

Dane County Area Agency on Aging (AAA) –2025-2027 Aging Plan Overview

- with a special focus on community engagement

COMMUNITY ENGAGEMENT / RESEARCH LED BY

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Acknowledgements

- ▶ Huge gratitude to **Xinyue Zhang (UW Madison School of Social Work Intern)** for starting the community engagement project with me and for focusing on under- resourced community outreach. For her valuable skill, passion and enthusiasm for this project – it wouldn't have been the same without her.
- ▶ Many thanks to **Aryan Patel and Yee Leng Lor (WI AHEC interns)** for their valuable skills and enthusiasm in engaging with our diverse older adults via community engagement efforts and contributing towards the context/community engagement section of the Aging Plan.

Older Americans Act

- ▶ First passed in 1965 and last reauthorized on March 25, 2020, the OAA authorizes a wide range of programs and services, most of which focus on helping older adults age in place. These services include **home-delivered and congregate meals, support for family caregivers, preventive health services, personal and home care services, transportation, legal assistance, elder abuse prevention, and so much more.**
- ▶ In February 2024, the Administration of Community Living (an operating division of the U.S. Health and Human Services) released a final rule to update these regulations.



Dane County Area Agency on Aging

- ▶ One of the three Area Agencies on Aging in Wisconsin
- ▶ Serves individuals 60+ and their families in accessing a wide range of services (ex. Case management, congregate and home-delivered meals, caregiver support, help with benefits)
- ▶ Dane County AAA is the designated County Aging Unit – planning and policy development body for older adult programs and services funded by the federal Older Americans Act and State supplemental funding
- ▶ Area Agency on Aging Board and Committees



Mission and long-term Vision

Mission: The mission of the Dane County AAA 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.

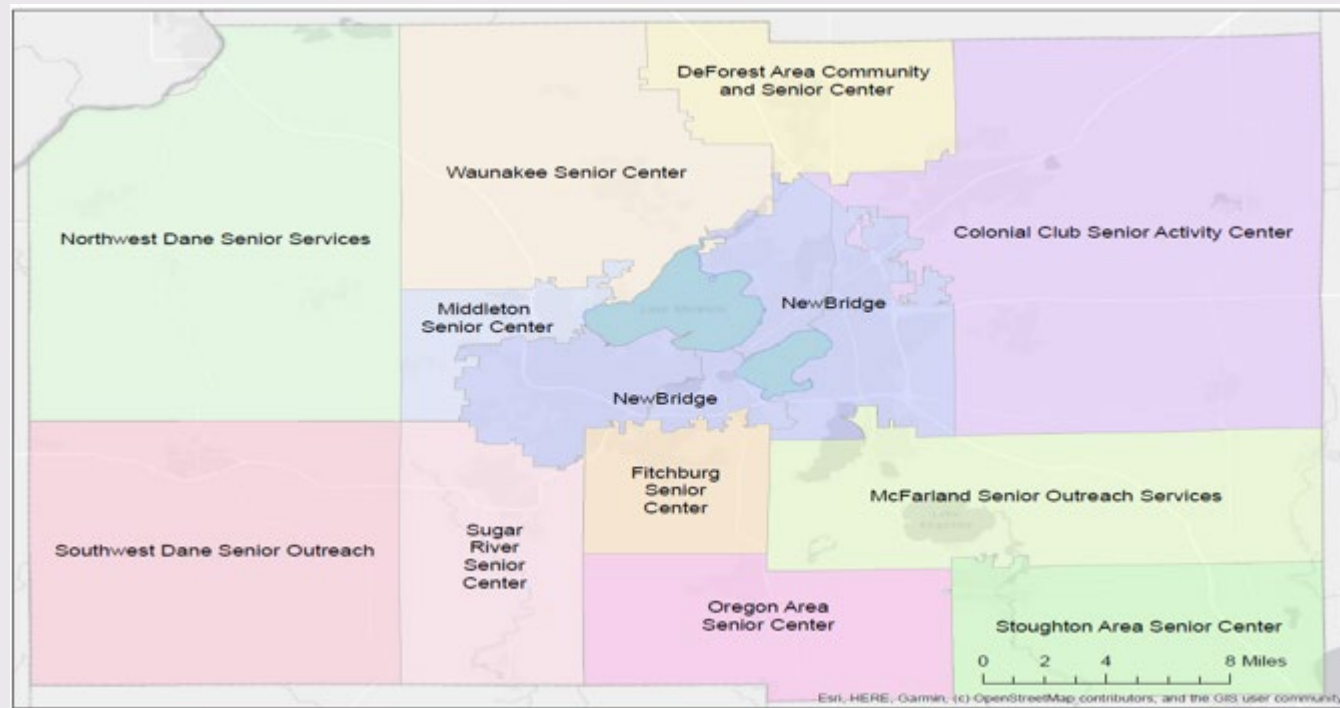
Long path vision: Our long-term vision centers on creating an inclusive, age-friendly community where older adults can thrive, remain independent, and live with dignity, regardless of their physical, cognitive, economic or other status and intersectionalities.

Dane county Area Agency on Aging - Aging Plan

- ▶ A road map to meet the needs of all older adults and their caregivers and create supportive systems to help them age in place
- ▶ Goal: to engage in policy/system/environment-change work
- ▶ Living document
- ▶ Iterative process to build on existing services and create new services
- ▶ A pivot from our previous process
 - ▶ Centering equity
 - ▶ Incorporating health data and data from other sectors
 - ▶ Extensive engagement with communities who have underutilized/not utilized our services and/or organizations serving them
 - ▶ Engaging with potential new partners
 - ▶ Identify gaps in data, planning, service delivery



Partners and Resources – Focal Points



Partners and Resources

- ▶ Bureau of Aging & Disability Resources
- ▶ Homeless Services Consortium of Dane County
- ▶ Greater Wisconsin Area Agency on Aging
- ▶ Milwaukee County AAA
- ▶ Office on Aging, BADR
- ▶ Office for the Deaf & Hard of Hearing
- ▶ Public Health Madison & Dane County



Title III Program Areas

- ▶ Title III
 - ▶ Title III B (Supportive services – Transportation)
 - ▶ Title III C (Nutrition services – Home-delivered and Congregate meals)
 - ▶ Title III D (Evidence-Based Health promotion program)
 - ▶ Title III E (Caregiver support services)
- ▶ Values (one or more values that informs each goal area)
 - ▶ Equity
 - ▶ Person-centeredness
 - ▶ Advocacy

Title IIIB – Supportive services: transportation

Provide equitable access to transportation for older adults with limited English proficiency and expand outreach to communities who are unaware of or not utilizing available transportation services.

- ▶ Ensure language access in transportation call center services
- ▶ Engage in targeted outreach to under-resourced communities



Title III E – Caregiver Support and Services



Increase the number of new caregivers served by at least 5% each year during the plan period as well as encourage them to create a sustainable personal support plan. Enhance partnerships to provide better support for grand-families and expand resources, support and advocacy for family caregivers.

- ▶ Caregiver grants will be prioritized for caregivers who have not received this support in the past
- ▶ We will encourage caregivers to create a sustainable plan for support through assessment and follow-up process, enabling them to use grants as bridge to sustainability rather than a source of long-term support
- ▶ Explore opportunities to partner with Kinship Care program to help direct grants to grandparents in greatest need

Title III C & D – Nutrition Services and Evidence-Based Health Promotion

Improve access to information by coordinating Nutrition Education and Health Promotion classes offered in Dane county.

- ▶ Offer the evidence-based health promotion program, Stepping On, along with an evidence-informed nutrition education class, Stepping Up Your Nutrition (SUYN) to reduce falls, dehydration, and malnutrition risks. Offer this combination class 75% of the time



Title III D – Evidence-Based Health Promotion

Provide culturally and linguistically appropriate services to older adults.

- ▶ Offer Pisando Fuerte (Stepping On - Spanish) to Hispanic older adults in Dane county
- ▶ Improve health outcomes and awareness related to falls in Hispanic older adults



AAA Goals – an inclusive and diverse standing advisory council



By building an inclusive Advisory Council that has shared ownership of the aging plan, Dane County Area Agency on Aging (AAA) can ensure that its programs are community-driven, responsive to diverse needs, and adaptable to changing circumstances.

- ▶ Create a diverse Advisory Council that reflects the demographics, needs, and experiences of the older adult community, ensuring they have meaningful input and shared ownership of the aging plan.
- ▶ Use the council as a conduit between Dane AAA and the community, facilitating communication, feedback, and engagement to ensure programs and services are responsive to local needs.
- ▶ Equip council members with the tools and resources needed to serve as community ambassadors, advocating for the needs of older adults and helping to inform and promote AAA services.

AAA goals – multiseCTOR partnerships



Explore opportunities to partner or collaborate with health/other sectors (ex. health systems, public health department, academia) to leverage resources, identify health/social needs, and deliver integrated, holistic services for older adults in Dane County.

- ▶ Identify key health sector partners in the community (e.g., local hospitals, health department, federally qualified health centers, academia, UW extension) and engage them in discussions about common goals for serving older adults
- ▶ Use comprehensive health data from Community Health Assessment/Needs Assessment (CHA/CHNA), Behavioral Risk Factor Surveillance System (BRFSS), Medicare/Medicaid, and hospitalization as applicable to align Dane AAA's Aging Plan with community health priorities/health needs of older adults

AAA Goals – Addressing Housing and Homelessness in older adults

Build ongoing collaborative, system-wide partnerships with housing providers, homeless service organizations, nonprofit organizations and public agencies to integrate services, create age-friendly systems/supports and improve access to services and experiences for older adults navigating the homeless service systems.

- ▶ Be a thought partner in implementing system-level solutions to prevent and address homelessness
- ▶ Improve access to services and experiences for older adults navigating the homelessness service systems and supports



AAA Goals – Improve access to services for justice-involved older adults

Establish relationships with jail staff and other service providers to improve access to information and services for justice-involved older adults thus ensuring successful reintegration into the community and addressing their unique needs.

- ▶ Develop partnerships with Dane County jail personnel (social workers, medical staff) to facilitate communication regarding the needs of older adults preparing for release for successful reintegration into the community.
- ▶ Share knowledge/resources in an ongoing and timely manner so that older adults leaving jail have access to the information and essential services available via the AAA, ADRC and other aging network providers



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Program Advancement

- ▶ **Community engagement and public input**
- ▶ **Title III and Title VI coordination**
- ▶ **Aging unit integration and collaboration with the local aging and disability resource center**
- ▶ **Emergency preparedness**

Data

- ▶ Population data (American Community Survey)
- ▶ Health data (Wisconsin Interactive Statistics on Health-WISH, Behavioral Risk Factor Surveillance System-BRFSS, Hospital Data, Office of Health Informatics, Public Health Madison & Dane County)
- ▶ Other data (Behavioral Health Resource Center, Aging & Disability Resource Center, Housing Access and Affordability unit – Homelessness, City of Madison Senior Services Equity Analysis Report)
- ▶ Program data
- ▶ Qualitative Data from Community Engagement



Community / Stakeholder Engagement



Community engagement seeks to better engage the community to achieve long-term and sustainable outcomes, processes, relationships, discourse, decision-making, or implementation. To be successful, it must encompass strategies and processes that are sensitive to the community-context in which it occurs.

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- To be successful, it must encompass strategies and processes that are sensitive to the community-context in which it occurs.
- Core values: integrity, involvement of the community, long-term relationships, health of the community, health of the corporate body
- Identify community needs, build relationships, use participatory approaches, communication, collaboration, evaluation.

Community / Stakeholder Engagement Methods

- **Focus groups/ key informant interviews**
- **Board members engaging with community**
- **Informal information gathering at an outreach event at the Zoo**



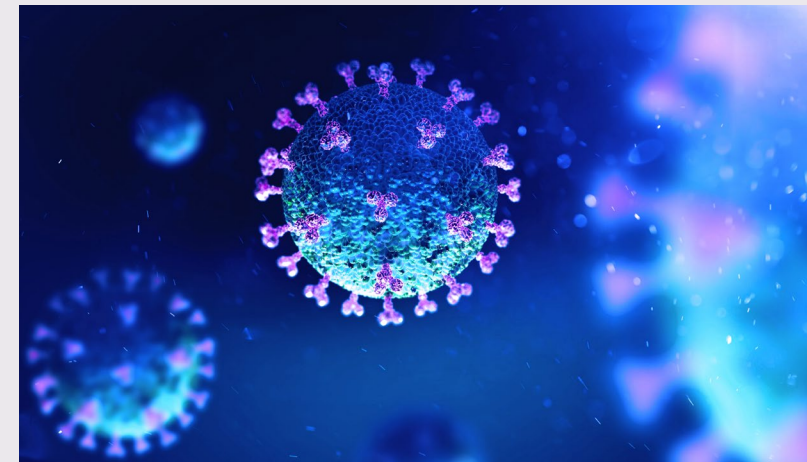
Scope of Community Engagement

Dane County AAA staff and interns:

- ▶ connected with 38 community agencies and partners throughout the community engagement and outreach process via focus group or key informant interview
- ▶ interviewed a total of 108 under-resourced, LGBTQ+ / BIPOC or immigrant older adults connected to these community organizations
- ▶ engaged in 31 focus groups/key informant interviews
- ▶ Interviewed a total of 222 people, including providers, community members, and others who work in or represent folks in the field of aging or an adjacent field
- ▶ Folks interviewed were involved in areas such as homelessness, dementia care, care-giving, transportation, health-care, mental health, senior center leaders, focal points (case managers and directors)
- ▶ AAA board and committee members completed 12 interviews with older adults in their community's similar questions about needs and service gaps.

Long term economic and social effects of COVID 19

- ▶ Rising incidence of older adult homelessness
- ▶ Market rate and “affordable” housing more expensive than ever – with few safety nets for those who have to move due to costs
- ▶ COVID affected and depleted most of Dane County residents’ safety nets, especially older adults whose relatives died or got very sick from COVID and moved into nursing homes / assisted living
- ▶ Food share and other pandemic benefits have stopped but the gap in services and the level of need is still great
- ▶ Inflation and price gouging are real and folks cannot afford meds and food and other basic needs like heat.
- ▶ Folks haven’t recovered from economic hardships of COVID 19 world:, folks are being evicted, medical and food benefits are being stripped away, etc.



Top Needs, Strengths and Barriers from Community Engagement Sessions



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Housing

- Shortage and lack of affordable / accessible housing
- New homelessness for older adults
- Homeless service system is not age or disability friendly
- Rising rent vs fixed incomes
- Concerns about safety, violence and landlords who are unresponsive
- Residents who live in housing that is a community of its own like Bayview and Brittingham apartments are better off and there is a level of support that benefits residents and helps them feel safe.
- Recent immigrants, live in intergenerational households which can be positive, but puts pressure on all occupants.



Homelessness

- There is no triage system or safety net within the homeless system that gives older and more vulnerable folks priority for assistance
- Older adults are becoming homeless at higher rates because of higher rents, lack of support systems and fixed incomes
- Clients often live in cars until their car breaks down / has no heat or they get sick or disabled
- Shelters do not allow walkers and wheelchairs in the building so they are vulnerable to weather and being stolen
- Shelter workers are not trained or paid to do personal care, but frequently shelter residents need help with this



Transportation



- lack of affordable and accessible transportation
- reliance on private vehicles
- rural transport routes are lacking and expensive
- clients get limited food share \$ and have no transportation to food pantry to supplement food
- folks who are non-native English speakers are reluctant to use public transportation
- older adults tend to avoid buses for fear of falling
- Outreach's loss of a city bus stop near their program has caused a huge barrier for LGBTQ+ clients to attend programs.
- Medical programs are prioritized; social ones are not.

Aging in Place

- Aging supports and services are needed to age in place – not expensive compared to LTC but hard to find and to afford
- Grants and programs for home modifications and basic maintenance are lacking
- Deep fear of institutional long term care keeps people from asking for help
- Need for affordable caregivers who are reliable and well trained
- Clients are often forced into Long Term Care Medicaid to get the help they need, which has big financial ramifications
- Tax relief for homeowners is only for extremely low income older adults
- Clients are on fixed incomes but property taxes, rents and utilities continue to increase.



Mental health supports that are trauma informed and offered with cultural humility

- Younger “older adults” are asking for help for untreated / undiagnosed mental illnesses
- Generational trauma is an issue especially for refugees and immigrants
- Younger older adults are aging into forced retirement via unemployment because of lack of jobs, income, retirement planning without the basics like housing
- It is important to have an understanding of the trauma caused by drug use, alcohol and intergenerational trauma and abuse.
- Clients at the South East Asian Healing Center and Hmong Institute spend their days sharing their lives, stories, making crafts, and eating together – all of these are healing activities.
- Many immigrant older adults are stuck at home and cannot spend time with others unless they get a ride to see their friends.
- Older adults with cognitive impairment and / or dementia are stuck between a rock and a hard place because of laws about self determination / decisional capacity vs freedom to choose how they live their lives.

Care-Giving

- Elders accepting care from outside the family in many under-resourced communities can often prove to be difficult to arrange or folks are resistant to it
- In immigrant and non-English speaking communities there is often a language barrier between caregiver and care recipient – language access and understanding is needed for appropriate care
- Huge lack of qualified, quality care workers and pay is not competitive so retention is not high
- Information about care-giving and resources is limited in Immigrant and non-English speaking communities
- They don't call the ADRC, they go to a trusted community member who is the conduit between them and the English speaking world
- Big disconnect between the medical profession, caregiving and other long term support resources. Doctors diagnose but they don't understand the resources
- Paid care-giver leave for working family members to provide respite is not as common as it should be but it is helpful to give family caregivers a break

Social Isolation and Loneliness

- Older LGBTQ+ folks in the focus groups talked about a feeling of not belonging, being outcasts.
- Older LGBTQ+ feel they are being left in the dust by the younger LGBTQ+ generations and their outspokenness and issues like being trans, harm reduction, etc.
- Clients in the senior center focus groups expressed feeling grateful and lucky to be able to make friends and socialize at meals, groups and gatherings there
- BIPOC folks also expressed a need for gathering places where they could cook, socialize and play games which are really lacking
- Blind and low- vision folks experience loneliness due to lack of community, transportation and co-morbidities like depression
- There is an increase of folks who have no-one to watch out for them, guard them against harm etc. that has put added work on senior center CMs

BIPOC, LGBTQ+ and immigrant communities are vulnerable and lacking resources

- Culturally and linguistically appropriate services are needed
- Access to knowledge and information about services for those not connected to aging services
- Isolation, lack of mobility due to limited social opportunities, limited language access
- Well-signed safe spaces and supports of LGBTQIA+ older adults that are welcoming are needed
- Safe, welcoming, indoor gathering spaces for older adults in BIPOC and immigrant communities are needed

Agencies and Individuals from agencies involved in community outreach for the AAA Aging Plan 2025-27

Madison Area Chinese Community Organization	Waunakee Senior Center	Salvation Army
	The Beacon Day Center	
	NW Dane Senior Outreach	Solace Friends Adult Family Home
South East Asian Healing Center	SW Dane Senior Center	Madison Street Medicine
Cairasu		Housing Access and Affordability
Madison Senior Center	Cornerstone Community Center	Salvation Army
Bayview Foundation	Rural Dykes Association	Porchlight
Jewish Social Services	Outreach LGBTQ+ Center	
City of Madison	Triangle Community Ministry	Dane County Dementia professionals
Monona Senior Center	Dane County Jail Social workers and re-entry staff	Dane County Dementia caregivers
Focal point directors	City of Verona Senior Center	Focal Point Case Managers
		Age Better
Aging and Disability Resource Center	Caregiver group members	RSVP
UW Latino outreach		Great Lakes Tribal Council
Wisconsin council for blind and visually impaired	City of Madison homelessness services	
Homeless Services Consortium	Unity Point Meriter	Catholic Charities
		Veteran's Administration Homeless Services

Challenges and Opportunities for Dane County AAA

Challenges

- ▶ Funding
- ▶ Older Americans Act Regulations
- ▶ Innovative/cost-effective services and sustainability

Opportunities

- ▶ Renewed focus and interest to work across “silos” and systems
- ▶ Leveraging resources and expertise across systems
- ▶ Advocating for interwoven funding opportunities and policies

Where can you find the draft plan?

- ▶ <H:\DAS\AAA\Aging Plans\ 2025-2027\Draft Plan\Dane County Area Agency on Aging Draft Aging Plan 112024.pdf>

Acknowledgments

PowerPoint created by:


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For

Dane County Area Agency
on Aging

- ▶ Data collected by Sri Mohan, AAA Manager, Aryan Patel and Yee Leng Lor, (Summer Interns from AHEC)
- ▶ Community engagement research by Claire Purkis, Aging Program Specialist; Xinyue Zhang, UW Social Work Masters Intern; with assistance from Aryan Patel and Yee Leng Lor (Summer Interns from AHEC)



Thank
you!



Questions?