



**Greater Wisconsin Agency on
Aging Resources
FY 2022-2024 Plan on Aging**

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EXECUTIVE SUMMARY

The Greater Wisconsin Agency on Aging Resources, Inc., (GWAAR) a nonprofit organization, is designated by the State of Wisconsin as an Area Agency on Aging. GWAAR is committed to supporting the successful delivery of aging programs and services in 70 counties and 11 tribes in Wisconsin. We provide lead aging agencies in our service area with advocacy support, training, and technical assistance to ensure the availability and quality of programs and services to meet the changing needs of older people in Wisconsin.

Community Engagement

Community Engagement is a strategic process of working collaboratively with an identified group to achieve a particular outcome. Engagement ensures that decisions reflect the participants' needs and interests, consider diverse viewpoints and values, and are made in collaboration and consensus with all stakeholders. For this three-year plan GWAAR used four different types of community engagement in the planning process. We engaged stakeholders on Social Pinpoint, surveyed stakeholders, and partners, and conducted interviews. This Area Plan summarizes each activity along with their major takeaways.

Overall, what stands out are:

- Loneliness and isolation leading to mental and physical health issues as a result of COVID-19
- The need for home chore/handyman services
- A large percent of the older adult population that are considered in poverty
- The lack of technology/broadband in rural areas
- Increasing aging population and demand on future aging programs and services
- Lack of affordable housing options for older adults, especially in northern Wisconsin
- There is a lack of racial diversity throughout the State among older adults
- Growing number of older adults facing cognitive impairment and dementia
- Shortage of caregivers, both family and professional, to care for the increasing number of people needing assistance
- Need to expand services and programs with limited resources
- Urgency to advocate for policies that support older people and caregivers
- Growing need to gather data to show the positive impact aging programs have on people and communities

Future Challenges

GWAAR's challenge is to provide the needed support to county and tribal aging units while confronting the many critical issues facing Wisconsin's Aging Network. We are challenged to:

- Help prepare the aging units for a world post COVID-19
- Serve an increasing number of older people with budgets that remain stagnant

- Offer training and technical assistance to 70 counties and 11 tribes, each with varying size, population, location, and demographics
- Understand the uniqueness of each aging unit, offering flexibility while still holding them accountable to meet the standards of the Older Americans Act
- Advocate for legislation that will improve programs for older people and fight against policies that undermine the work of the aging network
- Collect data, not only to show how many people are touched by Older Americans Act (OAA) programs, but also how program outcomes benefit individuals and communities

The goals in this plan are the result of our community engagement processes and the challenges we face.

Long Path Vision of GWAAR

Following the lead set by the United Nations Decade of Healthy Aging (2021-2030) GWAAR's long path will aim leadership to the following actions, actions that all areas of the Aging Network in one form or another follow.

- Age-friendly Environments: Health and well-being are determined not only by our genes and personal characteristics but also by the physical and social environments in which we live our lives.
- Combating Ageism: Ageism affects how we think, feel and act towards others and ourselves based on age.
- Integrated Care for Older People (ICOPE): Reflects a continuum of care that will help to reorient health and social services towards a more person-centered and coordinated model of care.
- Long Term Care: Older people continue to have aspirations to well-being and respect regardless of declines in physical and mental capacity. Long-term-care systems enable older people, who experience significant declines in capacity, to receive the care and support that allow them to live a life consistent with their basic rights, fundamental freedoms, and human dignity.

GWAAR Leadership

GWAAR is led by its Executive Director, Robert Kellerman, since its expansion in 2009. Mr. Kellerman has been working in Wisconsin's Aging Network since 1977. Prior to leading GWAAR, he directed a non-profit elderly nutrition program in Northern Wisconsin and served as the Department Director of a local county Aging Unit.

GWAAR is governed by a volunteer Board of Directors with members from many parts of the state. The current Chairperson is Miki Bix from Medford, Wisconsin. Miki has served on the Medford City Council, the Taylor County Board, and the Taylor Commission on Aging. While on the county board, she served on the human services board, the finance committee, the personnel committee, and many others. She is currently the secretary of the Aging and Disability Resource Center of the Northwoods.

Assisting the GWAAR staff and Board is the GWAAR Advisory Council. The current chairperson is Robert Wilkinson, Chairperson, Janesville, Wisconsin: Rob is a veteran

and retired police officer. He has volunteered for several organizations and has also served on both GWAAR's Board and Advisory Council. He also participates in WI Aging Advocacy Network meetings and advocacy activities.

Dedication of this 2022-2024 Area Plan

GWAAR dedicates this plan to two persons who were great supporters of the work of GWAAR over the years they served on our Advisory Council and Board of Directors:

Marie Lewis, of the Ho Chunk Nation and member of our Advisory Council for many years. Marie was a reliable voice during her time on our Advisory Council. She felt the need to retire from her role as we were getting started on this three-year plan.

Wesley Martin, of the Oneida Nation and former Board Chair. Wes served two full terms (six years) on the GWAAR Board with his last year as Chair in 2020-2021. He was a reliable representative of all 11 Wisconsin tribes at our Board table. Wes became a friend as well, promising to return to the task in the future.

CONTEXT

AREA AGENCY ON AGING

Greater Wisconsin Agency on Aging Resources, Inc. (GWAAR) is a regional Area Agency on Aging (AAA) that was established under the Older Americans Act (OAA). GWAAR supports aging programs and services in 70 counties and 11 tribes in Wisconsin. The only counties not served by GWAAR are Milwaukee and Dane Counties. GWAAR specifically serves the designated Aging Units within each county and tribe. An Aging Unit provides planning and provision of services for older adults and their



Source: Photo by [Georg Arthur Pflueger](#) on [Unsplash](#)

caregivers with local government. Aging Units can be integrated with Aging and Disability Resource Centers, part of a county or tribal department of health and human services, or a non-profit organization. They all aim to provide a comprehensive and coordinated system for the delivery of social and other needed services for older adults. For GWAAR to be an effective partner in supporting aging programs and services across the State, the needs of the Aging Units and the older adults they serve must be understood.

Aging Network Organization

Wisconsin supports older persons with Older Americans Act and State funded programs by delivering services on a county/tribal level. This unique approach is not only responsive to individual, and community needs but also empowers older people to make informed decisions. By delivering programs and services through county and tribal aging units, resources and services for older people are readily accessible. Localizing resources also gives older persons more opportunities to participate in the creation and delivery of Older Americans Act programs and other services provided by the local aging units. Requirements about the make-up of advisory and governing bodies puts older people in significant roles in the planning and oversight of the Aging Units. In this way, the needs and ideas for programs and resources are in the hands of the people who are impacted by these decisions.

Aging Network Support

The aging network in Wisconsin uses a combination of skilled options counseling and a broad array of home- and community-based services to help older adults age-in-place, prevent or delay long term care placement and conserve spending of personal resources. While options counseling and direct services are delivered through aging units at the county and tribal level, GWAAR supports the aging units in a variety of ways to ensure older people are receiving the resources and services they need.

GWAAR's role in the network is to:

- provide education, tools, encouragement, oversight and support to aging units
- bring information from across the state and from nation-wide research to local aging units
- assist in the development of programs to better serve people at the county/tribal level by answering questions and problem-solving using information and training received from a wider view/context
- listen to challenges, problems, goals and ideas of aging units and respond using knowledge, training and partnerships with the larger community
- connect aging units who can support each other with similar projects/needs

DATA TRENDS AND ANALYSIS

Healthy Aging

The United Nations Decade of Healthy Aging (2021-2030) is a global collaboration, aligned with the last ten years of the Sustainable Development Goals, that brings together governments, civil society, international agencies, professionals, academia, the media, and the private sector to improve the lives of older people, their families, and the communities in which they live.

Populations around the world are aging at a faster pace than in the past and this demographic transition will have an impact on almost all aspects of society. Already, there are more than 1 billion people aged 60 years or older, with most living in low- and middle-income countries. Many do not have access to even the basic resources necessary for a life of meaning and of dignity. Many others confront multiple barriers that prevent their full participation in society.

The COVID-19 pandemic has highlighted the seriousness of existing gaps in policies, systems, and services. A decade of concerted global action on healthy aging is urgently needed to ensure that older people can fulfil their potential in dignity and equality and in a healthy environment.

To foster healthy aging and improve the lives of older people and their families and communities, fundamental shifts will be required not only in the actions we take but in how we think about age and aging.

The Decade will address four areas for action:

1. Age-Friendly Environments
 - a) Health and well-being are determined not only by our genes and personal characteristics but also by the physical and social environments in which we live our lives. Environments play an important role in determining our physical and mental capacity across a person's life course and into older age and how well we adjust to loss of function and other forms of adversity that we may experience at different stages of life, and in later years. Both older people and the environments in which they live are diverse, dynamic, and changing. In interaction with each other they hold incredible potential for enabling or constraining Healthy Aging.

2. Combatting Ageism
 - a) Ageism affects how we think, feel and act towards others and ourselves based on age. It imposes powerful barriers to the development of good policies and programs for older and younger people and has profound negative consequences on older adults' health and well-being. WHO is working together with key partners on a Global Campaign to Combat Ageism—an initiative supported by WHO's 194 Member States. The Campaign aims to change the narrative around age and aging and help create a world for all ages.
3. Integrated Care for Older People (ICOPE)
 - a) Reflects a continuum of care that will help to reorient health and social services towards a more person-centered and coordinated model of care.
4. Long-Term Care
 - a) Older people continue to have aspirations to well-being and respect regardless of declines in physical and mental capacity. Long-term-care systems enable older people, who experience significant declines in capacity, to receive the care and support that allow them to live a life consistent with their basic rights, fundamental freedoms and human dignity.
 - b) These services can also help reduce the inappropriate use of acute health-care services, help families avoid catastrophic care expenditures and free women – usually the main caregivers – to have broader social roles.
 - c) Long-term care services should also include assistive care services such as caregiving and social support for older people. All these services must be integrated and provided in a continuum with the underlying core principles of person-centered care.¹

Older Adult Population

According to Table 1., older adults in Wisconsin (65+) account for about 16.5 percent of the total population. Of the 953,571 older adults, 45.4 percent are male, and 54.6 percent are female. In addition to the large percentage of older adults in Wisconsin, there is a substantial number of adults that are going to be aging into the older adult category. There 1,212,836 adults or about 21 percent of the total population from the age 50-64 that will be aging into the older adult category in the next 10 to 15 years. Almost a quarter (21%) of the State's population is going to be aging into the older adult category and looking for support from local aging programming and services.

¹Source: <https://www.who.int/initiatives/decade-of-healthy-ageing>
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Table 1. State of Wisconsin Profile of Persons Ages 65 and Older						
Label	Total Estimate	% Estimate	Male Estimate	% Male Estimate	Female Estimate	% Female Estimate
Total population	5,790,716	(X)	2,879,894	(X)	2,910,822	(X)
Age Categories						
Under 5 years	333,184	5.8%	170,642	5.9%	162,542	5.6%
5 to 9 years	354,128	6.1%	180,327	6.3%	173,801	6.0%
10 to 14 years	369,044	6.4%	189,906	6.6%	179,138	6.2%
15 to 19 years	379,887	6.6%	193,534	6.7%	186,353	6.4%
20 to 24 years	398,768	6.9%	203,053	7.1%	195,715	6.7%
25 to 29 years	365,699	6.3%	188,245	6.5%	177,454	6.1%
30 to 34 years	365,785	6.3%	185,212	6.4%	180,573	6.2%
35 to 39 years	365,992	6.3%	186,562	6.5%	179,430	6.2%
40 to 44 years	333,817	5.8%	167,942	5.8%	165,875	5.7%
45 to 49 years	358,005	6.2%	179,985	6.2%	178,020	6.1%
50 to 54 years	399,592	6.9%	199,103	6.9%	200,489	6.9%
55 to 59 years	424,986	7.3%	209,729	7.3%	215,257	7.4%
60 to 64 years	388,258	6.7%	192,842	6.7%	195,416	6.7%
65 to 69 years	320,162	5.5%	158,005	5.5%	162,157	5.6%
70 to 74 years	229,988	4.0%	108,206	3.8%	121,782	4.2%
75 to 79 years	161,618	2.8%	73,756	2.6%	87,862	3.0%
80 to 84 years	116,308	2.0%	49,913	1.7%	66,395	2.3%
85 years and over	125,495	2.2%	42,932	1.5%	82,563	2.8%
Select Age Categories						
60 years and over	1,341,829	23.2%	625,654	21.7%	716,175	24.6%
65 years and over	953,571	16.5%	432,812	15.0%	520,759	17.9%
75 years and over	403,421	7.0%	166,601	5.8%	236,820	8.1%

Source: U.S. Bureau of the Census, American Community Survey, 2015-19 Five-year Estimates, Table S0101

Population Projections

According to the U.S. Census Bureau and Wisconsin Department of Administration, Wisconsin's population age 65 and older is projected to increase from 777,314 residents in 2010 to over 1.5 million by 2040. Those 65 and older currently comprise almost one in six individuals in Wisconsin and this ratio will rise to almost one in four by 2040. See Table 2, 3 & 4. for breakdown of projections.

Table 2. Population Projections, Wisconsin 2010-2040							
Age	C2010	2015	2020	2025	2030	2035	2040
0-17	1339492	1311425	1338370	1366010	1385735	1390055	1381310
18-64	3570180	3576670	3602780	3580325	3565855	3577580	3574960
65 & over	777314	894920	1063930	1257515	1424320	1508635	1535365

Source: Wisconsin Department of Administration, Demographic Services, 2010-2040 Population Projections, Vintage 2013

	Num Change	Pct Change
Age	2010-2040	2010-2040
0-17	41818	3.12%
18-64	4780	0.13%
65 & over	758051	97.52%

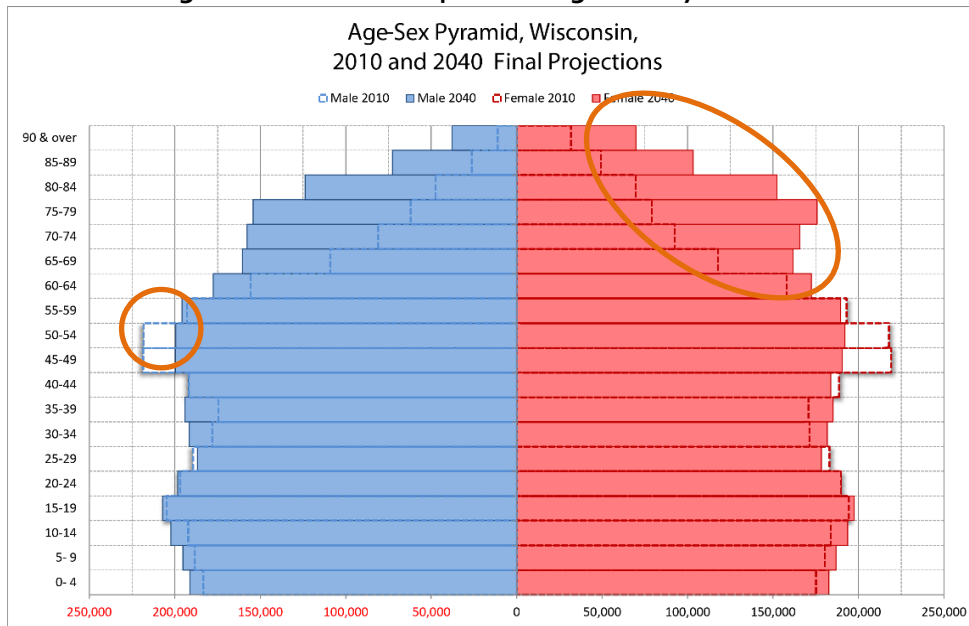
Source: Wisconsin Department of Administration, Demographic Services, 2010-2040 Population Projections, Vintage 2013

	Share of Population	
Age	2010	2040
0-17	23.55%	21.28%
18-64	62.78%	55.07%
65 & over	13.67%	23.65%

Source: Wisconsin Department of Administration, Demographic Services, 2010-2040 Population Projections, Vintage 2013

Another way to view the data in tables 2-4 is in a population sex-pyramid. In the figure below you can see the male population in blue on the left and the female population in red on the right. The dotted blue and red lines represent the 2010 U.S. Bureau of the Census data and the solid blue and red blocks represent the 2040 projected data. Age cohorts are depicted on y axis and population on the x axis. There are two major takeaways from this figure: the 45-55 age cohorts are going to lose population throughout the projection timeline and the 60 and over cohorts are going to increase substantially. Tables 2-4 and Figure 1 represents an aging population that is living longer and becoming a “stationary pyramid or constant population pyramid” where births and deaths roughly balance each other. Increased life expectancy and a large adult population aging into older adults will only increase the demand for older adult programs and services.

Figure 1. Wisconsin Population Age-Sex Pyramid



prepared by David Egan-Robertson
UW Applied Population Lab
December 2013

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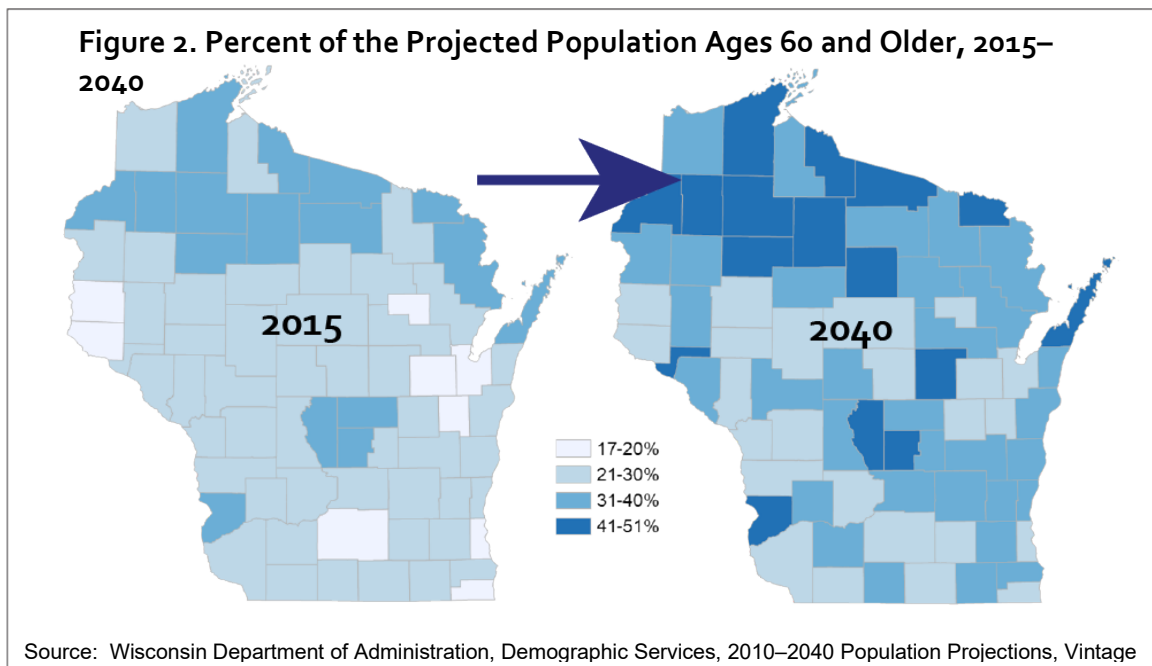
page 1 of 1

Source: Wisconsin DOA, Vintage 2013 State Age-Sex Population Projections, 2010 - 2040

Based on the on Wisconsin's current population trends and projections, Wisconsin's population is rapidly aging and is concentrated in the Northern parts of the State. The demand for aging programs and services is only going to increase over the next 10 to 15 years and GWAAR has to be ready to support their Aging Unit partners in ensuring Wisconsin's older adults have what they need to live a healthy, quality life.

Geographic Make-up

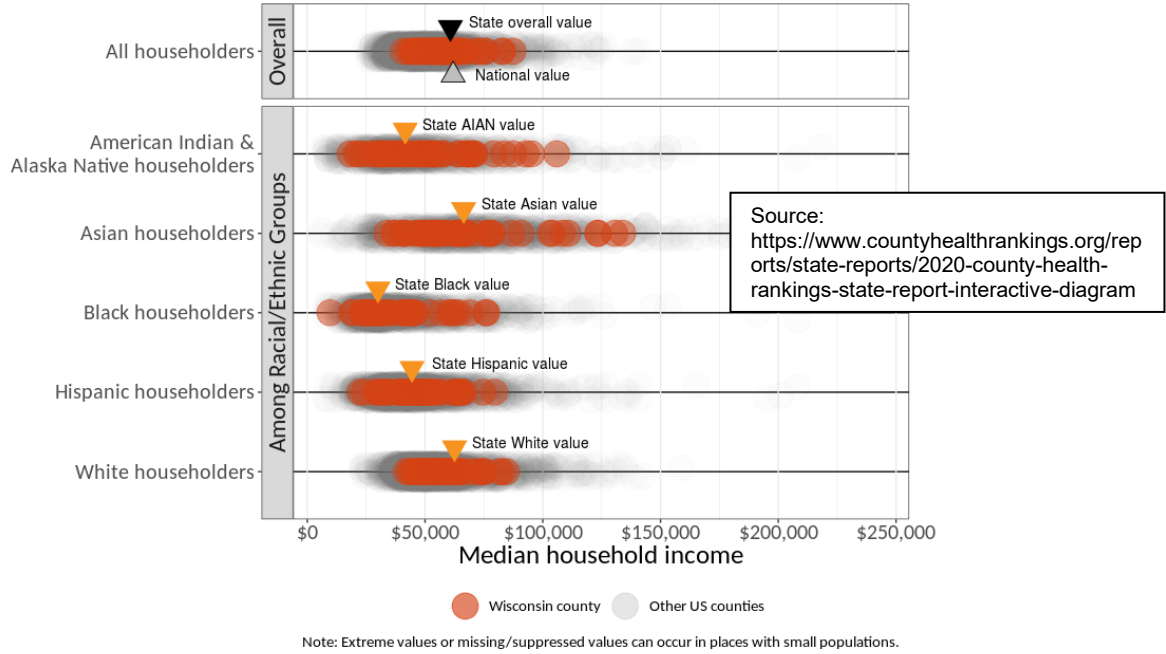
Wisconsin's population is aging, but where do these older adults reside? Figure 2 illustrates the percent of the projected population ages 60 and older from 2015 to 2040. In 2015 there were no counties registering more than 40 percent population ages 60 and older and in 2040 it is projected that 16 counties will have more than 40 percent population ages 60 and older. Geographically the older adult population is dispersed throughout Wisconsin, but there is some accelerated projected growth in the northern and southcentral parts of Wisconsin. There is a lot of growth in the northern counties where a lot of older adults gravitate to for retirement.



Racial Diversity

Patterns of unfair and avoidable differences in a variety of health measures exist at the local, state, and national level. Figure 3 below allows you to explore how health may vary for counties and among racial/ethnic groups within your state. Check out the graphic below for WI related to Median household income by race.

Figure 3. Median Household Income in WI



The State of Wisconsin is not very diverse when it comes to race, but the non-white populations have been growing over the years. The white population in 2019 was about 85 percent of the total population and about 95 percent of the total population for 65 years and over. The remaining 15 percent of the non-white population and the 5 percent of non-white population for 65 and older is made up of primarily Black or African American and then American Indian and Alaska Native. See Table 5 below for more detail.

Table 5. Wisconsin 2019 Population 65 and Over		
Race and Hispanic or Latino Origin		
Label	Total Estimate	65 years and over Estimate
One race	97.6%	99.5%
White	85.4%	94.5%
Black or African American	6.4%	3.1%
American Indian and Alaska Native	0.9%	0.5%
Asian	2.8%	1.0%
Native Hawaiian and Other Pacific Islander	0.0%	0.0%
Some other race	2.0%	0.4%
Two or more races	2.4%	0.5%
Hispanic or Latino origin (of any race)	6.8%	1.7%
White alone, not Hispanic or Latino	81.3%	93.3%

Source: U.S. Bureau of the Census, American Community Survey, 2015-19 Five-year Estimates, Table S0103

What is the trend for racial diversity in Wisconsin? In 2000, 68 counties had a non-white population that was less than 6 percent of the total population. The entire State in 2000 had about 5 percent of the total population that was non-white. In 2020, 11

counties had a non-white population that was 7-17 percent of their total population and 2 counties with 18-67 percent. As a whole in 2020, Wisconsin had about 8 percent of the total population that was non-white which is a 60 percent increase over twenty years. See Figure 4 below:

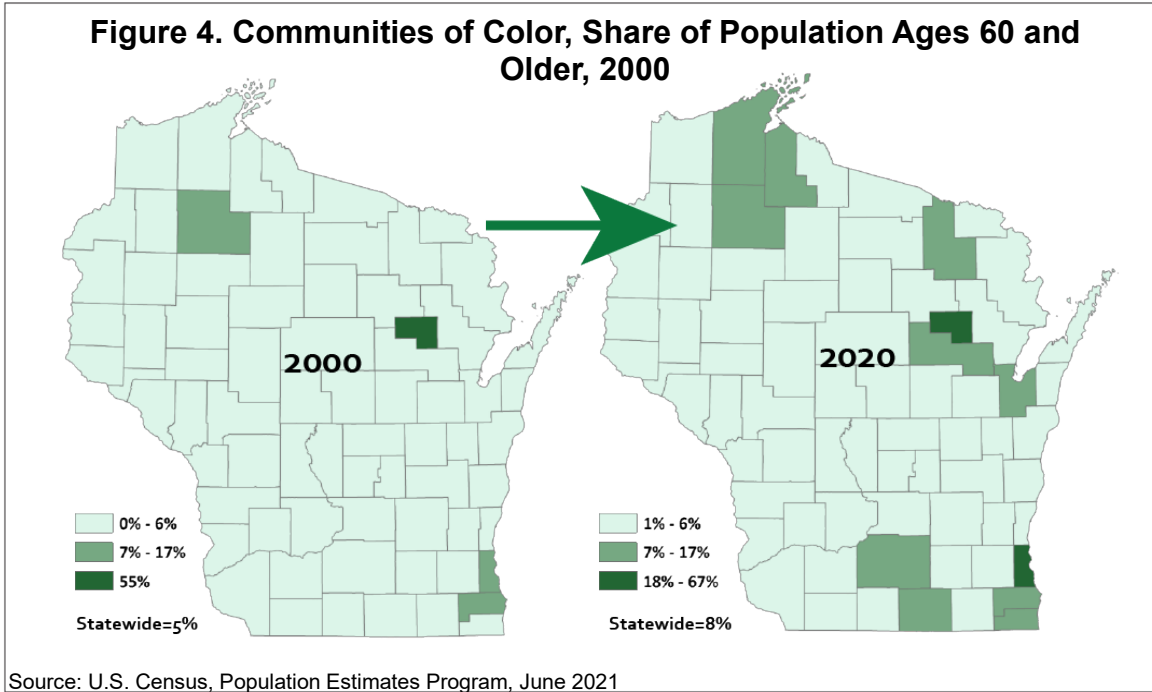
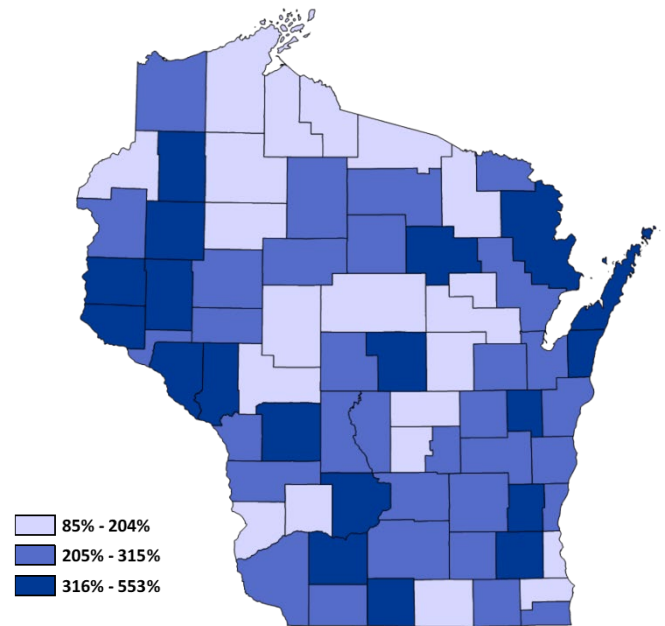


Figure 5. shows the growth of communities of color (60+) from 2000 to 2020. All counties experienced growth and a lot of counties experienced exponential growth from 2000 to 2020. Wisconsin is going to continue to become more diverse as the years go on and GWAAR and the Aging Units must be ready to diversify programs and services to meet everyone’s needs.

Figure 5. Growth in Communities of Color, Ages 60 and Older, 2000-2020



Income

We all need income to survive in today's world. How are older adults bringing in money to sustain their daily needs? (Table 6) There are 606,830 older adult households bringing in some type of income throughout Wisconsin. Of these older adults, 34 percent are earning income with mean earnings of \$46,268 and about 93 percent are collecting Social Security income with mean earnings of \$22,155. Some older adults (4.8%) have supplemental security income and others are drawing from retirement income (54%). There are some older adults, 7.6 percent who are utilizing food stamps/SNAP benefits. Not all older adults are able to draw income from many different sources and are only left with a few options like social security and food stamps/SNAP benefits. Many of these older adults are in poverty. Poverty among older adult is a major crisis and one that GWAAR and Aging Units have to consider when developing aging programs and services. Table 7 depicts the 2019 older adults that fall under the poverty status. There are 926,836 older adults in Wisconsin or 16.4 percent of the total population who are considered in poverty. Of the 926,836, 7.6 percent fall below the 100 percent poverty level, 9.1 percent fall in the 100-149 percent poverty level category and 83.4 percent are at or above 150 percent of the poverty level. That is 772,981 older adults that are at or above 150 percent of the poverty level. Poverty among older adults is a concern and it's one of many that needs to look at when developing the goals for this plan.

**Table 6. Wisconsin 2019 Population 65 and Over
Income in the Past 12 Months (In 2019 Inflation-Adjusted Dollars)**

Label	Total Estimate	65 years and over Estimate
Households	2,358,156	606,830
With earnings	77.7%	34.0%
Mean earnings (dollars)	81,789	46,268
With Social Security income	31.9%	92.6%
Mean Social Security income (dollars)	20,361	22,155
With Supplemental Security Income	4.7%	4.8%
Mean Supplemental Security Income (dollars)	10,728	10,788
With cash public assistance income	1.9%	1.5%
Mean cash public assistance income (dollars)	2,560	2,351
With retirement income	20.4%	54.0%
Mean retirement income (dollars)	24,064	24,648
With Food Stamp/SNAP benefits	10.8%	7.6%

Source: U.S. Bureau of the Census, American Community Survey, 2015-19 Five-year Estimates, Table S0103

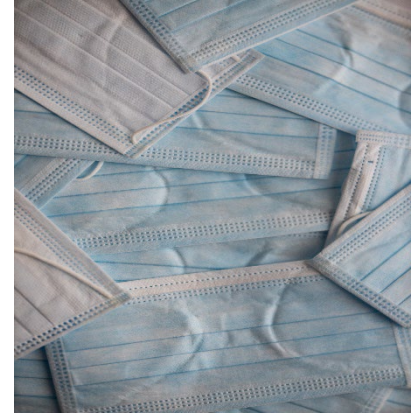
**Table 7. Wisconsin 2019 Population 65 and Over
Poverty Status in the Past 12 Months**

Label	Total Estimate	65 years and over Estimate
Population for whom poverty status is determined	5,642,353	926,836
Below 100 percent of the poverty level	11.3%	7.6%
100 to 149 percent of the poverty level	7.5%	9.1%
At or above 150 percent of the poverty level	81.2%	83.4%

Source: U.S. Bureau of the Census, American Community Survey, 2015-19 Five-year Estimates, Table S0103

Coronavirus disease 2019 (COVID-19)

The novel coronavirus, SARS-CoV-2, that appeared in late 2019, has taken its toll on Wisconsin's restaurants, local businesses, employment, hospitals, education, sports, politics, public transportation, and especially Wisconsin's older adults. Older adults were considered high risk of getting the infectious disease caused by the novel coronavirus and were forced to stay home to avoid getting sick. Wisconsin's economy stopped, everything but essential services were shut down. To ensure Wisconsin's older adults had what they needed to survive (nutrition, medicine, transportation) the aging units/ADRCs/tribes stepped up and adapted to the new challenging environment. Aging units/ADRCs/tribes expanded their home delivered meal services, set-up grab and go meal locations, delivered groceries and medicine, created friendly caller programs, put together care packages, and helped find access to life saving vaccines. Even with all of this, isolation took its toll on the mental and physical health of older adults. In fact, people of all ages were experiencing anxiety or depression and exhaustion, and many still are. The true toll of this devastating disease has yet to unfold. COVID-19 has not gone and will be part of all our lives for the unforeseeable future. It is clear in the development of this plan, that GWAAR and the aging units are going to have to consider COVID-19 in every goal developed and think how our world is going to have to change to ensure Wisconsin's older adults can live the quality live they deserve.



Source: Photo by [Noah](#) on [Unsplash](#)

Social Determinants of Health and Chronic Disease

According to the America's Health Rankings Senior Report 2021. Wisconsin older adults are rank poorly on the following health behaviors and outcomes.

- Fruit & Vegetable consumption (Ranked 42 out of 50) with only 5.5% of seniors getting adequate intake.
- Excessive Drinking (Ranked 50 out of 50, the worst state in the country!)
- Obesity (Ranked 42 out of 50) with 33.3% of seniors being obese.
- Falls (27.5%). This has improved significantly in recent years likely because of the outstanding job the Aging Network, WIHA, and the Healthcare system have done working collaboratively.

This model reflects how the determinants of health directly influence health outcomes. The five categories of health include social and economic factors, physical environment, clinical care, behaviors and health outcomes. This model is built upon the World Health Organization definition of health: "Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."²

² America's Health Rankings analysis of America's Health Rankings composite measure, United Health Foundation, AmericasHealthRankings.org, Accessed 2021.

According to the 2018 Medicare Chronic Disease Dashboard Data for WI, the following are the Top 5 Chronic Conditions for adults age 65.

1. Hyperlipidemia (41 to 48%). It is no surprise since some of the contributing factors for developing this condition are:
 - a) Drinking
 - b) Diets high in saturated and trans fat
 - c) Obesity
 - d) Sitting too much/Inactivity
2. Arthritis (32 to 38%)
3. Diabetes (25 to 37%)
4. Chronic Kidney Disease (25 to 28%)
5. Depression (19 to 23%)

1 in 3, or 35% of WI seniors have multiple chronic conditions, according to America's Health Rankings Senior Report 2021.

To help us better understand the top chronic conditions in each county/tribe, we will utilize a variety of resources including, but not limited to:

- PLACES Local Data for Better Health, a collaboration between CDC, the Robert Wood Johnson Foundation, and the CDC Foundation, allows local health departments and jurisdictions regardless of population size and urban-rural status to better understand the burden and geographic distribution of health-related outcomes in their areas and assist them in planning public health interventions. PLACES provides model-based population-level analysis and community estimates to all counties, places (incorporated and census-designated places), census tracts, and ZIP Code Tabulation Areas (ZCTAs) across the United States. This web application provides interactive maps for model-based estimates of 27 chronic disease-related measures at county, place, census tract, and ZCTA levels. For detailed information, visit <https://www.cdc.gov/places>.
 - Health Outcomes (Chronic Conditions)
 - <https://experience.arcgis.com/experience/22c7182a162d45788dd52a2362f8ed65>
 - Unhealthy Behaviors.
 - Look at the binge drinking tab, the entire state is high....
<https://experience.arcgis.com/experience/22c7182a162d45788dd52a2362f8ed65>
 - Prevention. Look at the tab for Older Women and Older Men Prevention tabs WI is amazing, again, this speaks highly to the Aging Network's Health Promotion and evidence-based programs!
<https://experience.arcgis.com/experience/22c7182a162d45788dd52a2362f8ed65>
 - Learn more about how to use the data at a local level.
<https://www.countyhealthrankings.org/explore-health-rankings/use-data>
 - Here is one example related to recruiting volunteers
<https://www.countyhealthrankings.org/news-events/retired-and-senior-volunteer-program-uses-the-rankings-to-recruit-volunteer-mentors>

COMMUNITY ENGAGEMENT IN THE DEVELOPMENT OF THE AGING PLAN

Community Engagement is a strategic process of working collaboratively with an identified group to achieve a particular outcome. Engagement ensures that decisions reflect the participants’ needs and interests, consider diverse viewpoints and values, and are made in collaboration and consensus with all stakeholders. GWAAR’s process included four different types of engagement: engage stakeholders on Social Pinpoint, survey stakeholder and partners, and interviews. The following is a summary of each activity with some major takeaways.

Public Input Report #1

GWAAR –Social Pinpoint “Ideas Wall”

Date/s of Event or Effort:
March 22 to July 19

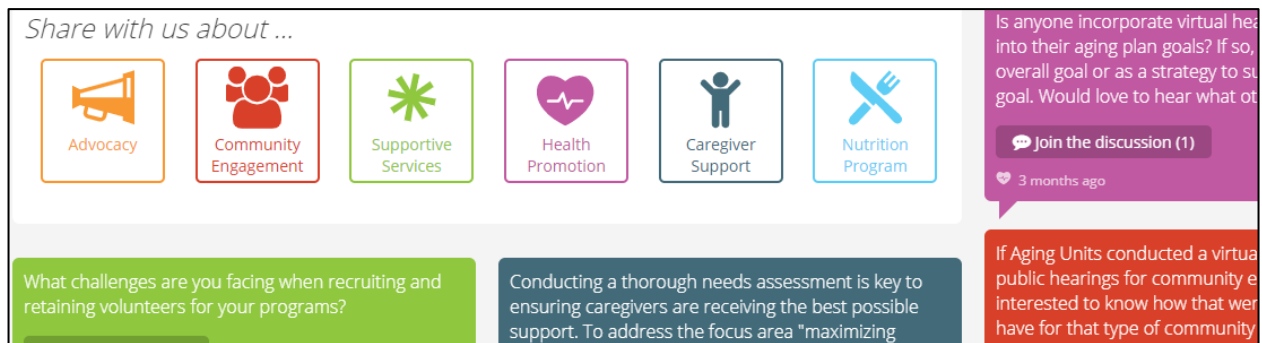
Target audience(s):
Aging Units

**Number of Participants/
Respondents:** 24

Describe the method used including partners and outreach done to solicit responses:

GWAAR created an “Ideas Wall” on a community engagement platform Social Pinpoint to provide all the counties and tribes the opportunity to interact with each other and share ideas and start discussions centered around the aging plan. The topics consisted of advocacy, community engagement, supportive services, health promotion, caregiver support, and nutrition program. GWAAR not only wanted to give the counties and tribes an opportunity to develop their plans but wanted to know what was troubling them and identify some areas of concerns that could be addressed in GWAAR’s aging plan.

See examples of the topics used for the ideas wall and discussion bubbles below:



Describe how the information collected was used to develop the plan:

The information collected was used in the development of the goals. The consultants were given all the community engagement results to help or guide their goal development.

What were the key takeaways/findings from the outreach?

The most popular items discussed were:

- Caregiving – Working with partners (Somali) to disseminate caregiving workshop, marketing programs
- Health Promotion – Working with Tribe on health promotion workshop
- Nutrition – Getting access to fresh produce
- Racial Diversity - How to increase racial diversity on boards
- Community Engagement Ideas – survey at vaccination sites, bingo with MOW participants
- Volunteer Recruitment Ideas – gift certs for oil changes, school district bus drivers, newspapers, website, presentations to churches, referral program
- Supportive Services – types of chore services providing for Title IIIB funds – house cleaning, lawn care, snow removal, taking to appointments, & staying with an individual when a caregiver needs time

Public Input Report #2

GWAAR – Advisory Council Interviews

Date/s of Event or Effort:

March - June

Target audience(s):

Aging Unit Directors and staff

Number of Participants/

Respondents:17

Describe the method used including partners and outreach done to solicit responses:

Advisory Council members were asked to volunteer to interview aging unit directors, staff and/or their board members. Six members volunteered and chose the counties/tribes that they wanted to interview. The Advisory members provided input when preparing survey questions. Advisory members were given the names and contact information for the aging directors in their chosen counties/tribes and an email introduction was also made to prepare the aging unit director for their call. Council members completed the interviews and sent the comments to us to tabulate and review.

The questions asked are as follows:

- What do the older people in your community need that GWAAR could help you provide?
- Is there something GWAAR could do that would make your job serving older adults easier or more efficient?
- One of the things GWAAR supports aging units with is aging plan development. Are there focus areas that you are having trouble responding to? Do you have suggestions for how GWAAR could assist you with addressing any of these focus areas?
- What type of policies or programs do you work under that address equity and inclusion? How can GWAAR help in your effort to increase equity and inclusion?
- Do you have other suggestions of items that should be addressed in GWAAR's 3-year plan?
- Is there a particular topic that you would like to talk more about by participating in a focus group?

Describe how the information collected was used to develop the plan:

Survey results were tabulated, organized and reviewed and the information will be used to create plan goals.

What were the key takeaways/findings from the outreach?

The following topics were identified as what older people in their communities need:

1. Transportation
2. Home care services
3. Social isolation
4. Technology – access and training

When asked how GWAAR could make aging unit directors' jobs easier or more efficient the top three comments were:

1. More funding – more flexible funding
2. More and/or better training
3. Easier fiscal and data collection processes

In regard to assistance with focus areas the responses centered around the areas their seniors identified as needs such as transportation, affordable housing, support for family caregivers, options for home health, social isolation and loneliness, as well as data collection.

We decided to ask a specific question about how the aging units are addressing, or plan to address, equity and inclusion efforts. Many commented that their county had very small minority groups so they are not sure how to address this. They identified that there was more inequity in incomes and also that the people who live in very rural areas are not receiving services equitably. Some commented that they strive for equity and will train staff, seek out underserved populations, collaborate with community partners, and asked for help from GWAAR in developing plans to address this issue.

From the last questions in the interviews there was continued talk about needing more funding and that they appreciate GWAAR's work in advocating for additional funding. Some mentioned the challenge of working with the "young old" and the need for new, innovative programs. Nutrition, caregiver support, transportation and health promotion all came up as important areas to address.

Public Input Report #3

GWAAR -Aging Unit Survey

Date/s of Event or Effort:

June 11 – July 16

Target audience(s):

Online survey for Aging Unit directors and staff

Number of Participants/ Respondents:

43

Describe the method used including partners and outreach done to solicit responses:

A survey was created, and a link was sent out to all Aging Unit Directors via email. Directors were encouraged to share the survey with staff. The survey link was on the social pinpoint page so people could access the survey through the direct link or right from the social pinpoint page if they were looking on there for information. Our objective was to find out the types of programs and services the aging units will be focusing on so that we could then focus our efforts on providing technical assistance in these areas.

We chose to do a short yet streamlined survey. The questions we asked were:

1. What are the top 3 responses or issues that were identified from your aging plan community engagement efforts?
2. How can GWAAR help you better address these issues?
3. Do you have suggestions of items that should be addressed in GWAAR's 3-year plan?

Describe how the information collected was used to develop the plan:

Survey responses were organized, analyzed, and summarized for all OAA Consultants and other GWAAR staff such as Janet Zander (advocacy) and the elder law center staff to review. Full results of the survey were also shared with staff so they could get a deeper perspective on all responses. This information will be used to create our goals in order to ensure that meaningful and relevant goals will be developed.

What were the key takeaways/findings from the outreach?

Respondents were asked to share the top three requested needs that they learned about through their community engagement. From the answers provided these four areas stood out as the greatest needs or concerns of older people in these counties and tribes:

1. Transportation (22)
2. Home upkeep and repairs (18)
3. Social Isolation (13)
4. In-home care providers (12)

Caregiver support, housing, assistance with Medicare and benefits, and nutrition were also mentioned 9 to 12 times.

In response to how GWAAR could support the aging units in meeting these needs we received good feedback with several innovative ideas. There were many requests for assistance in finding transportation solutions, addressing social isolation and loneliness,

and help develop programs around handyman services. The need for increased home health care workers is dire and requests for continued advocacy in this area and any other ideas on addressing these needs was expressed. Many mentioned the importance of volunteers in meeting the needs of older people and asked for help with volunteer programs or even funding for a volunteer coordinator position. We heard about the importance of learning about best practices from around the state and country for program ideas. There was an understanding of the importance of advocacy efforts around the big issues of the shortage of home care workers and social isolation and loneliness and applauded the work of Janet Zander. Housing was another issue that came to the surface, but this seems to be an overwhelming problem with few ideas for how to address it.

Some interesting suggestions were made that we will look into:

- Provide tip sheets to be used to teach seniors how to use technology
- Are there alternative models for caregiver coalitions
- Be realistic about program deliver for counties with rural, sparsely populated areas
- Advocacy around increasing the flexibility of our funds
- Create a database of providers that can assist with home repairs
- Create scripted classes for people around future planning
- A grant to create a position that manages caregiver supports and coordinates volunteers
- Training on how to engage the community in conversations around aging in place - how to identify organizations and vendors to help pay for home repairs and renovations to keep people in their homes
- Provide canned Power Points on various life skill subjects for remaining in your own home and decision
- Help with expanding solicitations for vendors for older adults
- Provide grant-writing staff to help us get additional funding

There were some good questions and innovative ideas that were suggested that could be addressed in GWAAR's 3-year plan.

- The amount of time spent on documentation and data can be more than the time spent with the consumer. Is there a way to consolidate assessments for programs to reduce staff time in getting duplicative information? Could there be coordination among GWAAR staff and program areas to review new forms, etc. so that each area is not developing their own new form.
- The nutrition program, especially congregate, is not cost effective... Food security is of utmost importance for optimum health, but many seniors go without the program because they do not want to attend the meal site. Combating social isolation should be a different issue and addressed separately from providing food/nutrition.
- Volunteer opportunities for seniors that don't involve long-term commitments was identified locally. How do we shift our agency volunteer needs to respond to the current environment?
- Rather than have each county identify that we want to train advocates, with each of us contacting Janet for the same thing...why not just make it a goal to offer regional advocacy trainings. Ideally in person with one or two virtual ones.

Public Input Report #4

GWAAR – Partner Survey

Date/s of Event or Effort: November 18

Target audience(s):
Aging Unit Partners

Number of Participants/ Respondents:
27

Describe the method used including partners and outreach done to solicit responses:

GWAAR and the aging units work directly with several partner agencies that also work with older adults. A partner agency survey was developed to get a better understanding of the trends partner agencies are experiencing. The survey was emailed out to partner associations and organizations to get their perspective on the older adults they work with.

Describe how the information collected was used to develop the plan:

The information collected was used in the development of the goals. The consultants were given all the community engagement results to help or guide their goal development.

What were the key takeaways/findings from the outreach?

Respondents were asked to share the unmet needs and/or biggest concerns of people 60+ and/or their caregivers that they serve. Below is a summary of the unmet needs identified.

Top 5 Unmet Needs:

1. Lack of caregivers
2. Lack of transportation
3. Affordable housing
4. Mental health
5. Technology/Broadband

DEVELOPMENT OF THE AREA PLAN

Critical Issues/Trends and Future Implications

While there are many critical issues that come into play as the new plan period begins, the following have been identified as the most prominent:

- Loneliness and isolation leading to mental and physical health issues as a result of COVID-19
- The need for home chore/handyman services
- A large percent of the older adult population that are considered in poverty
- The lack of technology/broadband in rural areas
- Increasing aging population and demand on future aging programs and services
- Lack of affordable housing options for older adults, especially in northern Wisconsin
- There is a lack of racial diversity throughout the State among older adults
- Growing number of older adults facing cognitive impairment and dementia
- Shortage of caregivers, both family and professional, to care for the increasing number of people needing assistance
- Need to expand services and programs with limited resources
- Urgency to advocate for policies that support older people and caregivers
- Growing need to gather data to show the positive impact aging programs have on people and communities

AAA/Aging Unit Challenges

GWAAR's challenge is to provide the needed support to county and tribal aging units while confronting the many critical issues facing Wisconsin's Aging Network. We are challenged to

- help prepare the aging units for a world post COVID-19
- serve an increasing number of older people with budgets that remain stagnant
- offer training and technical assistance to 70 counties and 11 tribes, each with varying size, population, location, and demographics
- understand the uniqueness of each aging unit, offering flexibility while still holding them accountable to meet the standards of the Older Americans Act
- advocate for legislation that will improve programs for older people and fight against policies that undermine the work of the aging network
- collect data, not only to show how many people are touched by OAA programs, but also how program outcomes benefit individuals and communities

The overall challenge GWAAR faces is to deliver innovative support to lead aging agencies as we all work together to promote, protect, and enhance the well-being of older people in Wisconsin.

Resources and Partnerships

Partnerships play a large role in the success of the aging network. GWAAR works closely with the State Office on Aging, Dane and Milwaukee County's AAA's, and the

Tribal Technical Assistance Center to advocate for aging programs and services. Other partners include the Office for Resource Center Development, Wisconsin Institute for Healthy Aging, Veterans Administration, AARP, Respite Care Association of Wisconsin, the Alzheimer's Association, and many statewide coalitions. Partnerships at a local level are also very important and GWAAR assists as needed in the formation and growth of caregiver coalitions, I-Teams and health-based coalitions. Other partnerships include county and tribal aging units, aging and disability resource centers, health and human services, senior centers, local providers (medical/health, faith communities, senior living), UW-Extension, universities and technical colleges, transportation groups, managed care organizations, etc. Combining the expertise of all these partners ensures the older people of the state have the services and resources needed to age healthfully.

GOALS FOR THE PLAN PERIOD

The goals for the GWAAR 2022-2024 Aging Plan are designed to address the community engagement received but also to meet the eight State identified focus areas. The focus areas are broken out into Enhanced Program goals and Advanced Value goals. The following describes the make-up of the eight focus areas:

Focus Areas to Enhance Programs

At least one goal is required to address an emerging need, a quality issue, or a gap in the services system in each of the following program areas:

1. Title III-B Supportive Services
2. Title III-C Nutrition Program
3. Title III-D Health Promotion
4. Title III-E Caregiver Support

Focus Areas to Advance Values

5. At least one goal is required to enhance ongoing community engagement with AAA staff and program operations to build a sense of ownership and commitment by aging unit staff within the planning and service area.
6. At least one goal is required to address progress within one or more program area toward person-centered services, maximizing consumer control and choice. This may include efforts to expand choice and participant direction in specific Title III programs. The person-centered services goal can be a stand-alone goal or met in either the Title III-B, Title III-C, Title III-D or Title III-E.
7. At least one goal is required to address a barrier to racial equity within one or more program area. This may include efforts to expand the racial equity or inclusiveness of specific Title III programs. One example might be a goal to move closer to equitable distribution of aging services to reflect regional or county demographics. The racial equity goal can be a stand-alone goal or met in either the Title III-B, Title III-C, Title III-D or Title III-E.
8. At least one goal is required to increase local aging and disability network participants' knowledge and skills related to advocacy. This may include efforts to educate older adults about policy making or legislative processes, sometimes known as "Senior Statesman" training. The advocacy goal can be a stand-alone goal or met in one or more of the goals for Title III-B, Title III-C, Title III-D or Title III-E.

The following are a list of goals broken out by the above focus areas. Some goals fall under multiple focus areas.

TITLE IIIB SUPPORTIVE SERVICES

The goal of Title IIIB Supportive Services is to access services such as transportation, case management, information and assistance and outreach; In-home services such as personal care, chore, and homemaker assistance; and legal benefit assistance services. Goals might focus on transportation options or expansion; increased access to legal assistance, information and assistance, case management, and in-home services; and or increasing program equity.

Transportation was identified as one of the top three issues as part of GWAAR's community engagement efforts preventing older adults from continuum of care, economic and personal freedom, and maintaining maximum home independence. Here are a few comments received in reference to transportation:

“Transportation continues to be an issue in the rural counties. Vilas has no taxi service unless you are coming home from the bars at 1am. Transit has limited areas that they provide service and ADRC doesn't have enough volunteers in all the areas to accommodate requests.” – Aging Unit Survey

“Transportation options as often they live alone and have limited family around to provide transportation as often health concerns and ability to drive are concerns as they age.” – Partner Survey

Transportation looks different from one aging unit to the next, but they all are trying to achieve the same goal of providing their older adults the services they need to live a quality life. Not all aging units are utilizing all the tools at hand because of staffing limitations or turn-over, lack of knowledge and or funding requirements. In many cases aging units are struggling just to maintain their current service levels because the loss of volunteers. Volunteers play a major role in driving, meal delivery and program support. The pandemic has deterred many older volunteers from volunteering and potentially exposing themselves to Covid-19. In all, GWAAR wants to ensure that all aging units understand and have access to the funding sources available, resources and tools to make their jobs easier and the support in recruiting volunteers to help their programs flourish.

Goal statement: *The Aging Unit will have access to vital information on transportation funding, programs, resources, and support to be able to provide the best programs as possible.*

Plan for measuring overall goal success – How will you know that you have achieved the results you want? Use data.

- Transportation 101 Program - Pre and post survey, 80% show knowledge of transportation programs has increased.
- Number of users accessing and using SharePoint site – follow-up emails asking satisfaction level, number of referrals
- Transportation volunteer awareness and recruitment campaign – Pre and post

survey – determine if volunteer resources needs are met or if volunteer retention and recruitment increased.

Specific strategies and steps to meet your goal:	Measure (<i>How will you know the strategies and steps have been completed?</i>)	Due Date
Strategy 1: Develop transportation 101 program for new directors and staff		
Action step: Reach out to WisDOT to work together to put together funding component of transportation 101 program. Ensure program information is accurate.	Develop funding portion of 101 program with WisDOT's help. Meeting with WisDOT to discuss education options.	2022
Action step: Compile volunteering resources for transportation 101 program. Work with Wisconsin Volunteer Coordinators Association (WVCA) to identify and compile necessary volunteering resources.	Resources compiled and volunteering section developed. Connect with WVCA and resource material for 101 program.	2022
Action step: Develop a mobility management sections of the transportation 101 program.	Connect with Wisconsin Association of Mobility Managers and compile resources needed.	2022
Action step: Emphasize 5311 as an under-utilized funding source.	Build specific section in 101 program that highlights Federal 5311 Rural Transportation funding.	2022
Action step: Develop section on Tribal Transit and funding sources available for operation and expansion	Build specific section in 101 program that highlights Federal/State transit funding available to the Tribes.	2022
Strategy 2: Create a SharePoint site to house vital information – software, legislation		
Action step: Work with Carrie Kroetz to build transportation SharePoint site	Site built	2023
Action step: Market site to aging units and ADRCs	Website is being used by aging units and ADRCs	2023
Action step: Build website library	Library built	2023
Strategy 3: Transportation volunteer awareness and recruitment campaign		
Action step: Identify partners for awareness campaign (WisDOT, WAMM, WVCA, WASC, DHSWI)	Partners onboard	2022
Action step: Develop an action plan with identified partners	Action plan complete	2023
Action step: Initiate awareness campaign	Campaign initiated	2024
Annual progress notes		

TITLE IIIC NUTRITION PROGRAM/PERSON-CENTERED SERVICES

Older adult malnutrition is a growing crisis. Up to one out of two older adults is either at risk of becoming or is malnourished. Malnutrition, particularly lack of adequate protein, is a patient safety risk and can have deleterious effects on health, especially when other medical conditions are present. Specifically, it can increase mortality rates, readmission rates, and complication rates such as increased length of stay and cost of care. But, it is also preventable. With effective screening, assessment, diagnosis, and intervention, malnutrition can be identified and addressed to benefit older adults and health outcomes. The estimated WI State Economic Burden of Disease-Associated Malnutrition in Older Adults is \$75-100 million annually. (Defeatmalnutrition.today)

During GWAAR's community engagement efforts, the pandemic was front and center and aging units around the state were forced to adapt to meeting the ever-changing needs of their clients. Older adult access to nutrition became a number one priority for a lot of aging units as many of their congregate meal sites were closed to reduce exposure. GWAAR's nutrition team recognized the challenges were facing and going to face into the future. The goal for the nutrition team was to design and implement programs to aid aging units in their efforts to ensure older adults had access to the nutrition they need to live a healthy and independent life. Here are a few comments received in reference to nutrition:

"Learning more about staying healthy" - Advisory Council Interviews

"Need for continued meal/food access for seniors" – Partner Survey

"More focus and support for prevention programming or preventive measure to reduce negative health outcomes" – Partner Survey

Vision: To provide a variety of person-centered nutrition programs and services that aim to prevent malnutrition and assure nutrition security which is defined as having consistent access, availability, and affordability of foods and beverages that promote well-being and prevent (and if needed, treat) chronic conditions and diseases.

Community Based Organizations, such as Older Americans Act Nutrition programs, have a critical role to play in achieving this vision. Our programs see people in their homes and can identify the upstream social determinants of health that impact the quality of their lives. We can offer advice, education, services, and support to help older adults optimize their nutritional status. People with malnutrition, or at high risk of it, need a provider with specialized knowledge on what root causes and risk factors look for and to assist with the development of person-centered choices/services.

By developing a Care Pathway to Manage Malnutrition (Nutrition Pathway) we will establish a road map that will be used to consistently screen, assess, educate, and intervene based on each person's unique needs. Understanding the complex nature of root causes that contribute to someone becoming malnourished is a paradigm shift; it is not just about food insecurity. Creating training for nutrition professionals, staff,

volunteers, older adults, and their caregivers to raise awareness will explain why the pathway is essential in discovering contributing factors and taking appropriate action to mitigate, prevent or improve the underlying factors. By utilizing validated screening tools, raising awareness on root causes, offering evidence-informed nutrition education, and individualized nutrition counseling will help us move the needle on this devastating condition that can be prevented or mitigated.

Goal Statement: To decrease the incidence of community-based malnutrition and food insecurity in older adults in GWAAR’s service area.

Plan for measuring overall goal success –

- The number of participants who screen at high risk for malnutrition on the DETERMINE, MST, and Food Insecurity Screening tools will decrease from the previous year for the programs implementing the Care Pathway to Manage Malnutrition (Nutrition Pathway), 2022 will establish baseline levels.

Measures for Successful Program Implementation:

- The number of local programs utilizing the Nutrition Pathway will increase annually 2022 will be the baseline level. The goal is to have 50% or more of local programs utilizing the tool by the end of 2024.
- Staff will express confidence in implementing and using the Nutrition Pathway and how to record in SAMs as evidenced by post-training evaluation scores.
- Nutrition professionals will have increased awareness of the Root Causes that contribute to malnutrition as evidenced by e-learning module evaluation data.
- The number of evidence-informed Stepping Up Your Nutrition (SUYN) classes will increase annually and result in referrals for nutrition counseling and/or to other High-Level Evidence-Based programs. Data from 2022 will be used as a baseline.
- Positive feedback/testimonials from SUYN will demonstrate the value of the class and will be used for advocacy and class promotion.
- Increased nutrition knowledge about the role of protein & hydration to prevent malnutrition and falls will be demonstrated by pre and post SUYN class scores.

Specific strategies and steps to meet your goal:	Measure (<i>How will you know the strategies and steps have been completed?</i>)	Due Date
Strategy 1: Create & Implement a Care Pathway to Manage Malnutrition (Nutrition Pathway) that will define the process to screen, educate, assess and intervene.		
Action Step: Create “Nutrition Pathway” and review with selected workgroup (RDN, Nutrition Directors, etc.) for their input. Adjust and finalize.	Nutrition Pathway created	04/2022
Action Step: Create a template policy and process for using the Nutrition Pathway.	Template policy and process created	05/2022
Action step: Recruit local programs to pilot the Nutrition Pathway.	Pilot programs selected	06/2022

Action step: Meet with pilot programs to train on the rationale, screening tools, and answer questions.	Meeting held; pilot programs trained.	07/2022
Action Step: Implement Nutrition Pathway with pilot programs.	The pathway is implemented in at least 2 local programs annually.	By 08/22 and annually thru 2024
Action Step: Evaluate the Nutrition Pathway program components to determine opportunities for improvement.	Evaluate data	Annually
Strategy 2: Create awareness of the root causes of malnutrition through the training and education of nutrition network professionals.		
Action step: Develop Root Causes of Malnutrition e-learning modules.	Modules created and available on a GWAAR e-learning platform	12/2022
Action step: Marketing and outreach to local programs on e-learning series.	Local programs express interest in the training.	3/2023
Action step: Implement e-learning modules.	The number of people that complete the e-learning module.	12/2023
Strategy 3: Create awareness of root causes of malnutrition to older adults statewide by offering Stepping Up Your Nutrition (SUYN) Class (Nutr. Education)		
Action step: Meet with local leaders to assure local leaders are confident, well-trained, and following the WI SUYN curriculum and data collection.	Meetings will occur at least quarterly	Quarterly thru 12/2024
Action step: Work with Communication specialist to post SUYN Leader Training and reporting forms and participation handouts on Nutrition SharePoint and GWAAR Website.	Materials posted on the GWAAR website or Nutrition SharePoint.	03/2022
Action step: Develop and post SUYN Class schedule calendar for all upcoming classes on GWAAR website and ask WIHA to add a hyperlink with description of the class to their website to increase referrals for other EB programs as well as SUYN classes	Calendar posted on GWAAR and WIHA website, # of classes increases statewide annually.	06/2022 and ongoing
Action Step: Evaluate the SUYN to determine effectiveness.	Evaluate data (See Measures for successful program implementation above).	Annually
Annual progress notes		

TITLE IIIC NUTRITION PROGRAM

The Nutrition team can achieve their program goal of designing and implementing programs to aid aging units in their efforts to ensure older adults had access to the nutrition they need to live a healthy and independent life through building partnerships, bringing in leadership and development resources. Providing aging units with the opportunities to learn and develop their programs lead to healthier and happier older adults.

Goal statement: To provide the Elderly Nutrition Program with more meal options, the GWAAR Nutrition Team will develop community partners.

Plan for measuring overall goal success – *How will you know that you have achieved the results you want? Use data.*

- We will measure the increase in the number of partnerships that were able to provide meals to older adults.

Specific strategies and steps to meet your goal:	Measure (<i>How will you know the strategies and steps have been completed?</i>)	Due Date
Strategy 1: Research and develop potential community partnerships with Kwik Trip, Hy-Vee, Schwann’s, and other vendors to help fill the void of food for our counties/tribes.		
Action step: Compile a list of potential community partners including the ones listed above. This list will include contact information and available resources.	Create spreadsheet	12/2022
Action step: Contact the list of potential community partners. Schedule meetings with the contact person to discuss resources that can be provided to the nutrition programs from their company.	Develop at least 3 partnerships to work with the Elderly Nutrition Network.	12/2023
Action step: Share the list of community partners along with the resources offered to the nutrition network.	The list of community partners will be shared to the nutrition network.	12/2024
Annual progress notes		

TITLE IIID HEALTH PROMOTION/TITLE IIIC NUTRITION

Health Promotion and disease prevention programs focus on keeping people healthy. Evidence-based health promotion programs aim to engage and empower individuals and communities to choose healthy behaviors and make changes that reduce the risk of developing chronic disease and other morbidities. Goals might include development of community coalition on older adults and health promotion programming, or development of evidenced based programming both virtually and in-person. Almost all program areas have some overlap, sometimes program areas complement each area very well. In this case Health Promotion and Nutrition work together to reduce the effects of social isolation and loneliness of older adults.

Isolation and loneliness have always been a problem among older adults, but the pandemic magnified this issue by forcing older adults home to avoid exposure to this deadly disease. More and more older adults were confined to their homes losing access to the services and social activities a healthy individual needs. GWAAR's community engagement efforts highlighted this fact. Here are a few comments received in reference to isolation and loneliness:

“Provide innovative programs and materials to assist in awareness of social isolation and as it relates to the increased mental health needs that we are seeing in the senior population.” – Aging Unit Survey

“Providing opportunities for our statewide aging network to hear from others nationally on what they are doing to address social isolation and the lack of in-home care, especially in rural areas.” – Aging Unit Survey

Goal statement: Reduce the health effects of social isolation and loneliness of older adults by supporting aging units in identifying those older adults most vulnerable through the use of the 3-question UCLA Screening Tool, connecting local Aging Units and Senior Centers with national and state awareness materials, expanding access to evidence-based health promotion opportunities, and disseminating already developed resources to create meaningful connections.

Plan for measuring overall goal success – How will you know that you have achieved the results you want? Use data.

- Increased in the number of HP programs and participants offered across the state. Measured by comparing number of health promotion offerings by evaluating data on SAMS.
- The Wisconsin Coalition to End Social Isolation and Loneliness will be adding a social isolation and loneliness question to StrongBodies and Aging Mastery Program satisfaction forms to better understand the impact of high-level evidence-based programs on social isolation and loneliness.
- Participation of AU in a Social Isolation and Loneliness awareness campaign
- A minimum of three Aging Units will participate in a pilot program to utilize the 3-question UCLA Screening Tool to identify those older adults most vulnerable. A focus group of participating aging units will be conducted to learn qualitative data on the process, and if there is an opportunity to scale up this initiative to more

- aging units.
- Due to the participation of several GWAAR Staff members on the Wisconsin Coalition to End Social Isolation and Loneliness we will be able to utilize data collected by several of WCESIL work groups to measure impact on reducing social isolation and loneliness.
 - Host a minimum of 3 informational sessions featuring technology to assist with social connectedness & best practice sharing.

Specific strategies and steps to meet your goal:	Measure (<i>How will you know the strategies and steps have been completed?</i>)	Due Date
Strategy 1: Create awareness of the health effects of social isolation and loneliness throughout Wisconsin.		
Action step: GWAAR will have staff participate on the statewide coalition to end social isolation and loneliness and work groups on policy, communications, and access and detection.	Angie Sullivan & Janet Zander – representatives on statewide coalition. Angie Sullivan – Co-Chair Access and Detection Work Group. Janet Zander – Chair the Policy Work Group. Pam VanKampen – Access and Detection Work Group Member & Kim Cobb, Communications Work g	06/2022
Action step: Once the awareness campaign materials have been finalized, the materials will be distributed to the Aging Network through the GWAAR newsletter, Health Promotion Webinar, GWAAR website, ACE Meeting, emails to AU Directors, etc.	Once the materials have been used by an AU/ADRC they will be asked to complete a survey regarding the materials.	06/2022
Action step: Continue to utilize campaign materials determined by each AU/ADRC	Survey after using campaign materials	12/2024
Strategy 2: Assist Aging Unit/ADRC's in identifying older adults who are at-risk to suffer from the health effects of loneliness		
Action step: GWAAR will have a staff member attend the WI Coalition to End Social Isolation and Loneliness Executive Coalition and the Access and Detection Work Group	Angie Sullivan and Janet Zander attend the larger coalition meetings held monthly. Angie Sullivan is the Co-Chair of the Access	12/2024

	and Detection Work Group. Meeting minutes and work plans.	
Action step: Pilot a screening tool, which has been identified by the Access and Detection Work Group, to identify older adults who are at-risk for social isolation and loneliness, to 3-5 Aging Units. A variety of Aging Units will be chosen based on rural, underserved areas of the state, who have identified a Social Isolation and Loneliness Goal in their 2022-2024 Aging Unit Plan.	3-5 Aging Units identified, and pilot completed. Individual interviews will be conducted with Aging Units who participated to determine the effectiveness of data collected.	12/2024
Strategy 3: Connect older adults to meaningful, culturally relevant, evidence-based interventions and resources to reduce the health effects of loneliness.		
Action step: Promote existing resources that provide older adults with interventions to reduce social isolation and loneliness – resources determined by WI Coalition to End Social Isolation and Loneliness.	Develop tracking spreadsheet for resources utilized.	12/2024
Action step: Increase the number of Aging Units/ADRC's implementing evidence-based health promotion programs.	SAMS data compare yearly	Review ed annually
Action step: Reach out to AU/ADRC's who have little or no health promotion programming and increase their implementation of Evidence-Based health promotion offerings by 50%.	Compare SAMS data	Review ed annually
Action step: Expand existing partnership with WIHA, UW-Extension and Inclusa to offer state-wide virtual implementation of programs for counties that do not have the resources to build a robust health promotion program by 25% from previous year.	Increase in virtual participation	Review ed annually
Strategy 4: Evaluate existing HLEB workshops to determine impact of social isolation and loneliness in older adults.		
Action step: Add a question or questions to the Aging Mastery Program and StrongBodies state-wide evaluation forms measuring the impact of the HLEB workshop on social connection.	Review evaluation data collected and create an infographic with results	Annually
Action step: Collect data from WIHA on the social isolation and loneliness question that has been recently added to their pre-post surveys.	Collect data and share with Access and Detection Work Group	Annually
Strategy 5: Increase awareness of options for technology options and partners to assisted social connectedness.		
Action step: Work with the WI Coalition to End Social Isolation to investigate & compile list of programs &	List compiled and researched	03/2022

partners.		
Action step: Work with the WI Coalition to End Social Isolation to establish a timeline & venue to feature selected programs. (Webinar, ACE Meeting, Conference session, etc)	Timeline established & venues scheduled	06- /2022
Action step: Connect the Aging Network with training opportunities to increase social connectedness for local programs (Aging and the Arts, Coffee Talk, etc)	At least 10 local programs will participate annually	1-22/- 12/2024
Annual progress notes		

TITLE III CAREGIVER SUPPORT

The purpose of the National Family Caregiver Support Program (NFCSP) is to assist families and other informal caregivers in caring for loved ones at home for as long as possible. Research shows that caregivers experience high levels of emotional, physical, and financial stress which often leads to diminished health of the caregiver. The NFCSP provides five basic core services: information about available services; assistance in gaining access to services; counseling, support groups, and training; respite care; and supplemental services. The focus is on caregiver support. The Alzheimer's Family Caregiver and Support Program (AFCSP) can assist Wisconsin families providing at-home care for a loved one with irreversible dementia. The program is available to individuals with a diagnosis of Alzheimer's disease or other dementia and their caregiver with a household income less than \$48,000/year, with allowances for disease-related expenses. Goals might focus on helping reduce caregiver burden or increase caregiver health by offering a new program or service such as a tablet loan program, new support group or class, educational materials (caregiver newsletter or website), Trualta, or innovative way for caregivers to connect with each other.

Caregiver support and lack of caregivers ranked very high in the GWAAR community engagement analysis. It was the number one unmet need identified in the Partner Survey and number four of the greatest needs or concerns identified in the Aging Unit Survey. In most cases caregivers are family members that are working and coordinating care for a loved one at the same time. The stress of caregiving alone can be overwhelming but add in family and work and it can be debilitating. Here are a few comments received in reference to caregivers:

*“Advocate and lobby for legislation that better supports caregivers, both paid and family.”
– Aging Unit Survey*

“We are no different than anyone else is experiencing a severe lack of caregiver resources; our local agencies cannot find enough staff making it very difficult to connect caregivers in need with adequate resources.” – Partner Survey


Goal statement:

GWAAR will work to increase the competency of staff who deliver coordinate caregiver programs within aging unit. It is our belief that a more competent staff will be able to better utilize funding, decrease unspent funds and improve customer satisfaction.

Plan for measuring overall goal success – *How will you know that you have achieved the results you want? Use data.*

- Reduction in amount of unspent AFCSP and NFCSP funds.
- Increase in number of caregivers served via AFCSP and NFCSP.
- Customer Satisfaction Survey

Specific strategies and steps to meet your goal:	Measure (<i>How will you know the strategies and steps have been completed?</i>)	Due Date
Strategy 1: Provide improved training to all caregiver coordinators, new and established, to ensure they understand the caregiver programs.		
Action step: Work with GWAAR training coordinator to create more complete and better training and upload to the LMS.	AFCSP, NFCSP and possibly other trainings are uploaded to the LMS	02/2022
Action step: Create a system for keeping track of new coordinators to ensure they completed and passed their training.	System created and imbedded in the LMS	04/2022
Action step: Contact all new coordinators and instruct them to complete trainings on the LMS.	Connect with all new coordinators within a month of their start dates.	04/2022 on-going
Action step: Encourage all coordinators to complete the trainings on the LMS.	All coordinators are notified of the new LMS system via statewide calls and GWAAR newsletter	06/2022
Strategy 2: Create a suggested job orientation checklist for caregiver coordinators that includes additional trainings and topics that will ensure the NFCSP and AFCSP programs are being delivered in an effective and efficient manner.		
Action step: Work with DHS Caregiver Coordinator and DCS Coordinator to define orientation materials/topics to enhance county/tribal coordinators' knowledge of how to manage the caregiver program and effectively serve caregivers.		12/2022
Action step: Complete a suggested Orientation List for new coordinators that include all trainings and other information they should know to help manage their programs		06/2023
Action step: Follow up with all counties/tribes to encourage them to use orientation list for new and existing coordinators		09/2023
Action step: Evaluate the success of the orientation checklist by surveying and/or talking to those who have used it. Make changes as necessary.		12/2023 on-going

<p>Strategy 3: Build partnership with RCAW – 1.) to build their registry by promoting their CORE grant and 2.) better utilize their Caregiver Respite Grant Program (CRGP) to fill the gaps for caregivers who don't qualify for other programs.</p>		
<p>Action step: Regular communication with RCAW regarding best ways to work with counties/tribes to apply for CORE grants to hold events to build up their registry.</p>	<p>Discussions complete and plan in place for promoting the CORE grant</p>	
<p>Action step: Regularly educate county/tribal caregiver coordinators about the CRGP.</p>	<p>CRGP info regularly is given to coordinators via statewide calls, listserv, Facebook, and GWAAR newsletter</p>	
<p>Action Step: Monthly check-in calls with RCAW to discuss tactics and make improvements as necessary.</p>	<p>Calls scheduled and completed</p>	
<p>Strategy 4: Work to forward caregiver support legislation such as TCARE and ADRC expansion</p>		
<p>Action step: Work with GWAAR's Advocacy Coordinator and WAAN to provide education and interest around the caregiver support legislation</p>	<p>Regular communication with Advocacy Coordinator</p>	
<p>Action step: Work with legislators as needed and able within guidelines/ restrictions on caregiver support legislation</p>	<p>Meetings with legislators held and recorded</p>	
<p>Annual progress notes</p>		

COMMUNITY ENGAGEMENT

Communication is critical to any successful relationship! In an effort to increase communication among GWAAR staff and the aging units, GWAAR staff evaluated the current communication methods in place. The following was identified as areas for improvement:

- The need for a feedback loop. Effective communication that allows both parties the ability to provide feedback and receive a response.
- The ability to engage the community or aging units continually. The engagement process must be continually and not a snapshot every three years (Aging Plan cycle).
- Information transfer needs to be timely and relevant.
- There are many different ways to communicate back and forth (email, listserv, newsletter, websites, forums....) and it is easy to overwhelm one’s inbox with the same information. Need to be efficient and not duplicate information.

In the end GWAAR would like to improve communication with the aging units by working together to develop a framework that works for everyone.

Here is a comment received in reference to communication:

“Better communication with GWAAR; often a struggle to get responses to email, which sometimes are not received” – Advisory Council Interviews

Goal statement: To increase effective communication GWAAR will work with the county and tribal aging units to develop a framework to increase overall satisfaction.

Plan for measuring overall goal success – How will you know that you have achieved the results you want? Use data.

- A plan or framework for better communication will be developed and implemented.
- Survey participants to see if framework increases overall satisfaction with GWAAR’s communication (pre and post surveys).

Specific strategies and steps to meet your goal:	Measure (<i>How will you know the strategies and steps have been completed?</i>)	Due Date
Strategy 1: Develop stakeholder workgroup.		
Action step: Identify a cross-section of potential participants including AUs and GWAAR staff.	List of workgroup members	2022
Action step: Recruit participants	Commitment to participated	2022

Action step: Bring workgroup together and identify goals for better communication	Hold first workgroup meeting	2022
Strategy 2: Develop framework for communication		
Action step: Collect and prioritize stakeholder input including budget.	List of prioritized stakeholder inputs	2022
Action step: Research potential solutions based on priorities. Look for examples of communication strategies or processes.	List of possible solutions identifying how each addresses priority stakeholder inputs	2022
Action step: Select a solution and develop framework.	Framework developed.	2023
Strategy 3: Review framework and adjust as needed		
Action step: Test framework and refine based on stakeholder input	Working framework/solution	2024
Action step: Develop and send survey. Compile survey results and review with workgroup	Develop summary report	2024
Action step: Adjust framework to make-up for any deficiencies identified in survey	Adjustments made based on survey results	2024
Annual progress notes		

PERSON CENTERED SERVICES/RACIAL EQUITY/TITLE IIIC NUTRITION PROGRAM

The Nutrition Program's goal of designing and implementing programs to aid aging units in their efforts to ensure older adults have access to the nutrition they need to live a healthy and independent life is not only integral but connects to so much more. Meal choice provides the user with person-centered service and maximum consumer control resulting in increased independence and satisfaction. Meal choice can also be tied to one's local, traditional, and or cultural identity. The food we eat is more than nourishment, it is an opportunity to educate and share in others traditions and cultures. Here are a few comments received in reference to nutrition, choice and cultural identity:

"The nutrition program especially congregate is not cost effective. We need to figure out how to get meals to people who need them and address the socialization piece in ways other than just attending the congregate meal site. Food security is of utmost importance for optimum health but many seniors go without the program because they do not want to attend the meal site. Most seniors I talk to are not interested in the congregate option. Congregate participant attendees are fewer and fewer each year. 2020 showed many of our seniors like the meal delivery and carryout option and our numbers increased. I realize social isolation is detrimental too but this is a much different world than the 1960s and early 70s when this meal program was started and we still have the same old rules that imply congregate setting are the only way to meet that socialization piece. We need to make getting meals accessible and easy for someone who really needs them and we need to make the program cost-effective for counties to run." – Aging Unit Survey

"I feel that the nutrition program needs some immediate updates. Perhaps finding grant money so more programs can explore partnering with restaurants. The traditional format of the program (serving at a set time, everyone eating the same thing) is not working for the seniors of this era, as is evidenced by the drop in participation. The seniors of the 70's and 80's had different expectations than the seniors of today and they did not face all the choices in fast food that seniors do now. I realize that what would work in urban areas may not work in more rural areas, however, even government programs need to be evaluated and revamped as society changes. The needs are still there, we just have to figure out an updated way to continue the program." – Advisory Council Interviews

Goal statement: To provide equitable access to traditional and culturally appropriate foods.

Plan for measuring overall goal success – How will you know that you have achieved the results you want?

- Use SAMS data to compare # of underrepresented participants before and after the inclusion of culturally appropriate meals (2021 will be the baseline).
- Feedback will demonstrate the value and satisfaction of the changes/intervention as demonstrated by survey results with the goal of annual improvement.

Specific strategies and steps to meet your goal:	Measure (<i>How will you know the strategies and steps have been completed?</i>)	Due Date
Strategy 1: Create a culturally appropriate meal model and implement a learning series by incorporating foods into the meal plans		
Action step: Reach out to counties/tribes who are interested in acquiring desired- culturally appropriate food for their nutrition program menus.	Counties/tribes will be contacted by the GWAAR Nutrition Team to partner with to achieve this goal.	12/22
Action step: In partnership with interested counties/tribes, the GWAAR Nutrition Team will obtain input from older adults of various cultures on what foods should be incorporated into the menus.	Surveys will be created, distributed, compiled, and reviewed for outcomes	12/23
Action step: Develop a learning series for the counties and tribes to incorporate culturally appropriate foods.	Learning Series was created and shared with counties/tribes.	12/24
Strategy 2: Research traditional/culturally appropriate recipes to incorporate into local menus. Build a recipe bank of quantity, standardized recipes that can be accessed by all local nutrition programs. Hmong, Hispanic, Native American	A recipe bank will be created and implemented.	2/2024
Action step: Research recipe data bank tools/software to use as best way to share recipes statewide.	Recipe bank chosen and started	06/22
Action Step: Obtain input on recipes from pertinent individuals.	Input obtained, reviewed and adjustments made.	12/22
Action step: Create a process for local programs to utilize the recipe bank.	Process developed and shared with tribes and counties.	12/23
Action step: Have Recipe Bank operating for all tribes and counties to use in serving the underserved population.	Recipe Bank up and running and available to all counties and tribes.	12/24
Annual progress notes		

ADVOCACY

Grassroots advocacy is the most powerful tool the aging network has at its disposal to shape public policy. Building relationships with lawmakers is the most important aspect of advocacy. In effort to capitalize on our greatest advocacy resource - aging network partners and older adults - issue education, advocacy skill building training, and opportunities to meet with policymakers must be made available.

Aging units expressed the need to grow the number of trained aging advocates in their communities to address local, state, and federal issues impacting older adults and caregivers. To make the training of advocates more efficient and effective, aging units requested training be provided regionally and include both in-person and virtual training options.

GWAAR's community engagement efforts reiterated that advocacy is important and is vital to the success of aging programs. Here are a few comments addressing advocacy:

"I think if we continue to advocate for our older adults, and offer new resources when they become available, and definitely promote the resources that are already available, we are on a good path. GWAAR offers so many wonderful opportunities to network and brainstorm, I would love to see that continue when possible." – Aging Unit Survey

"Maintaining a strong advocacy focus in our network - the work of Janet Zander and all that comes with her efforts, education and brining the network together are extremely important. In my opinion, counties could not do this alone. Advocating for improved rate of pay for formal caregivers is important in addressing in home care needs. Currently, our customers need to wait or can't find an agency or individual to do this work likely due to shortage of workers due to poor rate of pay and overall society not valuing this work." – Aging Unit Survey

"Rather than have each county identify that we want to train advocates, with each of us contacting Janet for the same thing...why not just make it a goal to offer regional advocacy trainings. Ideally in person with one or two virtual ones." – Aging Unit Survey

Goal statement: To improve the engagement of older Wisconsinites in grassroots advocacy activities by measuring the number of participants attending training and the number of advocacy actions taken.

Plan for measuring overall goal success – How will you know that you have achieved the results you want? Use data.

- Advocates will be asked to report back to GWAAR's Advocacy & Public Policy Coordinator on advocacy actions taken. Data will be recorded as number of responses per action request and will be reported quarterly.
- Review Annual Aging Advocacy Day event evaluations for content satisfaction, how well the event was organized, value of visits with local representatives, and likelihood of participant to participate in future.
- Number of participants attending issue education and skill-building training provided by GWAAR's Advocacy & Public Policy Coordinator in collaboration with

WAAN and the “Wisconsin Senior Advocates.

Specific strategies and steps to meet your goal:	Measure (<i>How will you know the strategies and steps have been completed?</i>)	Due Date
Strategy 1: Provide regional training 4X/each year to increase aging network participants and professionals’ knowledge of the legislative process and effective advocacy skills.	Pre-and post-test completed by training participants.	Dec. 31, 2022, 2023, & 2024
Action step: Connect with aging network professional associations to coordinate training for aging network professionals.	Trainings held	March 31 st of each year
Action step: Coordinate with WAAN members and aging network professionals to identify areas to conduct regional training each year.	List of regional training topics	April 30 th of each year
Action step: Recruit WAAN members, including members of the newly formed Wisconsin Senior Advocates group to assist with training.	Participation from WAAN and Wisconsin Senior Advocates group to provide training and record the number of participants attending training.	April 2022
Strategy 2: Organize an Annual Aging Advocacy Day event each May and invite aging unit/ADRC staff, aging network professionals, and older adults to participate.	Local/regional, or Madison-based Aging Advocacy Events will occur each May.	May 2022, 2023 & 2024
Action step: Collaborate with WAAN members to identify priority issues and work with WAAN members and GWAAR’s Communication Coordinator to develop issue brief materials.	Completed issue brief	March 31 st of each year
Action step: Prepare advocacy training event(s) with WAAN sub-group members – venue, registration, training, legislative appointments, and evaluation/debrief.	Trainings complete and attendance recorded.	May 31 st of each year
Action step: Review event evaluations and feedback and identify changes needed and strategies/steps for improvement to incorporate into future events.	Changes identified for future event	June 30 th of each year.
Strategy 3: Provide timely state and federal legislative updates to aging units and grassroots advocates encouraging their participation in advocacy on issues of importance to older adults and the aging network.	Advocate engagement will be self-reported to and recorded by GWAAR’s Advocacy & Public Policy Coordinator.	Throughout the year.

<p>Action step: Send email alerts to aging units, WAAN members, grassroots advocates, GWAAR Board/Advisory Council members, and Badgeraging listserv (as appropriate) when urgent legislation needs to be addressed.</p>	<p>Email alerts sent out in timely fashion to advocates and partner agencies.</p>	<p>As needed throughout the year.</p>
<p>Action step: Submit legislative/advocacy updates and news for inclusion in GWAAR's e-newsletter for distribution to aging units, GWAAR board/advisory council members, and other interested persons.</p>	<p>Legislative and advocacy updates included in newsletter</p>	<p>As needed throughout the year.</p>
<p>Action step: Recruit WAAN members, including members of the newly formed Wisconsin Senior Advocates group to assist with issue education training on timely subjects for aging unit staff, grassroots advocates, and other aging network professionals.</p>	<p>Participation from both WAAN and Wisconsin Senior Advocates group to assist with issue education training.</p>	<p>As needed throughout the year.</p>
<p>Annual progress notes</p>		

RACIAL EQUITY

Racial equity ensures that everyone has a fair and just opportunity to available resources needed to achieve well-being. In the aging world, this means that our older adults have access resources and programs based on their needs to live the life they want where they want. The goal for this focus area is to address a barrier to racial equity within one or more program area. This may include efforts to expand the racial equity or inclusiveness of specific Title III programs. One example might be a goal to move closer to equitable distribution of aging services to reflect county demographics.

Goal statement: To increase coordination, mutual respect and cultural understanding through education and partnership building

Plan for measuring overall goal success – *How will you know that you have achieved the results you want? Use data.*

- Survey tribes and Aging Units before and after educational events to see there is increased understanding and overall improvement.
- Increase tribal participation on calls and in meetings shows level of participation and comfort. Satisfaction survey beginning of plan period and at the end to see if progress was made.
- Increased coordination between tribes and county – evaluate goal and Title III and VI coordination progress annually.

Specific strategies and steps to meet your goal:	Measure (<i>How will you know the strategies and steps have been completed?</i>)	Due Date
Strategy 1: Education on tribal history and culture (building off the coordination between Titles III and VI goal in the 2019-21 Aging Plan to increase the understanding about the unique culture of the Native American Tribes in Wisconsin, the TTAC and GWAAR will collaborate to offer 3 trainings for the Aging Network about Native American Culture in various formats which could include a presentation at an ACE meeting, webinars or in-person trainings).		
Action step: Every quarter feature a different tribe in GWAAR's newsletter. Explain where they are located and who they are. Tie it to their pow wow and invite the public and Aging Units to attend.	Create newsletter features	2024
Action step: Work with Tribal Technical Assistance Center program director to reach out to all the Tribes to see if they would be willing to participate and start collecting information for the GWAAR newsletter	Reach out to all 11 tribal communities	2022

feature.		
Action step: Create a learning series to bring in speakers on tribal history and culture to present to GWAAR staff and Aging Units at the quarterly ACE meeting.	Get three scheduled speakers	2024
Action step: Work with Tribal Technical Assistance Center program director to identify topics and speakers to present at ACE meetings.	Identify topics	2022
Action step: Work with Great Lakes Inter-Tribal Council, Inc to bring in speakers to GWAAR staff meeting.	Identify speakers and topics	2022
Strategy 2: Education on state and federal programs/funding/requirements/reporting and how they are different and the same. Example: who are you supposed to serve? (a non-member married into tribe should get services too). Reporting – why is it important to have accurate reporting.		
Action step: Work with the State and partners to set-up a series on funding and reporting.	Connect with state and other partners develop series outline with dates	2023
Action step: Present the series at a separate stand-alone meeting or at the quarterly ACE meeting.	Meetings scheduled	2022
Strategy 3: Create two-way conversation through projects or partnerships. Partnering on specific project to come together on a common goal. Create a safe spot for all participants to come together.		
Action step: Work with the state and the Tribal Technical Assistance Center program director to identify projects or goals that Aging Units and Tribes can work together on. These would be smaller working groups that could report back to the larger group at an ACE meeting or something similar. Example: How to coordinate to spend MIPPA funding.	Set up workgroups	2024
Annual progress notes		

TITLE III-D HEALTH PROMOTION & HEALTH EQUITY

GWAAR works with Wisconsin Department of Health Services (DHS), Wisconsin Institute for Healthy Aging (WIHA), UW-Madison Division of Extension among others to support high-level evidence based programming for 70 county Aging Units and 11 tribes in Wisconsin. Aging unit programs must meet the evidence-based requirements as defined by the Administration for Community Living (ACL). Health equity means ensuring all people have full and equitable access to opportunities that allow them to lead healthy lives. Goals to achieve health equity include, but are not limited to, creating awareness and education of inequities through staff trainings, identify opportunities of improvement with marketing services and outreach to minority populations, and creating partnerships with leaders in the community of populations you wish to serve.

Goal statement: Based upon our preliminary data analysis aging units need to increase the number of older adults from minority populations to improve health equity within our evidence-based health promotion programming. Our goal is to support aging units to increase the number of minority populations served from 2 % of overall program participants in 2021 to 10% by the end of 2024 to improve overall health equity in high-level evidence-based health promotion programming.

Plan for measuring overall goal success –

- Increase in older adults participating in health promotion programs across the state, paying special attention to race, ethnicity.
- Compare annual SAMS/WellSky data on race/ethnicity of health promotion program participants across the state to measure increase.
- Number of trainings held, and number of aging unit staff who participated. Increase in knowledge at education sessions by collecting survey responses.

Specific strategies and steps to meet your goal:	Measure (<i>How will you know the strategies and steps have been completed?</i>)	Due Date
Strategy 1: Raise Aging Unit’s staff awareness of health inequities in the older adult population.		
Action step: Collect demographic data on the participants who are currently receiving services at Aging Units across the state.	Establish a baseline on the demographics of older adults receiving services	12/31/24
Action step: Analyze and interpret data collected; identify areas of opportunity	Identify gaps in serving those in underserved populations	12/31/24
Action step: Communicate findings to the Aging Network via ACE meetings, GWAAR Digest, Health Promotion webinars	Presentations made at health promotion webinars, ACE	12/31/24

	meetings and submitted to the GWAAR digest	
Action Step: Invite organizations that represent underserved populations to present about their organization and the clients they serve at health promotion webinars a minimum of two every year of the AAA 3-Year Aging Unit Plan	A minimum of six presentations on health equity will occur over the three year AAA plan	12/31/24
Strategy 2: Collaborate with identified populations where inequities are present within the Aging Network.		
Action step: Reach out to a minimum of three organizations that serve the populations that have been identified as underserved and establish a relationship.	Relationships established	12/31/24
Action step: Invite identified partners to be on state or locally led coalitions, work groups to give a voice to their underserved population.	Number of new partners reached	12/31/24
Strategy 3: Assist aging units in assessing their current practices for diversity, equity and inclusion and provide them resources where gaps are identified.		
Action Step: Create a diversity, equity and inclusion survey that will be distributed to health promotion coordinators to assist in identifying gaps.	Survey created and administered	12/31/22
Action Step: Collect data from survey and distribute results to aging units who participated.	Summary report of data	12/31/22
Action Step: Create and distribute diversity, equity, and inclusion resources for Evidence-based Health Promotion Programs once gaps are identified.	Created resource document.	12/31/22
Annual progress notes		

SPECIAL PROJECTS

The purpose of this section is to present an overview of the special projects the AAA intends to fund. Attach a separate page for each project.

Name of Project	Description
Wisconsin Guardianship Support Center	Provides information and assistance on issues related to guardianship, protective placement, and advance directives. Polly Shoemaker, 608-243-5683,
Veteran-Directed Home- & Community-Based Services	The Wisconsin Veteran Self-Directed Program allows eligible veterans and their families choose the services and supports they need to safely and successfully live at home. Lisa Drouin, 262-785-2565, lisa.drouin@gwaar.org
Wisconsin Senior Employment Program (WISE)	People low income and 55 and older can learn new skills by placing them in training positions. Darice Hannon, darice.hannon@gwaar.org , 608-220-1011, Alma Ramirez, alma.ramirez@gwaar.org , 414-331-3900 and Sonya Lindquist, sonya.lindquist@gwaar.org , 608-228-8093
Wisconsin Senior Medicare Patrol (SMP)	Senior Medicare Patrols (SMPs) empower and assist Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, errors, and abuse through outreach, counseling, and education. Ingrid Kundinger, Ingrid.kundinger@gwaar.org , 608-243-2885
Wisconsin Elder Abuse Hotline	The Wisconsin Elder Abuse Hotline Program is a toll-free hotline available for community members and victims to contact for assistance in obtaining needed resources and making referrals to local authorities. Joanna Reinstein, joanna.reinstein@gwaar.org , 262-785-2577
Elder Abuse Victim Liaison	This grant funded position will interact with state agencies, community leaders, victim service providers, adult protective services, prosecutors, law enforcement, aging network professionals, and other allied community stakeholders across the state to improve access to resources for elder abuse victims. The program will act as a bridge between state and local organizations to maximize resources and promote outreach. Doreen Goetsch, Doreen.goetsch@gwaar.org , 608-219-5013
Waukesha Medicare Outreach	Provide Medicare information and perform public presentations about Medicare to individuals and organizations in Waukesha County. This is in coordination with the ADRC of Waukesha County. Jennie Radmer, jennie.radmer@gwaar.org , 608-229-0713
Medicare Outreach Coordinator	Provide Medicare outreach materials and training to Elder Benefit Specialists and others that receive state and federal

	Medicare outreach funding throughout the state. Debbie Bisswurm, debbie.bisswurm@gwaar.org , 608-228-8098
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DIRECT SERVICE WAIVER

The OAA requires the AAA to seek a waiver from the Bureau of Aging and Disability Resources if the AAA wishes to provide a service directly.

If the AAA is seeking a waiver to provide a service or services directly it must submit a page with the information requested for Special Projects for each service it seeks to provide directly.

GWAAR already has a waiver to provide legal backup services for EBS program.

COORDINATION BETWEEN AREA AGENCIES ON AGING & AGING & DISABILITY RESOURCE CENTERS

Briefly describe the arrangements that exist between the AAA and the ADRCs that serve your area. Describe how they will collaborate and/or coordinate with the Office for Resource Center Development and the ADRCs in carrying out the goals included in this plan. This may include but is not limited to planning, program activities and referrals to and from the ADRCs. The description should also include collaboration activities to support the required focus areas of AAA/aging unit plans.

GWAAR will continue to work with Office for Resource Center Development (ORCD) and the State Office on Aging to work with aging units and ADRC's that aren't integrated but are interested in integrating. We will utilize the best practices and our integration checklist to make sure that we form new integrated agencies that best serve the people in their community.

ORCD participates

GWAAR will continue to meet with ORCD and Office on Aging staff once a month so that each of us has knowledge of what the other is doing. These meetings also allow us to share updates on ADRC's and aging units as well as brainstorm joint solutions for any issues that need to be addressed.

In addition to monthly meetings, ORCD participates at GWAAR's quarterly ACE meeting and GWAAR attends the ADRC Connect meetings to provide the group with an update on GWAAR's activities.

COORDINATION BETWEEN TITLE III & VI

The Older Americans Act (Sec. 306 (a)) requires aging agencies, to the maximum extent practicable, to coordinate services the agency provides under Titles VI and Title III.

If the AAA/aging unit includes part or all of a federally recognized tribe or is home to a concentration of tribal members, describe how the AAA/aging unit and the Tribal Aging Unit will work together to coordinate and ensure the provision of services to tribal elders. Provide a narrative describing collaboration efforts and goals for each year of the plan.

GWAAR will support coordination, collaboration and communications between the Tribal Aging Units and County Aging Units by consulting with the Great Lake Inter-Tribal Council (GLITC) Tribal Technical Assistance Center (TTAC) Director when planning meetings to include Tribal Aging Units and where applicable plan a Tribal Aging/Nutrition meeting separately to encourage Tribal participation and discussion.

To ensure that all Elders eligible for OAA services through the county and tribal aging units, a series will be conducted with the State and partners to educate on the state and federal programs, funding requirements, and reporting for each including the populations that are eligible through the Counties and Tribal Aging Units/ Nutrition sites.

To increase the coordination, mutual respect and cultural understanding increased education will be presented through GWAAR working with Great Lakes Inter-Tribal Council as well as the eleven Tribal Aging Units and Tribal historical departments by way of newsletter articles and speakers at ACE meetings.

ORGANIZATION AND STRUCTURE OF THE AREA AGENCY ON AGING

Mission Statement & Description of the Area Agency on Aging

The Greater Wisconsin Agency on Aging Resources, Inc., is a nonprofit agency committed to supporting the successful delivery of aging programs and services in 70 counties and 11 tribes in Wisconsin. We provide lead aging agencies in our service area with training, technical assistance, and advocacy to ensure the availability and quality of programs and services to meet the changing needs of older people in Wisconsin.

The mission of the Greater Wisconsin Agency on Aging Resources is to deliver innovative support to lead aging agencies as we work together to promote, protect, and enhance the well-being of older people in Wisconsin.

Main Office:

1414 MacArthur Road,
Suite A Madison, WI 53714
P: 608-243-5670 | F: 866-813-0974

Brookfield Office:

125 N. Executive Drive, Suite 207
Brookfield, WI 53005
F: 262-785-2580

Green Bay Office:

201 West Walnut Street, Suite
204 Green Bay, WI 54303

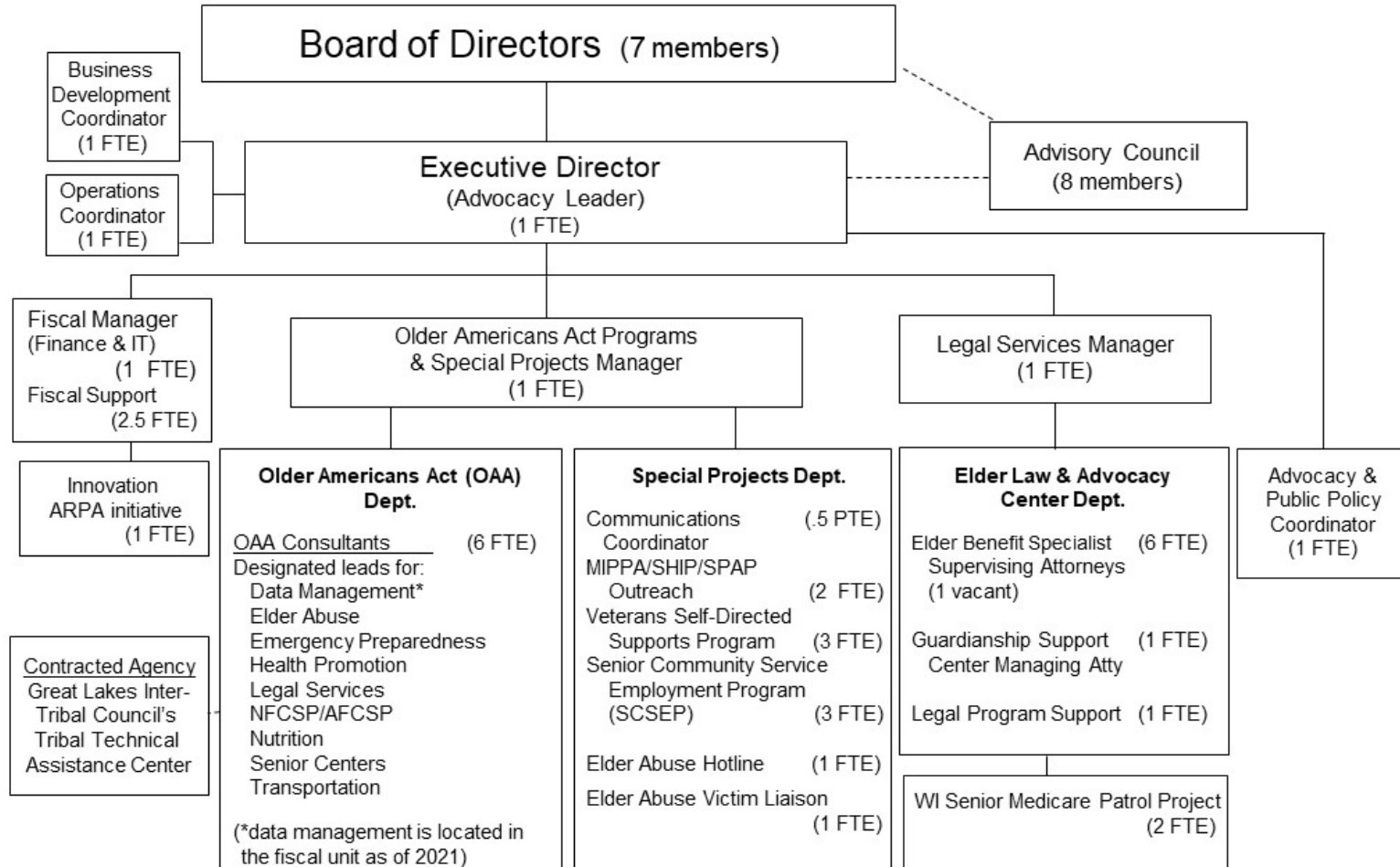
Hours of Operation: Monday through Friday, 8:00 a.m. until 4:30 p.m.—except on the following holidays: New Year’s Day, Martin Luther King, Jr., Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, day after Thanksgiving, and Christmas. There is an answering machine available for messages after hours.

E-mail: info@gwaar.org

Website: www.gwaar.org

Section 3-B: Organizational Chart of the Area Agency on Aging

Greater Wisconsin Agency on Aging Resources' Organizational Structure



Membership of the Board of Directors/Policy-Making Body

Chapter 46.82 of the Wisconsin Statutes sets certain legal requirements for aging units. “Members of a county/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.” In the case of county board/tribal council members the requirement is 3 consecutive 2-year terms. This requirement only applies for an Area Agency on Aging that also serves as a county aging unit. List the members of the board of directors/policy-making body.

Area Agency on Aging Board of Directors/Policy-Making Body				
Name	Age 60 and Older?	Elected Official?	First Term Began	Second Term Expires
Chairperson: Miki Bix	Y	N	6/2016	6/2022
Vice-Chairperson: Dave Ostness	Y	Y	6/2019	6/2025
Treasurer/Secretary: Erv Teichmiller	Y	N	6/2016	6/2022
Beth Esser	Y	N	6/2019	6/2025
Robert Borremans	Y	N	6/2019	6/2025
David Hoberg	Y	N	1/2020	1/2026
Mary Wolf	Y	N	8/2021	8/2027

Membership of the Advisory Council/Advisory Committee

Chapter 46.82 of the Wisconsin Statutes requires that the membership of the aging advisory committee (where applicable) must consist of at least 50% older people, and individuals who are elected to office may not constitute 50% or more of the membership. List the members of the advisory council.

Area Agency on Aging <u>Advisory Council</u> /Advisory Committee				
Name	Age 60 and Older?	Elected Official?	First Term Began	Term Expires
Chairperson: Rob Wilkinson	Y	N	02/2016	02/2022
Vice-Chairperson:				
Cynthia Welch	Y	N	11/2019	11/2025
David Denomie	Y	N	08/2021	08/2027
Judith Atkinson	Y	N	02/2020	02/2026
Nancy Gagnon	Y	N	02/2016	02/2022
Kathy Gauger	Y	N	02/2016	02/2022
Dave Lowe	Y	N	02/2016	02/2022

Section 3-F: Staff of the Area Agency on Aging

GWAAR ADMINISTRATION
<p>Name: Robert Kellerman Job Title: Executive Director Phone/Email: (608) 228-8084 Robert.Kellerman@gwaar.org Brief description of duties: Oversees GWAAR business and fiscal operations, leads agency advocacy activities, and advances modernization through innovation development efforts. Reports to the board of directors and supports the advisory council's aging's plan efforts and initiatives being pursued.</p>
<p>Name: John Schnabl, Job Title: OAA Programs & Special Projects Manager Phone/Email: Cell (608) 228-8094; John.Schnabl@gwaar.org Brief description of duties: Manages OAA program administration including employee hiring processes; supervises OAA consultants and oversees special projects and other grant efforts.</p>
<p>Name: Patrick Metz Job Title: Fiscal Manager Phone/Email: Cell (608) 228-8089; Patrick.Metz@gwaar.org Brief description of duties: Supervises agency fiscal unit activities including contract monitoring and provides training and technical assistance to contracted agencies and partners as needed; assures high quality processes are practiced in all fiscal claims processing and reporting operations. Oversees ARPA initiative.</p>
<p>Name: Cassandra Bragg Job Title: Accountant & Compliance Auditor Phone/Email: (608) 243-5678; fiscal@gwaar.org Brief description of duties: Provides support to the agency's fiscal unit to assure accuracy and compliance with laws and regulations in fiscal operations.</p>
<p>Name: Denise Kossen Job Title: Accountant Phone/Email: (608) 243-5676; fiscal@gwaar.org Brief description of duties: Assists with agency financial reporting/claims processing</p>
<p>Name: Deb Smith Job Title: Accountant Phone/Email: Cell (608) 212-8444; fiscal@gwaar.org Brief description of duties: Assists with agency financial reporting/claims processing</p>
<p>Name: Kim Cobb Job Title: Communications Coordinator Phone/Email: Cell (608) 228-7210; Kim.Cobb@gwaar.org Brief description of duties: Provides agency staff technical assistance and support in assuring materials distributed are high quality and accessible for readers. Develops and distributes an agency newsletter for network partners.</p>
<p>Name: Justin Her Job Title: Data Management Program Assistant Phone/Email: Cell (608) 438-0929; Justin.Her@gwaar.org Brief description of duties: Assists with SAMS reporting and special projects</p>

OLDER AMERICANS ACT CONSULTANTS (OAA)

OAA Consultants provide ongoing training, technical assistance, contract oversight, and advocacy to the Aging Network (i.e.: aging units/ADRCs) in GWAAR's 70-county and 11 tribe service area with a primary focus on assuring quality in aging services. Consultants also provide significant ongoing technical assistance and support in designated specialty areas (identified below).

Name: Lori Fernandez

Job Title: OAA Consultant

Phone/Email: (Cell) 219-3357; Lori.Fernandez@gwaar.org

Brief description of duties: OAA Consultant - Nutrition Program Specialist

Name: Carrie Kroetz

Job Title: OAA Consultant

Phone/Email: (608) 228-8085; Carrie.kroetz@gwaar.org

Brief description of duties: Provides SAMs data management, training, and oversight to contracted agencies in the PSA.

Name: Jean Lynch

Job Title: OAA Consultant

Phone/Email: Cell (608) 228-8097; Jean.Lynch@gwaar.org

Brief description of duties: OAA Consultant - Nutrition Program Specialist

Name: Jayne Mullins

Job Title: OAA Consultant

Phone/Email: Cell (608) 228-8090; Jayne.Mullins@gwaar.org

Brief description of duties: OAA Consultant - Elder Abuse Program Specialist

Name: Nick Musson

Job Title: OAA Consultant

Phone/Email: Cell (608) 228-8092; Nick.Musson@gwaar.org

Brief description of duties: OAA Consultant - Transportation Specialist

Name: Angie Sullivan,

Job Title: OAA Consultant

Phone/Email: (Cell) 608-228-8081; Angela.sullivan@gwaar.org

Brief description of duties: OAA Consultant - Health Promotions Specialist

Name: Pam VanKampen

Job Title: OAA Consultant

Phone/Email: mailto: Cell (608) 228-8095; Pam.Vankampen@gwaar.org

Brief description of duties: OAA Consultant - Nutrition Specialist/Senior Center Representative

ELDER LAW AND ADVOCACY CENTER (EL&AC)*(phone numbers for EL&AC staff are not published)*

Name: Atty Kate Schilling

Job Title: Legal Services Manager

Email: Kate.Schilling@gwaar.org

Brief description of duties: Manages administrative activities and fiscal reporting for the EL&AC contract; supervises EL&AC attorneys providing legal back-up, training, and assistance to Elder Benefit Specialists working in 70 county aging agencies.

Leads advocacy efforts in expanding funding and resources that will assure older adults have access to needed public or private benefits in the service area. Pursues funding opportunities for program development and expansion.

Name: Austin Steele

Job Title: Legal Program Assistant

Email: Austin.Steele@gwaar.org

Brief description of duties: Provides administrative support to EL&AC staff as well as the Wisconsin Guardianship Support Center (WGSC).

Name: Atty Amanda Grady

Job Title: Benefit Specialist Supervising Attorney - Southern Region

Email: Amanda.Grady@gwaar.org

Brief description of duties: Provides supervision, training, legal advice and representation to older adults through the Elder Benefit Specialist program.

Name: Atty Christine Huberty

Job Title: Benefit Specialist Supervising Attorney - Northern Region

Email: Christine.Huberty@gwaar.org

Brief description of duties: Provides supervision, training, legal advice and representation to older adults through the Elder Benefit Specialist program.

Name: Atty Rich Lavigne

Job Title: Benefit Specialist Supervising Attorney

Email: Rich.Lavigne@gwaar.org

Brief description of duties: Provides supervision, training, legal advice and representation to older adults through the Elder Benefit Specialist program.

Name: Atty Laura Monroe

Job Title: Benefit Specialist Supervising Attorney - Bay Region

Email: Laura.Monroe@gwaar.org

Brief description of duties: Provides supervision, training, legal advice and representation to older adults through the Elder Benefit Specialist program.

ADVOCACY & PUBLIC POLICY

Name: Janet Zander

Job Title: Advocacy & Public Policy Coordinator

Phone/Email: Cell (608) 228-7253; Janet.Zander@gwaar.org

Brief description of duties: works with agency management in coordinating GWAAR's advocacy activities; agency liaison to the Wisconsin Aging Advocacy Network (WAAN) supporting nonpartisan advocacy efforts including overseeing planning WAAN's annual Aging Advocacy Day.

BUSINESS DEVELOPMENT

Name: Sky Van Rossum

Job Title: Business Development Coordinator

Phone/Email: Cell (608) 228-8088; sky.vanrossum@gwaar.org

Brief description of duties: Coordinates efforts with partners to enhance business practices through modernization efforts; Designated coordinator for agency response to COVID-19 pandemic.

Section 3-G: Affirmative Action Plan

Statement of Commitment of Affirmative Action and Equal Employment

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

Policies	Yes	No
Does the Board annually review and update the affirmative action plan?	✓	
Does the Board annually review employment practices to eliminate discriminatory elements?	✓	
Are written procedures for handling discrimination complaints developed, posted, and used?	✓	
Has the affirmative action plan been explained or discussed with all staff?	✓	
Is the affirmative action plan posted and available for review by members of the public?	✓	
Person responsible for the affirmative action plan: Christine Huberty		
Analysis of current staff: As of October, 2021, the GWAAR staff of 39 is composed of 10 men and 29 women. Thirty-eight percent are over the age of 55. In addition to regular staff, GWAAR administers the Wisconsin Senior Employment program with 109 enrollees – all of whom are 55 or older and low income; in 2021, there are 33 men and 76 women. Fifty-one percent are non-white and 49% are disabled.		
Analysis of recent efforts: Christine Huberty assumed Affirmative Action compliance duties at the beginning of 2018 and has been working to ensure that all prior goals have been met or are in the process of being met, as well as creating new goals for 2022-2024.		
Affirmative action & equal opportunity goals: <ol style="list-style-type: none"> 1. Make every effort to confirm that GWAAR staff and members of the public have easy access to and understand the affirmative action plan 2. Continue recruitment efforts to attract qualified professionals representing racial and ethnic minorities, older women, and persons with disabilities 3. Encourage staff and clients to develop outreach through target population organizations in order to increase training, services, and program participation of underrepresented groups 		

Planned activities for 2022-2024 on affirmative action & equal opportunity:

- Ensure that the Board continues to review and update the affirmative action plan annually
- Ensure that the affirmative action plan continues to be explained to all staff annually
- At its fall or winter meeting, the Board will discuss additional affirmative action & equal opportunity activities for 2022-2024
- Continue to identify organizations and associations to assist broadening recruitment in target population areas
- Continue to standardize and clarify orderly recruitment and hiring procedures for all managers

Policies for Compliance

- The Board of Directors reviews and approves the GWAAR affirmative action plan annually – usually at its fall or winter meeting.
- The GWAAR affirmative action plan is available to the public via the GWAAR Website.
- The GWAAR affirmative action plan is available to all staff via the public drive on the GWAAR network.
- Procedures for discrimination and harassment complaints are posted for staff via the public drive on the GWAAR network.

BUDGETS

Insert 2022 Budget

VERIFICATION OF INTENT

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

On behalf of the Greater Wisconsin Agency on Aging Resources, we certify that these organizations have reviewed the plan, and have authorized us to submit this plan which outlines activities to be undertaken on behalf of older people during 2022-2024.

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

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

DocuSigned by:

Miki Bix

Miki Bix, GWAAR Board Chairperson

3/2/2022 | 11:32 PST

Date

DocuSigned by:

Rob Wilkinson

Rob Wilkinson, GWAAR Advisory Council Chairperson

3/1/2022 | 8:31 PST

Date

ASSURANCES

Assurances of Compliance with Federal and State Laws and Regulations

A signed copy of this statement must accompany the plan. The plan must be signed by the person with the designated authority to enter into a legally binding contract. board chairperson. The assurances agreed to by this signature page must accompany the plan when submitted to the BADR.

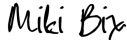
Compliance with Federal and State Laws and Regulations for 2022-2024

On behalf of the Area Agency on Aging, we certify

Greater Wisconsin Agency on Aging Resources, Inc.

(Full name of the Area Agency on Aging)

has reviewed the appendix to the AAA plan entitled Assurances of Compliance with Federal and State Laws and Regulations for 2022-2024. We assure that the activities identified in this plan will be carried out to the best of the ability of the Area Agency on Aging in compliance with the federal and state laws.

DocuSigned by:
 3/2/2022 | 11:32 PST
 090D6D0E380D43C...
 Miki Bix, GWAAR Board Chairperson Date

DocuSigned by:
 3/1/2022 | 8:31 PST
 55C9D4FCC6ED44C...
 Rob Wilkinson, GWAAR Advisory Council Chairperson. 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 area plan, shall be disclosed in a form identifiable with the individual, unless the individual provides his/her written informed consent to such disclosure.
- Lists of older adults compiled in establishing and maintaining information and referral sources shall be used solely for the purpose of providing social services and only with the informed consent of each person on the list.
- In order that the privacy of each participant in aging programs is in no way abridged, the confidentiality of all participant data gathered and maintained by the State Agency, the Area Agency, the county or tribal aging agency, and any other agency, organization, or individual providing services under the State, area, county, or tribal plan, shall be safeguarded by specific policies.
- Each participant from whom personal information is obtained shall be made aware of his or her rights to:
 - (a) Have full access to any information about one's self which is being kept on file;
 - (b) Be informed about the uses made of the information about him or her, including the identity of all persons and agencies involved and any known consequences for providing such data; and,
 - (c) Be able to contest the accuracy, completeness, pertinence, and necessity of information being retained about one's self and be assured that such information, when incorrect, will be corrected or amended on request.
- All information gathered and maintained on participants under the area, county or tribal plan shall be accurate, complete, and timely and shall be legitimately necessary for determining an individual's need and/or eligibility for services and other benefits.
- No information about, or obtained from, an individual participant shall be disclosed in any form identifiable with the individual to any person outside the agency or program involved without the informed consent of the participant or his/her legal representative, except:

- (a) By court order; or,
- (b) When securing client-requested services, benefits, or rights.
- The lists of older persons receiving services under any programs funded through the State Agency shall be used solely for the purpose of providing said services, and can only be released with the informed consent of each individual on the list.
- All paid and volunteer staff members providing services or conducting other activities under the area plan shall be informed of and agree to:
 - (a) Their responsibility to maintain the confidentiality of any client-related information learned through the execution of their duties. Such information shall not be discussed except in a professional setting as required for the delivery of service or the conduct of other essential activities under the area plan; and,
 - (b) All policies and procedures adopted by the State and Area Agency to safeguard confidentiality of participant information, including those delineated in these rules.
- Appropriate precautions shall be taken to protect the safety of all files, microfiche, computer tapes and records in any location which contain sensitive information on individuals receiving services under the State or area plan. This includes but is not limited to assuring registration forms containing personal information are stored in a secure, locked drawer when not in use.

7. Records and Reports

- The applicant shall keep records and make reports in such form and requiring such information as may be required by the Bureau of Aging and Disability Resources and in accordance with guidelines issued solely by the Bureau of Aging and Disability Resources and the Administration on Aging.
- The applicant shall maintain accounts and documents which will enable an accurate review to be made at any time of the status of all funds which it has been granted by the Bureau of Aging and Disability Resources through its designated Area Agency on Aging. This includes both the disposition of all monies received and the nature of all charges claimed against such funds.

8. Licensure and Standards Requirements

- The applicant shall assure that where state or local public jurisdiction requires licensure for the provision of services, agencies providing services under the county/tribal or area plan shall be licensed or shall meet the requirements for licensure.
- The applicant is cognizant of and must agree to operate the program fully in conformance with all applicable state and local standards, including the fire, health, safety and sanitation standards, prescribed in law or regulation.

9. Civil Rights

- The applicant shall comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and in accordance with that act, no person shall on the basis of race, color, or national origin, be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination under any program or activity under this

plan.

- All grants, sub-grants, contracts or other agents receiving funds under this plan are subject to compliance with the regulation stated in 9 above.
- The applicant shall develop and continue to maintain written procedures which specify how the agency will conduct the activities under its plan to assure compliance with Title VI of the Civil Rights Act.
- The applicant shall comply with Title VI of the Civil Rights Act (42 USC 2000d) prohibiting employment discrimination where (1) the primary purpose of a grant is to provide employment or (2) discriminatory employment practices will result in unequal treatment of persons who are or should be benefiting from the service funded by the grant.
- All recipients of funds through the county/tribal or area plan shall operate each program or activity so that, when viewed in its entirety, the program or activity is accessible to and usable by handicapped adults as required in the Architectural Barriers Act of 1968.

10. Uniform Relocation Assistance and Real Property Acquisition Act of 1970

The applicant shall comply with requirements of the provisions of the Uniform Relocation and Real Property Acquisitions Act of 1970 (P.L. 91-646) which provides for fair and equitable treatment of federal and federally assisted programs.

11. Political Activity of Employees

The applicant shall comply with the provisions of the Hatch Act (5 U.S.C. Sections 7321-7326), which limit the political activity of employees who work in federally funded programs. [Information about the Hatch Act is available from the U.S. Office of Special Counsel at <http://www.osc.gov/>]

12. Fair Labor Standards Act

The applicant shall comply with the minimum wage and maximum hours provisions of the Federal Fair Labor Standards Act (Title 29, United States Code, Section 201-219), as they apply to hospital and educational institution employees of state and local governments.

13. Private Gain

The applicant shall establish safeguards to prohibit employees from using their positions for a purpose that is or appears to be motivated by a desire for private gain for themselves or others (particularly those with whom they have family, business or other ties).

14. Assessment and Examination of Records

- The applicant shall give the Federal agencies, State agencies and the Bureau of Aging and Disability Resources Resource's authorized Area Agencies on Aging access to and the right to examine all records, books, papers or documents

related to the grant.

- The applicant must agree to cooperate and assist in any efforts undertaken by the grantor agency, or the Administration on aging, to evaluate the effectiveness, feasibility, and costs of the project.
- The applicant must agree to conduct regular on-site assessments of each service provider receiving funds through a contract with the applicant under the county or tribal plan.

15. Maintenance of Non-Federal Funding

- The applicant assures that the aging unit, and each service provider, shall not use Older Americans Act or state aging funds to supplant other federal, state or local funds.
- The applicant must assure that each service provider must continue or initiate efforts to obtain funds from private sources and other public organizations for each service funded under the county or tribal plan.

16. Regulations of Grantor Agency

The applicant shall comply with all requirements imposed by the Department of Health and Family Services, Division of Supportive Living, Bureau of Aging and Disability Resources concerning special requirements of federal and state law, program and fiscal requirements, and other administrative requirements.

17. Older Americans Act

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 subclause (I);

- (ii) provide assurances that the Area Agency on Aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

- (I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;
- (II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
- (III) meet specific objectives established by the Area Agency on Aging, for providing

services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each Area Agency on Aging shall

(I) identify the number of low income minority older individuals and older individuals residing in rural areas in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the Area Agency on Aging met the objectives described in clause (a)(4)(A)(i).

(4)(B)(i) Each Area Agency on Aging shall provide assurances that the Area Agency on Aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

(4)(C) Each area agency on agency shall provide assurance that the Area Agency on Aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low income minority older individuals and older individuals residing in rural areas.

(5) Each Area Agency on Aging shall provide assurances that the Area Agency on Aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.

(6)(F) Each area agency will:

in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the Area Agency on Aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

(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
- (4) services for older individuals of the county.
- (5) A private corporation that is organized under ch. 181 and
- (6) that is a nonprofit corporation, as defined in s. 181.0103 (17).

Aging Unit; Creation. A county board of supervisors of a county, the county boards of supervisors of 2 or more contiguous counties or an elected tribal governing body of a

federally recognized American Indian tribe or band in this state may choose to administer, at the county or tribal level, programs for older individuals that are funded under 42 USC 3001 to 3057n, 42 USC 5001 and 42 USC 5011 (b). If this is done, the county board or boards of supervisors or tribal governing body shall establish by resolution a county or tribal aging unit to provide the services required under this section. If a county board of supervisors or a tribal governing body chooses, or the county boards of supervisors of 2 or more contiguous counties choose, not to administer the programs for older individuals, the department shall direct the Area Agency on Aging that serves the relevant area to contract with a private, nonprofit corporation to provide for the county, tribe or counties the services required under this section.

Aging Unit; Powers and Duties. In accordance with state statutes, rules promulgated by the department and relevant provisions of 42 USC 3001 to 3057n and as directed by the county or tribal commission on aging, an aging unit:

(a) **Duties.** Shall do all of the following:

1. Work to ensure that all older individuals, regardless of income, have access to information, services and opportunities available through the county or tribal aging unit and have the opportunity to contribute to the cost of services and that the services and resources of the county or tribal aging unit are designed to reach those in greatest social and economic need.
2. Plan for, receive and administer federal, state and county, city, town or village funds allocated under the state and area plan on aging to the county or tribal aging unit and any gifts, grants or payments received by the county or tribal aging unit, for the purposes for which allocated or made.
3. Provide a visible and accessible point of contact for individuals to obtain accurate and comprehensive information about public and private resources available in the community which can meet the needs of older individuals.
4. As specified under s. 46.81, provide older individuals with services of benefit specialists or appropriate referrals for assistance.
5. Organize and administer congregate programs, which shall include a nutrition program and may include one or more senior centers or adult day care or respite care programs, that enable older individuals and their families to secure a variety of services, including nutrition, daytime care, educational or volunteer opportunities, job skills preparation and information on health promotion, consumer affairs and civic participation.
6. Work to secure a countywide or tribal transportation system that makes community programs and opportunities accessible to, and meets the basic needs of, older individuals.
7. Work to ensure that programs and services for older individuals are available to homebound, disabled and non-English speaking persons, and to racial, ethnic and religious minorities.
8. Identify and publicize gaps in services needed by older individuals and provide leadership in developing services and programs, including recruitment and training of volunteers, that address those needs.
9. Work cooperatively with other organizations to enable their services to function effectively for older individuals.

10. Actively incorporate and promote the participation of older individuals in the preparation of a county or tribal comprehensive plan for aging resources that identifies needs, goals, activities and county or tribal resources for older individuals.
11. Provide information to the public about the aging experience and about resources for and within the aging population.
12. Assist in representing needs, views and concerns of older individuals in local decision making and assist older individuals in expressing their views to elected officials and providers of services.
13. If designated under s. 46.27 (3) (b) 6., administer the long-term support community options program.
14. If the department is so requested by the county board of supervisors, administer the pilot projects for home and community –based long-term support services under s. 46.271.
15. If designated under s. 46.90 (2), administer the elder abuse reporting system under s. 46.90.
16. If designated under s. 46.87 (3) (c), administer the Alzheimer’s disease family and caregiver support program under s. 46.87.
17. If designated by the county or in accordance with a contract with the department, operate the specialized transportation assistance program for a county under s. 85.21.
18. Advocate on behalf of older individuals to assist in enabling them to meet their basic needs.
19. If an aging unit under sub. (1) (a) 1. or 2. and if authorized under s. 46.283 (1) (a) 1., apply to the department to operate a resource center under s. 46.283 and, if the department contracts with the county under s. 46.283 (2), operate the resource center.
20. If an aging unit under sub. (1) (a) 1. or 2. and if authorized under s. 46.284 (1) (a) 1., apply to the department to operate a care management organization under s. 46.284 and, if the department contracts with the county under s. 46.284 (2), operate the care management organization and, if appropriate, place funds in a risk reserve.

(b) Powers. May perform any other general functions necessary to administer services for older individuals.

(4) Commission on Aging.

(a) Appointment.

1. Except as provided under subd. 2., the county board of supervisors in a county that has established a single-county aging unit, the county boards of supervisors in counties that have established a multicounty aging unit or the elected tribal governing body of a federally recognized American Indian tribe or band that has established a tribal aging unit shall, before qualification under this section, appoint a governing and policy-making body to be known as the commission on aging.
2. In any county that has a county executive or county administrator and that has established a single-county aging unit, the county executive or county administrator shall appoint, subject to confirmation by the county board of supervisors, the commission on aging. A member of a commission on aging appointed under this subdivision may be removed by the county executive or county administrator for cause.

(b) Composition.

A commission on aging, appointed under par. (a) shall be one of the following:

1. For an aging unit that is described in sub. (1) (a) 1. or 2., organized as a committee of the county board of supervisors, composed of supervisors and, beginning January 1, 1993, advised by an advisory committee, appointed by the county board. Older individuals shall constitute at least 50% of the membership of the advisory committee and individuals who are elected to any office may not constitute 50% or more of the membership of the advisory committee.
2. For an aging unit that is described in sub. (1) (a) 1. or 2., composed of individuals of recognized ability and demonstrated interest in services for older individuals. Older individuals shall constitute at least 50% of the membership of this commission and individuals who are elected to any office may not constitute 50% or more of the membership of this commission.
3. For an aging unit that is described in sub. (1) (a) 3., the board of directors of the private, nonprofit corporation. Older individuals shall constitute at least 50% of the membership of this commission and individuals who are elected to any office may not constitute 50% or more of the membership of this commission.

(c) Terms.

Members of a county or tribal commission on aging shall serve for terms of 3 years, so arranged that, as nearly as practicable, the terms of one-third of the members shall expire each year, and no member may serve more than 2 consecutive 3-year terms. Vacancies shall be filled in the same manner as the original appointments. A county or tribal commission on aging member appointed under par. (a) 1. may be removed from office for cause by a two-thirds vote of each county board of supervisors or tribal governing body participating in the appointment, on due notice in writing and hearing of the charges against the member.

(c) Powers and duties.

A county or tribal commission on aging appointed under sub. (4) (a) shall, in addition to any other powers or duties established by state law, plan and develop administrative and program policies, in accordance with state law and within limits established by the department of health and family services, if any, for programs in the county or for the tribe or band that are funded by the federal or state government for administration by the aging unit.

Policy decisions not reserved by statute for the department of health and family services may be delegated by the secretary to the county or tribal commission on aging. The county or tribal commission on aging shall direct the aging unit with respect to the powers and duties of the aging unit under sub. (3).

(5) Aging Unit Director; Appointment. A full-time aging unit director shall be appointed on the basis of recognized and demonstrated interest in and knowledge of problems of older individuals, with due regard to training, experience, executive and administrative ability and general qualification and fitness for the performance of his or her duties, by one of the following:

- (a) 1. For an aging unit that is described in sub. (1) (a) 1., except as provided in subd. 2., a county or tribal commission on aging shall make the appointment, subject to the

approval of and to the personnel policies and procedures established by each county board of supervisors or the tribal governing body that participated in the appointment of the county or tribal commission on aging. 2. In any county that has a county executive or county administrator and that has established a single-county aging unit, the county executive or county administrator shall make the appointment, subject to the approval of and to the personnel policies and procedures established by each county board of supervisors that participated in the appointment of the county commission on aging.

(b) For an aging unit that is described in sub. (1) (a) 2., the director of the county department under s. 46.215, 46.22 or 46.23 of which the aging unit is a part shall make the appointment, subject to the personnel policies and procedures established by the county board of supervisors.

(d) For an aging unit that is described in sub. (1) (a) 3., the commission on aging under sub. (4) (b) 3. shall make the appointment, subject to ch. 181.

APPENDIX A. PUBLIC HEARING REPORT 1

Completed report, copy of hearing notice, and copy of actual comments taken during the hearing should be placed in the appendices of the aging plan.

Date of Hearing: 11/15/21	County/Tribe/AAA: GWAAR
Location of Hearing: Microsoft TEAMS virtual call	Accessibility of Hearing: <input checked="" type="checkbox"/> Location was convenient, accessible & large enough <input checked="" type="checkbox"/> Provisions were made for hearing/visual impairments <input type="checkbox"/> Provisions were made for those who do not speak English <input type="checkbox"/> Hearings were held in several locations (at least one in each county your agency serves) <input checked="" type="checkbox"/> Hearing was not held with board/committee meetings
Address of Hearing: NA	
Number of Attendees: 8	
Public Notice: Official public notification began at least 2 weeks prior? Date: 10/31/21 <input checked="" type="checkbox"/> Notice must be posted in a local/online newspaper, nutrition sites and senior centers plus at least one more avenue <input checked="" type="checkbox"/> *Print/online newspaper: Daily Herald & Capital Newspaper <input type="checkbox"/> *Nutrition sites <input type="checkbox"/> *Senior centers <input checked="" type="checkbox"/> Newsletter, radio, TV, social media <input checked="" type="checkbox"/> Sent to partner agencies/individuals <input type="checkbox"/> Other _____	
<input checked="" type="checkbox"/> Notifications include <input checked="" type="checkbox"/> Date <input checked="" type="checkbox"/> Time <input checked="" type="checkbox"/> Location <input checked="" type="checkbox"/> Subject of hearing <input checked="" type="checkbox"/> Location and hours that the plan is available for examination <input checked="" type="checkbox"/> Where appropriate, notice was made available in languages other than English <input checked="" type="checkbox"/> A copy of the notice is included with this report	

Summary of Comments:

- Title IIIB Transportation goal, specifically liked the transportation 101 program.
- Racial equity goal – liked the idea of learning more about the tribes.
- Would like to see less contracting out (sustainable kitchen) and more focus on services provided by the Nutrition team. Do like partner the idea of collaboration with Sustainable Kitchens to market the GPO (Group Purchasing Organization) for local foods to the tribes.
- Appreciate GWAAR is working with the tribes. Food scarcity is a major issue for the tribes and to be able to have better access and more control will allow elders the opportunity to share with younger generations.

Changes made to your plan as a result of the input received: No changes recommended based on feedback.

APPENDIX B. PUBLIC HEARING REPORT 2

Completed report, copy of hearing notice, and copy of actual comments taken during the hearing should be placed in the appendices of the aging plan.

Date of Hearing: 11/17/21	County/Tribe/AAA: GWAAR
Location of Hearing: Microsoft TEAMS virtual call	Accessibility of Hearing: <input checked="" type="checkbox"/> Location was convenient, accessible & large enough <input checked="" type="checkbox"/> Provisions were made for hearing/visual impairments <input type="checkbox"/> Provisions were made for those who do not speak English <input type="checkbox"/> Hearings were held in several locations (at least one in each county your agency serves) <input checked="" type="checkbox"/> Hearing was not held with board/committee meetings
Address of Hearing: NA	
Number of Attendees: 23	
Public Notice: <input checked="" type="checkbox"/> Official public notification began at least 2 weeks prior? Date: 10/31/21 <input checked="" type="checkbox"/> Notice must be posted in a local/online newspaper, nutrition sites and senior centers plus at least one more avenue <input checked="" type="checkbox"/> *Print/online newspaper: Daily Herald & Capital Newspaper <input type="checkbox"/> *Nutrition sites <input type="checkbox"/> *Senior centers <input checked="" type="checkbox"/> Newsletter, radio, TV, social media <input checked="" type="checkbox"/> Sent to partner agencies/individuals <input type="checkbox"/> Other _____	
<input checked="" type="checkbox"/> Notifications include <input checked="" type="checkbox"/> Date <input checked="" type="checkbox"/> Time <input checked="" type="checkbox"/> Location <input checked="" type="checkbox"/> Subject of hearing <input checked="" type="checkbox"/> Location and hours that the plan is available for examination <input checked="" type="checkbox"/> Where appropriate, notice was made available in languages other than English <input checked="" type="checkbox"/> A copy of the notice is included with this report	

Summary of Comments:

The proposed transportation 101 program is important not only for new directors, but for everyone.

There was a question about the executive summary highlighting home care and handyman chore service as a need, but wasn't directly addressed in any of the goals. GWAAR staff explained that not all issues identified through community engagement process is going to fall under a focus area or be addressed by a goal. That doesn't mean those issues are less important and GWAAR intends to use the plan to help prioritize issues brought forth by the Wisconsin Aging Advocacy Network and other programs.

There was a comment on how important the timely advocacy information is and their support for GWAAR's advocacy efforts.

Changes made to your plan as a result of the input received: No changes recommended based on feedback.

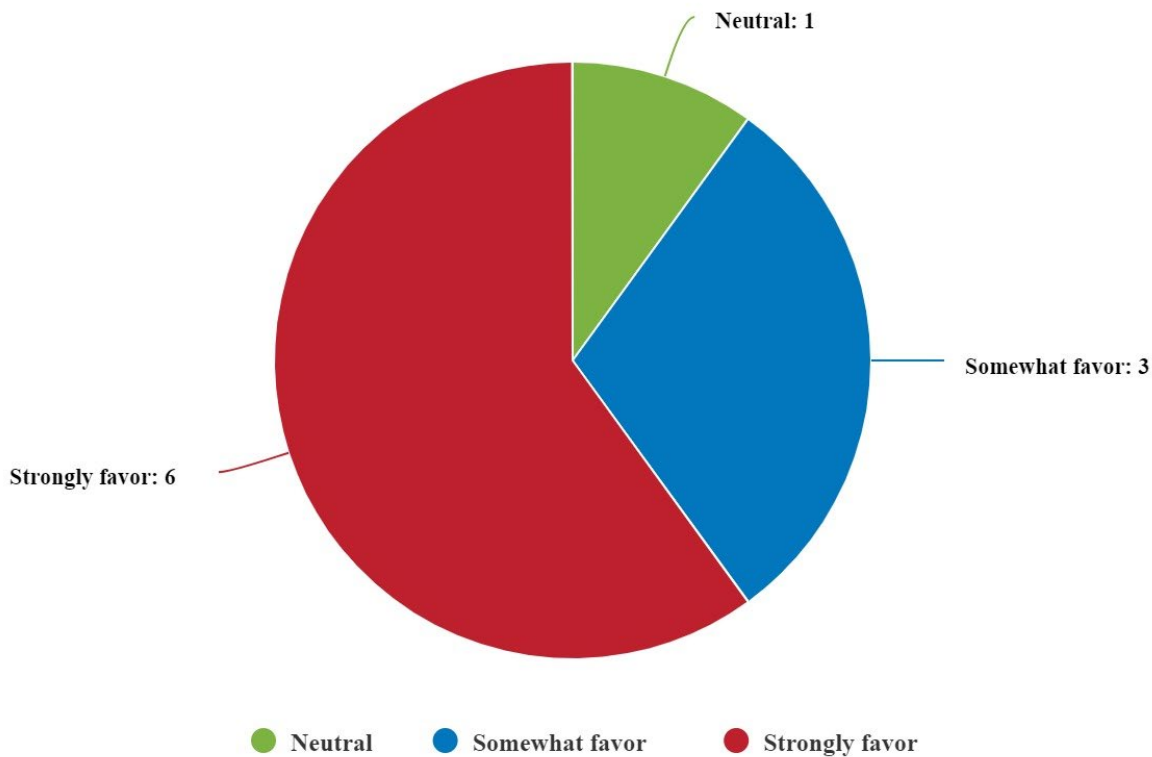
APPENDIX C. GOAL SURVEY RESULTS

TITLE IIIB – TRANSPORTATION

Please tell us what you think about this goal and strategies?

Good to get the info out in a non confusing way . Transportation to and from parks and events Free Transportation to medical appointments Get info out to clinics
I like the concept if Transportation 101 program because transportation issues are complex.
It is good to see some focus on transportation. However, I think that the rest of 3B could use some support from GWAAR. There is no dedicated person to talk to at GWAAR about chore services, assistive devices, home repairs, home security, support groups, visiting or others. Chores and home repair seem to be particularly large needs.
Strategy 3 seems a bit difficult. Volunteers would have to be covered under company insurance and could it be afforded? Other than that, it seems feasible and helpful.
Using communication technology is absolutely vital to effective organizations and programs.

Do you support this goal?

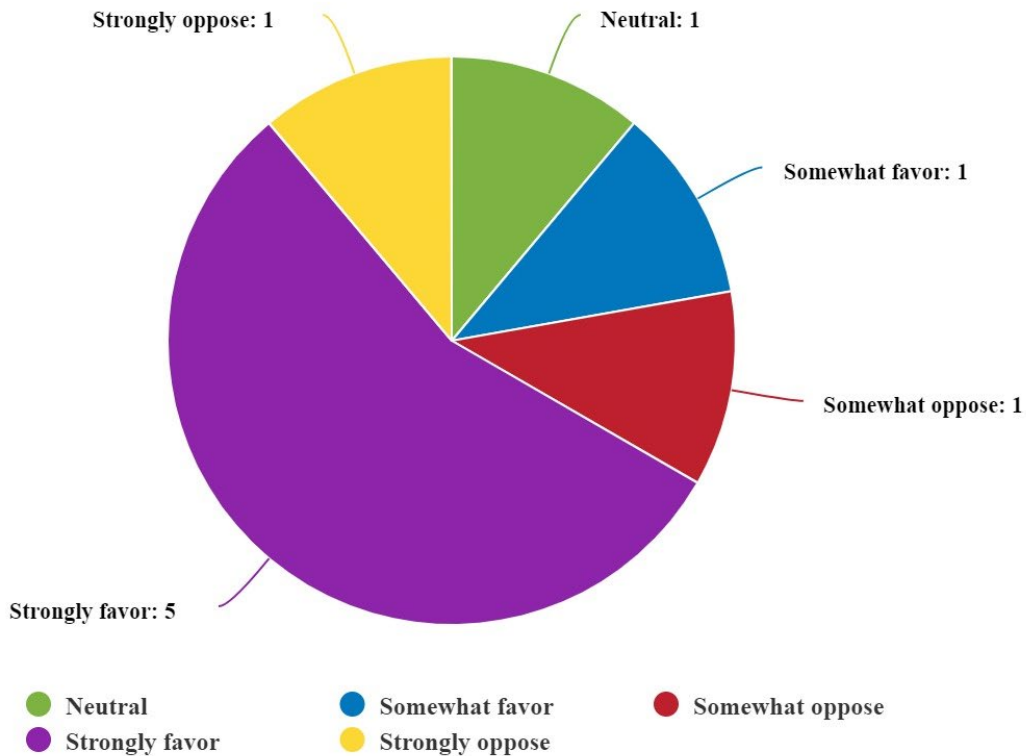


TITLE IIIC NUTRITION PROGRAM/PERSON-CENTERED SERVICES

Please tell us what you think about this goal and strategies?

How do these strategies address consistent access, affordability of foods and beverages?. How do these strategies address treating chronic diseases ?
I'm not opposed to these strategy but I'm not sure how the Annual Ambassador for Malnutrition Awareness Week actually works into the goal.
I see this as a critical goal for older people. I would also suggest partnerships with community gardening/farming efforts that seem to be gaining in strength in rural and urban communities. Efforts to involve farms and rural farm stores should be researched and developed, if possible, along with the national brand vendors mentioned in the report.
My experience tells me that the seniors don't want nutrition counseling. We want them to have it, they don't want it. Let's listen to them.
not helpful Free meals are more important

Do you support this goal?

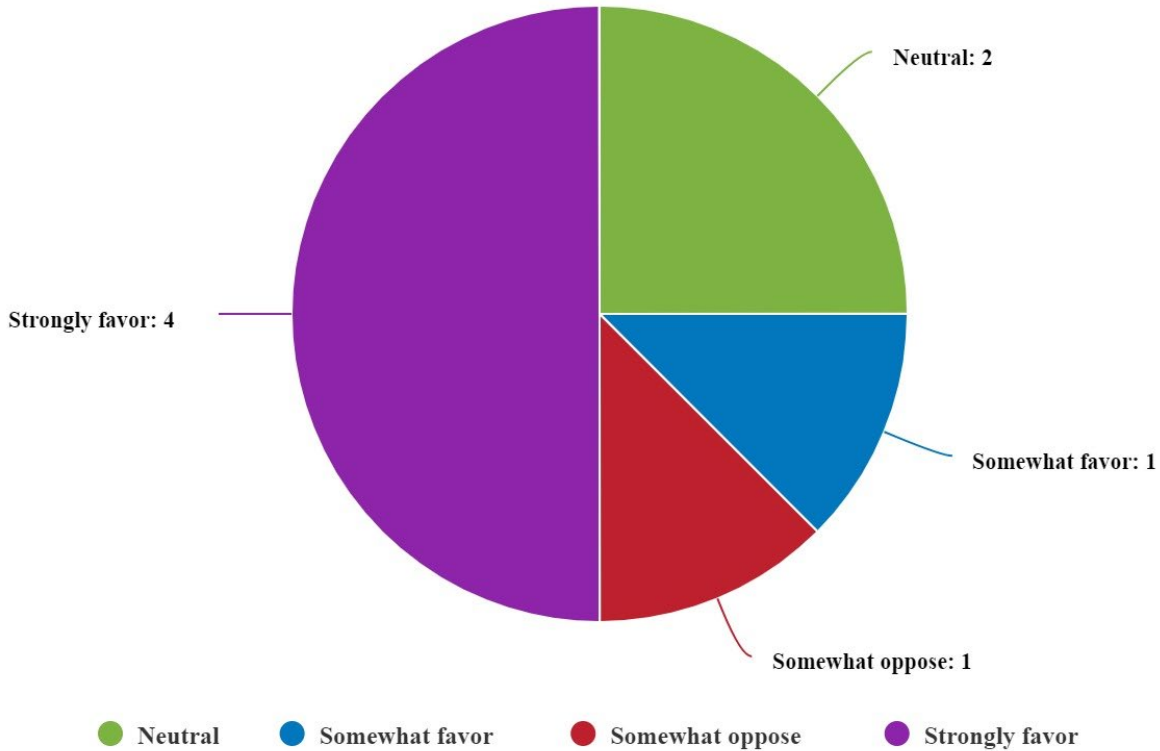


TITLE IIIC NUTRITION PROGRAM

Please tell us what you think about this goal and strategies?

developing so many programs that just hold meetings and don't deliver food don't help.
I'm not clear that the benefit of a basic ENP Accreditation process outweighs the work that would go into it. If it is basic, then it is pretty meaningless. Are there consequences for not being accredited? Having a credential to say I'm doing everything right" should not be our goal. We should be doing things right and if we aren't
Interesting
Strategy 2 seems very important for this goal area because it looks like more sub-goals with more specifics need to be developed. Leaders recruited and developed through the resource training program will be well-suited to help flesh out more specific sub-goals and strategies.

Do you support this goal?

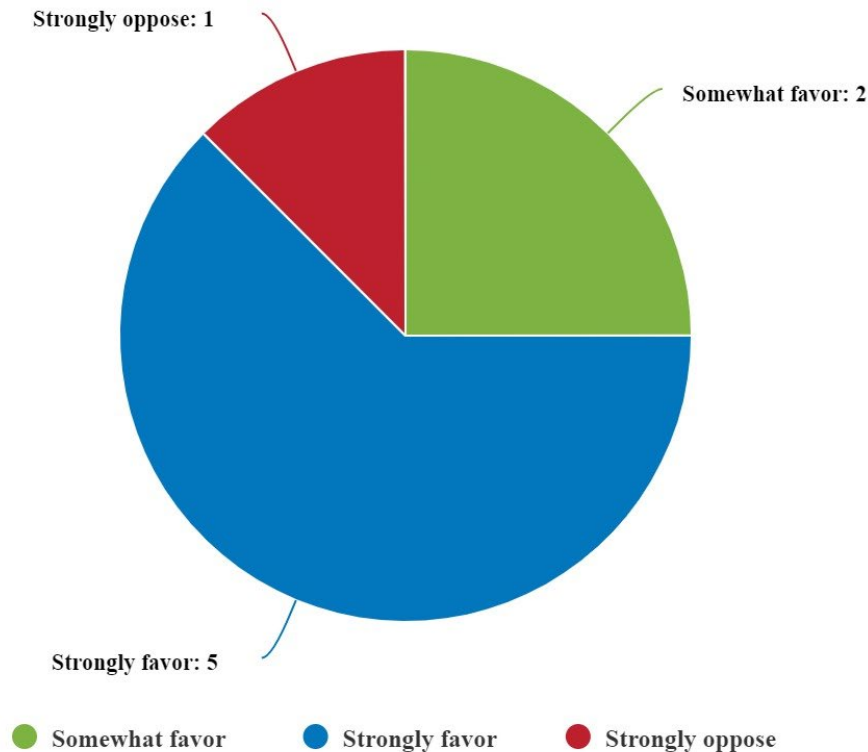


TITLE IIID HEALTH PROMOTION

Please tell us what you think about this goal and strategies?

help older adults get to events identifying doesn't do anything Put the money into the transportation and help people new to the area connect
I agree that this is a problem. Sadly, I also think it is also very difficult to effectively address. I think it is a worthwhile effort but I would not prioritize it at the same level as the others.
If the only answers are online connections, I am not a fan, if you actually provide relevant suggestions, I'm on board
I like this goal. Definitely important and I'm anxious to have more tools to use in identifying this public health threat! Thank you!
very broad strategies,

Do you support this goal?

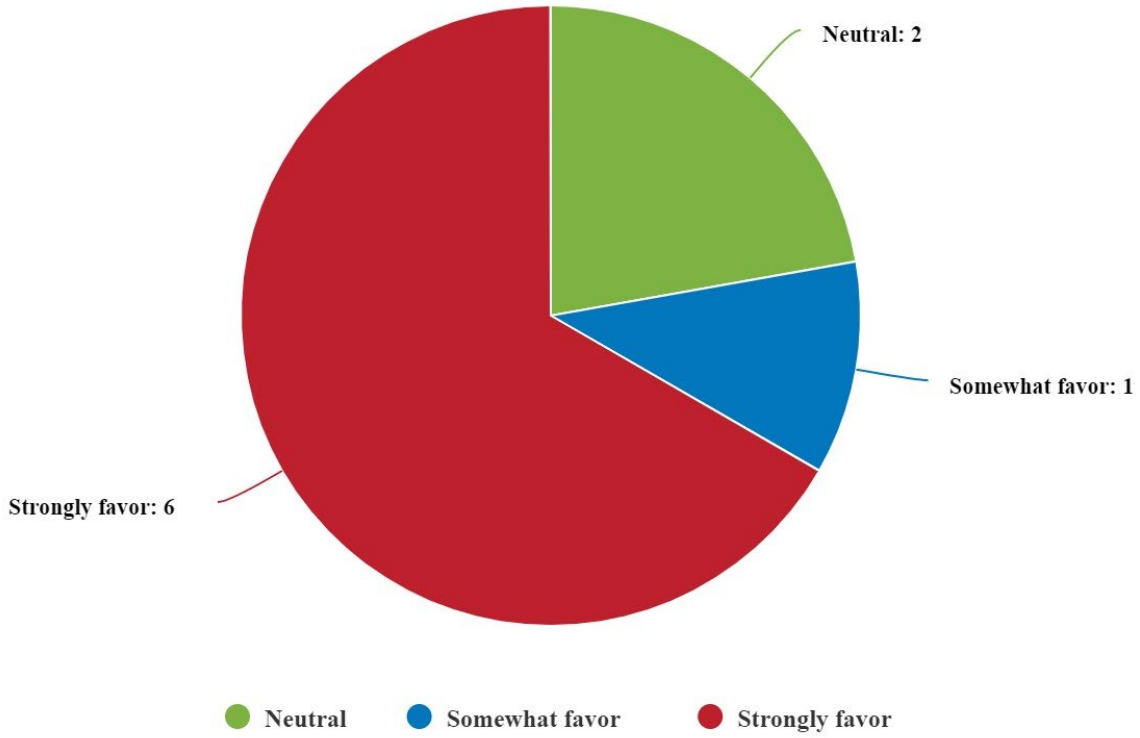


TITLE IIIE CAREGIVER SUPPORT

Please tell us what you think about this goal and strategies?

<p>As the Executive Director of Respite Care Association of Wisconsin, I can not tell you how invaluable the collaboration and communication is between RCAW and GWAAR. I am prepared to support this on our end however possible! I am very interested in collaborating on collecting similar data on our programs to better measure the need, impact, and outcomes of our related programs, i.e. our CRGP and the NFCSP and AFCSP programs.</p>
<p>Caregiver support is a critical public health intervention. GWAAR and RCAW need to continue to partner together and offer programs that best serve caregivers and coordinators. RCAW has many CRGP applicants who cannot be served by NFCSP/AFCSP as they often have exhausted funds. RCAW also has heard that certain counties do not spend all of their NFCSP funds, and that information is critical for RCAW to know to keep the CRGP afloat.</p>
<p>put the training into the home I know many people who could have used free help and never got it without insurance actually get out there</p>
<p>Really need to address issues in SAMs on the reporting of these programs. Until that is done, these programs are very difficult to administer</p>
<p>Solid goal and strategies! There are challenges in the counties that do not have a dedicated caregiver coordinator. Trying to find a way to fund the position without diminishing the amount of funds available to assist families is always a balancing act. I know you are already aware of this but there are so many new people in the network that they might not understand the intricacies of how these positions can be funded.</p>
<p>So wonderful to partner with RCAW- such a great resource and collaboration!</p>
<p>there is a severe shortage of trained caregivers, not coordinators there is desperate need for these programs, there needs to be adequate pay, mileage reimbursement, benefits, and recognition of the caregivers</p>
<p>This is a critical goal and, along with the steps in the strategy, I encourage more outreach and education for those who qualify for these programs. Issues such as guilt in asking for assistance from the government play into whether or not many older people will even think about seeking help when they need it. Caregivers, especially family members, often neglect their own well-being in the process of caring for their loved one.</p>
<p>Training is a critical component for quality caregivers. However, with trained caregivers, a higher rate of pay will be necessary to maintain caregivers desire to stay in the industry.</p>

Do you support this goal?

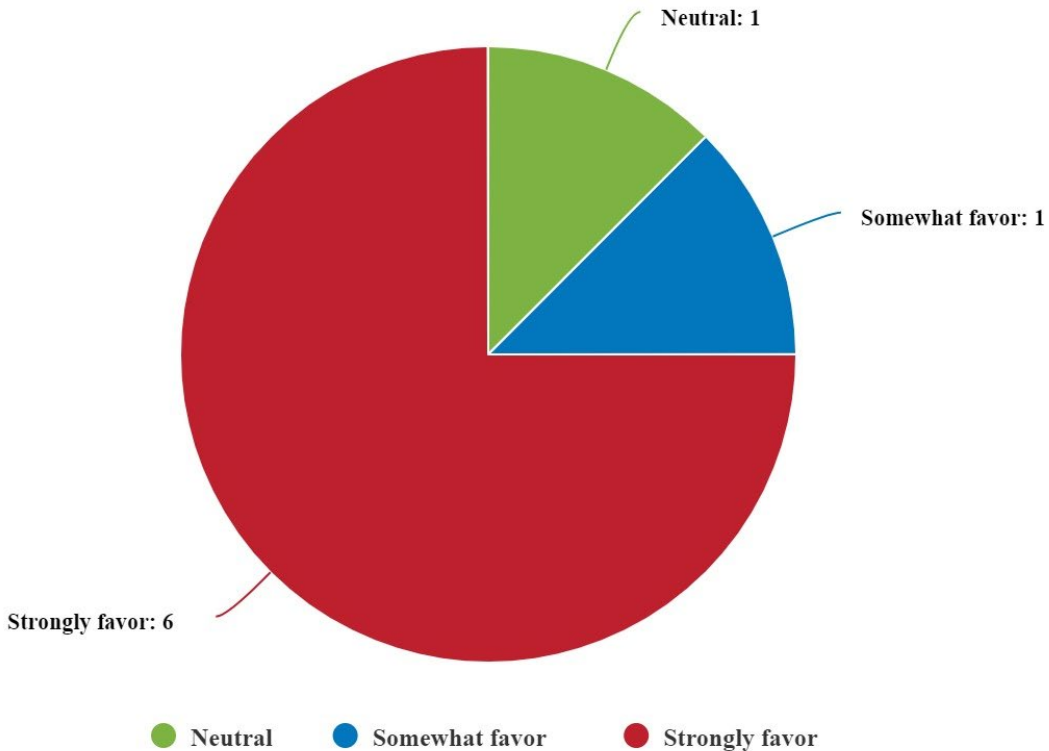


COMMUNITY ENGAGEMENT

Please tell us what you think about this goal and strategies?

Community engagement will enhance Title III-D Health Promotion. A stakeholder workgroup will require stakeholders from urban and rural communities to meet the intended goal.
I appreciate this goal. I am a firm believer that people process information differently. Some like face-to-face, some like written, and some do best with a combination. It would be so nice to be able to meet in person again. I think all communication (not referring to GWAAR specifically) has been difficult without being able to meet in person. Networking has been lost and that is a huge part of helping new people connect with others. It might be good for GWAAR to consider a system for mentoring new people. Maybe identify an AU director that can help answer questions that can't be answered by GWAAR. These include things like personnel issues, maximizing grants, things to look at if they need to save money, etc. GWAAR has expertise in many areas, but without any recent experience working in an AU or a combined AU/ADRC, those questions are difficult to answer.
Provide the communication equipment Phones internet Or its useless
This is absolutely critical to all the other efforts.

Do you support this goal?

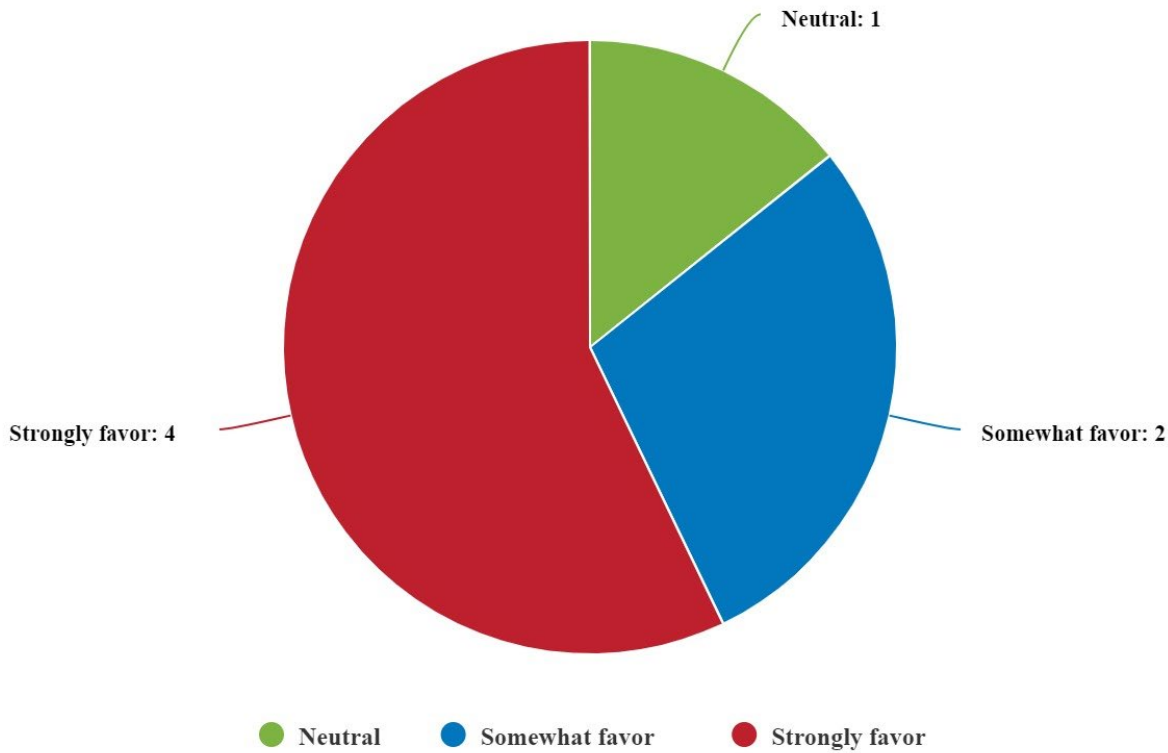


PERSON CENTERED SERVICES/RACIAL EQUITY/TITLE III C NUTRITION PROGRAM

Please tell us what you think about this goal and strategies?

don't do this from an office Go out to them and the farmers
excellent
I addressed this in the Nutrition goal above and support efforts to build relationships in local areas with food producers and distributors. Work on this goal can also indirectly assist in reaching goals for community involvement and loneliness, as well.
I'm super confused on how this goal and strategies relate to racial equity. I see the concept with the tribal menu plans and I'm fine with that if GWAAR is going to just concentrate on racial equity as it relates to our tribes. It doesn't however address any other racial issues. Also, I don't understand the relationship between SK and Person-Centered/Racial Equity unless person centered" is supposed to represent the individual AUs or tribes. I'm hoping this will be explained in the presentation. Thanks "

Do you support this goal?

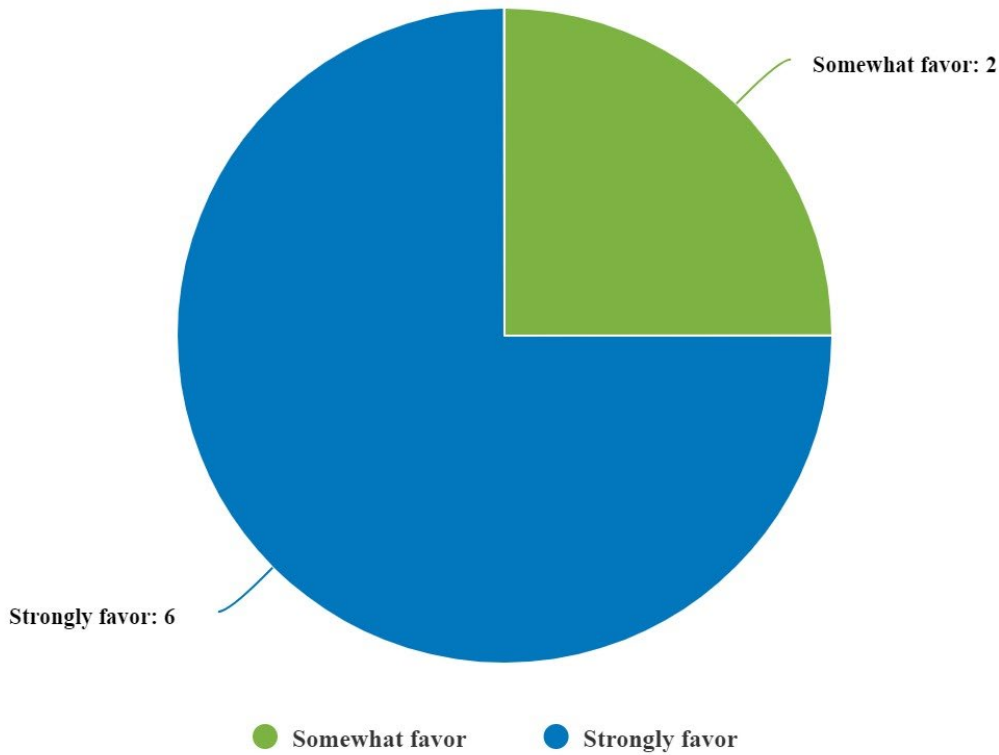


ADVOCACY

Please tell us what you think about this goal and strategies?

1.provide transportation to participants 2.waste of money 3.mail the info out in understandable language
EXCELLENT!
Hosting an annual aging advocacy day is a great opportunity to hear their voices. This will require creative means of transportation, invites, and means to support the Aging population to attend. Possibly collaborate with AARP and other Aging Alliances to promote the event. During this event, request interest from those attending to support a day at the Capitol to meet with Legislators. Could there be a mirror of the Advocacy Day in March that BPDD hosts, only have the audience be the Aging population.
I am strongly in favor of this goal and, as a retired communication professional, will be happy to help with efforts in this area.

Do you support this goal?

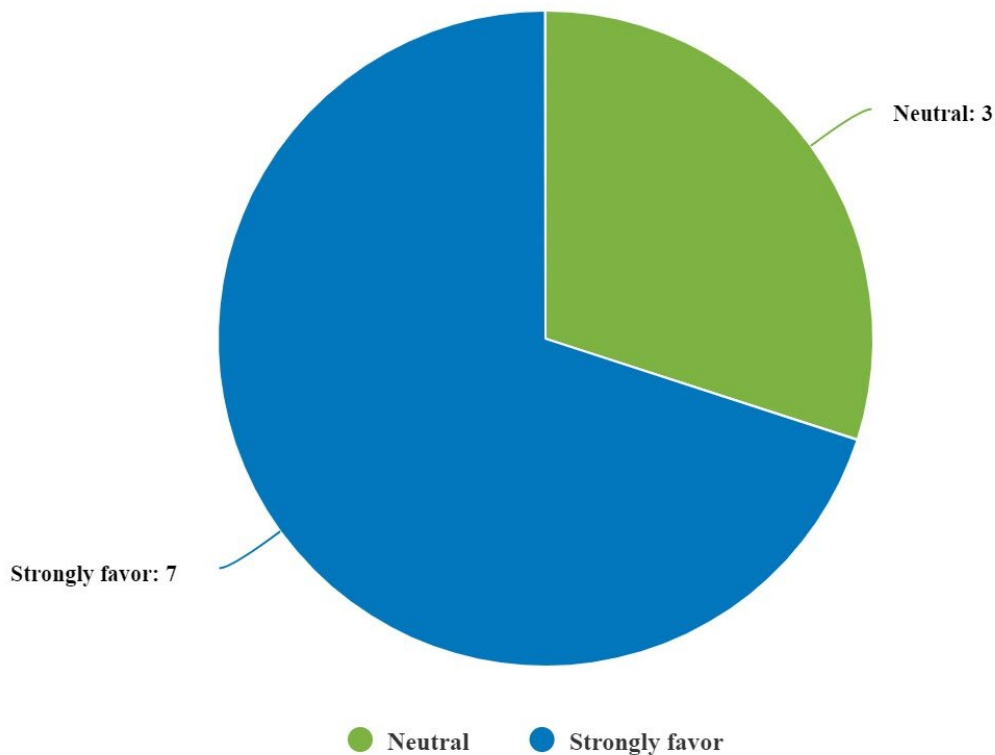


RACIAL AND HEALTH EQUITY

Please tell us what you think about this goal and strategies?

1.make up a panel of tribal members is essential 2,must be understandable 3.good idea in my opinion
Excellent ideas and the effort to involve Native Americans and others is clearly evident in this process. I encourage you to also consider that more than half of Native Americans in the USA now live in urban areas, not on reservations. In order to effectively reach out, we should be building relationships with urban, regional and university Native American organizations that serve this population. Also, when we indicate we are working with the Tribe" in our plans and goals
Excellent. I look forward to these educational opportunities. Thank you.
great goals. It is often difficult to engage tribes to work with the county agency.
Living in a county with a low rate of minorities, this is not a priority item for my agency.
What does Strategy 3 mean?

Do you support this goal?

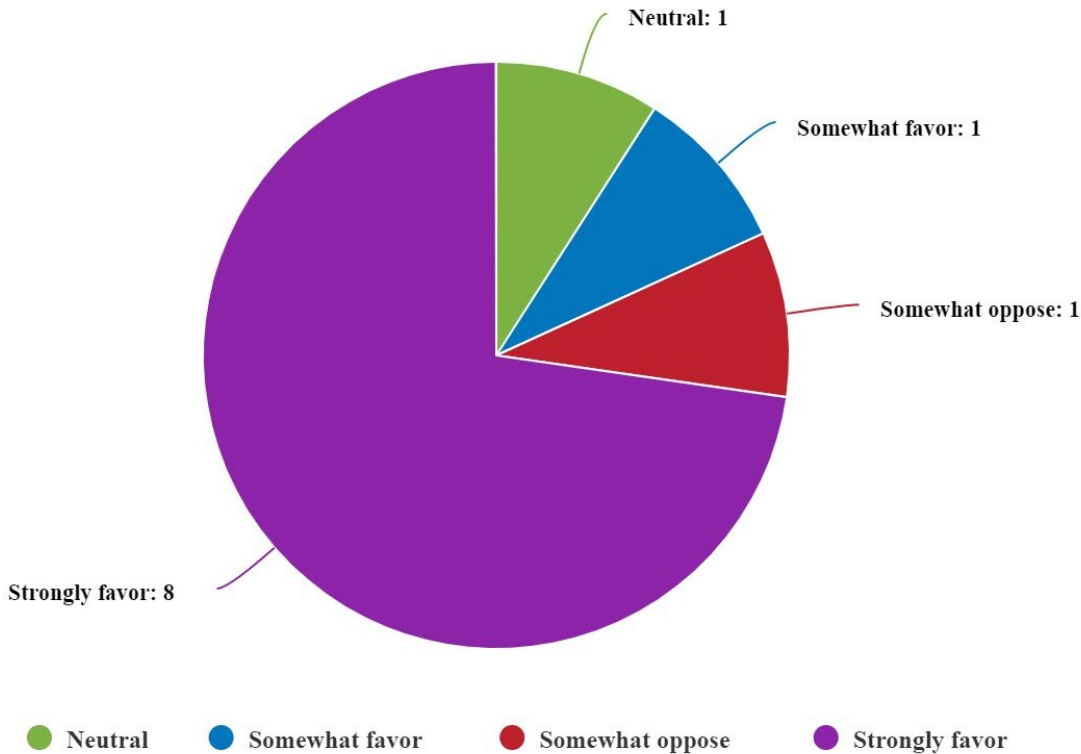


TITLE III-D HEALTH PROMOTION & HEALTH EQUITY

Please tell us what you think about this goal and strategies?

Consider a social network group to identify individuals interested in discussing their needs.
excellent
Great goal. It would be great if more workout centers would be willing to partner with counties to offer evidence based programming. Often older adults are fearful of participating in Health Promotion classes when they have mobility issues. Working with trained professionals may entice some of these individuals to participate if they can work around their disability.
I think the concept is great. I don't understand why the goal says "regardless of one's social determinants of health." I think aggregate data for an area related to social determinants of health should be used to determine what programs would be most important at the local level since very few agencies have enough funding to support a large number of evidence based programs. It seems strange to say "regardless of one's SDOA". Even still
makes no difference unless you provide free services
Very critical. In order to function in an effective and respectful manner, those involved in our own networks have to be aware and knowledgeable of disparities and needs in different communities, especially traditionally marginalized groups.

Do you support this goal?



APPENDIX D. OTHER COMMENTS

Email was submitted on Monday, October 25, 2021 8:30:19 PM

1. Regarding transportation funding, almost all rural aging units in the state could qualify for 50% of deficit funding through USDOT Section 5311 funding. Local match can come from Title IIIB as well as county funds. Historically, aging units have been hesitant to take this funding because it requires drug testing of drivers, but if more money would help, this is a readily available funding source.
2. From what I have heard (and we all know the reliability of hearsay evidence) many of the issues with transportation have to do with the lack of providers (either private providers or volunteer drivers), For areas where this is the case, I believe that GWAAR should find ways to assist in making private transportation more affordable (subsidies to riders) to keep existing providers busy. I've got no suggestions on how to increase the pool of volunteers other than making sure they don't have to lose money or insurance coverage by volunteering.
3. On a non-transportation related matter, I would like to see more included in the Racial Equity Section, especially as it relates to getting the tribes that don't have their own transit systems getting involved. To my knowledge, Red Cliff and Bad River have their own systems as part of Bay Area Rural Transit, LCO is part of Namekagon; Lac du Flambeau, Menominee, and Oneida have their own systems and Stockbridge-Munsee may contract with Menominee. Ho Chunk may be operating without FTA funding, but I'm not aware of the other tribes accessing FTA funding—including special tribal transit assistance.

Response:

- Item 1: An action step was added to the Title IIIB – Transportation goal to emphasize the 5311 in the transportation 101 program.
- Item 2: Strategy 3 under the Title IIIB – Transportation goal discusses the development of a volunteer driver awareness campaign in hopes of increasing the number of volunteer drivers to be able to provide more options for the riders.
- Item 3: An action step was added to the Title IIIB – Transportation goal to emphasize tribes and transit funding in the transportation 101 program.

APPENDIX E. PUBLIC HEARING AFFIDAVITS



A GANNETT COMPANY

STATE OF WISCONSIN
BROWN COUNTY

Public Hearing Announcement
Printed: Sunday October 31, 2021

GWAAR

1414 MACARTHUR RD STE A

MADISON WI 537141318

I, being duly sworn, doth depose and say I am an authorized representative of The Wausau Daily Herald, a newspaper at Wausau Wisconsin and that an advertisement of which the annexed is a true copy, taken from said paper, which published therein on:

Greater Wisconsin Agency on Aging Resources, Inc. (GWAAR) would like to invite you to attend a public hearing on our draft 2022-2024 Aging Plan. Due to the Coronavirus pandemic, the hearing is going to be held virtually through Microsoft Teams. The purpose of this public hearing is to receive comments on the goals set forth in the plan to guide GWAAR in serving local aging units and older adults across Wisconsin. The public hearing is set for November 15 and 17, 2021 at 4:00 pm. You can access the public hearing call-in and login information at: www.gwaar.org.

Here are other ways you can provide feedback on the draft goals:

1. You can view and provide comments on the draft plan goals at: <https://gwaar.mysocialpinpoint.com/aging-plan/goals/>.
2. You can request a copy of the draft plan goals by contacting us at info@gwaar.org or (608) 243-5670.
3. You can provide written comments to the address below. Deadline for written comments is November 18, 2021.

Greater Wisconsin Agency on Aging Resources, Inc.
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Madison, WI 53714
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Order Number: 0004980761
Total Ad Cost: \$23.42
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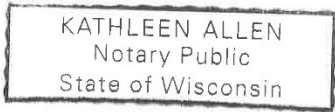
State of Wisconsin
County of Brown

Subscribed and sworn to before on November 11, 2021

Notary Public State of Wisconsin, County of Brown

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STATE OF WISCONSIN
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GWAAR

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MADISON WI 537141318

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State of Wisconsin
County of Brown
Subscribed and sworn to before on October 31, 2021



Notary Public State of Wisconsin, County of Brown

1-7-25

My Commission Expires

of Affidavits 1
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KATHLEEN ALLEN
Notary Public
State of Wisconsin

Anuncio de audiencia pública:
La GWAAR (Greater Wisconsin Agency on Aging Resources, Inc./Agencia de Recursos para el Envejecimiento del Gran Wisconsin) desea invitarlo a asistir a una audiencia pública acerca de nuestro borrador del Plan para el envejecimiento 2022-2024. Debido a la epidemia de COVID-19, la audiencia se celebrará de modo virtual mediante Microsoft Teams. La finalidad de esta audiencia pública es recibir comentarios sobre los objetivos establecidos en el plan para guiar a la GWAAR en su servicio a las unidades para el envejecimiento locales y a los adultos mayores de todo Wisconsin. La audiencia pública está planificada para el 15 y 17 de noviembre de 2021 a las 4:00 p. m. Puede sumarse a la audiencia usando la información de inicio de sesión y de participación por teléfono que encontrará en: www.gwaar.org.

Estas son otras maneras en las que puede aportar sus comentarios e impresiones acerca de los objetivos que figuran en el borrador:
1. Puede visualizar y aportar comentarios sobre los objetivos que figuran en el borrador del plan en: <https://gwaar.mysocialpinpoint.com/aging-plan/goals/>.
2. También puede solicitar una copia de los objetivos que figuran en el borrador del plan escribiendo a info@gwaar.org o llamando al (608) 243-5670.
3. Puede enviar sus comentarios por escrito a la dirección que aparece a continuación. La fecha límite para enviar comentarios por escrito es el 18 de noviembre de 2021.
Greater Wisconsin Agency on Aging Resources, Inc.
1414 MacArthur Road, Suite A
Madison, WI 53714
Run: October 31, 2021 WNAXLP

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Dane County } ss.

Arlene Staff

being duly sworn, doth depose and say that he (she) is an authorized representative of Capital Newspapers, publishers of

PWSJ Wisconsin State Journal

a newspaper, at Madison, the seat of government of said State, and that an advertisement of which the annexed is a true copy, taken from said paper, was published therein on the dates listed below.

Sworn to and subscribed before me this 12 day of Nov, 2021

(Signed) *Arlene Staff*
(Title) Principal Clerk

Rebecca Hen
Notary Public, Wisconsin

My Commission expires October 14, 2024

Public Hearing Announcement
Greater Wisconsin Agency on Aging Resources, Inc. (GWAAR) would like to invite you to attend a public hearing on our draft 2022-2024 Aging Plan. Due to the Coronavirus pandemic, the hearing is going to be held virtually through Microsoft Teams. The purpose of this public hearing is to receive comments on the goals set forth in the plan to guide GWAAR in serving local aging units and older adults across Wisconsin. The public hearing is set for November 15 and 17, 2021 at 4:00 pm. You can access the public hearing call-in and login information at: www.gwaar.org. Here are other ways you can provide feedback on the draft goals:
1. You can view and provide comments on the draft plan goals at: <https://gwaar.mysocialpinpoint.com/aging-plan/goals/>.
2. You can request a copy of the draft plan goals by contacting us at info@gwaar.org or (608) 243-5670.
3. You can provide written comments to the address below. Deadline for written comments is November 18, 2021
Greater Wisconsin Agency on Aging Resources, Inc.
1414 MacArthur Road, Suite A
Madison, WI 53714
WSJ: October 31, 2021 78036 WNAXLP

Public Hearing Announcement
Greater Wisconsin Agency on Aging Resources, Inc. (GWAAR) would like to invite you to attend a public hearing on our draft 2022-2024 Aging Plan. Due to the Coronavirus pandemic, the hearing is going to be held virtually through Microsoft Teams. The purpose of this public hearing is to receive comments on the goals set forth in the plan to guide GWAAR in serving local aging units and older adults across Wisconsin. The public hearing is set for November 15 and 17, 2021 at 4:00 pm. You can access the public hearing call-in and login information at: www.gwaar.org. Here are other ways you can provide feedback on the draft goals:
1. You can view and provide comments on the draft plan goals at: <https://gwaar.mysocialpinpoint.com/aging-plan/goals/>.
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Section: Legals
Category: 0100 LEGAL NOTICE
PUBLISHED ON: 10/31/2021

TOTAL AD COST: 39.99
FILED ON: 11/12/2021

REBECCA HENRECKSON
Notary Public
State of Wisconsin

APPENDIX F. PUBLIC HEARING ANNOUNCEMENTS

GWAAR's Website:



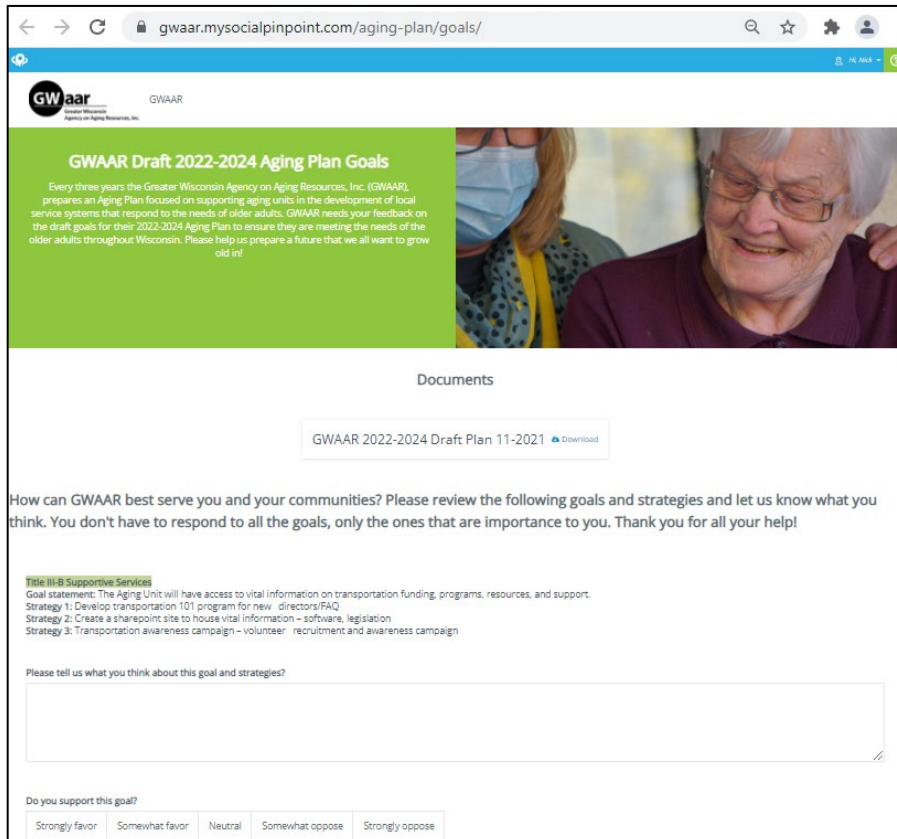
GWAAR Public Hearing and Draft Aging Plan

 **Public Hearing Announcement and Draft Aging Plan**



GWAAR invites you to attend a public hearing on our draft Aging Plan. The hearings will be held virtually through Microsoft Teams. Get the hearing details **here**. We encourage you to **read the draft** and view and provide comments on the draft plan goals at:
<https://gwaar.mysocialpinpoint.com/aging-plan/goals>

GWAAR's Social Pinpoint Site and Survey



The screenshot shows a web browser window with the URL gwaar.mysocialpinpoint.com/aging-plan/goals/. The page features the GWAAR logo and a green header with the text "GWAAR Draft 2022-2024 Aging Plan Goals". Below the header is a photograph of two elderly women, one wearing a face mask. The main content area is titled "Documents" and contains a button labeled "GWAAR 2022-2024 Draft Plan 11-2021" with a download icon. A survey question asks: "How can GWAAR best serve you and your communities? Please review the following goals and strategies and let us know what you think. You don't have to respond to all the goals, only the ones that are importance to you. Thank you for all your help!". The survey content includes a section for "Title III-B Supportive Services" with a goal statement and three strategies. A text input field is provided for comments, and a rating scale at the bottom asks "Do you support this goal?" with options: "Strongly favor", "Somewhat favor", "Neutral", "Somewhat oppose", and "Strongly oppose".

GWAAR Newsletter 11-9-21



Volume 3, No. 43, Week of November 8, 2021 Office (608) 243-5670 Fax (866) 813-0974 info@gwaar.org

Greater Wisconsin Agency on Aging Resources

[Calendar of Events](#)

Links to files may download or open, depending on your settings.

Advocacy

[Janet Zander](#), Advocacy & Public Policy Coordinator

Nice to Know

Take Action to Support Inclusion of Aging Network Priorities in the ""

On Friday, November 5, 2021, the House of Representatives passed the Senate's bipartisan infrastructure bill and sent it to the President for his signature. This bill contains funding for roads, bridges, transit, broadband, and other traditional infrastructure projects. This legislation supports older adults by providing funding for increasing transit accessibility and extending rural broadband.

With the infrastructure bill now passed, the focus shifts to the "Build Back Better Act" (budget reconciliation bill). The House-written bill, as it stands today, contains several key priorities for older adults and aging programs.

Read more about what's included in the Build Back Better Act and about how to take action here:

<https://gwaar.org/api/cms/viewFile/id/2007156>

Aging Plans

[Nick Musson](#) Older Americans Act Consultant - Transportation Specialist

Need to Know

GWAAR Aging Plan Public Hearings

Monday, November 15, 4:00 p.m. - Public Hearing #1

Click here to join the meeting: https://teams.microsoft.com/l/meetup-join/19%3ameeting_ZmJhMTA4NzEtNmMwZC00OGIOLThhZGZEtOTI3MmVhYjAyOGRh%40thread.v2/0?context=%7b%22Tid%22%3a%22e087664-409d-4c4c-a6b4-7aa01020d6ea%22%2c%22Oid%22%3a%22e7c86c1b-995c-45b5-9877-4c6e697716fd%22%7d

Or call in (audio only)

+1 608-338-1382,,906233640#

Phone Conference ID: 906 233 640#

Wednesday, November 17, 2021, 4:00 p.m. - Public Hearing #2

Click here to join the meeting: https://teams.microsoft.com/l/meetup-join/19%3ameeting_ZDgyMDE4MmQtZjdmYS00ZjBiLTkyZDYtYWVhZDk2ZjE3NjJk%40thread.v2/0?context=%7b%22Tid%22%3a%22e087664-409d-4c4c-a6b4-7aa01020d6ea%22%2c%22Oid%22%3a%22e7c86c1b-995c-45b5-9877-4c6e697716fd%22%7d

Greater Wisconsin Agency on Aging Resources, Inc. 1414 MacArthur Road, Suite A; Madison, WI 53714

Or call in (audio only)

+1 608-338-1382,,401626187#

Phone Conference ID: 401 626 187#

Greater Wisconsin Agency on Aging Resources, Inc. (GWAAR) invites you to attend a public hearing on our draft 2022-2024 Aging Plan. Due to the Coronavirus pandemic, the hearings will be held virtually through Microsoft Teams. The purpose of the public hearings is to receive comments on the goals set forth in the plan to guide GWAAR in serving local aging units and older adults across Wisconsin.

Here are other ways you can provide feedback on the draft goals:

1. You can view and provide comments on the draft plan goals at:

<https://gwaar.mysocialpinpoint.com/aging-plan/goals>

2. You can request a copy of the draft plan goals by contacting us at info@gwaar.org or (608) 243-5670.

3. You can provide written comments to the address below. Deadline for written comments is November 18, 2021.



Public Hearing

How Can GWAAR Best Serve You and Your Communities?

We've completed a draft of our 2022-2024 Area Plan and we'd like your input!

Our two public hearings will be held virtually at 4:00 p.m.

Monday, November 15, 2021 at:

[Click here to join the meeting](#)

Or call in (audio only)

+1 608-338-1382,,906233640#

Phone Conference ID: 906 233 640#

Wednesday, November 17, 2021 at:

[Click here to join the meeting](#)

Or call in (audio only)

+1 608-338-1382,,401626187#

Phone Conference ID: 401 626 187#

Please plan to share feedback about our draft goals. You can request the plan by contacting us at info@gwaar.org or (608) 243-5670 or view it on our website.

<https://gwaar.mysocialpinpoint.com/aging-plan/goals/>

Deadline for written comments November 18, 2021 Please send comments to:

Greater Wisconsin Agency on Aging Resources, Inc.

1414 MacArthur Road, Suite A, Madison, WI 53714



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Certificate Pages: 5	Initials: 0
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Envelopeld Stamping: Enabled	Patrick Metz
Time Zone: (UTC-08:00) Pacific Time (US & Canada)	1414 MacArthur Rd Suite A
	Madison, WI 53714
	patrick.metz@gwaar.org
	IP Address: 107.77.210.82

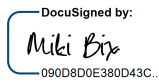
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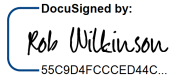
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Nick Musson
 nick.musson@gwaar.org
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Completed	Security Checked	3/2/2022 11:32:24 AM

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From time to time, Greater Wisconsin Agency On Aging Resources, Inc. (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

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Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Greater Wisconsin Agency On Aging Resources, Inc.:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: patrick.metz@gwaar.org

To advise Greater Wisconsin Agency On Aging Resources, Inc. of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at patrick.metz@gwaar.org and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

To request paper copies from Greater Wisconsin Agency On Aging Resources, Inc.

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to patrick.metz@gwaar.org and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Greater Wisconsin Agency On Aging Resources, Inc.

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an email to patrick.metz@gwaar.org and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

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- Until or unless you notify Greater Wisconsin Agency On Aging Resources, Inc. as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by Greater Wisconsin Agency On Aging Resources, Inc. during the course of your relationship with Greater Wisconsin Agency On Aging Resources, Inc..