



**Greater Wisconsin Agency on
Aging Resources
FY 2025-2027 Plan on Aging**

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EXECUTIVE SUMMARY

Area Agency on Aging Role

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 (AAA). 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.

Mission

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.

Our Philosophy

At the Greater Wisconsin Agency on Aging Resources, Inc. (GWAAR), we're focused on opportunities and let our principles and values drive all we do as an area agency on aging.

Quality

Our top priority is to ensure the programs and services serving Wisconsin's seniors are available, accessible, and meet the highest quality standards. We continually look for ways to make those programs and services better, more efficient, and more customer friendly.

Innovation

We look for ways to do more than simply respond to needs—we try to anticipate them. We foster new, creative approaches to training and technical assistance and encourage new ideas for providing programs and services that best match the needs of older people in the state.

Leadership

Throughout our agency we demonstrate and recognize leadership. We try to not only respond to needs but anticipate them. And because we respect and value the leadership and professionalism of county and tribal aging program staff, we encourage and support leadership development at all staff levels.

Advocacy

We play a leading role in developing and monitoring legislation that may have an impact on older people and work closely with the aging network to promote and advocate for good public policy for Wisconsin's seniors. We also encourage grassroots advocacy and work to deliver clear communication to older people on the

issues that affect them.

Special Projects and Programs

GWAAR staff are engaged in a variety of grant-funded projects that support older people and aging professionals, including special projects connecting veterans to home health services and outreach and education on the Medicare and Medicaid programs.

GWAAR Leadership

GWAAR is led by its Executive Director, John Schnabl, who took over as director in June of 2022. John was previously the Manager of Older Americans Act Programs and Special Projects since GWAAR's inception in 2009. Prior to that John was the Executive Director of the Southeastern Wisconsin Area Agency on Aging where he worked since March of 1999.

GWAAR is governed by a volunteer Board of Directors with members from many parts of the state. The current Chairperson is Dave Ostness from River Falls, Wisconsin. Dave has been a St. Croix County Board Supervisor for six terms and serves on the Health and Human Services Board and has served eight years on the Council on Aging and Disabilities. He was also a driver for Meals on Wheels. Dave serves on the Wisconsin County Association (WCA) committees on Health and Human Services and Transportation, the National Association of Counties' (NACO) Transportation Committee and has been on the board of the West Central Wisconsin Community Action Agency, Inc. (West CAP) for eight years.

Assisting GWAAR staff and Board is the GWAAR Advisory Council. The current chairperson is David Denomie from Shawano, Wisconsin. David is a retired professor of communication from Marquette University. He was born in Milwaukee and lived there until retiring, having previously worked for the Milwaukee Public Museum. He served as a volunteer and board member in various community organizations. David is an enrolled member of the Mashiiizibii (Bad River) Ojibwe.

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 stakeholder interviews and a survey to learn more about the types of programs and services that are important, now and into the future, to the aging units as well as the older adults who depend on them. The insights collected will be used to develop GWAAR's Aging Plan goals and objectives for the next three years and beyond. At a high level the major takeaways include the following:

Funding

There is not enough funding to support OAA programs and services overall. Funding has not kept pace with the growth of older adults and programs and services are unable to meet the demand. There was discussion about the Nutrition C1 and C2 funding and the lack of flexibility to move funding from one to another. Caregiving and Home Delivered Meals (Nutrition C2) needs more funding to meet the demand. Aging units are having to implement waitlists for Home Delivered Meals and prioritize on the greatest need. Aging units are asking GWAAR to advocate for additional funding across the board.

Sustainability

When there is not enough funding to support aging programs and services, aging units are forced to figure out how to sustain existing services. Many aging units are developing goals for their aging plans that focus on sustainability and maintaining current programs and services.

Operational Efficiencies

To maintain existing services or to do more with less, aging units are looking to streamline processes to make them more efficient. Aging units are looking to GWAAR to help them prepare for the future.

Long Path Vision

As the demographic landscape of the United States continues to shift toward an aging population, GWAAR will play a vital role in ensuring that older adults thrive within their communities. With our network facing challenges such as planning, advocacy, resource coordination, and capacity building—a long-term vision is essential. This vision will incorporate key elements such as sustainability, new Older Americans Act (OAA) regulations, data-driven decision-making, innovation, funding diversification, and operational efficiencies.

Sustainability depends on the strength and stability of the local aging network. GWAAR can enhance the capacity of sustainability through training, technical assistance, and guidance on best practices. This support enables counties and tribes to operate more efficiently and deliver high quality support to older adults in their communities.

As new regulations and reauthorizations of the OAA emerge, GWAAR will adapt their strategies to ensure alignment with federal and state policies. GWAAR's vision incorporates an initiative-taking approach to navigating new OAA regulations, along with support and guidance from the Bureau of Aging and Disability Resources.

GWAAR will use PeerPlace to collect and analyze data related to demographics, trends, and unmet needs. This data will be crucial for identifying gaps in unserved populations, projecting future demand, working with the counties and tribes to identify both current and future planning to meet the needs of the older adult population. Innovation will be key to ensuring that the Aging Network remains relevant and

effective in coordinating and advocating for aging services in the future. By looking for innovative ideas, including modernization of congregate programs, caregiving resources and creative partnerships, GWAAR can enhance its role in strategic planning.

GWAAR will assist the counties and tribes with planning of the anticipated growth in the aging population. This includes forecasting future needs and ensuring that funding structures are scalable and adaptable for our counties and tribes. The focus of the long-term funding vision is continued support from federal programs like the Older Americans Act (OAA) and state/local governments. GWAAR will work closely with state and federal legislators to advocate for increased funding under the Older Americans Act, ensuring that older adults receive the programs and support they need.

The long path vision for GWAAR is the sustainability of the OAA programs and focusing on creating an adaptable path for the counties and tribes, ensuring ongoing support for older adults, regardless of changing economic and demographic growth.

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 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

Older Adult Population

According to Table 1., older adults in Wisconsin (65+) account for about 17.7 percent of the total population. Of the 1,038,620- older adults, 46 percent are male, and 54 percent are female. In addition to the large percentage of older adults in Wisconsin, there is a substantial number (411,666) of adults that are going to be aging into the older adult category in the next 1-5 years.

Table 1. Total Population 65+		
Age Group Estimates	United States	Wisconsin
Total Population - All Ages, All Races	331,097,593	5,882,128
60+	75,779,824	1,449,786
65+	54,737,648	1,038,620
75+	22,476,969	420,624
85+	6,510,107	127,919
% 60+	22.9%	24.6%
% 65+	16.5%	17.7%
% 75+	6.8%	7.2%
% 85+	2.0%	2.2%
Males age 65+	24,482,007	478,089
<i>Males as percent of 65+ population</i>	44.7%	46.0%
Females age 65+	30,255,641	560,531
<i>Females as percent of 65+ population</i>	55.3%	54.0%
<small>Source: U.S. Bureau of the Census, American Community Survey, 2018-2022 Five-year Estimates, Table B01001, 1/2024</small>		

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	1,339,492	1,311,425	1,338,370	1,366,010	1,385,735	1,390,055	1,381,310
18-64	3,570,180	3,576,670	3,602,780	3,580,325	3,565,855	3,577,580	3,574,960
65 & over	777,314	894,920	1,063,930	1,257,515	1,424,320	1,508,635	1,535,365
Source: Wisconsin Department of Administration, Demographic Services, 2010-2040 Population Projections, Vintage 2013							

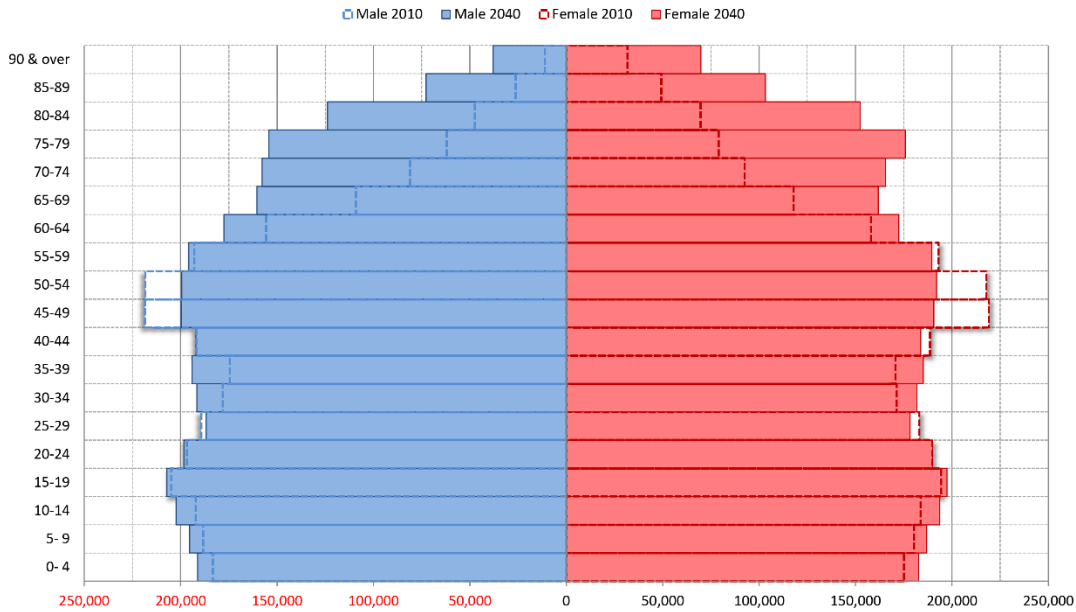
Table 3. Population Projections, Wisconsin 2010-2040		
Age	Num Change 2010-2040	Pct Change 2010-2040
0-17	41,818	3.12%
18-64	4,780	0.13%
65 & over	75,8051	97.52%
Source: Wisconsin Department of Administration, Demographic Services, 2010-2040 Population Projections, Vintage 2013		

Table 4. Population Projections, Wisconsin 2010-2040		
Age	Share of Population 2010	Share of Population 2040
		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

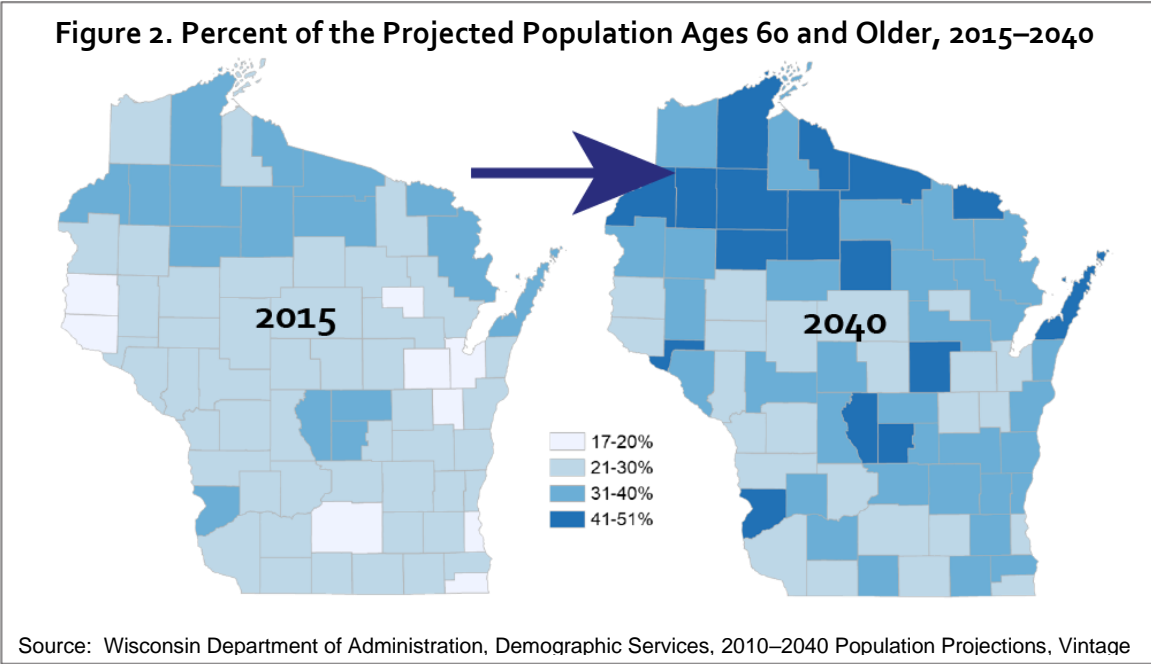
Age-Sex Pyramid, Wisconsin,
2010 and 2040 Final Projections



Based 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 must 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 live? 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 of the 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 retirement.



Racial Diversity

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 2022 makes up about 80 percent of the total population and about 93 percent of the total population for 65 years and over. See Table 5 below for more detail.

Table 5. Wisconsin's 2022 Race and Ethnicity Make-up

Population by Race and Ethnicity, <u>July 2022</u>	United States	Wisconsin
Total - All Ages: Total Population	333,287,557	5,892,539
65+ All Races and Hispanic Ethnicity	57,794,852	1,102,119
<i>% of Total Population that is 65+</i>	17.3%	18.7%
<i>% of 65+ that is All Races and Hispanic Ethnicity</i>	100.0%	100.0%
Total - All Ages: White/Caucasian Alone, not Hispanic	196,225,966	4,720,083
65+ White/Caucasian	43,269,006	1,020,599
<i>% of White/Caucasian pop that is 65+</i>	22.1%	21.6%
<i>% of 65+ that is White/Caucasian</i>	74.9%	92.6%
Total - All Ages: Black/African American Alone, not Hispanic	42,070,471	369,629
65+ Black/African American	5,455,566	34,099
<i>% of Black/African American pop that is 65+</i>	13.0%	9.2%
<i>% of 65+ that is Black/African American</i>	9.4%	3.1%
Total - All Ages: Native American/Alaska Native Alone, not Hispanic	2,420,972	52,201
65+ Native American/Alaska Native	345,439	6,568
<i>% of Native American/Alaska Native pop that is 65+</i>	14.3%	12.6%
<i>% of 65+ that is Native American/Alaska Native</i>	0.6%	0.6%
Total - All Ages: Asian Alone, not Hispanic	20,276,025	187,007
65+ Asian	2,854,856	12,733
<i>% of Asian pop that is 65+</i>	14.1%	6.8%
<i>% of 65+ that is Asian</i>	4.9%	1.2%
Total - All Ages: Hawaiian/Pacific Islander Alone, not Hispanic	635,928	2,407
65+ Hawaiian/Pacific Islander	72,319	256
<i>% of Hawaiian/Pacific Islander pop that is 65+</i>	11.4%	10.6%
<i>% of 65+ that is Hawaiian/Pacific Islander</i>	0.1%	0.0%
Total - All Ages: Two or More Races, not Hispanic	7,993,849	113,061
65+ Two or More Races	512,497	4,980
<i>% of Two or More Races pop that is 65+</i>	6.4%	4.4%
<i>% of 65+ that is Two or More Races</i>	0.9%	0.5%
Total - All Ages: Hispanic/Latino Ethnicity (May be any Race)	63,664,346	448,151
65+ with Hispanic/Latino Ethnicity	5,285,169	22,884
<i>% of Hispanic/Latino Ethnicity pop that is 65+</i>	8.3%	5.1%
<i>% of 65+ with Hispanic/Latino Ethnicity</i>	9.1%	2.1%

Source: U.S. Bureau of the Census, Annual Population Estimates, July 2019 released Summer 2020; and nc-est2022-asr6h, 1/2024

Income

According to the [Pew Research Center](#), roughly one-in-five Americans ages 65 and older (19%) were employed in 2023 – nearly double the share of those who were

working 35 years ago.¹ There are several factors influencing this trend, individually or in combination, including insufficient retirement savings, social engagement opportunities, better health among older adults, and changes in family structure.

There are 667,538 household heads (65+) bringing in income throughout Wisconsin with a median household income of \$52,831. Table 6 depicts the household income for Wisconsin’s population 65+ and Table 7 Wisconsin’s median household income.

Table 6. 2022 Wisconsin Pop 65+ Household Income		
Household Income	United States	Wisconsin
Households with head age 65+	33,591,776	667,538
Household income below \$15,000	3,658,242	59,228
<i>% with HH income below \$15,000</i>	10.9%	8.9%
Household income below \$25,000	7,554,333	132,188
<i>% with HH income below \$25,000</i>	22.5%	19.8%
Household income below \$35,000	11,103,451	218,351
<i>% with HH income below \$35,000</i>	33.1%	32.7%
Household income below \$50,000	15,547,096	314,536
<i>% with HH income below \$50,000</i>	46.3%	47.1%
Household income below \$75,000	21,317,453	451,880
<i>% with HH income below \$75,000</i>	63.5%	67.7%
Household income below \$100,000	25,191,008	534,659
<i>% with HH income below \$100,000</i>	75.0%	80.1%

Source: U.S. Bureau of the Census, American Community Survey, 2018-2022 Five-year Estimates, Table B19037, 1/2024

Table 7. 2022 Wisconsin Median Household Income		
Median Household Income	United States	Wisconsin
Total, householders of all ages:	\$75,149	\$72,458
Householder under 25 years	\$41,114	\$41,408
Householder 25 to 44 years	\$83,505	\$82,872
Householder 45 to 64 years	\$90,808	\$88,582
Householder 65 years and over	\$54,699	\$52,831

Source: U.S. Bureau of the Census, American Community Survey, 2018-2022 Five-year Estimates, Table B19049, 1/2024

Poverty

According to the [America’s Health Rankings® 2024 Senior Report](#) between 2021 and 2022, poverty increased 6% among older adults — an increase of almost 553,000 older adults. Older adults are increasingly at risk of poverty for a number of factors that include increasing inflation, inadequate retirement savings, and rising healthcare costs. Poverty among older adults in Wisconsin is 8.1 percent. Poverty among older adult females is at 9.6 percent which is higher than males at 6.4 percent. See table 8

¹ <https://www.pewresearch.org/social-trends/2023/12/14/older-workers-are-growing-in-number-and-earning-higher-wages/>, 9/24/2024

for additional details on 2022 poverty levels among older adults in Wisconsin.

	United States	Wisconsin
Males age 65+	23,965,553	468,507
65+ Males in Poverty	1,982,374	30,117
<i>% of 65+ males in poverty</i>	8.3%	6.4%
Females age 65+	29,386,810	542,622
65+ Females in Poverty	3,327,078	52,184
<i>% of 65+ females in poverty</i>	11.3%	9.6%
Persons age 65+	53,352,363	1,011,129
Persons 65+ in poverty	5,309,452	82,301
<i>% of persons 65+ in poverty</i>	10.0%	8.1%
*Note: Totals for this table only include persons for whom poverty status can be determined.		
<i>Source: U.S. Bureau of the Census, American Community Survey, 2018-2022 Five-year Estimates, Table B17001, 1/2024</i>		

Urban and Rural Wisconsin

The Census Bureau for the 2020 Census defines an urban area as densely developed territory, and encompasses residential, commercial, and other non-residential urban land uses. To qualify as an urban area, the territory identified according to criteria must encompass at least 2,000 housing units or have a population of at least 5,000. Rural areas include anything that doesn't fall under the urban area definition. There are 86 urban areas identified in the State of Wisconsin. These urban areas account for a total of 3,953,691 total people or 67.1 percent of the state population. The rural areas account for 1,940,027 total people or 32.9 percent. The urban area, or 67.1 percent of the total population, only covers about 1,771 square miles of Wisconsin's total of 65,496 square miles. This means that the urban area or 67.1 percent of the total population resides in only 2.7 percent of the total square miles of the state. The remaining 97.3 percent of the state is considered rural. Table 9 and depicts the 2020 urban and rural population numbers and square miles.

State Name	2020 Total Pop	2020 Urban Pop	2020 Pct Urban Pop	2020 Rural Pop	2020 Pct Rural Pop
Wisconsin	5,893,718	3,953,691	67.1	1,940,027	32.9
2020, US Census Decennial Data					

	Square Miles	Square Miles %	Population	Population %
Wisconsin	65,496		5,893,718	
Urban Areas	1,771	2.7	3,953,691	67.1
Rural Areas	63,725	97.3	1,940,027	32.9
2020, US Census Decennial Data				

DEVELOPMENT OF THE AGING 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:

- Sustainability
- Funding diversification
- Innovation
- Operational efficiencies.
- Meeting new Older American Act regulations

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

- Funding
- Caregiving/Respite
- Operational efficiencies
- Communication
- Advocacy

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.

Community Engagement

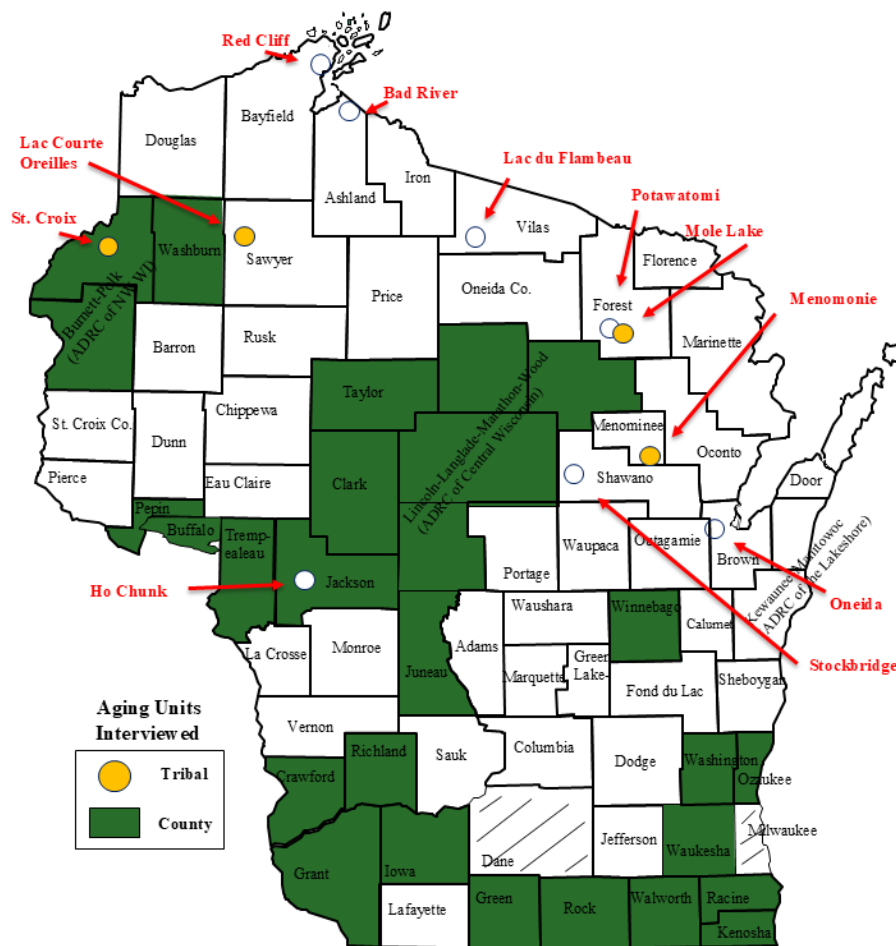
Community Engagement is a strategic process of working collaboratively with an identified group to achieve a particular outcome. Engagement ensures that decisions reflect the participants' needs and interests, consider diverse viewpoints and values, and are made in collaboration and consensus with all stakeholders. GWAAR's process included a stakeholder survey and Aging Unit interviews. The following is a summary of each activity with some major takeaways.

Aging Unit Interviews

Interviews are an effective way to gather qualitative input to better understand experiences and opinions of a subject. Interviews allow for open-ended and follow-up questions, which are hard to utilize through other methods of data collection like surveys. GWAAR's objective is to learn more about the types of programs and services that are important, now and into the future, to the aging units as well as the older adults. The insights collected will be used to develop GWAAR's Aging Plan goals and strategies for the next three years and beyond.

GWAAR's Advisory Council members conducted 25 aging unit director interviews

throughout Wisconsin. The map below illustrates the county and tribal aging units selected for interviews and their locations.



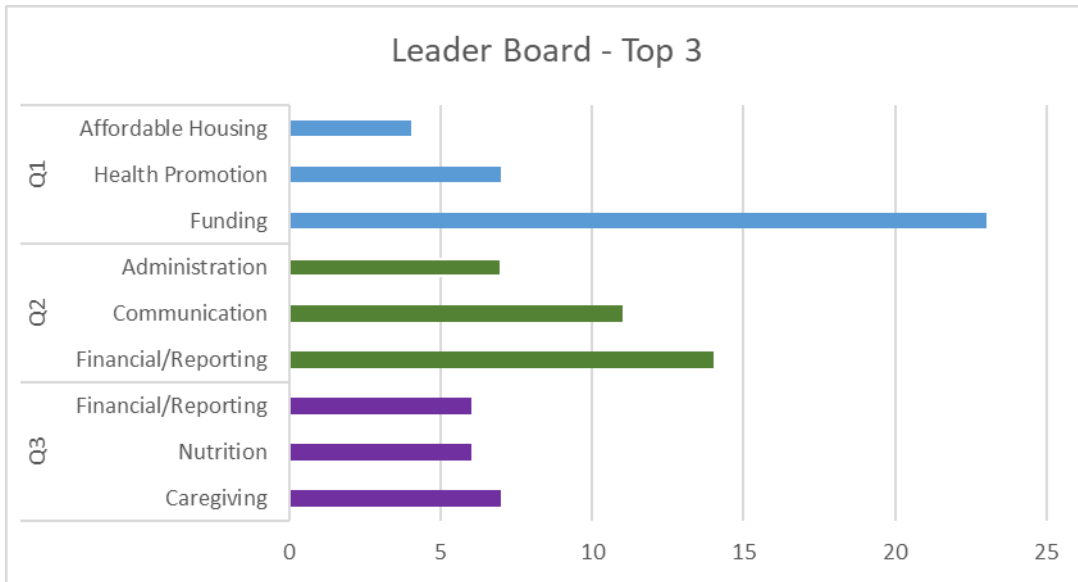
Advisory Council members selected aging units based on their location and familiarity. Members either set up a virtual call or met in-person to conduct the interviews. A script, including questions, was prepared for the Advisory Council members to aid in the interview. Below is a summary of the interview responses. For more information, see the detailed results in the Appendix.

Interview Questions:

Q1: What do the older people in your community need that GWAAR could help you provide?

Q2: Is there something GWAAR could do that would make your job serving older adults easier or more efficient?

Q3: Are there areas that you are having trouble responding to? Do you have suggestions for how GWAAR could assist you with addressing any of these areas?



Q5: Do you have any other items or suggestions that should be addressed in GWAAR’s 3-year plan?

Top Four	
Category	Count
Funding	6
Administration	4
Elder Benefits Specialist	4
Volunteering	4

Q8: Positive Feedback:

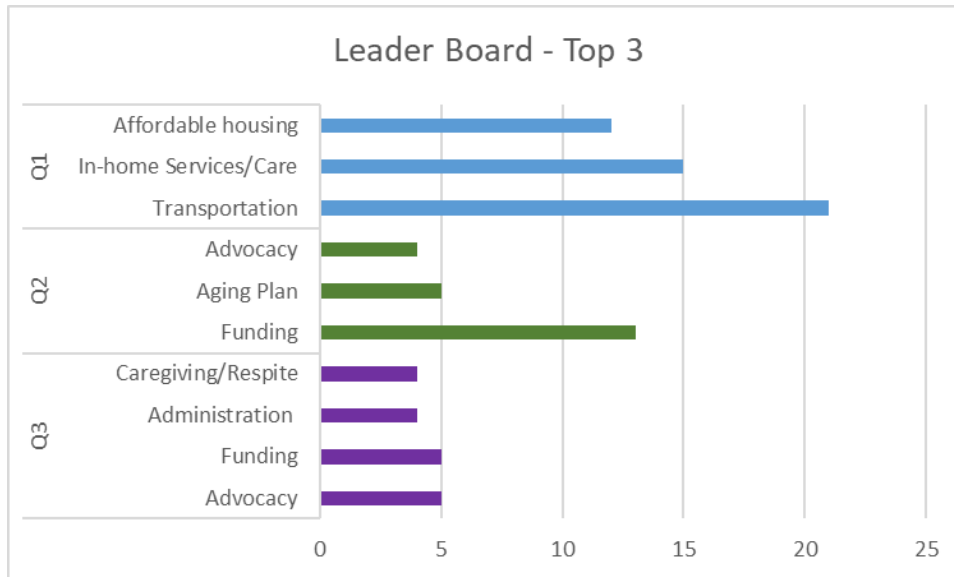
- ★ “GWAAR does a great job overall of supporting the County ADRC.”
- ★ “Overall, GWAAR is doing a great job. Our GWAAR consultant is terrific and wonderful to work with.”
- ★ “GWAAR is doing a great job of providing assistance when asked.”

Stakeholder Survey

A stakeholder survey was developed for those aging units that were not part of the interview process. The survey questions were similar to the interview but more concise. The goal of the survey is to get a better understanding of the types of programs and services that are important, now and in the future, to the aging units as well as the older adults. The survey had a total of 27 participants that took part. Below is a summary of the stakeholder survey results.

Survey Questions:

- Q1: What are the top three responses or issues that were identified from your aging plan community engagement efforts?
- Q2: Looking at your top three community engagement responses or issues, how can GWAAR help you better address them?
- Q3: Do you have any other suggestions of items that should be addressed in GWAAR’s three-year plan?



Q4: Please share any positive feedback on what GWAAR is doing well.

- ★ “Being supportive, providing us the education and support we need to be successful in plan development.”
- ★ “I think all your subject matter experts are awesome. Keep up the good work.”
- ★ “GWAAR is a great resource for so many different topics. The GWAAR SharePoint is a blessing. All employees are well educated, very helpful, and a great resource as well.”

In addition to using the community engagement results from both the interviews and surveys in the development of GWAAR’s Aging Plan goals, GWAAR identified several responses related to operational efficiencies and communications that need to be addressed. Areas that need to be addressed include fiscal, training, and SharePoint. To address these issues GWAAR is now offering a yearly Fiscal Training starting 2024, expanding GWAAR Ed’s training offerings and rolling out more expansive and tailored SharePoint sites for each department within GWAAR.

Partners and Resources

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.

Public hearings

-summary of public hearing results – coming soon

GOALS

The goals for the GWAAR 20250-2027 Aging Plan are designed to address the community engagement received but also to meet the seven State identified focus areas. The focus areas are broken out into OAA Title III Programs and Network Values. The following describes the make-up of the seven focus areas:

OAA Title III Program Focus Areas

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

Network Value Focus Areas

In addition, there are three aging network values: person centeredness, equity, and advocacy. At least one goal is required to address each of these, either as a stand-alone goal or within one of the OAA Title III program areas mentioned above.

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

TITLE IIIB SUPPORTIVE SERVICES

Title IIIB of the Older Americans Act focuses on providing supportive services to help older adults remain independent and continue living in their communities. It allocates federal funding to states to offer essential services, such as transportation, in-home assistance, and legal aid, all aimed at promoting the health and well-being of older adults. These services are designed to address the needs of seniors who may face barriers to accessing healthcare, maintaining their homes, or staying socially connected, therefore improving their quality of life. Key services under Title IIIB include transportation to medical appointments, grocery stores, and community centers; in-home assistance like personal care and homemaker services; legal aid to help senior with elder rights or accessing benefits. Adult daycare and respite services are also provided. Title IIIB supports the independence of older adults and helps them remain active and engaged in their communities for as long as possible.

The goal to enhance emergency preparedness was developed in response to the challenges and lessons learned during the Covid 19 pandemic, as well as the regulatory requirements outlined in the Older Americans Act. The pandemic underscored the need for more robust and coordinated emergency response plans to ensure the safety and well-being of older adults. Community engagement feedback highlighted gaps in volunteer recruitment, high cost of food and services and lack of resources, driving the need for this planning.

The goal aims to build on GWAAR's policies and procedures established during the pandemic, by creating a comprehensive emergency preparedness plan and fostering partnerships with the counties and tribes. The goal makes it a priority to have clear policies in place. Additionally, the Older Americans Act mandates that we incorporate emergency preparedness into our strategies. This goal strengthens the resources needed to ensure that Title III services remain accessible, even in times of crisis, and reinforces the importance of emergency planning within the aging network.

Older Americans Act program area (Select a program area if applicable.) <input checked="" type="checkbox"/> Title III-B Supportive Services <input type="checkbox"/> Title III-C1 and/or III-C2 Nutrition Program <input type="checkbox"/> Title III-D Evidence-Based Health Promotion <input type="checkbox"/> Title III-E Caregiver Supports
Aging Network value (Select a value if applicable.) <input type="checkbox"/> Person centeredness <input type="checkbox"/> Equity <input type="checkbox"/> Advocacy
Goal statement: GWAAR will build on the policies and procedures developed during the Covid-19 pandemic and create a comprehensive emergency preparedness plan, develop outside agency partnerships and provide technical assistance to aging units on the emergency preparedness requirements outlined in the Older Americans Act.

GWAAR will establish comprehensive coordination and collaboration with local and state emergency response agencies, relief organizations, Tribal governments, and other institutions responsible for emergency preparedness services. GWAAR will develop and implement long-range emergency preparedness plans that ensure the safety, well-being, and continuity of care for older adults and vulnerable populations during emergencies.

In addition, GWAAR will provide technical assistance to Aging Units and Tribes on the emergency preparedness requirements outlined in the Older Americans Act, supporting them in helping older adults in their communities with individual preparedness strategies. By establishing clear policies and procedures, AAA will strengthen partnerships with local emergency management, Tribal entities, and government bodies, ensuring effective communication, resource allocation, and culturally responsive service delivery. This collaboration will prioritize equitable access to services and protect the rights and dignity of older adults during disasters.

Plan or strategy:

1. Assessment, Collaboration and Partnership Development

- Create a GWAAR Emergency Preparedness internal work group
- Assess existing emergency preparedness coalitions and initiatives currently established in Wisconsin.
- Meet with local and state emergency management agencies, tribal governments, and relief organizations to learn about established roles and responsibilities during emergencies.
- Determine whether GWAAR should have representation in existing emergency preparedness coalitions and initiatives.

2. Emergency Preparedness Planning

- Create GWAAR's long-range emergency preparedness Plan in compliance with Older American's Act guidelines, ensuring it addresses specific needs of Aging Units and Older Adults.
- Integrate culturally sensitive practices into emergency plans, ensuring Tribes and diverse communities are fully considered in disaster scenarios.

3. Technical Assistance and Training

- Develop GWAAR ED training modules for Aging Units and Tribes on:
 - Understanding the emergency preparedness requirements of the OAA
 - Supporting older adults in creating personal emergency preparedness plans, emergency contacts, medical needs, and essential resources
- Provide toolkits and resources to Aging Units and Tribal Aging Units that guide local agencies in disaster planning and response, including checklists, templates, and best practices.
- Host webinars focused on practical steps for disaster preparedness and response, tailored to the needs of older adults and caregivers.

4. Capacity Building and Resource Allocation

- Identify possible funding sources to enhance emergency preparedness capacity, including grants or partnerships with state/federal agencies.

- Create resource inventories that list available supplies, essential services and staff resources at GWAAR to ensure rapid deployment during an emergency.

5. Public Awareness and Individual Preparedness

- Deploy accessible materials (e.g. in multiple languages and formats) to Aging Units on how to prepare for emergencies and educate them on how to distribute these materials to local partners such as churches, senior centers, Tribal Councils, etc.)

6. Policy Advocacy and Compliance

- Advocate for policies that ensure older adults and Tribal communities are included in local, state, and federal emergency planning efforts.
- Regularly update emergency preparedness plans based on lessons learned from COVID-19 response, real world disasters, and evolving best practices.
- Engage older adults and their caregivers to gather feedback on disaster response efforts and adjust strategies to better meet the needs.

Documenting efforts and tools:

Documenting **how much** has been done:

- Frequency of internal work group meetings.
- Completed GWAAR Emergency Preparedness Plan.
- Number of partnerships established with local, state, and federal partners.
- Training completion rates on the GWAAR ED modules.
- Number of Aging Units with established and updated Emergency Preparedness Plans.
- Analyze “completer” evaluations on GWAAR ED modules.
- Track the distribution and accessibility of educational and awareness materials provided to Aging Units.
- Track grant applications and awards related to emergency preparedness.

Documenting **how well** it has been done:

- Conduct surveys with Aging Units, Tribes, and partner agencies to assess the quality of education, training modules and technical assistance provided by GWAAR on Emergency Preparedness.
- Measure Aging Unit leadership’s awareness through focus groups and/or interviews to evaluate if they feel more confident and prepared on the OAA regulations for Aging Unit’s on emergency preparedness.
- Regularly audit compliance with OAA and related emergency preparedness requirements, ensuring Aging Units and Tribes meet their obligations.

Assessing whether anyone is **better off**:

- Assess improvements in service delivery during emergencies by looking at how well the Aging Unit and its partners addressed older adults needs (e.g. food, medication, etc.).

TITLE IIIC NUTRITION PROGRAM - OVERVIEW

The Nutrition Services Program under Title III of the Older Americans Act (OAA) is designed to support the health and well-being of older adults by providing home-delivered meals, congregate meals and carry out meals. These services are available to individuals aged 60 and older. Tribal age may differ. The program aims to reduce hunger and food insecurity, promote socialization, and delay the onset of health conditions by offering nutritious meals. Home-delivered meals are tailored to homebound older adults who cannot attend meal sites, ensuring they still receive balanced, regular meals. Meanwhile, congregate meals are served in community settings like senior centers, which provide not only nourishment but also opportunities for social interaction and engagement. Funded by Title III, this initiative involves state, local, and community-based organizations, offering meals at no cost, though participants are encouraged to contribute voluntarily.

In addition to providing meals, the program promotes overall wellness by offering nutrition education, counseling, and screening services, helping older adults make healthier food choices and manage chronic conditions. Congregate meal programs often serve as hubs for other supportive services, further addressing the social determinants of health by reducing isolation and fostering community connections. The home-delivered meals, on the other hand, provide crucial support to those who meet the criteria, ensuring they can continue living independently in their homes. Both components of the Title III Nutrition Program are essential in maintaining older adults' independence, promoting health, and offering caregivers peace of mind.

TITLE IIIC NUTRITION PROGRAM - Congregate Revitalization

The goal to increase congregate participation by 20% in 10 Nutrition Programs in GWAAR’s service area was developed in response to several factors, including community engagement results, local discussions, and funding changes with this new Aging Plan. A portion of GWAAR’s service area had low participation in congregate meal programs, leaving older adults in these regions underserved. The pandemic further highlighted the importance of access to nutritious meals and social interaction, both of which are critical for older adults' health and well-being. OAA regulations emphasize the importance of congregate nutrition services, which provide not only meals, but social interaction and access to other resources for older adults. The Act mandates that these services be accessible, equitable, and inclusive, particularly in underserved areas. The goal aligns with the mission to ensure nutrition programs address gaps in service delivery and reach more older adults, especially in rural and tribal communities.

The goal aims to increase congregate participation by 20% in 10 nutrition programs within GWAAR’s service area, with a specific focus on unserved counties and tribes. To achieve this, a needs assessment will be conducted to identify areas with low participation and underserved populations. Based on this assessment, the strategy will focus on meeting with the top 10 Nutrition Programs to evaluate their needs and provide technical assistance. The technical assistance will cover a range of areas to help increase congregate participation. The goal will be successful if there is a 20% increase in congregate meal participation, with older adults in previously underserved areas benefiting from improved or now having access to meals in their community.

<p>Older Americans Act program area (Select a program area if applicable.)</p> <p><input type="checkbox"/> Title III-B Supportive Services</p> <p><input checked="" type="checkbox"/> Title III-C1 and/or III-C2 Nutrition Program</p> <p><input type="checkbox"/> Title III-D Evidence-Based Health Promotion</p> <p><input type="checkbox"/> Title III-E Caregiver Supports</p>
<p>Aging Network value (Select a value if applicable.)</p> <p><input checked="" type="checkbox"/> Person centeredness</p> <p><input checked="" type="checkbox"/> Equity</p> <p><input type="checkbox"/> Advocacy</p>
<p>Goal statement: GWAAR’s Nutrition Team will provide technical assistance and resources to increase the congregate participation of older adults by 20% in 10 Nutrition Programs in GWAAR’s service area, focusing on the unserved areas in counties and tribes.</p>
<p>Plan or strategy:</p> <ul style="list-style-type: none"> • Conduct a needs assessment to map areas with low congregate participation and underserved areas in GWAAR’s service area, by using data and working with our state agency. • Using the needs assessment, we will initially focus our strategy on the top 10 Nutrition Programs in GWAAR’s service area identified as low congregate participation or underserved areas.

- We will meet with these counties and tribal nutrition programs to discuss strategies and evaluate the needs of their congregate programs.
- The GWAAR Nutrition Team will provide technical assistance to help nutrition programs increase participation or add needed congregate sites. The areas of technical assistance to be provided include, community outreach and marketing of the congregate nutrition program, resource allocations, site expansion and accessibility, capacity building, new models of the congregate program, flexible scheduling, grant possibilities, as well as other technical assistance needed.
- We will also be sharing success stories and publicizing new congregate sites. The GWAAR Nutrition Team will also be sharing all the progress and ideas with the entire GWAAR nutrition service area throughout the three years.

Documenting efforts and tools:

Documenting **how much** has been done:

- We will document the number of the identified 10 nutrition programs meetings, progress and what technical assistance was provided to each of the 10 nutrition programs. We will also keep track of new congregate meal sites created within the three years.

Documenting **how well** it has been done:

- We will conduct and summarize feedback from the 10 nutrition program staff and participants, to see how well the needs of the congregate program have been met. We will create a report that includes success stories, challenges and future steps to share.

Assessing whether anyone is **better off**:

- 20% increase in congregate participation was met within GWAAR's service area. Older adults in previously underserved areas are now receiving congregate meals and social interaction, contributing to improved health and wellbeing.

TITLE IIIC NUTRITION PROGRAM - Meal Prioritization

The Wisconsin Elder Nutrition Program (ENP) faces a growing challenge in serving everyone eligible under the traditional meal eligibility model. As demand for services increases, we must take action to ensure that we can positively impact the nutrition, socialization, and overall health of older adults while operating within our capacity and minimizing waitlists.

By implementing a prioritization system based on the "Screen, Assess, and Intervene" method, we believe we can maximize resources and better fulfill the intent of the OAA. This approach will allow us to identify upstream risk factors that may lead to hospitalization or worsening health outcomes and offer person-centered interventions that improve quality of life. Through this system, we aim to align meal options with individual needs and connect participants with additional programs and services to further enhance their independence and well-being.

Outcomes will be established and monitored annually over the next three years, as we shift towards person-centered services with the long-term goal of continuing these efforts. Success will be measured through improved efficiencies, stronger partnerships, and greater advocacy to ensure the program is cost-effective and serves as many individuals as possible.

<p>Older Americans Act program area (Select a program area if applicable.)</p> <p><input type="checkbox"/> Title III-B Supportive Services</p> <p><input checked="" type="checkbox"/> Title III-C1 and/or III-C2 Nutrition Program</p> <p><input type="checkbox"/> Title III-D Evidence-Based Health Promotion</p> <p><input type="checkbox"/> Title III-E Caregiver Supports</p>
<p>Ageing Network value (Select a value if applicable.)</p> <p><input checked="" type="checkbox"/> Person centeredness</p> <p><input type="checkbox"/> Equity</p> <p><input type="checkbox"/> Advocacy</p>
<p>Goal statement: Sample: Meal Prioritization/ "Right Meal and Services for you" Process</p> <p>Over the next three years, the GWAAR Nutrition Team will support local nutrition programs in implementing the Person-Centered Meal Prioritization Process. By providing training, technical assistance, and resources, GWAAR will ensure that nutrition and supportive services are tailored to individual needs ("Right Meal & Services for You"), while also helping programs manage their capacity and minimize or eliminate waitlists.</p>
<p>Plan or strategy:</p> <p>1. Monitor the efficacy of the Scoring Tool and Process</p> <ul style="list-style-type: none"> • Evaluate data from the 2024 Pilot year and revise the scoring tool and process as needed by 1-1-25. • Design HDM Registration form specific for programs utilizing the Right Meal for You process that aligns with data fields in Peer Place by 1-1-25. • Update training modules and technical assistance by 1-1-25.

- Pathways and processes will be established and implemented to ensure participants at each level of need are being monitored and reassessed to prevent decline by the end of 2025.
- Throughout the plan period, meet quarterly with local programs using the process to review data, allow peer sharing, and provide technical assistance.

2. Establish a Workgroup to examine Cost Effective Measures to help programs remain viable by stabilizing or reducing costs while maintaining quality.

- In 2025, the workgroup will be selected and begin meeting quarterly.
- Over the 3 years, the workgroup will conduct surveys, peer sharing, inventory management, food waste, freezing meals, efficiencies, group purchasing, and menu review to identify measures to reduce cost.
- Pilot group will implement strategies and track cost savings in 2026 and report results to the network.

3. Expand Partnerships to create efficiencies.

- In 2025, select a small workgroup to identify partners that can help expand our reach and realize efficiencies.
- Create talking points and ready-to-use materials for local programs to use as they approach partners.
- Invite at least 2 new partners per year to quarterly meetings.

4. Continue Advocacy Efforts to secure or maintain federal and state nutrition dollars.

- Continue to work closely with Janet Zander and local programs.
- Continue to meet with legislators

Documenting efforts and tools:

Documenting **how much** has been done:

- Scoring tool and HDM Registration form updated and Training completed.
- Pathway & process for each priority level created.
- Track data for # cong, HDMs, carry out meals offered
- Quarterly Technical Assistance calls with programs utilizing the process.
- List of potential partners compiled.
- Talking points and ready-to-use materials to facilitate partnerships created.
- Partners invited to at least 2 calls per year.
- Cost Effective webinars will be held at least twice a year to share learnings.

Documenting **how well** it has been done:

- Data will be analyzed quarterly for service delivery trends by need category, scope of utilization, and overrides that will be within metrics yet to be determined.
- The # of local programs utilizing the process will increase annually.
- The # of cong and/or carry out meals will increase for local programs demonstrating that they are providing meals for those at low or moderate risk.
- # of local nutrition programs with waitlist will decrease annually.

- The majority of people on waitlists will be classified as low or moderate need.
- Additional funding will be secured as a result of continued advocacy
- Local programs will share results of cost sharing efforts with the network at least twice a year.
- Document what actions help reduce costs to share with the network.

Assessing whether anyone is **better off**:

- Pathways and processes will be established and implemented to ensure participants at each level of need are being monitored and reassessed to prevent decline.
- Surveys to participants and staff will reflect satisfaction with the new process & services offered as evidenced by scores of 75% or higher.
- At least 1 new partnership demonstrates a positive impact on efficiencies and expanded reach.
- Waitlists and other reductions in services have been reduced or eliminated.

TITLE IIIC NUTRITION PROGRAM - Malnutrition

In 2020, the Older Americans Act (OAA) was updated to include "reducing malnutrition" as a key goal of the Senior Nutrition Program (SNP). This is important because up to half of older Americans are at risk of malnutrition, which can worsen health problems and make it harder for them to stay independent. Malnutrition can be caused by various factors, and local aging programs are in a great position to help identify and address these issues.

As of October 2023, all Wisconsin OAA Nutrition Programs are required to screen for malnutrition. The next step is figuring out how to use this information to educate, assess, and intervene effectively to prevent malnutrition. The GWAAR Nutrition team has already developed several tools to help, but there's a need for consistent Nutrition Risk Management Pathways that local programs can follow. These pathways will offer tailored support based on each person's risk level.

Over the next three years, the GWAAR Nutrition Team plans to develop, test, and improve these Nutrition Risk Pathways to show their effectiveness. By combining existing programs like Enhanced Determine, Meal Prioritization, NOURISH Steps, Eat Well Age Well, Eat Well Care Well, Nutrition Counseling, and Stepping Up Your Nutrition, GWAAR aims to lower malnutrition risk and improve nutrition security for older adults in its service area.

Older Americans Act program area (Select a program area if applicable.)

- Title III-B Supportive Services
- Title III-C1 and/or III-C2 Nutrition Program
- Title III-D Evidence-Based Health Promotion
- Title III-E Caregiver Supports

Aging Network value (Select a value if applicable.)

- Person centeredness
- Equity
- Advocacy

Goal statement:

To achieve the OAA goal of reducing malnutrition, we will develop and implement **nutrition risk management pathways** that align with malnutrition screening risks, (DETERMINE Nutrition Risk, Malnutrition Screening Tool (MST), and Food Security scores). These pathways will integrate the tools and processes created by the GWAAR Nutrition Team to address the root causes of malnutrition, enabling local nutrition programs to deliver person-centered interventions that improve individuals' nutritional status.

Plan or strategy:

1. **Review DETERMINE, Malnutrition Screening Tool (MST), and Food Security data for lessons learned.**
 - Work with BADR to analyze data from 2024.
 - Look for correlation between the risk scores
 - Identify the prevalence and if certain areas of the state and/or demographic groups are at higher risk so appropriate follow-up can be done.

2. Review and Update the GWAAR Enhanced DETERMINE Process as this will be a key component of the Nutrition Risk Pathways

- In 2025, convene a small workgroup to review and update the Enhanced DETERMINE Template.
- Update training modules and transition to GWAAR Ed.
- In 2026, we will work with the state dietitian and workgroup to create Smart Maps for the process.
- By 2027, the Smart Maps will be embedded into Peer Place to digitize the process, generate a person-centered plan of care, and decrease the time needed to administer the tool.

3. Develop Nutrition Risk Management Pathways (Low, Moderate and High Risk)

- In 2025, research existing pathways for best practice models and convene a small workgroup to create pathways, and develop training, and evaluation metrics.
- Pilot pathways with at least 5 local programs in 2026 and evaluate to see if revisions, edits, additional training, etc. are needed.
- In 2027, work with BADR to embed Nutrition Risk Pathways in Peer Place so that data can be collected and analyzed.
- The goal will be to offer the pathways to the entire GWAAR Service area by the end of 2027.

Documenting efforts and tools:

Documenting **how much** has been done:

- Webinars and Training completed.
- Nutrition Risk Data evaluated.
- Enhanced DETERMINE tool updated and Smart Maps created and added to Peer Place.
- Nutrition Risk Management Pathways created, the pilot completed, and a field added to Peer Place to capture the level assigned.

Documenting **how well** it has been done:

- Automating the Enhanced Determine Process will create efficiencies and add value as demonstrated by at least 10 local programs transitioning to the process by the end of 2027.
- Satisfaction surveys to local agencies will demonstrate the Nutrition Risk Pathways offer an objective process for local programs to follow up on the nutrition risk level identified.
- Participants will accept at least 1 tiered intervention offered as demonstrated by data in Peer Place.

Assessing whether anyone is **better off**:

- A satisfaction survey of staff in the pilots will demonstrate value and ease of use.
- MST and Nutrition Risk scores will improve annually for participants in programs that use the Nutrition Risk Pathways and/or the automated Enhanced Determine process.
- Participants in the pilots will express satisfaction with the process.

TITLE IIID HEALTH PROMOTION

The OAA Title III-D program is part of the federal legislation aimed at supporting older adults. Specifically, Title III-D focuses on Disease Prevention and Health Promotion Services for older adults aged 60 and older. The goal is to provide evidence-based programs that promote healthy aging and help prevent the onset of chronic diseases or manage existing health conditions. Funding is provided to local Aging Units to implement health promotion activities tailored to the needs of their communities. While the program serves all older adults aged 60 and older, it prioritizes those who are at higher risk of illness, living in underserved rural areas, or those with limited access to healthcare. Through these services, Title III-D aims to empower older adults to lead healthier, more independent lives while reducing healthcare costs associated with preventable conditions.

The goal of establishing a statewide Health Promotion Advisory group consisting of health promotion coordinators and Aging Services Directors/Managers is a person-centered approach responsive to community feedback regarding improving communication to Aging Units in our service area. The goal of this group will be to assist the GWAAR OAA Consultant for Health Promotion on agenda items for Quarterly Health Promotion Webinars, successes and challenges that Aging Units face when trying to implement evidence-based programming as well as networking and learning from other counties and tribes.

Older Americans Act program area (Select a program area if applicable.) <input type="checkbox"/> Title III-B Supportive Services <input type="checkbox"/> Title III-C1 and/or III-C2 Nutrition Program <input checked="" type="checkbox"/> Title III-D Evidence-Based Health Promotion <input type="checkbox"/> Title III-E Caregiver Supports
Aging Network value (Select a value if applicable.) <input checked="" type="checkbox"/> Person centeredness <input type="checkbox"/> Equity <input type="checkbox"/> Advocacy
Goal statement: The goal of establishing a statewide Health Promotion Advisory Group, composed of health promotion coordinators from both rural and urban Aging Units, is to collaboratively enhance the reach and effectiveness of health promotion programming for older adults. This group will serve as a platform to share challenges, successes, and best practices in implementing III-D programming, while also fostering discussions on health equity and addressing diverse community needs. The advisory group will play a pivotal role in shaping agendas for quarterly health promotion webinars, ensuring they address the evolving needs of older adults and provide actionable insights for Aging Units. Additionally, the group will identify service gaps and technical assistance needs, which will guide the GWAAR OAA Title III-D consultant in offering targeted support to increase the capacity of health promotion programming across the state. The ultimate aim is to improve the health outcomes

and well-being of older adults, especially in underserved areas, through enhanced collaboration, resource sharing, and strategic planning.

Plan or strategy:

1. Establish a Core Advisory Group Structure

- Recruit representatives – identify and recruit from both rural and urban Aging Units, define roles and responsibilities

2. Facilitate Open Communication and Collaboration

- Hold quarterly meetings (virtually or in-person) to provide a forum for coordinators to share III-D programming challenges, successes, and innovative practices.
- Create an online platform (e.g., shared drive or similar) to facilitate ongoing communication, resource sharing, and idea exchange between meetings.
- Encourage advisory group members to actively contribute to the agenda for Quarterly Health Promotion Webinars by suggesting relevant topics, speakers and training needs.

3. Identify and Address Health Equity Challenges

- Collect statewide data on health promotion participants that represent an underserved population.
- Develop strategies to address disparities in program accessibility, tailoring solutions for both rural and urban areas, with an emphasis on reaching older adults who face health equity challenges.

4. Advocate for Support and Funding

- Advocacy for resources. Collaborate with state and local policy makers to secure additional funding and resources needed to expand health promotion programming and fill identified services gaps.
- Leverage partnerships. Foster partnerships with national, state and local organizations, health care providers, and public health entities to expand the reach and resources of health promotion initiatives.

Documenting efforts and tools:

Documenting **how much** has been done:

- Increase in health promotion programming for older adults in GWAAR's service area of 70 counties and 11 tribes.
- Increase in health promotion programming for older adults in underserved populations.
- Track number of meetings & participation numbers
- Track virtual interactions on shared platform (i.e. number of questions asked & resources shared)

Documenting **how well** it has been done:

- Track success stories from Aging Units and Participants
- Increase program visibility and replication.
- Implement a feedback mechanism to continuously improve the advisory group's impact and effectiveness, refining strategies as needed.

Assessing whether anyone is **better off**:

- By following the strategies outlined, the Health Promotion Advisory Group can strengthen statewide health promotion efforts, increase program participation, and ensure older adults in Wisconsin receive equitable access to services that promote health and well-being.

TITLE III E CAREGIVER SUPPORT

The growing demand for both formal and informal caregivers underscore a critical need to strengthen support systems across the caregiving network. Currently, the significant shortage of paid caregivers is compounded by an increased reliance on family members and community members to provide informal care. This shortage has also strained access to essential services like respite care, which offers temporary relief for family caregivers, allowing them to recharge and maintain their own well-being.

In response to these challenges and Community Feedback we received, GWAAR's Caregiver Support Specialist will build on insights from the 2022 Training Workgroup to develop a comprehensive **Professional Caregiver Coordinator Training** plan. This training will equip Aging Unit and Tribal Aging Unit staff with the skills needed to improve caregiver resource access, raise awareness of caregiving challenges, and advocate for policies that benefit both formal and informal caregivers. By addressing these critical areas, the plan aims to close gaps in paid caregiving and respite services, ensuring caregivers are supported effectively.

By going beyond basic service provision, this training program empowers staff to make meaningful impacts in several key areas:

- **Increased Access to Caregiver Resources:** The program will expand the number of caregivers served and improve resource availability.
- **Improved Utilization of Caregiver Program Funds:** The plan will ensure an increase in the amount of program funds expended year-over-year, maximizing available resources.
- **Expanded Respite Care Services:** There will be a targeted increase in registered respite care providers, offering more relief options for family caregivers.
- **Enhanced Legislative Advocacy:** Trained staff will advocate for changes in state programming, policies, and funding, leading to better caregiver support at both the state and federal levels.

By focusing on these outcomes, the plan ensures that caregivers receive the resources, services, and advocacy they need to thrive, directly addressing the pressing challenges within the caregiving network.

Older Americans Act program area (Select a program area if applicable.) <input type="checkbox"/> Title III-B Supportive Services <input type="checkbox"/> Title III-C1 and/or III-C2 Nutrition Program <input type="checkbox"/> Title III-D Evidence-Based Health Promotion <input checked="" type="checkbox"/> Title III-E Caregiver Supports
Aging Network value (Select a value if applicable.) <input checked="" type="checkbox"/> Person centeredness <input checked="" type="checkbox"/> Equity <input checked="" type="checkbox"/> Advocacy

Goal statement:

To implement a comprehensive **Professional Caregiver Coordinator Training** plan that improves caregiver access to resources, raises awareness of caregiving challenges, and strengthens policy advocacy. Each year, all **National Family Caregiver Support Program (NFCSP)** funds will be fully utilized, with increasing use of **Alzheimer's Family Caregiver Support Program (AFCSP)** funds. At least 25% of trained staff will report confidence in advocacy, knowing how to engage legislators and guide caregivers in doing the same to improve support and resources.

Plan or strategy:**1. Assess, Train, and Enhance**

- Create a New Employee survey, specific to the Caregiver Coordinator and Aging Unit Supervisors/Directors who have been trained to gather feedback about their training experience.
- In the first year of the plan establish a baseline and in subsequent years assess what training support should stay, and which needs to be enhanced to better meet Aging Units' needs.
- Include new ideas/topics as part of the Comprehensive Training Plan based on New Employee Survey feedback.

2. Increase Caregiver Access to Services Through a Comprehensive Training Plan

- Share the standard Caregiver Coordinator Welcome Letter for new Aging Unit staff, and highly encourage new staff to view the 101 Caregiver Grant trainings in GWAAR ED.
- Offer the supplemental training checklist, follow up to schedule one-on-one training time with each new staff, and send each new employee the Survey to solicit feedback.
- Provide ongoing technical assistance and statewide Caregiver Coordinator meetings throughout each year of the Plan cycle.
- Incorporate advocacy efforts, engagement opportunities with underserved populations (e.g., Kinship, Persons with Dementia, Veterans, rural population, and even in-eligible caregivers), and how to offer tailored services to meet the specific needs of both the caregiver and care recipient, including the importance of self-care.

3. Advocate for Support and Resources

- Train new staff on additional resources such as the Lifespan Respite Grant offered through RCAW, which can offer services to caregivers who are not eligible for AFCSP or NFCSP.
- Train new staff on free and low-cost resources on the WisconsinCaregiver.Org site (e.g. respite grants, Benefits Check, hospice, etc.) as standard topics within the Comprehensive Training Plan.
- Train new staff on opportunities to engage policymakers to secure additional support and resources for caregivers through advocacy days, in-district meetings with local legislatures, and annually as part of the National Family Caregiver Month Marketing Toolkit.
- Engage policymakers at the Wisconsin Capital and the Nation's Capital (when opportunities exist to do so) to secure additional support and resources for caregivers.

- Develop and distribute annual Legislative Issue Briefs that outline caregiver data, highlight what is working well, and outline what additional supports and resources are needed to better aid our growing number of caregivers.

Documenting efforts and tools:

Documenting **how much** has been done:

- Number of individual trainings conducted each year.
- Number of surveys completed by new employees.
- Number of new staff who report contacting their local legislators to advocate for improved support and resources for caregivers.
- Number of Caregiver Support Program postings in the weekly GWAAR Newsletter each year.
- Number of followers on the Caregiver Facebook page.
- Number of statewide Caregiver Coordinator meetings held annually.
- Number of legislative visits.
- Amount of NFCSP funds utilized each year.
- Amount of AFCSP funds utilized each year.

Documenting **how well** it has been done:

- Feedback from New Employee Surveys regarding their training experience.
- Feedback from Customer Satisfaction Surveys completed by caregivers enrolled in either AFCSP or NFCSP.
- Feedback from policymakers on their knowledge of caregiver issues.

Assessing whether anyone is **better off**:

- New staff report feeling well-prepared through comprehensive training, enhancing their ability to improve caregiver access to resources, increase understanding of key caregiving issues, and influence policies that support caregivers.
- New staff report feeling equipped with the skills to educate caregivers on how to advocate for policies that benefit their needs.
- Caregivers report a positive experience with their Caregiver Coordinator, noting that their individual needs, preferences, and values were addressed.
- Positive trends in staff retention and job satisfaction.

ADVOCACY

Older adults overwhelmingly prefer to age in their community. To age and thrive at home, older adults need access to nutrition, transportation, in-home support, benefits counseling, and more. Despite older adults' strong desire to "age in place," the available funding for necessary support services like home modifications, transportation, and in-home care often falls significantly short, making it difficult for many to achieve this goal comfortably and safely. Most of the advocacy related community engagement comments we received, called for advocating for more funding for aging services programs (specifically caregiver programs, home care, home-delivered meals, transportation, and Older Americans Act Title III B – Supportive Services. Many of the comments also included a request for increased flexibility in how program funds are spent. Underfunding of aging service programs has put increased pressure on program staff and negatively impacts older adults and family caregivers as an increasing number of programs need to implement prioritization tools, waiting lists for services, and service restrictions.

To strengthen the stability and sustainability of these critical programs and services programs, we must improve the effectiveness of our advocacy efforts. Advocacy work is about making connections between those needing change and those who can make the changes needed. Improving our effectiveness requires us to grow our base of grassroots advocates and increase our engagement with policymakers. That said, aging network professionals are busier than ever and require fast and easy tools to help them communicate with policy makers and broadly share advocacy action alerts with their communities. The new online advocacy software tool used by GWAAR, and the Wisconsin Aging Advocacy Network (WAAN) is an easy-to-use digital solution designed to amplify our advocates' voices with the goal of impacting policy outcomes.

Older Americans Act program area (Select a program area if applicable.) <input type="checkbox"/> Title III-B Supportive Services <input type="checkbox"/> Title III-C1 and/or III-C2 Nutrition Program <input type="checkbox"/> Title III-D Evidence-Based Health Promotion <input type="checkbox"/> Title III-E Caregiver Supports
Aging Network value (Select a value if applicable.) <input type="checkbox"/> Person centeredness <input type="checkbox"/> Equity <input checked="" type="checkbox"/> Advocacy
Goal statement: Goal: To elevate the voice of older adults on state and federal issues (especially funding), increase the number of grassroots advocates in our online advocacy platform by 25% in each year of the plan and achieve 40 recorded engagements with policymakers in the advocacy platform in year 1 with a 25% increase in the number of engagements with policymakers in year 2 and 3.
Plan or strategy:

1. **To elevate the voice of older adults on state and federal issues and grow our base of grassroots advocates, develop at least 1-2 advocacy campaigns in the online advocacy platform each quarter.**
 - Use the GWAAR Digest, WAAN membership, and the Badgeraginglist listserv to disseminate the advocacy campaign information, including a link to the online platform.
 - Encourage aging network professionals to share advocacy campaign information with board and advisory council members, volunteers, program participants and/or community partners.
 - Reach out to our local, state, and federal partners regarding our advocacy campaigns to expand our reach and further enhance our power.
 - Request WAAN members to disseminate advocacy campaign information broadly.
 - In January of 2026 and 2027, provide an annual report of engagements using the online advocacy platform to WAAN members and GWAAR Board/Advisory Council members.
2. **Update the Advocacy Toolkit information and resources on the GWAAR website at least two times per year, as needed to ensure useful and timely advocacy information and materials are always available to our aging network partners.**
 - Discuss needed updates with GWAAR’s Communication Coordinator during monthly meetings.
 - Copy GWAAR’s Communication Coordinator on any advocacy alerts, advocacy testimony or public comments prepared, so they can be posted to the website in a timely manner.
3. **Create online, on demand recorded advocacy training modules to increase access to advocacy skill building resources for new and existing Aging/ADRC directors, other aging network partners, and grassroots advocates.**
 - Meet with GWAAR’s Communication Coordinator and Data Management Consultant to identify where online each training session should be stored or posted.
 - Work with ADPAW members to identify helpful advocacy skill building training and other non-time sensitive issues or topics appropriate for recorded training.
 - Invite members of the Wisconsin Senior Advocates to serve as co-trainers and to “test” some of the training before posting it to ensure it is not too technical and is easy to understand.

Documenting efforts and tools:

Documenting **how much** has been done:

- Number of advocacy campaigns using the online platform each quarter.
- Number of different methods used to disseminate advocacy campaign information.
- Number of advocates in the online advocacy platform database.
- Number of engagements with state and federal legislators.
- Number of online recorded advocacy training modules.

- Number of aging network professionals and other advocates accessing online training resources.

Documenting **how well** it has been done:

- Feedback from WAAN members and aging network professionals on the ease of use of and level of understanding of the issues in the online advocacy platform.
- Feedback from aging network professionals and other advocates on their use of resources in GWAAR's online advocacy toolkit and resources.
- Feedback from aging network professionals and other advocates on the use of online training modules.
- Feedback from policymakers related to the impact of GWAAR/WAAN's online advocacy campaigns on their knowledge of various older adult and family caregiver needs and issues.

Assessing whether anyone is **better off**:

- Aging network professionals and other aging advocates report the new online advocacy platform, online materials and resources, and/or recorded training has increased their knowledge of older adult and family caregiver policy issues, enhanced their skill in building relationships with their elected officials, and improved their ability to influence public policy impacting older adults and family caregivers.
- Increased engagements with policy makers will result in elected and appointed state and federal policy makers who are better informed and willing to address the needs of and issues related to older adults and family caregivers, including the need for additional funding for programs and services for older adults and family caregivers to reflect the needs of a growing population and in recognition of the negative impact stagnant funding has had on the delivery of services and the lives of older adults and family caregivers.

PROGRAM ADVANCEMENT

Community engagement and public input

Community engagement is essential to agency growth and program development. GWAAR is dedicated to engaging the Aging Units as part of the aging planning process and welcomes input on the resources it develops and shares.

Engagement Activities:

- Aging Plan Outreach Efforts – Surveys and Interviews
 - Surveys and interviews were used to gather feedback from Aging Units throughout Wisconsin and were used to develop goals and strategies for the Aging Plan. Interviews were conducted by GWAAR’s Advisory Council members to gather more in-depth feedback from the Aging Units
- SharePoint Site
 - Internal Site – used for file management and sharing to support internal collaboration and increase visibility of tools or resources for employees.
 - External Site – used to share files, facilitate targeted collaborations, access to resources, event reminders, and news alerts relevant to aging units.
- Newsletter
 - GWAAR agency participation – Incorporate targeted content requests to increase coverage and awareness of the full range of resources.
 - Spotlight – Develop potential evergreen articles to highlight areas of interest or lesser-known resources.
 - Resource sharing – Explore content development that can be repurposed for other news outlets or easily translated for a wider audience.
- Learning Management Software (LMS)
 - Creating more courses to address any gaps identified by content experts and users.
 - Surveys – Incorporate feedback vehicle into LMS platform to help refine and develop future trainings
 - Review for restructuring opportunities to support cross-training and access for individuals whose roles may evolve during their time in the aging network.
- GWAAR Website
 - Ongoing content review to ensure relevance and accuracy of each area
 - Upgrade platform to better complement SharePoint resources and ensure platform stability and accessibility.

How is community engagement used?

To develop and refine content and resources to help aging units receive and locate the information they need to support their clients and customers.

Strategies for increased engagement:

- Feedback loop
- Streamline tools and resources
- Aging Unit participation
 - Small group interaction
 - Sharing success stories
- Addressing Aging Unit needs through technical assistance, outreach and education.
 - Spotlight features to raise awareness of important issues
 - Development of tools and resources

To provide aging units with timely content and resources, many feedback methods and tools are used to clarify the needs of individuals within the aging units and further define the type of information most useful to them. Increasing the opportunities for aging units to provide this feedback will allow GWAAR to make adjustments and identify updates with the most impact to key areas.

Emergency preparedness

Emergency preparedness planning is critical to any agency or organization to ensure the continuity of services during disasters or emergencies. One of GWAAR's priorities is to ensure programs and services serving Wisconsin's seniors are available, accessible, and meet the highest quality standards at all times, even in an event of a crisis.

As a result of the Covid-19 pandemic, GWAAR developed a number of policies to mitigate staff's exposure to Covid-19, while maintaining the area agency on aging's essential services. The policies included an expanded work at home policy along with an office entry plan. GWAAR figured out very quickly, along with many other agencies, that working from home was an effective way to limit staffs' exposure to Covid-19, while maintaining work responsibilities.

To facilitate this shift from office to home, GWAAR provided staff with a stipend to pay for office supplies, increased GWAAR's presence online through virtual networking platforms and moved critical in-house server storage to online cloud storage. All of this allowed staff to work remotely and serve the aging units as they normally do. The office entry plan provided staff with the guidelines to safely enter GWAAR's main headquarters in a safe manor and a controlled environment. Both the expanded work at home policy and office entry plan allowed GWAAR staff to safely navigate the pandemic while continuing to provide accessible and quality service to their aging units.

As GWAAR transitioned into an endemic from Covid-19, they combined the best of both pre and post pandemic working tools and policies. The pandemic forced many agencies to embrace the virtual world to conduct everyday business such as meetings, presentations and collaborations. The virtual tools provided GWAAR with a

new way to connect to the aging network while increasing efficiency. The virtual tools combined with the pre pandemic tools such as in-person meetings created a hybrid model of operations to serve the aging units accessible and high-quality program of services.

In an effort to prepare for the unexpected, GWAAR has created a procedure to assess and address crisis situations that arise. The procedure includes the following:

- First, meet with department heads and program coordinators to identify “Essential Services”. Activities and tasks that must be maintained uninterrupted. For example ...payroll.
- Second, identify responsibility for the function and maintenance of these as well as contact trees to ensure they are supported.
- Third, identify the infrastructure necessary for supporting the services deemed essential.
- Lastly identify the schedule for review and verification of this process and its elements.

Although GWAAR has a process in place to address unexpected crisis situations, a more thorough plan is needed to connect GWAAR’s internal emergency preparedness policy and procedures to partners to ensure there is no interruptions of aging programs and services to the older adults throughout Wisconsin. GWAAR will develop an emergency preparedness plan as part of its supportive service goal to this plan.

SPECIAL PROJECTS

Name of Project	Description
<i>Wisconsin Guardianship Support Center</i>	<i>Provides information and assistance on issues related to guardianship, protective placement, and advance directives. Polly Shoemaker, 608-243-5683,</i>
<i>Veteran-Directed Home- & Community-Based Services</i>	<i>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</i>
<i>Social Determinates of Health Assessment Coordination</i>	<i>Coordination of Social Determinates of Health Assessments for pilot programs in collaboration with the Northeastern Wisconsin Area Health Education Center, Health Network of Racine County, and GWAAR. Sky.vanrossum@gwaar.org 608.228.8088.</i>
<i>Wisconsin Senior Medicare Patrol (SMP)</i>	<i>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 Kunding, Ingrid.kunding@gwaar.org, 608-243-2885</i>
<i>Wisconsin Elder Abuse Hotline</i>	<i>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</i>
<i>Elder Abuse Victim Liaison</i>	<i>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</i>
<i>Waukesha Medicare Outreach</i>	<i>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</i>
<i>Medicare Outreach Coordinator</i>	<i>Provide Medicare outreach materials and training to Elder Benefit Specialists and others that receive state and federal</i>

	<p><i>Medicare outreach funding throughout the state.</i> <i>Debbie Bisswurm, debbie.bisswurm@gwaar.org, 608-228-8098</i></p>
Elder Abuse Later In Life Program	<p>Providing outreach, education and awareness of Elder Abuse taking place in our communities. In collaboration with WI Dept. of Justice, the program brings together law enforcement, legal services, local agencies and community support to develop a network of resources aimed at recognizing and combatting Elder Abuse in its many forms. sky.vanrossum@gwaar.org 608.228.8088</p>
Community Response and Resiliency Community Health Worker Program	<p>A pilot program in three Wisconsin counties aimed at addressing the needs of underserved community members through the work of a trained Community Health Worker. sky.vanrossum@gwaar.org 608.228.8088</p>

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

The Office for Resource Center Development (ORCD), ADRC (Aging and Disability Resource Centers) and GWAAR can coordinate technology and data collection, training and education and pooling resources. GWAAR and the ADRC's can collaborate on technology by sharing resources and platforms that enhance programs for older adults and individuals with disabilities. ADRC's serve as hubs, connecting people with community services, and GWAAR can be a resource for those services. By coordination technology efforts, such as the upcoming Peer Place, both agencies can streamline service to track clients and improve faster client outcomes.

We can collaborate on training new staff, conducting surveys of clients, and pool our expertise and resources to develop new innovative ways to work together. These might cover topics such as program development, compliance with state and federal regulations, and sharing ideas at our ACE (Achievement in Excellence) and ADRC Connect meetings held quarterly. By collaborating on surveys, we can collect and share valuable data on community needs, enabling both agencies to tailor technical assistance and address gaps in services or new emerging trends. We will be looking at joint programming to ensure that we are integrating resources and allowing both agencies to leverage our strengths to provide both older adults and people with disabilities the services they need and deserve.

COORDINATION BETWEEN TITLE III & VI

The coordination between Title III and Title VI of the Older Americans Act is essential for ensuring that services for older adults and elders are inclusive and accessible. Both titles aim to provide critical support, but they service populations and have unique focuses. When Title III and Title VI collaborate, they can more effectively meet the needs of the aging population, by pooling resources, sharing knowledge and coordinating service delivery. Service delivery coordination, resource sharing and technical assistance, culturally appropriate service delivery and emergency preparedness are several examples of collaboration.

Title III and Title VI programs work together to ensure that Native American elders have access to the same range of services available to non-Native elders. Collaboration between the two can help avoid duplication of services and create a more seamless service delivery.

Title III programs often have more access to extensive resources and technical assistance, but collaboration with both titles can expand resources, training and technical assistance.

Collaboration allows Title 3 programs to benefit from the cultural expertise of Title VI programs, ensuring that services provided to Native elders are respectful of their cultural traditions. Joint efforts can focus on incorporating culturally relevant foods into the meals.

During emergencies or natural disasters, coordination between Title III and Title VI programs can help ensure that Native elders are not left out of response efforts. By working together, both programs can develop emergency plans that include tribal communities and ensure that essential services, such as meals and transportation are delivered to all

By collaborating both programs, GWAAR will continue to provide Tribal Fiscal Trainings, assist our partner GLITCI (Greater Lakes Inter-Tribal Council Incorporated) with technical assistance and training, provide an annual Cooks Training for tribal chefs, and support GLITCI at the quarterly Tribal Aging Unit 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

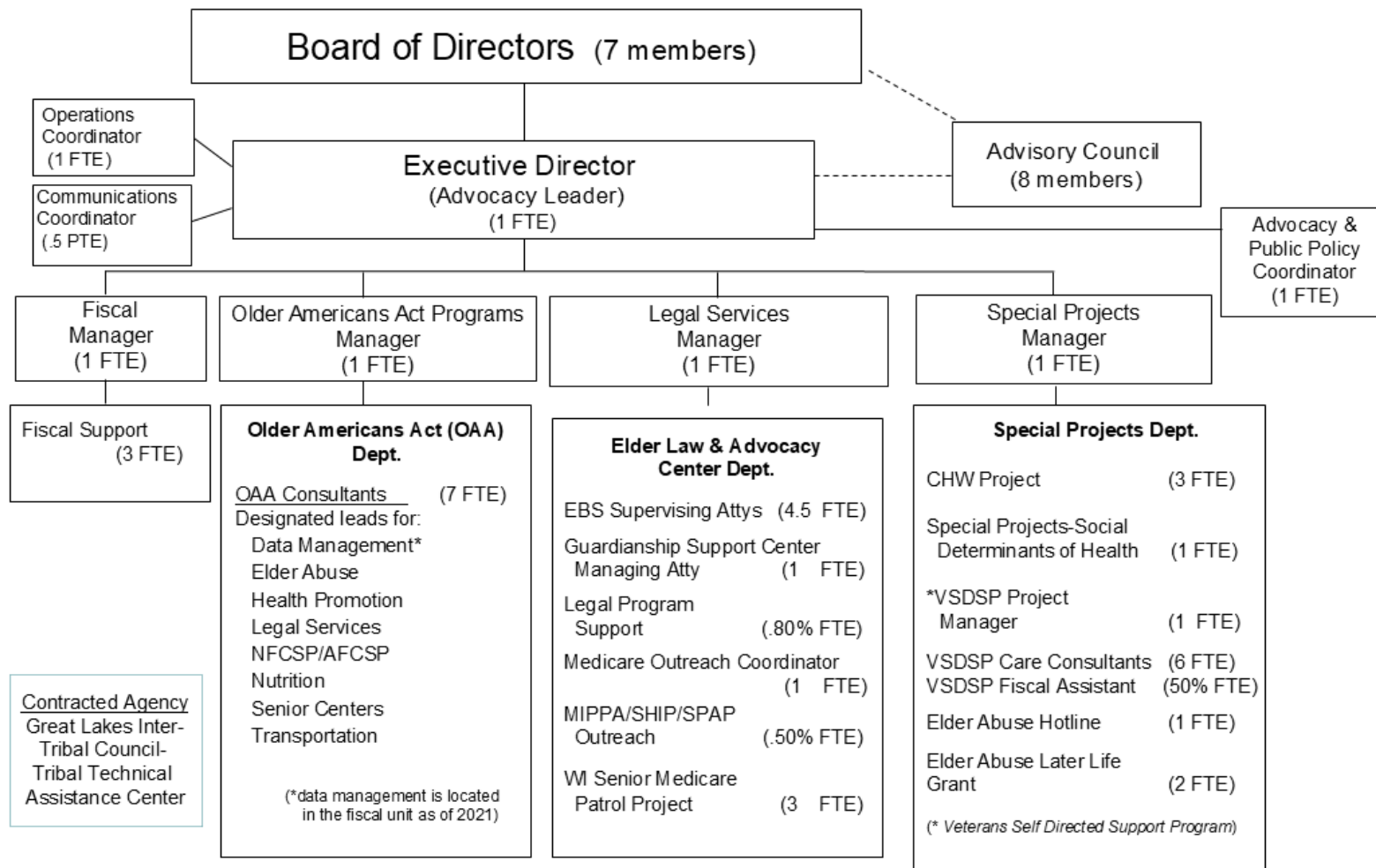
Hours of Operation: Monday through Friday, 8:00 a.m. until 4:30 p.m.—except on the following holidays: New Year’s Day, Martin Luther King, Jr., Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, day after Thanksgiving, and Christmas. There is an answering machine available for messages after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

E-mail: info@gwaar.org

Website: www.gwaar.org

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

GWAAR board members play a critical role in guiding the agency's actions and initiatives. Key issues for board attention include strengthening relationships with aging professionals and consumers, fostering a culture of quality improvement and leadership development throughout Wisconsin's Aging Network, advocating for good public policy that improves the lives of older people, and maintaining a strong agency financial position.

Area Agency on Aging Board of Directors/Policy-Making Body				
Name	Age 60 and Older?	Elected Official	First Term Began	Second Term Expires
Chairperson: Dave Ostness	Y	Y	06/2019	06/2025
Vice-Chairperson: Beth Esser	Y	Y	06/2019	06/2025
Treasurer/Secretary Dave Hoberg	Y	Y	01/2020	01/2026
Robert Borremans	Y	N	6/2019	6/2025
Wes Martin	Y	N	08/2022	08/2028
Cookie Lough	Y	N	08/2022	08/2028
Rowena Nelson	N	N	02/2024	02/2030
Rob Wilkinson	Y	N	08/2022	08/2028
John Helling	Y	N	08/2022	08/2028

Membership of the Advisory Council/Advisory Committee

The purpose of the Advisory Council is to advise the Board on all matters relating to development and administration of the Area Plan on Aging and operations conducted there under.

Area Agency on Aging <u>Advisory Council</u> /Advisory Committee				
Name	Age 60 and Older?	Elected Official?	First Term Began	Term Expires
Chairperson: David Denomie	Y	N	08/2021	08/2027
Vice-Chairperson: Kathy Gauger	Y	N	02/2016	02/2022
GWAAR Board Liaison Beth Esser	Y	N	6/2019	6/2025
Dave Lowe	Y	N	02/2016	02/2022
Doris Bakker	Y	N	07/2023	07/2026
Rober Best	Y	N	11/2023	11/2026
Denise Sweet	Y	N	02/2024	20/2027

Staff of the Area Agency on Aging

GWAAR ADMINISTRATION
<p>Name: John Schnabl Job Title: Executive Director Phone/Email: (608) 228-8094; John Schnabl@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: Rosanna Mazzara Job Title: Operations Coordinator Phone/Email: (608) 243- 5670; Rosann.Mazzara@gwaar.org Brief description of duties: The Operations Coordinator reports to the Executive Director, performs varied administrative duties and serves as an officer on the Board of Directors. Working with the agency stakeholders, this position is responsible for the day-to-day administration of agency activities.</p>
<p>Name: Sky Van Rossum Job Title: Special Projects Manager Phone/Email: Cell (608) 228-8088; Sky.Vanrossum@gwaar.org Brief description of duties: This position provides general oversight and supervision to GWAAR Special Projects staff in accordance with the agency's policies and procedures. It explores, develops and manages new special projects that fit within the agency's mission.</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: Denise Kossen Job Title: Accountant Phone/Email: (608) 243-5676; fiscal@gwaar.org; Denise.Kossen@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; Deb.Smith@gwaar.org Brief description of duties: Assists with agency financial reporting/claims processing</p>
<p>Name: Lucia Mennen Job Title: Communications Coordinator Phone/Email: Cell (608) 228-7210; Lucia.Mennen@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>

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: Jean Lynch

Job Title: OAA Consultant Manager

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

Brief description of duties: OAA Consultant - Nutrition Program Specialist

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: 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: 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 Rich Lavigne

Job Title: Legal Services Manager

Email: Rich.Lavigne@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: Atty Amanda Grady

Job Title: Lead Benefit Specialist Supervising Attorney

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 Abigail Darwin

Job Title: Benefit Specialist Supervising Attorney

Email: Abigail.Darwin@gwaar.org

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

Name: Atty Brittany Nelson

Job Title: Benefit Specialist Supervising Attorney

Email: Brittany.Nelson@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

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.

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).

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.

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.

Affirmative Action Plan 2025-2027		
Policies	Yes	No
Does the Board annually review and update the affirmative action plan?	X	
Does the Board annually review employment practices to eliminate discriminatory elements?	X	
Are written procedures for handling discrimination complaints developed, posted, and used?	X	
Has the affirmative action plan been explained or discussed with all staff members?	X	
Is the affirmative action plan posted and available for review by members of the public?	X	
Person responsible for the affirmative action Plan Sky Van Rossum		
Analysis of current staff: As of August 2024, the GWAAR Staff is composed of 10 men and 29 women. 38% are over the age of 55.		
Affirmative action & equal opportunity goals: 1. Make every effort to confirm that GWAAR Staff and members of the public have easy access to 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 2025-2027 on affirmative action & equal opportunity:

- Ensure the Board continues to review and update the affirmative action plan annually.
- Ensure the Affirmative Action Plan continues to be explained to staff.

- At the fall and winter meetings the Board will discuss additional affirmative action & equal opportunity activities for 2025-2027.
- 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-typically at the fall or winter meeting.
- The GWAAR affirmative action plan is available to all staff via the GWAAR SharePoint Website.

BUDGET

2025 budget coming soon

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 2025-2027.

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.

Dave Ostness, GWAAR Board Chairperson

Date

David Denomie, GWAAR Advisory Council Chairperson

Date

APPENDICES

APPENDIX A. ASSURANCES

Assurances of Compliance with Federal and State Laws and Regulations

The assurances below often refer to requirements of area agencies on aging (AAAs) and is absent of references to aging units. Wisconsin's structure of AAAs and local county and tribal aging units differs from other states but is recognized in state statute 46.82 and by the federal Administration for Community Living. Therefore, AAAs and county and tribal aging units are required to provide assurances of compliance with federal and state laws in the delivery of Older Americans Act programs and supports.

The structure of AAAs in Wisconsin are as follows:

1. An agency designated as the AAA must subcontract with counties, tribal nations, or providers to carry out Older Americans Act programs. The AAA, in a binding contract with the state, and counties and tribal nations, in a binding contract with the AAA, must support and comply with 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 as updated in March 2024.
2. A county designated as the AAA must designate a department of local government as the aging unit. The AAA and the county aging unit are bound by a binding contract with the state and must support and comply with 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 as updated in March 2024.

AAAs and aging units are subject to the requirements in the Wisconsin Elders Act 235, often referenced in [Chapter 46.82](#) of Wisconsin Statutes. Please note: Chapter 46.82 has been updated to reflect changes in programs originally referenced in the Act when passed in 1991.

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. Most often this is the county board chairperson or tribal governing board chairperson. The assurances agreed to by this signature page must accompany the plan when submitted to the AAA or Bureau of Aging and Disability Resources.

The assurances need not be included with copies of the plan distributed to the public.

Use the template provided below and include as an appendix to the aging plan.

Compliance with Federal and State Laws and Regulations for
2025–2027

On behalf of the county or tribal nation, we certify

(Give the full name of the county or tribal aging unit)

has reviewed the appendix to the county or tribal aging plan entitled Assurances of Compliance with Federal and State Laws and Regulations for 2025–2027. We assure that the activities identified in this plan will be carried out to the best of the ability of the county or tribal nation in compliance with the federal and state laws and regulations listed in the Assurances of Compliance with Federal and State Laws and Regulations for 2025–2027.

Signature and Title of the Chairperson of the Commission on Aging Date

Signature and Title of the Authorized County or Tribal Board Representative Date

The applicant certifies compliance with the following regulations:

1. Legal Authority of the Applicant

- The applicant must possess legal authority to apply for Older Americans Act grant funds.
- 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

As required by the Bureau of Aging and Disability Resources, designated AAAs and aging units must assure:

- Outreach activities are conducted to ensure the participation of eligible older persons in all funded services.
- Each service provider trains and uses older persons and other volunteers and paid personnel.
- Each service provider coordinates with other service providers, including senior centers and the nutrition program, in the planning and service area.
- Public information activities are conducted to ensure the participation of eligible older persons in all funded services.

3. Preference for Older People with Greatest Social and Economic Need

All service providers follow priorities set by the Bureau of Aging and Disability Resources for serving older people with greatest social and economic need.

4. Advisory Role to Service Providers of Older Persons

Each service provider utilizes procedures for obtaining the views of participants about the services they receive.

5. Contributions for Services

- Agencies providing services supported with Older Americans Act and state aging funds shall give older adults the opportunity to voluntarily 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 methods of receiving contributions from individuals by the agencies providing services under the county or tribal plan shall be handled in a manner that assures the confidentiality of the individual's contributions.
- Each service provider establishes appropriate procedures to safeguard and account for all contributions.
- 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

- 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 AAA, the county or tribal aging unit, 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 and aging unit 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 AAA to safeguard confidentiality of participant information, including those delineated in these rules.
- Appropriate precautions shall be taken to protect the safety of all files and records in any format or location which contain sensitive information on individuals receiving services under the state, area plan, and aging unit. 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 AAA. 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' authorized AAAs 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 Services, Division of Public Health, 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 AAA 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 as updated in March 2024.

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, the title given to [Chapter 46.82](#) of the Wisconsin Statutes.

APPENDIX B. PUBLIC HEARING REPORTS

Public Hearing Reports coming soon

APPENDIX C. COMMUNITY ENGAGEMENT REPORTS

Community Engagement Report - Interviews

Your County or Tribe: GWAAR	Date/s of Event or Effort: Interviews March 2024 to June 2024
Target audience(s): Aging Units	Number of Participants/ Respondents: 25
<p>Describe the method used including partners and outreach done to solicit responses:</p> <p>Interviews are an effective way to gather qualitative input to better understand experiences and opinions of a subject. Interviews allow for open-ended and follow-up questions, which are hard to utilize through other methods of data collection like surveys. GWAAR’s objective is to learn more about the types of programs and services that are important, now and into the future, to the aging units as well as the older adults. GWAAR’s Advisory Council members conducted 25 aging unit director interviews throughout Wisconsin.</p>	
<p>Describe how the information collected was used to develop the plan:</p> <p>The insights collected were used to develop GWAAR’s Aging Plan goals and strategies for the next three years and beyond. In addition, the insights were used to make improvements to GWAAR fiscal, SharePoint and training opportunities.</p>	
<p>What were the key takeaways/findings from the outreach?</p> <p>Q1: What do the older people in your community need that GWAAR could help you provide?</p> <ul style="list-style-type: none"> • Affordable housing • Health promotion • Funding <p>Q2: Is there something GWAAR could do that would make your job serving older adults easier or more efficient?</p> <ul style="list-style-type: none"> • Administration • Communication • Financial/reporting <p>Q3: Are there areas that you are having trouble responding to? Do you have suggestions for how GWAAR could assist you with addressing any of these areas?</p> <ul style="list-style-type: none"> • Financial/reporting • Nutrition • Caregiving 	

Q5: Do you have any other items or suggestions that should be addressed in GWAAR's 3-year plan?

Top Four	
Category	Count
Funding	6
Administration	4
Elder Benefits Specialist	4
Volunteering	4

Q8: Positive Feedback:

- « "GWAAR does a great job overall of supporting the County ADRC."
- « "Overall, GWAAR is doing a great job. Our GWAAR consultant is terrific and wonderful to work with."
- « "GWAAR is doing a great job of providing assistance when asked."

Community Engagement Report - Surveys

Your County or Tribe: GWAAR	Date/s of Event or Effort: Survey April 2024 to June 2024
Target audience(s): Aging Units	Number of Participants/ Respondents: 27
Describe the method used including partners and outreach done to solicit responses:	
<p>A stakeholder survey was developed for those aging units that were not part of the interview process. The survey questions were similar to the interview but more concise. The goal of the survey is to get a better understanding of the types of programs and services that are important, now and in the future, to the aging units as well as the older adults. The survey had a total of 27 participants that took part. Below is a summary of the stakeholder survey results.</p>	
Describe how the information collected was used to develop the plan:	
<p>The insights collected were used to develop GWAAR's Aging Plan goals and strategies for the next three years and beyond. In addition, the insights were used to make improvements to GWAAR fiscal, SharePoint and training opportunities.</p>	

What were the key takeaways/findings from the outreach?

Q1: What are the top three responses or issues that were identified from your aging plan community engagement efforts?

- Affordable housing
- In-home services/care
- Transportation

Q2: Looking at your top three community engagement responses or issues, how can GWAAR help you better address them?

- Advocacy
- Aging plan
- Funding

Q3: Do you have any other suggestions of items that should be addressed in GWAAR's three-year plan?

- Caregiving/respite
- Administration
- Funding
- Advocacy

Q4: Please share any positive feedback on what GWAAR is doing well.

- « “Being supportive, providing us the education and support we need to be successful in plan development.”
- « “I think all your subject matter experts are awesome. Keep up the good work.”
- « “GWAAR is a great resource for so many different topics. The GWAAR SharePoint is a blessing. All employees are well educated, very helpful, and a great resource as well.”

APPENDIX D. PUBLIC HEARING AFFIDAVITS

Public Hearing Affidavits coming soon

APPENDIX E. PUBLIC HEARING ANNOUNCEMENTS

Public Hearing Announcements coming soon