewBridge Case Manager	No	No	2019
Faisal Kaud , Community Rep	Yes	No	2010
Anna Lezotte , Community Rep	No	No	2019

Jill McHone, Vice Chair, Fitchburg Senior Center Director	No	No	2015
Esther Olson, Chair, Community Member	Yes	No	2008
Gail Rutkowski, AAA Board Member	Yes	No	2021
Jim Schmidtkofer, Community Rep	Yes	No	2016
Mai Zong Vue, Community Member	No	No	2021

Nutrition/Wellness Committee	Age 60+	Elected Official	Year First Term Began
Fran Barman-Paulson, Community Rep	Yes	No	2016
Rachel Brickner, Oregon Area Senior Center Director	Yes	No	2019
Bill Clausius, Chair, AAA Board Member	Yes	No	2016
Jordyn Crane, Second Harvest Food Bank	No	No	2019
Dianne Leigh, Community Rep	Yes	No	2014
Helen Osborn-Senatus, The River Food Pantry	No	No	2020
Thom Rux, AAA Board member	Yes	No	2021
Theresa Sanders, Community Rep	Yes	No	2020
Sharon Trimborn, Vice Chair, Community Rep	Yes	No	2018

What is the role of the Aging Plan Advisory Council?

Forming an Advisory Council during a pandemic required AAA staff to identify community organizations who worked closely with older adults. In order to ensure all voices were included, organizations working with People of Color and identified as LGBTQIA+ were also added. The final list included a total of 71 contacts working with Dane County older adults comprised of the following:

- 41 Aging Network contacts
- 15 POC & LGBTQIA+ contacts
- 15 Purchase of Service contacts

An initial email was sent to these individuals on 5/3/21 inviting them to join the 2022-2024 Dane County Aging Plan Advisory Council:

Dear Community Partners:

The Area Agency on Aging (AAA) of Dane County is kicking off the process to write the next three year Dane County Aging Plan, which will guide our work for 2022 through 2024. You are receiving this email as we are reaching out to our valuable community organizations and partners working with older adults.

It is our intention to develop an Aging Plan that will guide decision making at all levels of our organization and clearly signal our intent, focus areas, and goals pertaining to services for older adults in Dane County.

To do this, we need your involvement and help as a member of our Advisory Council. Your participation as an Advisor will assure an inclusive voice is brought to bear on this planning process and help us to thoughtfully consider the viewpoints, needs, and desires of all older adults.

The commitment on your part will involve 2-one hour virtual meetings (Wednesday, 5/26/21, 1pm and Tuesday, 9/15/21, 9am) and your assistance in helping us to hear from 500 older adults in 40 days this summer.

At the May 26th meeting, we will provide you with (1) an overview of the services available to older adults in Dane County, (2) a simple and achievable plan for reaching and hearing from at least 500 diverse, older adults about their needs and desires, and, (3) a shared vision for the next three years

whereby Dane County will be a place where all older adults are empowered and can thrive in a safe, just, and caring community.

Your organization's involvement is critically important and I would be honored by your participation. An invitation for the May meeting with a Zoom link will be sent to you in a separate email a week prior—so please add this meeting to your busy calendars.

I look forward to working with you to help define aging services for all older adults in the next three years.



Cheryl Batterman, AAA Manager

The first meeting of the Advisory Council was held 5/26/21 via Zoom. Several key factors were stressed during the presentation:

- Their participation will ensure an inclusive voice is brought to bear on the planning process and help us to thoughtfully consider the viewpoints, needs, and desires of all older adults.
- Although the plan would be facilitated by AAA staff, public input is imperative to the process. Individuals and groups from the community would be engaged to design and develop goals through:
 - providing information
 - asking for feedback and reaction
 - collaboration
 - empowering decision making and action
- The process will allow those who are affected by or interested in an issue to be involved in decision-making.

The PowerPoint presentation [Appendix 6] also included the “who, what, when, and where” of the required process and final plan. A follow-up email was sent to all Advisory Council members that same day:

Advisory Council Members:

We held our first of two Advisory Council (virtual) meetings today kicking-off the 2022-2024 Dane County Aging Plan! For those able to attend, thanks!

If you were not able to attend but would like to support our effort in obtaining community input that will impact programs and services for older adults in 2022-2024, *it's not too late! We still need your help!*

As discussed at the meeting, everything you need for this project is available on the AAA website: 2022-2024 Dane County Aging Plan (<https://dcdhs.com/Aging-Plan-Development>). This includes:

- Instructions
- Timeline
- Advisory Council (today's PowerPoint is posted here)
- Surveys (to include Online Link, Paper (to download and print), Focus Groups or Individual Interview Questions & Discussion Guide, Email
- Invitation to Online Survey (to copy & paste), and a “Make Your Voice Count” announcement for newsletters/social media posts)
- Resources

If you would like paper copies of the survey with self-addressed, stamped envelopes—please respond to this email with the total number needed.

As announced in the meeting, we have \$10 Kwik Trip gift certificates to be awarded to individuals completing surveys via Focus Groups or Individual Interviews. [Note: we are unable to award this incentive to those completing the online survey.] If you conduct Focus Groups or Individual Interviews, please complete the fillable form (provided on the website) and submit it with the names, addresses, and phone numbers of those participating and we will mail gift certificates to them. If you convene a Focus Group in person or virtually and need help facilitating the group, we are available to do so. You may email the completed form/names to me or snail mail them to my address listed below.

We have set a goal of hearing from **500 voices in 40 days**—or by July 31st. Thank you for your help!



Cheryl Batterman, AAA Manager

The second and last meeting of the Advisory Council was held via Zoom on 9/14/21. An email was sent to the Council members on 9/2/21 reminding them of the meeting:



Hello again Advisory Council Members!

As a valuable community organization and partner working with older adults living in Dane County, you are invited to attend the second (and last) meeting of the 2022-2024 Dane County Aging Plan Advisory Council on Tuesday, 9/14/21, 9-10am via Zoom (link is listed below).

As you know, we are developing an Aging Plan that will guide decision making at all levels of our organization and clearly signal our intent, focus areas, and goals pertaining to services for older adults in Dane County covering 2002-2024. Your involvement and help as a member of our Advisory Council will assure an inclusive voice is brought to bear on this planning process and help us to thoughtfully consider the viewpoints, needs, and desires of all older adults.

The agenda for this meeting includes the following:

- Timeline Update (hint... we're on schedule!)
- Community Feedback (see attached report)
- Draft Goals (will be presented at the meeting)
- Next Steps in the Process (which won't require your time or efforts!)

Important Point Here → Your organization's involvement is critically important and I would be honored by your participation—so please add this meeting to your busy calendars. I look forward to working with you to help define aging services for all older adults in the next three years.

Join Zoom Meeting

Computer: <https://countyofdane.zoom.us/j/85216976156>

Phone: (312) 626-6799 Meeting ID: 852 1697 6156

Meeting ID: 852 1697 6156

See you on the 14th... well, on my laptop at least 😊

Cheryl Batterman, AAA Manager

The PowerPoint for the meeting can be found in Appendix 7.

A follow-up email was sent to all Advisory Council members the next day:



2022-2024 Dane County Aging Plan Advisory Council Members:

Thanks to those able to attend the last Advisory Council meeting yesterday morning. It's awesome you could carve out an hour of your extremely busy work schedules to support our plan. To summarize the meeting—and aid those unable to attend, the following was presented:

Timeline Update

1 October 2021	Final goals due
1 November	AAA Board approves goals
15 November	Goals submitted to State for approval
14 December, noon	Public Hearing on Draft Plan—this is an added step and will be offered via Zoom (link will be sent later)
3 January 2022	AAA Board approves final plan
15 January 2022	Final Plan submitted to State

Community Feedback

DCDHS Planning & Evaluation Program Specialist Betsy Strahin presented a short report highlighting the results of the survey (see attached PowerPoint, slides 4-21). The notes assigned to each slide will give you a fuller understanding. I highly recommend reviewing them ☺

Draft Goals

AAA Aging Program Specialist Angela Velasquez explained what additional information/data was considered when drafting the goals and reminded us of the requirements and format the State requires for each goal (see slides 22-32 of the attached PowerPoint). A separate listing of the draft goals and strategies is also attached.

What's Next?

- We welcome your comments and questions concerning the draft goals. You may email these to me (Batterman.Cheryl@countyofdane.com) or call me (261-9789) before 10/1/21.
- You are encouraged to attend the Public Hearing on 12/14/21, noon-1pm via Zoom. I will summarize the complete plan to solicit comments and questions.
- Watch for announcements on the AAA website—the draft & final goals and draft & final plan will be posted.

Thanks again for your continued support of programs and services
for older adults living in Dane County!

Cheryl Batterman, AAA Manager

AAA staff compiled feedback from Advisory Council members responding to the draft goals in a document entitled **2022-2024 Dane County Aging Plan Goals Feedback** [Appendix 9].

Who are the Aging Plan Advisory Council members?

Name	Representing
Jon Hochkammer (Chair)	AAA Access Committee
Melissa Ratcliff (Chair)	AAA Board
Esther Olson (Chair)	AAA Legislative/Advocacy Committee
Bill Clausius (Chair)	AAA Nutrition/Wellness Committee
Paul Yochum (Chair)	ADRC Governing Board
Faatima Khan	Agrace Hospice
Jeff Hamm	Alzheimer's & Dementia Alliance of WI
Harry Johns	Alzheimer's Association
Mike Mortell	Bayview Community Center
Kelly Medenwaldt	Catholic Charities
Andy Russell	Catholic Multicultural Center
Rev. Dr. Marcus Allen	Churches/Faith Communities
Linda Ketcham	City County Homeless Issues Committee
Amber Duddy/Catie Badsing/Dawn Bradshaw/Lindsey Karls	Community Action Coalition for South Central Wisconsin (CAC), Inc.
Lorrie Hurckes	Dane County Timebank, Inc.
Julie Schwenn	Deerfield Community Center
Barbara Johnson	Door Creek Church
Karen Andro	First United Methodist Church
Galye Laszewski	Goodman Community Center, Inc.
Christina Burzinski	Grace Episcopal
Sarah Karleskint	HHU (Home Health United) Xtra Care
Dawn Berney	Jewish Social Services of Madison Inc
Paul Terranova	Lussier Community Education Center
Linda Ketcham/Jackie Austin	Dane Urban Ministry
Jean O'Leary	Madison School & Community Recreation
Sally Jo Spaeni	Madison Senior Center
Carrie Diedrick	Marshall Area Community & Youth Center
Ellen Carlson	MOM Middleton Outreach Ministry
Diane Mikelbank	Monona Senior Center
Abha Thakkar	Northside Planning Council
Megan Vander Wyst	Second Harvest Foodbank of Southern Wisconsin
Cindy Thompson	Stoughton Area Resource Team-START
Ann Maastricht	Sunshine Place
Hope Jones/Tom Soylst	Vera Court Neighborhood Center
Stephanie Ehle	Verona Senior Center
Terrance Thompson	Warner Park Community Recreation Center
Gary Kallas	Wil-Mar Neighborhood Center
Paul Vandervelde	YMCA of Dane County
Eva Vivian	African American Health Council
Cheryl Wittke	African American Opioid Coalition
Karen Menendez Coller	Centro Hispano
Maivnyiaj Moua/Sambo Chhoeun	Freedom Inc.
Executive Board of Directors	La Sup (Latino Support Network)
Jessica G. Cavazos	Latino Chamber of Commerce
Fabiola Hamdan	Latino Children & Families Council

Dr. Salvador Carranza	Latino Education Council
Karen Menendez Coller	Latino Health Council
Camille Carter	Madison Black Chamber of Commerce
Gregory Jones	NAACP - Dane County
Sabrina Madison	Progress Center for Black Woman
Peng Her	The Hmong Institute
Dr. Ruben Anthony, Jr.	Urban League of Greater Madison
Steve Starkey	OutReach
Bob Power	Colonial Club Senior Activity Center
Barb Cooper	DeForest Area Joint Community Center
Jill McHone	Fitchburg Senior Center
Lori Andersen	McFarland Senior Outreach Services
Tammy Derrickson	Middleton Senior Center
Jim Krueger	NewBridge Madison Inc.
Paulette Glunn	Northwest Dane Senior Services
Rachel Brickner	Oregon Area Senior Center
Serena Breining	Rainbow Project
Margie Zutter	RSVP of Dane County
Cheryl Wittke	Safe Communities of Madison-Dane County
Lynn Forshaug	Southwest Dane Senior Outreach
Cindy McGlynn	Stoughton Area Senior Center
Angie Markhardt	Sugar River Senior Center
Cindy Mosiman	Waunakee Senior Center
Beth Freeman	DCDHS Adult Protection Services Manager
Jane Betzig	DCDHS Transportation Coordinator
Joy Schmidt	DCDHS APS Dementia
Audrey Warrington	DCDHS ADRC Dementia Care Specialist

Section 7—Budget Summary

The Area Agency on Aging of Dane County's 2022 budget appears as Appendix 1.

Section 8—Verification of Intent

This Plan represents intent of the Area Agency on Aging of Dane County to ensure older people have the opportunity to realize their full potential and to participate in all areas of community life.

On behalf of the Area Agency on Aging of Dane County, we certify these organizations have reviewed the Plan and have authorized submittal of this Plan which outlines activities to be undertaken on behalf of older people during 2022-2024.

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

We verify all information contained in this plan is correct.

Melissa Ratcliff, AAA Board Chair

Date

Cheryl Batterman, AAA Manager

Date

Section 9—Assurances of Compliance

On behalf of the county, we certify

Area Agency on Aging of Dane County

has reviewed Assurances of Compliance with Federal and State Laws and Regulations and assures activities identified within this document and the aging unit plan will be carried out compliance with Federal and State laws.

Melissa Ratcliff, AAA Board Chair

Date

Cheryl Batterman, AAA Manager

Date

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 Dane County Aging 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 Dane County Aging 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 Dane County Aging 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 Dane County Aging 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 Dane County Aging Plan shall be licensed or shall meet the requirements 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 Dane County Aging 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

Aging Units, through binding agreement/contract with an Area Agency on Aging must support and comply with following requirements under the Older Americans Act (Public Law 89-73) [As Amended Through P.L. 116-131, Enacted March 25, 2020] Reference: 45 CFR Part 1321 – Grants to State and Community Programs on Aging.

Sec. 306 (a)

- (1) Provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;
- (2) 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.

(3)(A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and (B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

(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 sub clause (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, specifically including survivors of the Holocaust;

(4)(C) Each area agency on aging 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;

(6)(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

(6)(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

(9)(A) 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 2019 in carrying out such a program under this title; and (Ombudsman programs and services are provided by the Board on Aging and Long Term Care)

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

(11) 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) provide assurances that the Area Agency on Aging will

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(B) 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.

(C) 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.

(D) 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.

(E) 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) 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;

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

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 services for older individuals of the county.
- (4) A private corporation that is organized under ch. 181 and
- (5) 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 Dane County Aging 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.

(d) *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 fulltime 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.

(a) 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.

Section 10—Appendices

1. 2022 AAA Budget
2. AAA Access Committee Meeting Minutes (see highlighted sections)
3. AAA Board Meeting Minutes (see highlighted sections)
4. AAA Legislative/Advocacy Committee Meeting Minutes (see highlighted sections)
5. AAA Nutrition/Wellness Committee Meeting Minutes (see highlighted sections)
6. Advisory Council Meeting PowerPoint 5/26/21
7. Advisory Council Meeting PowerPoint 9/14/21
8. Aging Plan Feedback
9. Aging Plan Goals Feedback
10. Aging Plan Goals & Strategies Approved 11/1/21
11. Aging Plan Goals & Strategies DRAFT with tracked changes
12. Aging Plan Goals Review and Approval by AAA Board 11/1/21
13. Aging Plan Review and Approval by AAA Board 1/3/22
14. Aging Plan Survey Discussion Guide
15. Aging Plan Survey Postings in Newsletters
16. Aging Plan Survey Postings in Social Media
17. Aging Plan Survey Results
18. Aging Plan Survey—Focus Group or Individual Interview Questions
19. Aging Plan Survey—Online Format
20. Aging Plan Survey—Print Format
21. Aging Plan Public Hearing Agenda 12/14/21
22. Aging Plan Public Hearing Announcements for Newsletters & Social Media Postings
23. Aging Plan Public Hearing Newspaper Notices
24. Aging Plan Public Hearing Notice
25. Aging Plan Public Hearing PowerPoint
26. Aging Plan Timeline
27. Community Engagement Report—Diversity & Inclusion Black Focus Group 7/8/21
28. Community Engagement Report—Foster Grandparents Focus Group 7/21/21
29. Community Engagement Report—Goodman Community Center 6/18/21
30. Community Engagement Report—Goodman Community Center 6/25/21
31. Community Engagement Report—Latinx Focus Group 7/1/21
32. Community Engagement Report—LGBTQIA+ Focus Group 7/14/21
33. Community Engagement Report—Rainbow Project Grandparents Focus Group 6/12/21
34. Community Engagement Report—Waunakee Senior Center Focus Group 7/15/21
35. Community Engagement Report—Westshire Senior Community Focus Group 7/19/21
36. Email to AAA Board & Committee Members—Online Survey & Website Tab 5/26/21
37. Email to Advisory Council—Follow-up to 1st Meeting 5/27/21
38. Email to Advisory Council— Follow-up to 2nd Meeting 9/15/21
39. Email to Advisory Council—Invitation to Join 5/3/21
40. Email to Advisory Council—Meeting Agenda 9/2/21
41. Email to Clerks re: Aging Plan Survey 5/27/21
42. Public Hearing Report 12/14/21
43. Senior Focal Points Directory 3/15/21
44. Senior Focal Points Service Boundaries (January 2019)