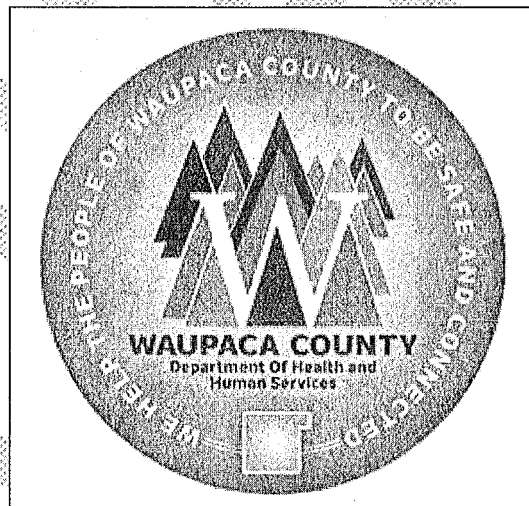


# Waupaca County Aging Plan 2022-2024



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## Executive Summary

### Waupaca County Department of Health and Human Services Vision & Values

The Waupaca County Aging Unit is fully integrated with the Waupaca Branch of the Regional Aging & Disability Resource Center serving Calumet, Outagamie and Waupaca counties. The team is referred to as the Aging & Disability Resource Unit (ADRU). The ADRU is a full participant in the overall Vision of the Waupaca County Department of Health and Human Services: *We help the people of Waupaca County to be safe and connected.* It is with this Vision we conduct all services and supports for individuals who are aging and individuals with disabilities in Waupaca County.

We ensure people's safety by attending to their basic needs. We engage and build people's natural support networks in the helping process because together we are stronger. The services and engagement we provide meet the standard of compassion we would want for our own families. We understand many of the needs experienced by our community are the result of adversities people have experienced and so we ask, "What happened to you?" not "What's wrong with you?" We believe people who hurt others are in pain and need help, not punishment. We meet the needs of those we serve in a way that is meaningful to each person by responding in a trauma informed way.

Regional Aging & Disability Resource Center of Calumet, Outagamie and Waupaca counties our mission is to offer adults, families the community a single point of contact for information and assistance, plus individualized service planning to enhance self-sufficiency and quality of life. We want to help people make the best decisions to prevent or postpone the need for long-term care services and preserve personal resources for as long as possible.

Waupaca County Health and Human Services Aging and Disability Resource Unit provides programs for individuals age 60+. Programs offered include National Family Caregiver Support Program, Alzheimer Family Caregiver Support Program; title III-B, home delivered meals, restaurant model senior dining, congregate dining, health promotion and wellness classes, transportation services, adult protective services as well as services offered through the ADRC. The programs NFCSP, AFCSP and Title III-B help serve caregivers and individuals who do not qualify for long-term care and do require limited assistance to remain in their home. The nutrition program serves seniors nutritious meals in a variety of environments including traditional congregate style dining, restaurant style dining and provides home delivered meals to home bound seniors. Adult Protective Services provides support and protection to adults over the age of 18 including seniors ages 60+. Adult protective services ensures the safety of individuals in the community or community based facility working to ensure the individual is not a victim of abuse or neglect. Health promotion and wellness classes are offered to seniors in a variety of locations including virtual options as well. Transportation services provide transportation to seniors age 60+, who are not receiving benefits through Medicaid, rides to doctor appointments as well as personal appointments including grocery shopping. The Aging and Disability Resource Center assists individuals over the age of 18+ by providing information and resources to individuals looking for assistance. ADRC staff complete assessments to determine eligibility for long-term care services.

During the planning process community input was collected in two forms: a county wide survey and focus group feedback on draft goals.

Participants of the focus group included representation from the Nutrition Advisory Council, home delivered meal program volunteer, community members and congregate participants. Participants

shared their personal experience of the traditional congregate meal program, reporting the program feels closed off to people who do not dine at the site everyday. Common theme shared throughout the focus group was the need for increased advertising to share information on the variety of aging programs available and where to call to access.

Advertising suggestions included billboards, electronic billboards, flyers provided to students in school to take home, just to name a few (further suggestions are detailed in the Public Hearing Report). Focus group participants also suggested distributing the Connection newsletter publication to local churches throughout the county. Participants suggested information on available program be shared on websites of local townships or newsletters mailed to township residents. One participant made the suggestion to title the billboard sign "Does your mother need help?". Participants felt having a representative from the agency in the community to share information on available programs would work best for distributing the information at a local level.

The second area discussed was the issue of social isolation. Participants suggested having volunteers check in with people in their homes. One participant was a member of a local civic group and suggested coming to a meeting to talk about social isolation to recruit volunteer visitors. One participant suggested educating volunteer drivers on the topic of social isolation to be aware of the difficulties many of those we are currently serving are faced with each day.

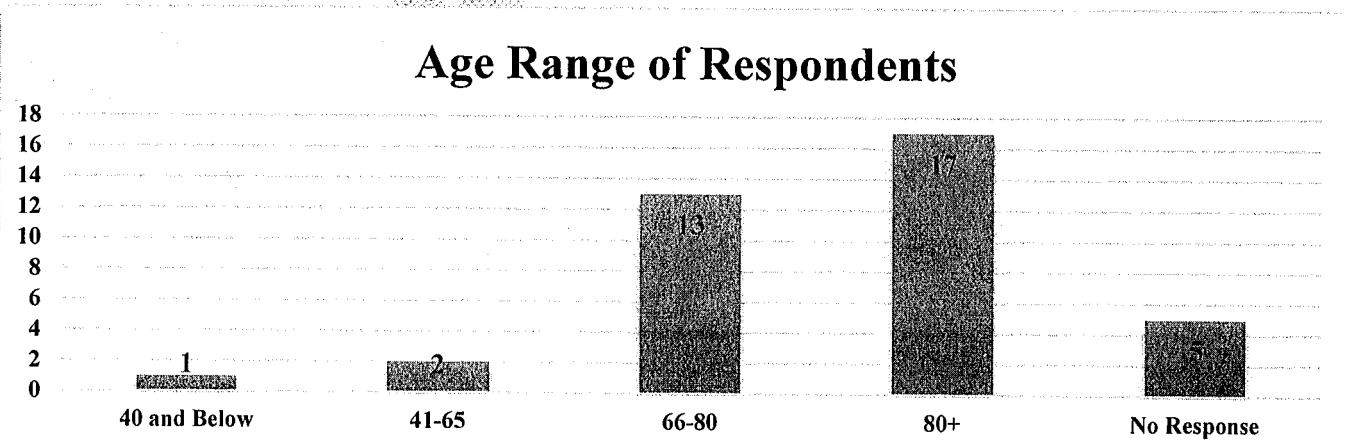
Support for caregivers was the third area discussed as a group, facilitator shared goals and action steps for aging plan 2022-2024 participants did not have comment.

Community engagement and advocacy was the next area discussed. Participants of the group felt the best place to get out into the community is a local farmer's market and the Waupaca County fair.

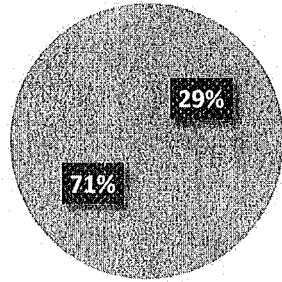
Racial equity goals and action steps were shared. One participant shared her story being raised in the city of Milwaukee. The participant explained "you need to meet people where they are at not where we want them to be." Speaking to the importance of racial equity.

Final discussion point was ideas on how to increase survey participation. One participant shared if volunteer drivers talk directly with participants of home delivered meals asking one survey question a day that could be a great way to gather information from several people.

Aging plan survey was sent to individuals who contacted the ADRC for information, was provided in the ADRC Connection newsletter, online on facebook and the Waupaca County DHHS website. Survey asked participants 10 questions results are summarized in the next few charts.

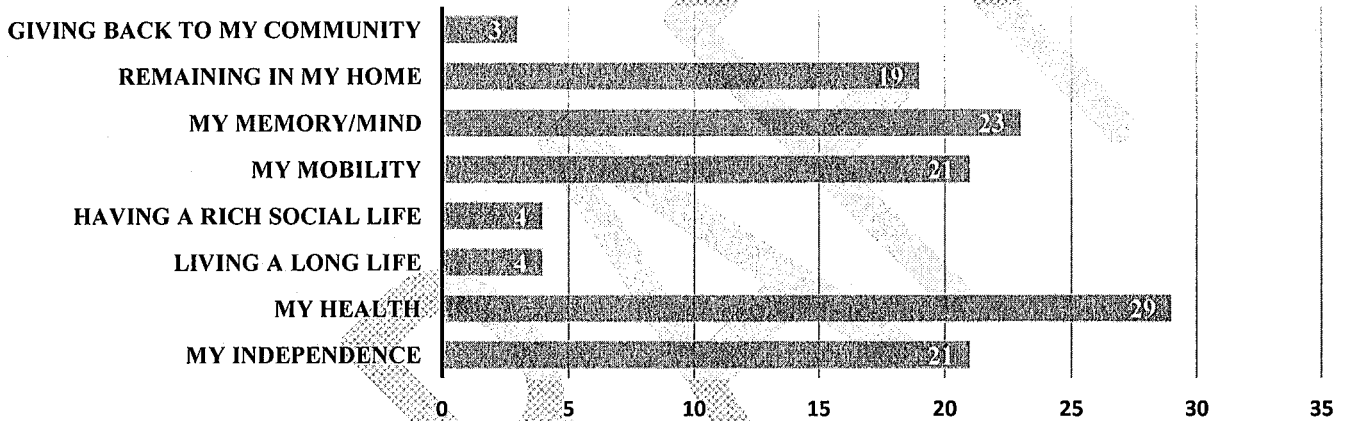


## Previous ADRC Contact

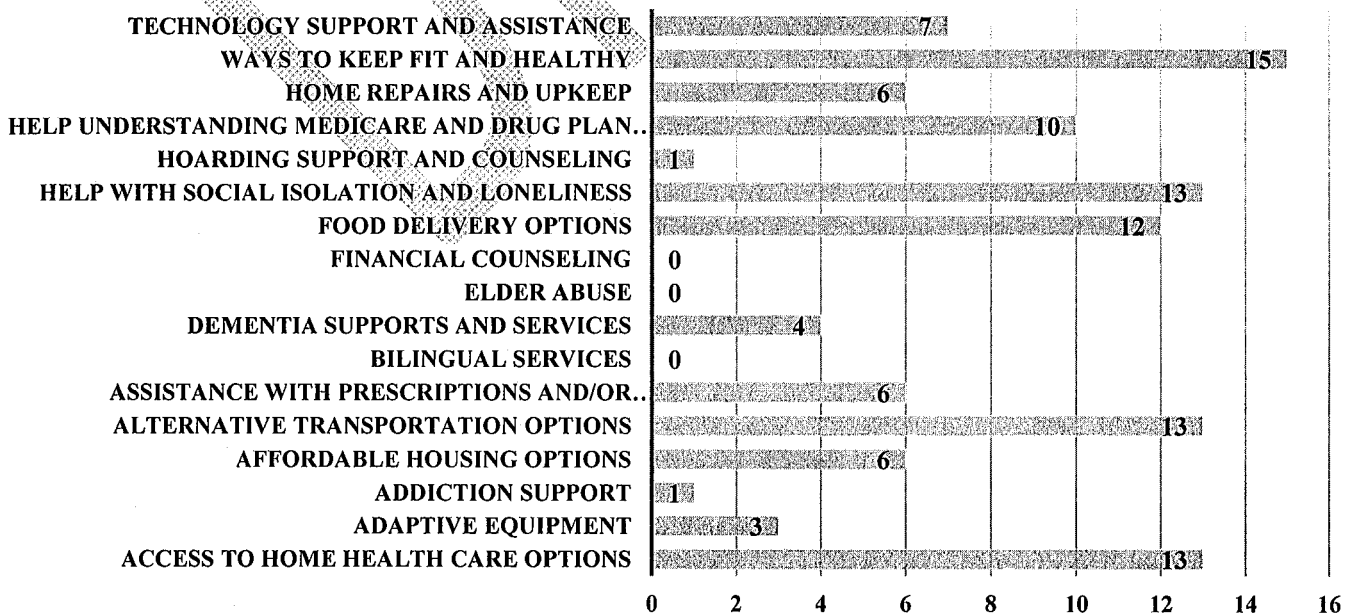


Yes- Contacted the ADRC  
 No- Contacted the ADRC

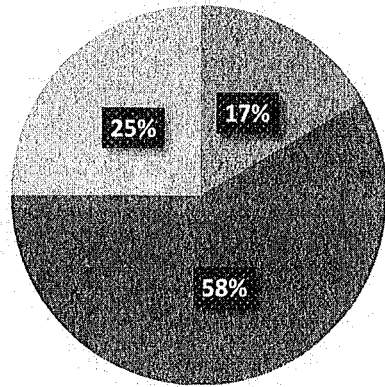
## Aspect of Aging Prioritized by Respondents



## Areas Seniors Are Seeking Help Today

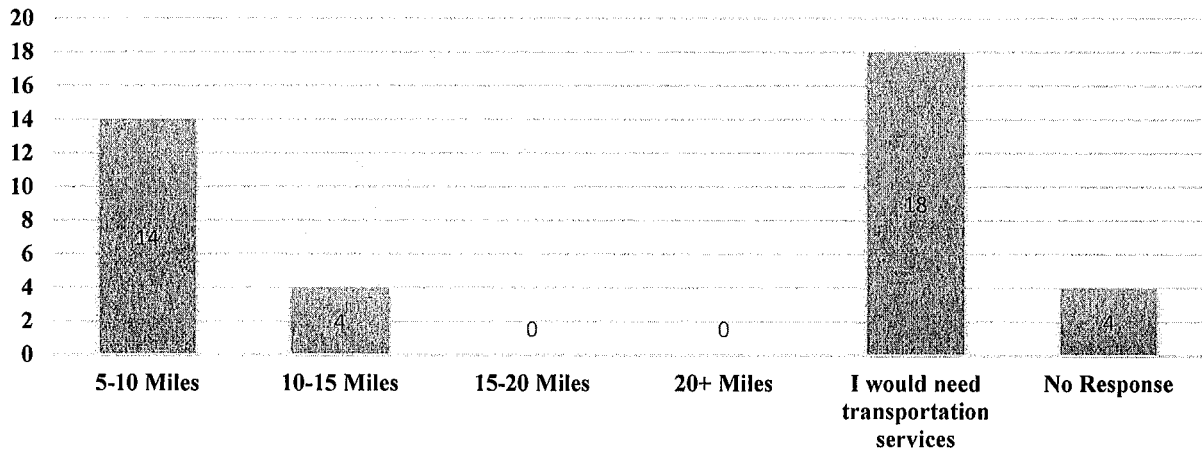


## Model of Senior Nutrition Preferred

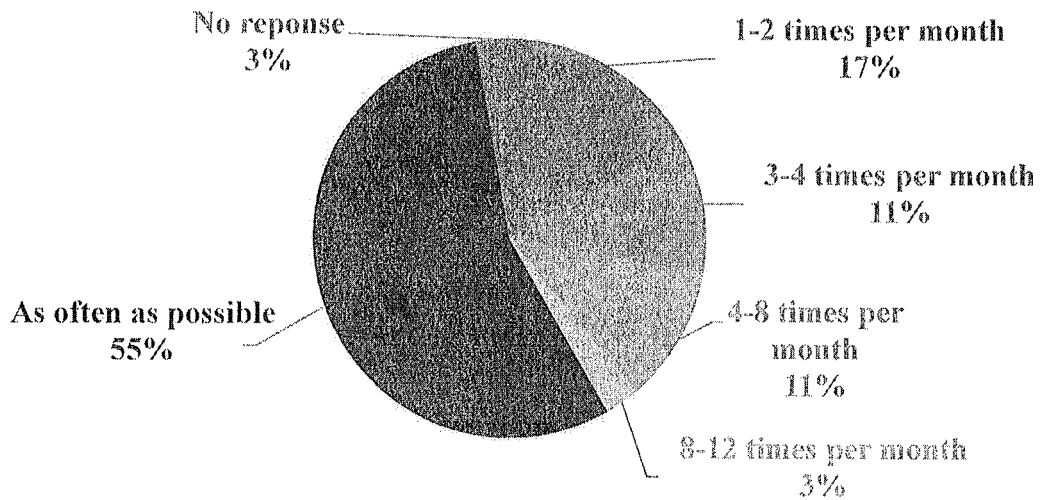


- Dining at Local Participating Restaurants
- Congregate Dining at Community Locations
- No Response

## Distance Willing to Travel to a Meal Provided by the Senior Nutrition Program



## HOW OFTEN WOULD YOU EAT A MEAL FROM THE SENIOR NUTRITION PROGRAM?



### What activities in the community are making a difference for adults?

- The Bus, The Fitness Center
- Food pantry, recreation activities (Bingo), bus trips, com- bus services
- Food pantry, library, church
- Meals on wheels, family diner. Need a taxi service in New London
- Helping the elderly, someone to call sometime
- Waupaca Senior Center
- Meals on Wheels
- Nutrition Program
- Delivery of noon meal.
- Church, parks, especially our Hartman Creek State Park!
- I have none at present. To do? Why? No help in this entity.
- Meals
- Classes and programs at the Senior Center
- Meals on Wheels
- Exercise programs at gyms. Library activities
- In home services
- Respondent crossed out positive and wrote in negative and stated: Lack of independent housing on ground floor. 2 bed 2 bath attached garage like the Windsor in Plover.
- Card playing, etc. Short trips. Helping with events, etc.

### Other Thoughts and Input to Share?

- Cool it with the beets, why is it so important to have them. Nobody likes them anyway and I throw them out? Is that what you want? They taste like crap!
- I'm happy. Waupaca County does what they do for us!
- I am a loner, but I like someone to call once in a while, and talk a short time. Someone to help with fixing things the things in my home.
- Lots of good food, but pork and beef roasts are not cooked long enough. Thanks.
- "Other" service response was specified as help with cleaning.
- Meals on Wheels serves green beans far too frequently. ("Other response" was specified as C.A.P Services. "As often as possible response" was referenced to a write in response of Meals on Wheels.)
- Should be reliable transportation to and from Doctors and free! Free in home care and help. I'm having a very hard time with this- cleaning/ windows, changing beds. Thank you!! Thanks for survey!
- 2 receive Meals on Wheels 3 times a week.
- I would appreciate restaurant delivery. We need a good meals on wheels menu not same every week. The one we have now is better than before.
- Loan closet like Portage County. ("Other" service response was specified as Senior Center newsletter and trips.
- If I lived in Waupaca (Respondent wrote they reside in the Town of St. Lawrence), I would love to come at noon to eat and visit with everybody.
- How much is home cleaning what is the cost. I had cancer chemo and radiation would be nice to get help

The most significant struggle for Waupaca County is the limited number of businesses and staff available to provide services to those in need. The COVID-19 pandemic combined with the everyday rural struggles of Waupaca created a difficult year. In addition, Waupaca County experienced similar challenges as others in the state and nation through caregiver shortages, increased food costs, staffing shortages and frequent turn over. Despite the shortage of available providers the aging population continues to grow rapidly. Waupaca County has the highest nursing home per capita in the state making the needs of aging programs great throughout Waupaca County.

With limited providers and resources along with decreased funding with a growing population and increasing needs of seniors in Waupaca County it is vital for the Aging Unit within Waupaca County DHHS to collaborate with other partners the county resources alone will not meet the needs of the community. Over the years Waupaca County has relied solely on government and tax payer dollars to provide the funding necessary to meet the needs of the community, we are at a crossroads where government funding alone cannot meet the needs of the community. The long-term goal for the Waupaca County Aging Unit is to partner with local providers including hospitals, city administrators, civic groups, nursing homes and assisted living facilities, churches as well as other local businesses. Initial conversations with churches and city administrators have been well received; community partners are interested to hear how they may be able to help.

Waupaca County Aging group consists of a full-time Aging and Disability Resource Manager, full-time Aging Programs Supervisor. Committee on Aging advisory board is responsible for policy recommendations to the Aging & Disability Resource Manager for the advancement and improvement of the Federal Older Americans Act Programs. Recommendations from the Committee on Aging are brought forward to the Health and Human Services Board, Chairman Gerald Murphy, the Board serves as the policy making body.

## Context

To fully understand the needs and desires of individuals who are aging in Waupaca County, one must take a look at the environment in which they reside. Waupaca County spans 765 square miles with diverse employment opportunities ranging from agriculture, foundry, automotive, healthcare, business, and more. It is a destination for retirement and vacations. Individuals from around the state and even out of state come to Waupaca County to relax and enjoy the many year-round activities it has to offer. Many individuals have second homes in Waupaca County with plans to retire and age well here.

### Waupaca County: Aging by the Numbers

**Population Growth:** Between 2010 and 2040, the 60+ year old population in Waupaca County will increase by 45% (+11,224 individuals) while the total population of Waupaca County will increase by only 4% (+3,260). If rates of service remain consistent during that same 30 year period, the Aging & Disability Resource Unit will undoubtedly need an increase in budget allocation from the state and add staff to help the people.

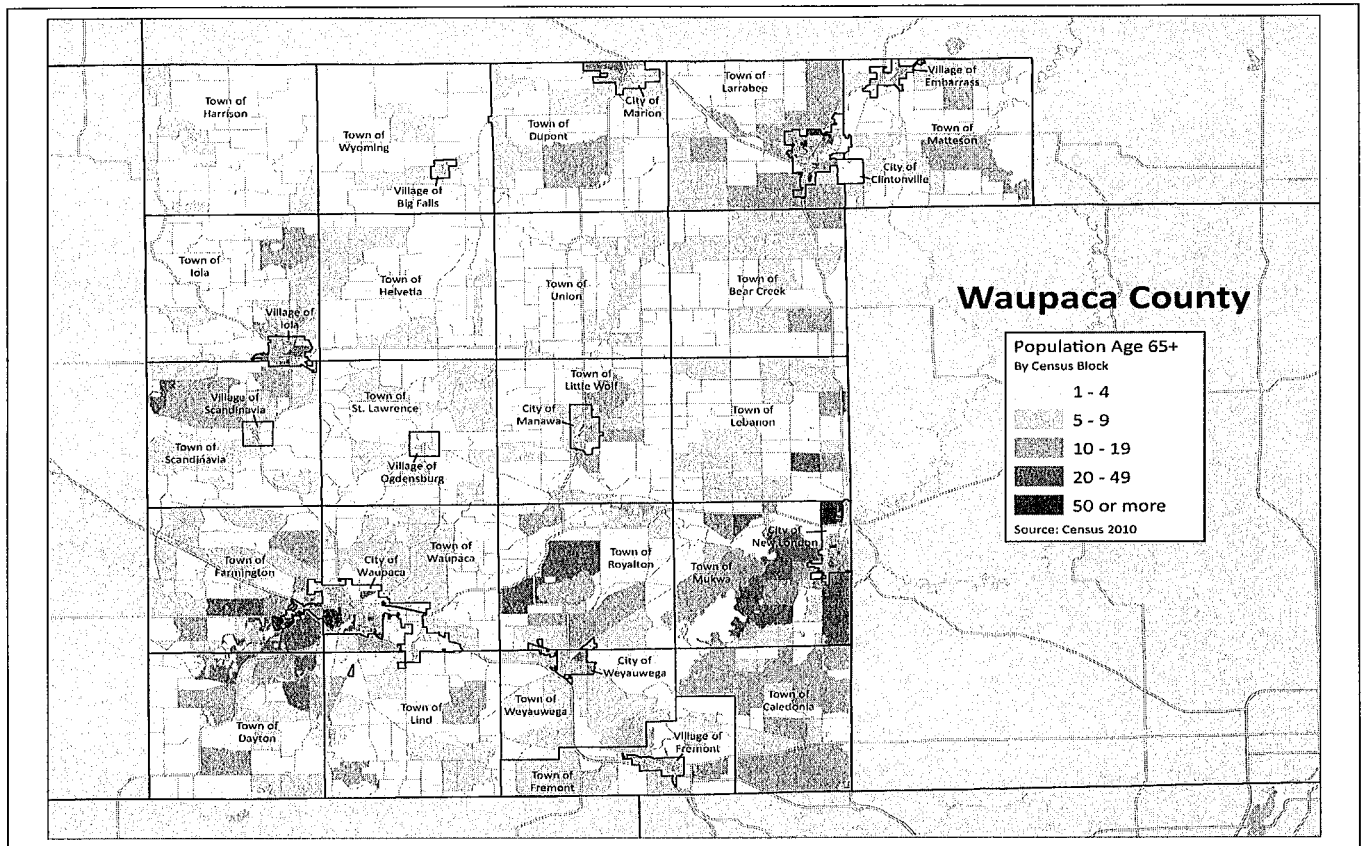
**U.S. Census, American Community Survey, 2012-2016 Estimates:** The ratio of the aging population in Waupaca County is among the greatest in the state.



Year	Total Waupaca County Population	60+ Waupaca County Population	Percentage Growth (%)
2010	52,410	15,640	24%
2015	53,400	15,640	29%
2020	54,475	17,875	33%
2025	56,220	20,420	36%
2030	57,460	22,090	38%
2035	57,120	23,090	40%
2040	55,670	23,840	43%

Ages 65 and Older, Living Alone	Wisconsin	Waupaca County
<b>Persons 65+</b>	<b>953,571</b>	<b>10,451</b>
Persons 65+ living alone	274,683	2,788
<i>Persons, % living alone</i>	28.8%	26.7%
<b>Males age 65+</b>	<b>432,812</b>	<b>5,091</b>
Males age 65+ living alone	88,285	1,078
<i>Males, % living alone</i>	20.4%	21.2%
<b>Females age 65+</b>	<b>520,759</b>	<b>5,360</b>
Females age 65+ living alone	186,398	1,710
<i>Females, % living alone</i>	35.8%	31.9%
<small>Source: U.S. Bureau of the Census, American Community Survey, 2015-19 Five-year Estimates, Tables B01001 and B09020, 1/2021</small>		

Age Group Estimates	Wisconsin	Waupaca County
<b>Total Population - All Ages, All Races</b>	<b>5,790,716</b>	<b>51,245</b>
60+	1,341,829	14,413
65+	953,571	10,451
75+	403,421	4,861
85+	125,495	1,702
<i>% 60+</i>	23.2%	28.1%
<i>% 65+</i>	16.5%	20.4%
<i>% 75+</i>	7.0%	9.5%
<i>% 85+</i>	2.2%	3.3%
Males age 65+	432,812	5,091
<i>Males as percent of 65+ population</i>	45.4%	48.7%
Females age 65+	520,759	5,360
<i>Females as percent of 65+ population</i>	54.6%	51.3%
<small>Source: U.S. Bureau of the Census, American Community Survey, 2015-19 Five-year Estimates, Table B01001, 1/2021</small>		



Median Age in Years	Wisconsin	Waupaca County
Total (Males and Females, All Races)	39.5	45.5
<i>Source: U.S. Bureau of the Census, American Community Survey, 2015-19 Five-year Estimates, Table B01002, 1/2021</i>		

Population by Race and Ethnicity, July 2019	Wisconsin	Waupaca County
<b>Total - All Ages: Total Population</b>	<b>5,822,434</b>	<b>50,990</b>
65+ All Races and Hispanic Ethnicity	1,017,243	10,861
<i>% of Total Population that is 65+</i>	17.5%	21.3%
<i>% of 65+ that is All Races and Hispanic Ethnicity</i>	100.0%	100.0%
<b>Total - All Ages: White/Caucasian Alone, not Hispanic</b>	<b>4,709,065</b>	<b>47,944</b>
65+ White/Caucasian	945,695	10,639
<i>% of White/Caucasian pop that is 65+</i>	20.1%	22.2%
<i>% of 65+ that is White/Caucasian</i>	93.0%	98.0%
<b>Total - All Ages: Black/African American Alone, not Hispanic</b>	<b>372,273</b>	<b>247</b>
65+ Black/African American	31,702	18
<i>% of Black/African American pop that is 65+</i>	8.5%	7.3%
<i>% of 65+ that is Black/African American</i>	3.1%	0.2%
<b>Total - All Ages: Native American/Alaska Native Alone, not Hispanic</b>	<b>52,436</b>	<b>294</b>

65+ Native American/Alaska Native	5,518	41
<i>% of Native American/Alaska Native pop that is 65+</i>	10.5%	13.9%
<i>% of 65+ that is Native American/Alaska Native</i>	0.5%	0.4%
<b>Total - All Ages: Asian Alone, not Hispanic</b>	<b>172,205</b>	<b>256</b>
65+ Asian	11,080	36
<i>% of Asian pop that is 65+</i>	6.4%	14.1%
<i>% of 65+ that is Asian</i>	1.1%	0.3%
<b>Total - All Ages: Hawaiian/Pacific Islander Alone, not Hispanic</b>	<b>2,318</b>	<b>7</b>
65+ Hawaiian/Pacific Islander	216	2
<i>% of Hawaiian/Pacific Islander pop that is 65+</i>	9.3%	28.6%
<i>% of 65+ that is Hawaiian/Pacific Islander</i>	0.0%	0.0%
<b>Total - All Ages: Two or More Races, not Hispanic</b>	<b>100,929</b>	<b>565</b>
65+ Two or More Races	3,999	39
<i>% of Two or More Races pop that is 65+</i>	4.0%	6.9%
<i>% of 65+ that is Two or More Races</i>	0.4%	0.4%
<b>Total - All Ages: Hispanic/Latino (may be any race)</b>	<b>413,208</b>	<b>1,677</b>
65+ with Ethnicity Hispanic/Latino	19,033	86
<i>% of Ethnicity Hispanic/Latino pop that is 65+</i>	4.6%	5.1%
<i>% of 65+ with Ethnicity Hispanic/Latino</i>	1.9%	0.8%
<i>Source: U.S. Bureau of the Census, Annual Population Estimates, July, 2019 released Summer 2020, 1/2021</i>		

Through the community engagement the needs identified was the need for marketing and education on available programs and services offered for individuals 60+. Community members shared thoughts on combating social isolation by involving volunteers to contact one on one with seniors suffering from social isolation. Details of the community engagement results can be found in the executive section of the report. Critical issues and future implications for aging services is explained in the executive section of the report.

The critical issues Waupaca County faces in the next 10 years is meeting the needs of the rapidly increasing aging population with the limited funding and resources, that are available. As referenced in the executive section. Limited number of providers combined with decreased funding will hinder Waupaca County's ability to meet the needs of the aging population. Through the COVID-19 pandemic the community pulled together in a variety of ways to meet the needs of the community and keep one another safe. Over the next three years, Waupaca County ADRU will continue to work with and strengthen community partnerships to work together to meet the needs of seniors of Waupaca County.

## Community Involvement in the Development of the Aging Plan

Waupaca County Regional aging and Disability Resource Center Branch gathered community feedback through the use of a formal countywide survey distributed through a variety of different methods. The findings of this survey are summarized within the Community Engagement Report in the appendices of this document as well as summarized and referenced within the Executive

Summary. Additionally, Waupaca County held a public hearing to receive additional community feedback from the draft aging plan goals and this is summarized in the following section.

See Appendix- Community Engagement Report- Survey  
Community Engagement Report- Focus Group

## **Public Hearing Requirements**

Waupaca County Regional Aging and Disability Resource Center Branch held a public hearing on September 23<sup>rd</sup> to offer opportunity for comment, feedback, and clarification on the draft aging plan goals created with the input gathered by community survey. It was decided to attempt a different method of advertisement of the public hearing to hopefully attract more participation than past hearings held within Waupaca County. It was determined that referring to the hearing as a “Focus Group” may attract more interest as that language is more open and inviting. Despite this change in language all the requirements for holding a public hearing were met. The public hearing attracted attendees from a variety of regions within Waupaca County. The discussion and feedback about the draft goals as presented was vibrant and offered valuable feedback. The public hearing is summarized within the Public Hearing Report in the appendices of this document.

As noted in the Public Hearing Report no significant changes made to the draft goals resulted from the public hearing, however the feedback helped establish priority to two of the goals within the draft plan.

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## Goals to Advance Values

<b>Focus area: <i>Advance Values:</i> Enhance ongoing community engagement/increase knowledge and skills related to advocacy.</b>		<b>Due Date</b>
<b>Goal statement:</b> Individuals throughout Waupaca County will be aware of Aging Programs available and know where to reach out.		Dec 2024
<b>Plan for measuring overall goal success – How will you know that you have achieved the results you want? Use data.</b> Data will be collected through Waupaca County contact tracking system TCM to determine baseline data for the year 2021 and will be assessed annually throughout the aging plan.		
<b>Specific strategies and steps to meet your goal:</b>	<b>Measure</b> (How will you know the strategies and steps have been completed?)	<b>Due Date</b>
<b>Strategy 1: Focus on Waupaca County communities and bring awareness to the Aging Programs offered in Waupaca County.</b>		<b>Dec. 2022</b>
Action step: Update Aging Program brochures and advertisement materials such as posters and social media content to create more attention-grabbing publications.	Completion will be demonstrated when the publications are ready for distribution. Each program will have a minimum of informational publication, awareness/outreach poster, and social media post prepared.	June 2022
Action step: Publish and post the updated materials throughout the community using existing relationships such as: Buyer's Guide publication, local newspapers, community locations, website/Facebook pages.	Completion will be demonstrated through advertisement in areas mentioned.	Dec. 2022
Action step: Translate Aging Program materials and information to Spanish. Partner with Hispanic businesses throughout Waupaca County share translated materials. (See Address Barriers to Racial Equity goal for more information)	Utilize TCM and SAMs Wellsky to measure the number of Latino contacts and participants throughout aging plan.	Ongoing 2022-2024
<b>Strategy 2: Partner with community programs to educate about existing Aging Programs. Identify opportunities for Aging Programs to fill service gaps. Empower people to advocate for services that are lacking or need improvement.</b>		<b>Dec. 2024</b>
Action step: Develop a listing of facilities and programs that serve older adult population throughout Waupaca County, provide outreach to explain the programs and provide program materials. During those meetings, share information on unmet needs identified through the aging plan survey (baseline data from 2021).	Completion of this goal will be to connect with a minimum of two hospitals, two assisted living facilities, and two city administrators representing various areas of Waupaca County.	June 2022
Action step: Create action plan with community partners on how unmet need(s) (identified through aging plan survey) can be addressed utilizing support from Aging Programs in conjunction with support from other community programs and resources.	Measured with the completion of the action plan.	March 2023

<p>Action step: Implement above action plan, monitor and adjust as needed.</p>	<p>Completion of this goal will be measured through survey results from community members' questions specific to the areas of unmet needs identified in action plan.</p>	<p>Dec. 2024</p>
<p><b>Strategy 3: Coordinate and execute a seminar open to the public and aging network professionals to advance the understanding and knowledge of advocacy.</b></p>		<p><b>Dec. 2023</b></p>
<p>Action Step: Collaborate with Janet Zander through GWAAR to set up an informational seminar on advocacy. Seminar will be focused on state and local advocacy. Those invited to the seminar will include Nutrition Advisory Council members, Committee on Aging members, Waupaca County DHHS staff and Aging Program participants, and public.</p>	<p>Measurement of the action step will be upon completion of the seminar and disseminating the information.</p>	<p>Dec. 2023</p>
<p><b>Annual progress notes</b></p>		

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<b>Focus area: Addressing Barriers to Racial Equity</b>		<b>Due Date</b>
<b>Goal statement:</b> Barriers to racial equity will be addressed by translating aging program materials (forms, brochures, etc.) to Spanish to allow equitable access among minority populations of Waupaca County.		<b>Jan. 2023</b>
<b>Plan for measuring overall goal success – How will you know that you have achieved the results you want? Use data.</b> This goal will be met when all program materials are translated and made available in Spanish.		
<b>Specific strategies and steps to meet your goal:</b>	<b>Measure</b> ( <i>How will you know the strategies and steps have been completed?</i> )	<b>Due Date</b>
<b>Strategy 1: Translate program materials such as brochures, forms, flyers, etc.</b>		<b>Jan. 2023</b>
Action step: Identify and compile a list of program materials that should be translated.	Materials from each aging program have been identified as needing translation	Mar. 2022
Action step: Review program materials for language/imagery that may impose barriers to minority populations.	Each item has been reviewed and made ready for translation	June 2022
Action step: Work with a translator to translate materials.	All materials are translated completely	Sept. 2022
Action step: Make materials available to participants when needed.	Materials are readily available	Jan. 2023
<b>NOTE: See Title IID program goals for information as to how other racial barriers will be addressed throughout aging plan period.</b>		
<b>Annual progress notes</b>		

<b>Focus area: Person-Centered Services, Maximizing Consumer Choice and Control</b>		<b>Due Date</b>
<b>Goal statement: Title IIIC-1 programs will promote consumer choice through collecting menu and meal item input regularly from participants. Title IIIC-2 will add more consumer choice through introducing frozen entrée choices that can be ordered in lieu of that day's meal.</b>		<b>Dec. 2023</b>
<b>Plan for measuring overall goal success – How will you know that you have achieved the results you want? Use data.</b> Goals within the Title IIIC program will be met when an annual menu survey is created, distributed, and analyzed to help inform the programs. Data from the survey will help inform an annual menu review with program partners. An additional goal within the Title IIIC-2 program will be met when additional frozen entrée choices can be introduced to the program and made available for participants.		
<b>Specific strategies and steps to meet your goal:</b>	<b>Measure (How will you know the strategies and steps have been completed?)</b>	<b>Due Date</b>
<b>Strategy 1: Use annual menu survey to inform menu planning and enhance consumer choice and control.</b>	<b>Distribution of survey and incorporation of data</b>	<b>Jan. 2023</b>
Action step: Create an annual menu input survey with guidance and input from Nutrition Advisory Council.	Survey has been reviewed by nutrition advisory council	Mar. 2022
Action step: Distribute and collect survey information, compile into a report.	# of surveys returned	Aug. 2022
Action step: Share data from survey with program partners in annual menu review meeting.	Meeting is held with input incorporated to menus	Oct. 2022
<i>Above will be repeated within 2023, 2024 and future years.</i>		
<b>Strategy 2: Create a "Monthly Feature" frozen entrée program for Home Delivered Meals.</b>	<b>1-2 additional frozen entrees are available to participants</b>	<b>June 2023</b>
Action step: Locate and contract with program partner for monthly featured entrée program.	Contract for program has been established	Jan. 2023
Action step: Create menu for program using participant input.	12-16 entrée options have been chosen based on menu survey data	April 2023
Action step: Create ordering system and begin offering menu choices to participants.	# of frozen entrees ordered by participants	June 2023
Action Step: Gather feedback, monitor, and adjust as needed.	Annual Menu Feedback Survey	Dec. 2024
<b>Annual progress notes</b>		



## Goals to Enhance Programs

<b>Focus area: Title III-B Supportive Services</b>		<b>Due Date</b>
<b>Goal statement:</b> Create and implement a transportation coordination strategy to support participants and provide accessibility to services of Title III-C.		Dec. 2024
<b>Plan for measuring overall goal success – How will you know that you have achieved the results you want? Use data.</b> SAMS Data will be used to measure the growth of participants of the title III-C program.		
<b>Specific strategies and steps to meet your goal:</b>	<b>Measure (How will you know the strategies and steps have been completed?)</b>	<b>Due Date</b>
<b>Strategy 1:</b> Determine the needs in each community by collecting data from annual survey to participants of the program.		Dec. 2022
Action step: Create and distribute survey to program participants.	Survey has been reviewed and approved by Committee on Aging	June 2022
Action step: Analyze data from completed surveys to determine the transportation needs.	# of surveys returned and survey data points	Dec. 2023
<b>Strategy 2:</b> Explore and connect with community partners to share transportation needs of the title III-C program and share the available resources.		Dec. 2023
Action step: Identify community partners in communities throughout Waupaca County including: Waupaca, Weyauwega/Fremont, Iola/Scandinavia, Marion, Manawa, New London, Clintonville.	At minimum one community partner in each of the communities listed has been identified.	June 2023
Action step: Share data collected from each respective community identifying the needs of program participants.		June 2023
Action step: Strategize with individual community partners in identifying their role in addressing the needs.	Create a minimum of two strategies with community partners to address the needs.	Dec. 2023
<b>Strategy 3:</b> Advertise transportation resources to participants of the title III-C program and share with community partners to advertise in their communities.		Dec. 2024
Action step: Creating resource materials to distribute to community partners and participants.	When informational material is provided to participants and community partners.	June 2024
Action step: Create a system to connect participant needs to available resources.	SAMS data will be used to track the number of participants in the program and track the growth.	Dec 2024
<b>Annual progress notes</b>		

<b>Focus area: Title III C Elderly Nutrition Program</b>		<b>Due Date</b>
<b>Goal statement:</b> The Waupaca County Senior Nutrition Program aims to grow the quality of nutrition education offered to program participants, a focus of this goal will be implementation of opportunities across both Home Delivered Meals and Congregate Programs (both traditional and voucher).		Dec. 2024
<b>Plan for measuring overall goal success – How will you know that you have achieved the results you want? Use data.</b> Our success for meeting this goal will be measured through satisfaction survey data (incorporated with annual nutrition program survey), event feedback forms, and participation trends.		
<b>Specific strategies and steps to meet your goal:</b>	<b>Measure</b> (How will you know the strategies and steps have been completed?)	<b>Due Date</b>
<b>Strategy 1: Focus on in-person programming opportunities within the traditional nutrition sites. The annual nutrition education plan for year 2023 and moving forward will include a minimum of one in-person event offered each quarter at each traditional nutrition site.</b>		<b>Dec 2023</b>
Action step: Development of a variety of nutrition education topics and presentation methods to suit a variety of interests. Nutrition director and program nutritionist will collaborate to create an annual nutrition education plan that will build in a variety of educational offerings covering a wide variety of topics – ideas for in-person events include but are not limited to: video screenings followed by discussion, book clubs, cooking demonstrations, nutrition clinics (like Stepping Up Your Nutrition), etc.	<b>Completion of annual nutrition education plan &amp; completed schedule of events</b>	Oct. 2022
Action step: Utilize community partners to supplement education topics. Coordination with Title IIID and other health/nutritionally focused organizations can enhance the impact of nutrition education programming. Possible partnerships include but are not limited to: title IIID, local hospitals/medical organizations, local food pantries, etc.	<b>Coordination has been scheduled or explored with a variety of community partners</b>	Dec. 2022
Action step: When possible create a virtual version of the event that can be shared with homebound individuals or voucher program participants. Utilize platforms such as Facebook Live, Zoom, etc. to create a virtual version or a do-it-at-home version of nutrition education programs when possible. For example, a cooking demonstration could be recorded and information made accessible for homebound individuals to access at home.	<b>Virtual version of each event is considered and when possible coordinated and executed</b>	Var. 2023
Action Step: Implement above described activities within the nutrition sites, monitor success, and adjust as needed.	<b>The success of the above described programming will be measured through event feedback forms, participant testimonials, participation trends, etc.</b>	Var. 2023
<i>Above will be repeated within 2024 and future years.</i>		
<b>Strategy 2: Increase quality of nutrition education print materials provided across programs by expanding current distribution to be a nutrition program newsletter.</b>		<b>Jan. 2023</b>

Action step: Exploration of funding needs, logistics, staffing and time needed to expand current distribution to be a nutrition program newsletter. Exploration of creating electronic version of newsletter.	<b>Detailed plan of newsletter execution has been created and approved</b>	June 2022
Action step: Creation of template and planning in 3 month chunks of content.	<b>Finalized template and content plan has been created</b>	Dec. 2022
Action step: Distribute newsletter monthly across program participants, monitor success, adjust as needed.	<b>The success of the above will be measured through feedback forms and annual survey.</b>	Jan. 2023
<i>Above will be repeated within 2024 and future years.</i>		
<b>Annual progress notes</b>		

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<b>Focus area: Title III-D Health Promotion</b>		<b>Due Date</b>
<b>Goal statement: Reduce health effects of social isolation and loneliness by identifying older adults most vulnerable, implementing evidence-based interventions and evaluating outcomes.</b>		Dec. 2024
<b>Plan for measuring overall goal success – How will you know that you have achieved the results you want? Use data</b> Use baseline data from 2020 survey as a comparison for future surveys to be done throughout aging plan period. Other data such as number of workshops through different delivery options and participation trends.		
<b>Specific strategies and steps to meet your goal:</b>	<b>Measure (How will you know the strategies and steps have been completed?)</b>	<b>Due Date</b>
<b>Strategy 1: Raise public awareness about the ill effects of social isolation and loneliness</b>		<b>Dec. 2022</b>
Action step: Conduct social isolation and loneliness campaign through presentations and newspaper and newsletter articles	Number of presentations and articles written	
Action step: Identify and connect with community partners with same goal.	Number of contacts made, presentations, flyers handed out	
<b>Strategy 2: Implement evidence based interventions to improve meaningful connections for older adults.</b>		<b>Ongoing</b>
Action step: Expand evidence-based programming- AMP, MOM, StrongBodies, Tai Chi, Stanford Self-Management Programs	SAMS Documentation	
Action step: Offer Virtual offerings with tech support and access	SAMS Documentation	
Action step: Identify at risk people and determine referral process/interventions	Process documented	
<b>Strategy 3: Provide access to meaningful and culturally relevant resources.</b>		<b>Dec. 2023</b>
Action step: Reach out to stakeholders through presentations/meetings	Documentation of Presentations/Meetings	
Action step: Recruit leaders from differing cultural backgrounds for evidence-based programs	Number of leaders recruited	
<b>Annual progress notes</b>		

<b>Focus area: Title III-E Caregiver Support</b>		<b>Due Date</b>
<b>Goal statement: Advance partnership between Waupaca County Aging Programs with Dementia Care Specialist of COW county ADRC to implement programming relevant and beneficial to caregivers of Waupaca County.</b>		<b>Dec. 2024</b>
<b>Plan for measuring overall goal success – How will you know that you have achieved the results you want? Use data.</b> This goal's success will be measured through participation trends of programs resulting from the partnership.		
<b>Specific strategies and steps to meet your goal:</b>	<b>Measure</b> (How will you know the strategies and steps have been completed?)	<b>Due Date</b>
<b>Strategy 1: Partner with DCS to support the implementation of regular Memory Café's in 3 rural communities of Waupaca County to help reduce social isolation for caregivers and care recipients.</b>		<b>Dec. 2023</b>
Action step: Partner with DCS to connect with local community resources well known to aging population of Waupaca County.	Completion demonstrated when a minimum of one meeting location and community partnership has been located in each of the 3 target communities	June 2022
Action step: Support Memory Café's through the purchase of supplies relevant to enhancing participant's experience. Additionally, provide support through the coordination of volunteers if needed.	Documentation of support provided	Dec 2022
Action step: Perform community outreach and raise awareness of the program. Monitor participation and adjust efforts according to participant feedback.	Documentation of outreach performed and event feedback forms	Ongoing 2023
<b>Strategy 2: Coordinate the provision of education and outreach to community groups about caregiving for older adults with a special focus on dementia.</b>		<b>Dec. 2024</b>
Action step: Partner with DCS to connect with local community groups relevant to aging and caregiving population of Waupaca County. Identify groups interested in receiving education and outreach.	Documentation of groups connected with	June 2024
Action step: Perform community outreach and raise awareness of the educational presentations. Monitor participation and adjust efforts according to participant feedback.	Completion demonstrated when a minimum of 2 presentations have been completed. Documentation of presentation and event feedback forms will be collected.	Dec. 2024
<b>Annual progress notes</b>		

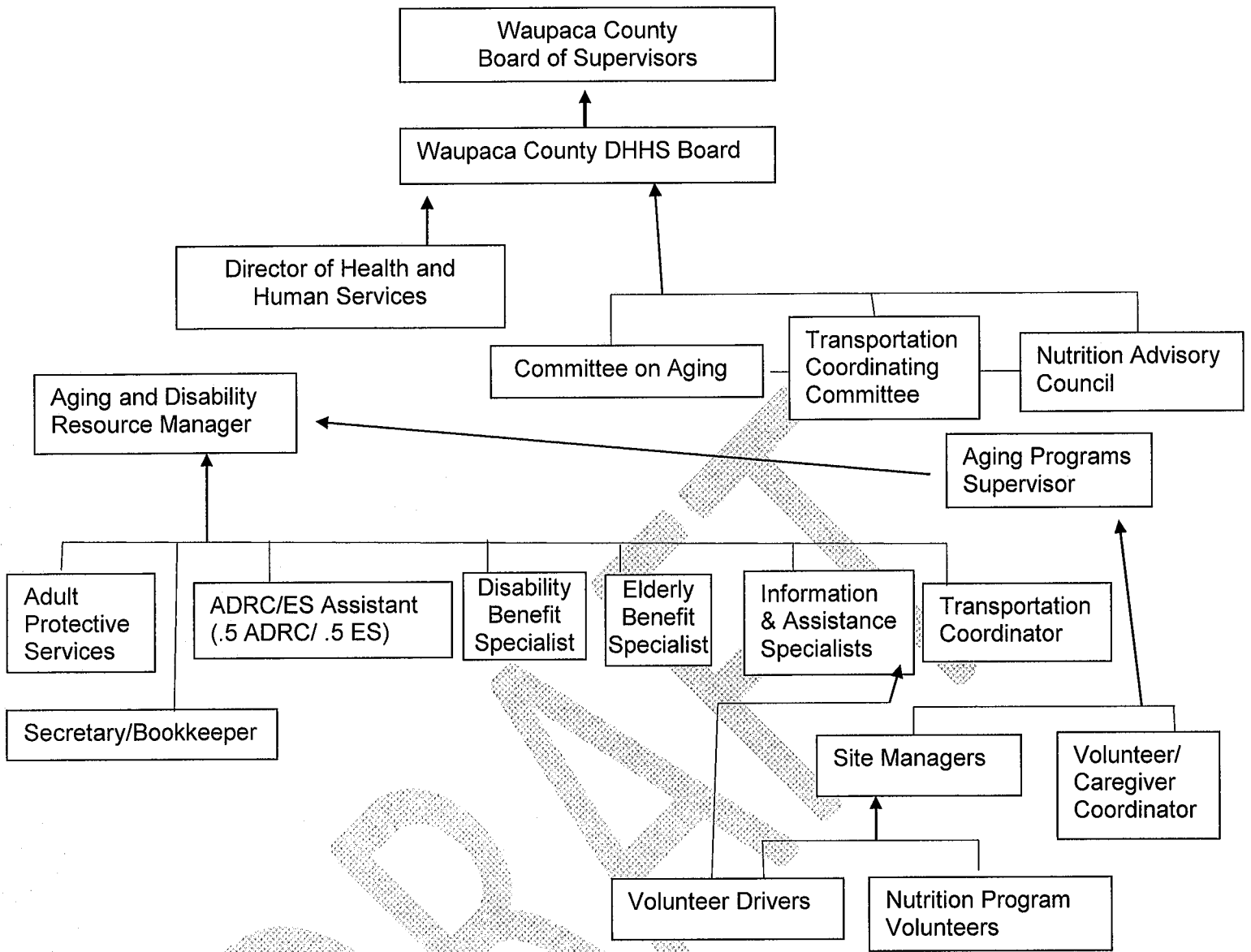
## Coordination Between Title III and Title VI

In 1978 the OAA was amended to include Title VI which established programs for the provision of nutrition and supportive services for Native Americans (American Indians, Alaska Natives and Native Hawaiians). The services were expanded in 2000 to include family caregiver support services.

The coordination of services between the county aging unit, tribal aging unit and tribal members is essential to maximize efforts toward health equity within our aging programs. The tribal aging and disability resource specialist serves as a liaison between the tribe and the aging and disability resource center (ADRC) to ensure that tribal members receive culturally appropriate information on aging and disability resources and are able to comfortably and effectively access long term care programs and services.

The ADRC of Calumet, Outagamie and Waupaca (COW) counties have Oneida Nation tribal land in Outagamie County but not in the counties of Calumet or Waupaca County. The ADRC of COW has had a long-standing relationship with the Oneida Nation for many years to provide information and assistance to all tribal members in all three counties if requested. This relationship includes working with the Elder Service Program Manager. Information and Assistance Specialist who work with persons age 60+ who are members of a Native American tribe offer those individuals an opportunity to work locally with our ADRC and/or work with the tribal Aging and Disability Resource Specialist (ADRS) that would provide services for that person. Our ADRC will collaborate with the clients' tribe to best meet the needs of their clients.

The ADRC of COW has a designated Information and Assistance Specialist in Outagamie County that is the liaison with the tribe. Along with regular collaboration of services for Oneida Nation tribal members, the Information and Assistance Specialist has quarterly meetings with the Oneida Nation Health Center staff and the Oneida tribal ADRS. The ADRC Regional Advisory Committee representing all three counties has an Oneida Nation tribal member as the 13<sup>th</sup> member representing all three counties has an Oneida Nation Commission on Aging. This member brings back information about the COW counties back to the tribe. The COW counties have included the ADRS in regional trainings and educational opportunities. Regional trainings are held annually and will include an invitation to the ADRS for trainings in 2021, 2022 and 2023.



**Primary Contact to Respond to Questions About the Aging Plan Template**

Name: Melissa Anderson

Title: Aging and Disability Resource Manager

County: Waupaca

Organizational Name: Waupaca County Department of Health and Human Services

Address: 811 Harding Street

City: Waupaca State: WI Zip Code: 54981

Email Address: melissa.anderson@co.waupaca.wi.us Phone # 715-258-6358

## Staff of the Aging Unit

<p><b>Name:</b> Melissa Anderson  <b>Job Title:</b> Aging Unit Director/ADRU Manager  <b>Telephone/E-mail Address:</b> (715)-258-6358 / <a href="mailto:melissa.anderson@co.waupaca.wi.us">melissa.anderson@co.waupaca.wi.us</a></p>
<p><b>Brief Description of Duties:</b>  Manages staff and programs of the Waupaca Branch of the COW Regional ADRC, Adult Protective Services and Specialized Transportation Program for Seniors and Individuals with disabilities.</p>
<p><b>Name:</b> Iris Duran  <b>Job Title:</b> Elder Benefit Specialist  <b>Telephone /E-mail Address:</b> (715)-258-6341 / <a href="mailto:iris.duran@co.waupaca.wi.us">iris.duran@co.waupaca.wi.us</a></p>
<p><b>Brief Description of Duties:</b> Provides individuals 60 years of age or older with information, assistance and advocacy in three main priority areas of public benefits, housing and consumer issues. Responsible for coordinating outreach and education to older persons, service providers and professionals in the community.</p>
<p><b>Name:</b> Janna Taylor  <b>Job Title:</b> Transportation Coordinator  <b>Telephone/E-mail Address:</b> (715)-258-6279 / <a href="mailto:janna.taylor@co.waupaca.wi.us">janna.taylor@co.waupaca.wi.us</a></p>
<p><b>Brief Description of Duties:</b> Coordinates specialized transportation for seniors and individuals with disabilities for the county. NOTE: No Title III Funding supports this position.</p>
<p><b>Name:</b> Karen Engel  <b>Job Title:</b> Disability Benefit Specialist  <b>Telephone/E-mail Address:</b> (715)-258-4998 / <a href="mailto:Karen.engel@co.waupaca.wi.us">Karen.engel@co.waupaca.wi.us</a></p>
<p><b>Brief Description of Duties:</b> Provides adults with intellectual disabilities, physical disabilities, mental illness and/or substance use disorders information about, and assistance in, obtaining or retaining public and private benefits for which they are eligible.</p>
<p><b>Name:</b> Cara Frias  <b>Job Title:</b> .5 ADRC Assistant / .5 Economic Support Specialists  <b>Telephone/E-mail Address:</b> (715) 258-6280 / <a href="mailto:cara.frias@co.waupaca.wi.us">cara.frias@co.waupaca.wi.us</a></p>
<p><b>Brief Description of Duties:</b> Assist Information and Assistance Specialists in collecting required verifications and assists ADRC customers with completing the Medicaid Application. Processes and determines eligibility for ADRC customers.</p>
<p><b>Name, Telephone, E-mail Address:</b>  Dawn Jensen – (715)-258-4986 / <a href="mailto:dawn.jensen@co.waupaca.wi.us">dawn.jensen@co.waupaca.wi.us</a>  Michelle Gardner – (715)-258-6275 / <a href="mailto:michelle.gardner@co.waupaca.wi.us">michelle.gardner@co.waupaca.wi.us</a>  Paula Griebler – (715)-258-4985 / <a href="mailto:paula.griebler@co.waupaca.wi.us">paula.griebler@co.waupaca.wi.us</a>  Shirley Orr – (715) 256-4597 / <a href="mailto:Shirley.orr@co.waupaca.wi.us">Shirley.orr@co.waupaca.wi.us</a></p>
<p><b>Job Title:</b> Information and Assistance Specialists</p>
<p><b>Brief Description of Duties:</b> Provides unbiased, comprehensive information and assistance to members of the client population, their families, friends, caregivers, advocates and others who ask for assistance on their behalf.</p>
<p><b>Name:</b> Pat Huber  <b>Job Title:</b> ADRC Clerk  <b>Telephone/E-mail Address:</b> (715)-258-6311 / <a href="mailto:patricia.huber@co.waupaca.wi.us">patricia.huber@co.waupaca.wi.us</a></p>



**Brief Description of Duties:** Provides clerical support to entire Aging and Disability Resource Unit staff.

**Name:** Megan Hintz

**Job Title:** Aging Programs Supervisor

**Telephone/E-mail Address:** (715) 258-6278 / [megan.hintz@co.waupaca.wi.us](mailto:megan.hintz@co.waupaca.wi.us)

**Brief Description of Duties:** The Aging Programs Supervisor is responsible for the oversight and administration of Older Americans Act programs including the Wisconsin Elderly Nutrition Program, Volunteer Coordinator and Caregiver Support Programs.

**Name and Phone:**

Joanne Samack- (715)-258-9598

VACANT- (920)-867-3213

Sandi Anderson – (920) 982-8522

Mary Riske- (715)-754-2482

**Job Title:** Nutrition Site Manager

**Telephone:** (715)-258-6400 (ADRC General Phone Number)

**E-mail Address:**

Joanne – [joanne.samack@co.waupaca.wi.us](mailto:joanne.samack@co.waupaca.wi.us)

Sandi – [sandi.anderson@co.waupaca.wi.us](mailto:sandi.anderson@co.waupaca.wi.us)

Mary – [mary.riske@co.waupaca.wi.us](mailto:mary.riske@co.waupaca.wi.us)

**Brief Description of Duties:** All positions, as they relate to Nutrition Program duties, are Part-Time. Manage the day-to-day activities and responsibilities of the Nutrition Site including the packaging and delivering of Home-Delivered Meals and serving of Congregate Meals. Completes program eligibility determination assessments and provides supervision for site volunteers.

## Aging Unit Coordination with ADRCs

The Waupaca County Aging programs and Waupaca Branch of the Aging & Disability Resource Center serving Calumet, Outagamie and Waupaca Counties, are fully integrated and are called the Aging & Disability Resource Unit. All Aging & ADRC programs are managed by one individual, the ADRU Manager. Operations are integrated at every level possible to achieve a consistent and meaningful service provision to customers of any program. Please see previous organizational chart.

The ADRU team shares responsibilities when it is in the best interest of the customers it serves. For example, the ADRU is frequently requested at Health and Senior Fairs throughout the service area. Both staff persons performing Aging services and ADRC services represent the services and supports offered by all Aging & ADRC services at these events. Also, when serving an individual whose needs cross multiple programs, the ADRU staff person who shares the most meaningful connection with the individual and/or their family will be the primary contact person for that customer with other specialists performing their responsibilities as well.

As with all ADRU programming, the Aging and ADRC program staff will be joining forces to ensure that the goals outlined in this Aging Plan are carried out to their fullest potential.

### Statutory Requirements for the Structure of the Aging Unit

Chapter 46.82 of the Wisconsin Statutes sets certain legal requirements for aging units. Consider if the county or tribe is in compliance with the law. If the aging unit is part of an ADRC the requirements of 46.82 still apply.

<b>Organization:</b> The law permits one of three options. Which of the following permissible options has the county chosen?	<b>Check One</b>
(1) An agency of county/tribal government with the primary purpose of administering programs for older individuals of the county/tribe.	
(2) A unit, within a county/tribal department with the primary purpose of administering programs for older individuals of the county/tribe.	X
(3) A private, nonprofit corporation, as defined in s. 181.0103 (17).	
<b>Organization of the Commission on Aging:</b> The law permits one of three options. Which of the following permissible options has the county chosen?	<b>Check One</b>
For an aging unit that is described in (1) or (2) above, organized as a committee of the county board of supervisors/tribal council, composed of supervisors and, advised by an advisory committee, appointed by the county board/tribal council. Older individuals shall constitute at least 50% of the membership of the advisory committee and individuals who are elected to any office may not constitute 50% or more of the membership of the advisory committee.	X
For an aging unit that is described in (1) or (2) above, composed of individuals of recognized ability and demonstrated interest in services for older individuals. Older individuals shall constitute at least 50% of the membership of this commission and individuals who are elected to any	

office may not constitute 50% or more of the membership of this commission.	
For an aging unit that is described in (3) above, the board of directors of the private, nonprofit corporation. Older individuals shall constitute at least 50% of the membership of this commission and individuals who are elected to any office may not constitute 50% or more of the membership of this commission.	
<b>Full-Time Aging Director:</b> The law requires that the aging unit have a full-time director as described below. Does the county have a full-time aging director as required by law?	<b>Circle</b> <b>One</b> <u>Yes</u> No

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**Official Name of the County Aging Unit's Policy-Making Body: Waupaca County DHHS**

<b>Official Name of the County Aging Unit's Policy-Making Body (list below)</b>			
<b>Waupaca County Department of Health and Human Services Board</b>			
<b>Name</b>	<b>Age 60 and Older</b>	<b>Elected Official</b>	<b>Year First Term Began</b>
<b>Chairperson:</b> Gerald Murphy	Yes	Yes	2004
Jan Lehrer	Yes	Yes	2010
Patricia Craig	Yes	Yes	2010
David Johnson	Yes	Yes	2017
Jody Muck	Yes	No	2015
Dr. Steven Goedderz	Yes	No	2006
Judi Olson	Yes	No	2018
Sue Golding	Yes	Yes	2018
Dennis Wengelski	Yes	Yes	2020

<b>Official Name of the County Aging Unit's Advisory Committee (list below)</b>			
<b>Waupaca County Committee on Aging</b>			
<b>Name</b>	<b>Age 60 and Older</b>	<b>Elected Official</b>	<b>Year First Term Began</b>
<b>Chairperson:</b> Jan Lehrer	Yes	Yes	2016
Ray Claussen	Yes	No	2016
Bob Appleby	Yes	No	2016
Mary Kay Poehlman	Yes	Yes	2020
Nancy Johnson	Yes	No	2020
Judi Olson	No	No	2020

## Budget Summary

	<b>Title III Budget</b>	<b>Cash Match Budget</b>	<b>In-Kind Match Budget</b>	<b>Other Federal Budget</b>	<b>Other State Budget</b>	<b>Other Local Budget</b>	<b>Program Income Budget</b>	<b>Prior Year Program Income Budget</b>	<b>Total Budget</b>
<b>Title III B: Supportive Services</b> Services funded include legal services, in home services, administration, respite, transportation, health promotion, home safety and repair, and other services intended to keep older people living independently in the community.	\$59,753	\$67,449							
<b>Title III C: Nutrition Services</b> The purposes of the Elderly Nutrition Program are to reduce hunger and food insecurity, promote socialization of older individuals. Services funded include congregate meals, home delivered meals, nutrition counseling and nutrition education. Title III-C1 covers congregate meals.	\$97,289	\$14,316	\$183,078				\$71,600	\$52,900	
Title III-C2 covers home delivered meals.	\$110,638	\$357,652	\$134,685	\$28,405			\$107,400	\$62,100	

<p><b>Title III D: Disease Prevention &amp; Health Promotion Services</b>          These funds must be spent on high-level evidence-based health promotion programs to improve health and well-being and reduce disease and injury.</p>	\$5,246	\$583							
<p><b>Title III E: National Family Caregiver Support Program</b>          Title III E provides services for family and unpaid caregivers. Services funded include support groups, classes, information and assistance, respite, home care, assistive devices and other services and resource to help caregivers care for themselves and their loved ones.</p>	28,230	*AFCSP used as match							
<p><b>Alzheimer's Family and Caregiver Support Program</b>          AFCSP funds are used to help individuals purchase goods and services related to caring for someone with Alzheimer's disease or other dementia. Funds can also be used to expand or develop new services related to Alzheimer's Disease as well as community outreach and education.</p>					\$28,779				

<p><b>Elder Benefit Specialist Program</b>  This program provides broad access to public benefits, entitlements, and legal rights for older persons. Elder Benefit Specialists offer information, advice, and assistance to older adults related to public benefits and services, health care financing, insurance, housing, and other financial and consumer concerns.</p>				\$7,000	\$82,679			
<p><b>State Senior Community Services</b>  This program provides funds to supplement services funded with IIIB, IIIC, and IIID.</p>	\$8,951	\$995						

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## Verification of Intent

The purpose of the Verification of Intent is to show that county government has approved the plan. It further signifies the commitment of county government to carry out the plan. Copies of approval documents must be available in the offices of the aging unit.

Use the template provided below and include in the body of the aging plan.

### Verification of Intent Template

The person(s) authorized to sign the final plan on behalf of the commission on aging and the county board must sign and indicate their title. This approval must occur before the final plan is submitted to the AAA for approval.

In the case of multi-county aging units, the verification page must be signed by the representatives, board chairpersons, and commission on aging chairpersons, of all participating counties.

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

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Signature and Title of the Chairperson of the Commission on Aging	Date
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Signature and Title of the Authorized County Board Representative	Date
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## Assurances of Compliance with Federal and State Laws and Regulations

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

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

Use the template provided below and include in the body of the aging plan.

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

On behalf of the county, we certify

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(Give the full name of the county aging unit)

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

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Signature and Title of the Chairperson of the Commission on Aging	Date
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Signature and Title of the Authorized County Board Representative	Date
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## **The applicant certifies compliance with the following regulations:**

### **1. Legal Authority of the Applicant**

- The applicant must possess legal authority to apply for the grant.
- A resolution, motion or similar action must be duly adopted or passed as an official act of the applicant's governing body, authorizing the filing of the application, including all understandings and assurances contained therein.
- This resolution, motion or similar action must direct and authorize the person identified as the official representative of the applicant to act in connection with the application and to provide such additional information as may be required.

### **2. Outreach, Training, Coordination & Public Information**

- The applicant must assure that outreach activities are conducted to ensure the participation of eligible older persons in all funded services as required by the Bureau of Aging and Disability Resources Resource's designated Area Agency on Aging.
- The applicant must assure that each service provider trains and uses elderly persons and other volunteers and paid personnel as required by the Bureau of Aging and Disability Resources Resource's designated Area Agency on Aging.
- The applicant must assure that each service provider coordinates with other service providers, including senior centers and the nutrition program, in the planning and service area as required by the Bureau of Aging and Disability Resources Resource's designated Area Agency on Aging.
- The applicant must assure that public information activities are conducted to ensure the participation of eligible older persons in all funded services as required by the Bureau of Aging and Disability Resources Resource's designated Area Agency on Aging.

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

The applicant must assure that all service providers follow priorities set by the Bureau of Aging and Disability Resources Resource's designated Area Agency on Aging for serving older people with greatest social and economic need.

### **4. Advisory Role to Service Providers of Older Persons**

The applicant must assure that each service provider utilizes procedures for obtaining the views of participants about the services they receive.

### **5. Contributions for Services**

- The applicant shall assure that agencies providing services supported with Older Americans Act and state aging funds shall give older adults a free and voluntary opportunity to contribute to the costs of services consistent with the Older Americans Act regulations.
- Each older recipient shall determine what he/she is able to contribute toward the cost of the service. No older adult shall be denied a service because he/she will not or cannot contribute to the cost of such service.

- The applicant shall provide that the methods of receiving contributions from individuals by the agencies providing services under the county/tribal plan shall be handled in a manner that assures the confidentiality of the individual's contributions.
- The applicant must assure that each service provider establishes appropriate procedures to safeguard and account for all contributions.
- The applicant must assure that each service provider considers and reports the contributions made by older people as program income. All program income must be used to expand the size or scope of the funded program that generated the income. Nutrition service providers must use all contributions to expand the nutrition services. Program income must be spent within the contract period that it is generated.

## 6. Confidentiality

- The applicant shall ensure that no information about, or obtained from an individual and in possession of an agency providing services to such individual under the county/tribal or area plan, shall be disclosed in a form identifiable with the individual, unless the individual provides his/her written informed consent to such disclosure.
- Lists of older adults compiled in establishing and maintaining information and referral sources shall be used solely for the purpose of providing social services and only with the informed consent of each person on the list.
- In order that the privacy of each participant in aging programs is in no way abridged, the confidentiality of all participant data gathered and maintained by the State Agency, the Area Agency, the county or tribal aging agency, and any other agency, organization, or individual providing services under the State, area, county, or tribal plan, shall be safeguarded by specific policies.
- Each participant from whom personal information is obtained shall be made aware of his or her rights to:
  - (a) Have full access to any information about one's self which is being kept on file;
  - (b) Be informed about the uses made of the information about him or her, including the identity of all persons and agencies involved and any known consequences for providing such data; and,
  - (c) Be able to contest the accuracy, completeness, pertinence, and necessity of information being retained about one's self and be assured that such information, when incorrect, will be corrected or amended on request.
- All information gathered and maintained on participants under the area, county or tribal plan shall be accurate, complete, and timely and shall be legitimately necessary for determining an individual's need and/or eligibility for services and other benefits.
- No information about, or obtained from, an individual participant shall be disclosed in any form identifiable with the individual to any person outside the agency or program involved without the informed consent of the participant or his/her legal representative, except:
  - (a) By court order; or,
  - (b) When securing client-requested services, benefits, or rights.
- The lists of older persons receiving services under any programs funded through the State Agency shall be used solely for the purpose of providing said services, and can only be released with the informed consent of each individual on the list.
- All paid and volunteer staff members providing services or conducting other activities under the area plan shall be informed of and agree to:

(a) Their responsibility to maintain the confidentiality of any client-related information learned through the execution of their duties. Such information shall not be discussed except in a professional setting as required for the delivery of service or the conduct of other essential activities under the area plan; and,

(b) All policies and procedures adopted by the State and Area Agency to safeguard confidentiality of participant information, including those delineated in these rules.

- Appropriate precautions shall be taken to protect the safety of all files, microfiche, computer tapes and records in any location which contain sensitive information on individuals receiving services under the State or area plan. This includes but is not limited to assuring registration forms containing personal information are stored in a secure, locked drawer when not in use.

## 7. Records and Reports

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

## 8. Licensure and Standards Requirements

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

## 9. Civil Rights

- The applicant shall comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and in accordance with that act, no person shall on the basis of race, color, or national origin, be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination under any program or activity under this plan.
- All grants, sub-grants, contracts or other agents receiving funds under this plan are subject to compliance with the regulation stated in 9 above.
- The applicant shall develop and continue to maintain written procedures which specify how the agency will conduct the activities under its plan to assure compliance with Title VI of the Civil Rights Act.
- The applicant shall comply with Title VI of the Civil Rights Act (42 USC 2000d) prohibiting employment discrimination where (1) the primary purpose of a grant is to provide employment or (2) discriminatory employment practices will result in unequal treatment of persons who are or should be benefiting from the service funded by the grant.

- All recipients of funds through the county/tribal or area plan shall operate each program or activity so that, when viewed in its entirety, the program or activity is accessible to and usable by handicapped adults as required in the Architectural Barriers Act of 1968.

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

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

#### 11. Political Activity of Employees

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

#### 12. Fair Labor Standards Act

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

#### 13. Private Gain

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

#### 14. Assessment and Examination of Records

- The applicant shall give the Federal agencies, State agencies and the Bureau of Aging and Disability Resources Resource's authorized Area Agencies on Aging access to and the right to examine all records, books, papers or documents related to the grant.
- The applicant must agree to cooperate and assist in any efforts undertaken by the grantor agency, or the Administration on aging, to evaluate the effectiveness, feasibility, and costs of the project.
- The applicant must agree to conduct regular on-site assessments of each service provider receiving funds through a contract with the applicant under the county or tribal plan.

#### 15. Maintenance of Non-Federal Funding

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

#### 16. Regulations of Grantor Agency

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

## 17. Older Americans Act

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

### Sec. 306. (a)

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

(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services-

(A) services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance;

and assurances that the Area Agency on Aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

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

(4)(A)(i)(I) provide assurances that the Area Agency on Aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);

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

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the Area Agency on Aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

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

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

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

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

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;  
(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and  
(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

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

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

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

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

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

(9)(A) the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title; and (Ombudsman programs and services are provided by the Board on Aging and Long Term Care)

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

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the Area Agency on Aging will pursue



activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the Area Agency on Aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the Area Agency on Aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

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

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

(B) disclose to the Assistant Secretary and the State agency-

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship.

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

(14) provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the Area Agency on Aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(15) provide assurances that funds received under this title will be used-

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

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

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response

agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

## Wisconsin Elders Act

If the applicant is an aging unit, the aging unit must comply with the provisions of the Wisconsin Elders Act.

Wisconsin Statutes Chapter 46.82 Aging unit.

“Aging unit” means an aging unit director and necessary personnel, directed by a county or tribal commission on aging and organized as one of the following:

- (1) An agency of county or tribal government with the primary purpose of administering programs of services for older individuals of the county or tribe.
- (2) A unit, within a county department under s. 46.215, 46.22
- (3) or 46.23, with the primary purpose of administering programs of
- (4) services for older individuals of the county.
- (5) A private corporation that is organized under ch. 181 and
- (6) that is a nonprofit corporation, as defined in s. 181.0103 (17).

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

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

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

1. Work to ensure that all older individuals, regardless of income, have access to information, services and opportunities available through the county or tribal aging unit and have the opportunity to contribute to the cost of services and that the services and resources of the county or tribal aging unit are designed to reach those in greatest social and economic need.
2. Plan for, receive and administer federal, state and county, city, town or village funds allocated under the state and area plan on aging to the county or tribal aging unit and any gifts, grants or payments received by the county or tribal aging unit, for the purposes for which allocated or made.

3. Provide a visible and accessible point of contact for individuals to obtain accurate and comprehensive information about public and private resources available in the community which can meet the needs of older individuals.
4. As specified under s. 46.81, provide older individuals with services of benefit specialists or appropriate referrals for assistance.
5. Organize and administer congregate programs, which shall include a nutrition program and may include one or more senior centers or adult day care or respite care programs, that enable older individuals and their families to secure a variety of services, including nutrition, daytime care, educational or volunteer opportunities, job skills preparation and information on health promotion, consumer affairs and civic participation.
6. Work to secure a countywide or tribal transportation system that makes community programs and opportunities accessible to, and meets the basic needs of, older individuals.
7. Work to ensure that programs and services for older individuals are available to homebound, disabled and non-English speaking persons, and to racial, ethnic and religious minorities.
8. Identify and publicize gaps in services needed by older individuals and provide leadership in developing services and programs, including recruitment and training of volunteers, that address those needs.
9. Work cooperatively with other organizations to enable their services to function effectively for older individuals.
10. Actively incorporate and promote the participation of older individuals in the preparation of a county or tribal comprehensive plan for aging resources that identifies needs, goals, activities and county or tribal resources for older individuals.
11. Provide information to the public about the aging experience and about resources for and within the aging population.
12. Assist in representing needs, views and concerns of older individuals in local decision making and assist older individuals in expressing their views to elected officials and providers of services.
13. If designated under s. 46.27 (3) (b) 6., administer the long-term support community options program.
14. If the department is so requested by the county board of supervisors, administer the pilot projects for home and community –based long-term support services under s. 46.271.
15. If designated under s. 46.90 (2), administer the elder abuse reporting system under s. 46.90.
16. If designated under s. 46.87 (3) (c), administer the Alzheimer's disease family and caregiver support program under s. 46.87.
17. If designated by the county or in accordance with a contract with the department, operate the specialized transportation assistance program for a county under s. 85.21.
18. Advocate on behalf of older individuals to assist in enabling them to meet their basic needs.
19. If an aging unit under sub. (1) (a) 1. or 2. and if authorized under s. 46.283 (1) (a) 1., apply to the department to operate a resource center under s. 46.283 and, if the department contracts with the county under s. 46.283 (2), operate the resource center.
20. If an aging unit under sub. (1) (a) 1. or 2. and if authorized under s. 46.284 (1) (a) 1., apply to the department to operate a care management organization under s. 46.284 and, if the department contracts with the county under s. 46.284 (2), operate the care management organization and, if appropriate, place funds in a risk reserve.

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

(4) Commission on Aging.

(a) Appointment.

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

(b) Composition.

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

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

(c) Terms.

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

(c) Powers and duties.

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

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

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

- (a) 1. For an aging unit that is described in sub. (1) (a) 1., except as provided in subd. 2., a county or tribal commission on aging shall make the appointment, subject to the approval of and to the personnel policies and procedures established by each county board of supervisors or the tribal governing body that participated in the appointment of the county or tribal commission on aging. 2. In any county that has a county executive or county administrator and that has established a single-county aging unit, the county executive or county administrator shall make the appointment, subject to the approval of and to the personnel policies and procedures established by each county board of supervisors that participated in the appointment of the county commission on aging.
- (b) For an aging unit that is described in sub. (1) (a) 2., the director of the county department under s. 46.215, 46.22 or 46.23 of which the aging unit is a part shall make the appointment, subject to the personnel policies and procedures established by the county board of supervisors.
- (d) For an aging unit that is described in sub. (1) (a) 3., the commission on aging under sub. (4) (b) 3. shall make the appointment, subject to ch. 181.

## Appendices

# Community Engagement Report

## County-Wide Survey

<b>Your County or Tribe:</b> Waupaca County	<b>Date/s of Event or Effort:</b> April 15, 2021- June 31, 2021
<b>Target audience(s):</b> Community members throughout Waupaca County ages 18+	<b>Number of Participants/ Respondents:</b> 36
<b>Describe the method used including partners and outreach done to solicit responses:</b> <p>Aging Programs Supervisor and Aging and Disability Resource Unit Manager collaborated to create a survey (attached) to gather information on the needs of the community as it relates to aging programs. The surveys were provided to grocery stores in Clintonville, New London, Waupaca, Manawa, Iola/Scandinavia. Grocery stores were asked to provide a printed survey in customers' grocery bags. The survey was printed for distribution in the ADRC connection, which is distributed county wide through the Buyers Guide. Surveys were distributed to title III-C participants, shared on Facebook and the ADRC Consortium website. Waupaca Senior Center was provided surveys to distribute to members, as well as all ADRC customers who received information through the mail during this period. Information on the survey was shared during a live radio broadcast on WTCH AM 960 and 96.1 FM on May 19<sup>th</sup> 2021. Members of the Committee on Aging and Nutrition Advisory Council also assisted in the distribution of the survey to family, friends and members of the community the members represented.</p> <p>Community Partners who assisted in the distribution included: WTCH AM 960/96.1FM, Econo Foods- Clintonville, Festival Foods- New London, IGA- Iola, Remington Quality Foods- Manawa, Piggly Wiggly- Waupaca, Waupaca Senior Center, Buyer's Guide, ADRC Waupaca County.</p>	
<b>Describe how the information collected was used to develop the plan:</b> <p>Completed surveys were mailed directly to Waupaca County DHHS. Information gathered was used to highlight the service area needs in Waupaca County. The survey provided guidance on the service needs in Waupaca County.</p>	
<b>What were the key takeaways/findings from the outreach?</b> <p>COVID-19 Pandemic offered a unique perspective and amplified the service needs for the Seniors in Waupaca County. Waupaca County is a rural community with limited access to broadband services and</p>	

transportation which create many obstacles and barriers for our seniors. The information gathered through this assessment is very important to know how to better support our seniors throughout the next three years. It highlights what areas need amplifying and those that require improvement. From the survey, the areas needing improvement are:

- Technology Support and Assistance,
- Health and Fitness Promotion,
- Help understanding health insurance,
- Addressing isolation/loneliness,
- Access to transportation assistance and home health care options

Of the individuals surveyed 75% were individuals with no previous contact with the ADRC. This suggests an unfamiliarity with services available through the ADRC and Aging Programs. This suggests there is a need within the community to raise awareness and connectivity with services.

Those surveyed are separated into age groups, along with the percentage of individuals who completed the survey.

40 years of age and younger- 3%  
41-65- 6%  
66-80- 39%  
80+- 52%

The survey also asked participants to consider their top priorities as they age, the following insights were found:

52% of respondents value *remaining in their home*  
63% of respondents value *maintaining their memory and mind as they age*  
58% of respondents value *their mobility*  
80% of respondents value *maintaining a high level of health and fitness*  
58% of respondents value *their independence*

These insights are valuable guidance to the Aging Programs to identify what values may be promoted or advanced through services and programming.

# Community Engagement Report

## Focus Group Discussion

<b>Your County or Tribe:</b> Waupaca County	<b>Date/s of Event or Effort:</b> September 23, 2021
<b>Target audience(s):</b> Community members throughout Waupaca County ages 18+	<b>Number of Participants/ Respondents:</b> 4
<b>Describe the method used including partners and outreach done to solicit responses:</b>  Aging Programs Supervisor and Aging and Disability Resource Unit Manager collaborated to create a focus group to gather information on the needs of the community as it relates to aging programs. The focus group was held at the Waupaca County Courthouse September 23, 2021.	
<b>Describe how the information collected was used to develop the plan:</b>  Focus Group was presented the goals and action steps identified in the draft aging plan. Participants were asked to share thoughts and ideas from the goals and action steps presented. Participants of the focus group included representation from the Nutrition Advisory Council, home delivered meal program volunteer, community members and congregate participants. Additionally, each participant represented a different community within Waupaca County providing feedback from multiple community perspectives.	
<b>What were the key takeaways/findings from the outreach?</b>  Participants shared their personal experience of the traditional congregate meal program, reporting the program feels closed off to people who do not dine at the site everyday.  Common theme shared throughout the focus group was the need for increased advertising to share information on the variety of aging programs available and where to call to access. Advertising suggestions included billboards, electronic billboards, flyers provided to students in school to take home, just to name a few. Focus group participants suggested distributing the Connection newsletter publication to local churches throughout the county. Participants suggested information on available program be shared on websites of local townships or newsletters mailed to township residents. One participant made the suggestion to title the billboard sign "Does your mother need help?". Participants felt having a representative from the agency in the community to share information on available programs would work best for distributing the information at a local level.  The second area discussed was the issue of social isolation. Participants suggested having volunteers check in with people in their homes. One participant was a member of a local civic group and suggested coming to a meeting to talk about social isolation to recruit volunteer visitors. One participant suggested educating volunteer drivers on the topic of social isolation to be aware of the difficulties many of those we are currently serving are faced with each day.	



Support for caregivers was the third area discussed as a group, facilitator shared goals and action steps for aging plan 2022-2024 participants did not have comment.

Community engagement and advocacy was the next area discussed. Participants of the group felt the best place to get out into the community is a local farmer's market and the Waupaca County fair.

Racial equity goals and action steps were shared. One participant shared her story being raised in the city of Milwaukee. The participant explained "you need to meet people where they are at not where we want them to be." Speaking to the importance of racial equity.

Final discussion point was ideas on how to increase survey participation. One participant shared if volunteer drivers talk directly with participants of home delivered meals asking one survey question a day that could be a great way to gather information from several people.

DRAFT

# Public Hearing Report

<b>Date of Hearing:</b> 09/23/2021	<b>County or Tribe:</b> Waupaca County
<b>Location of Hearing:</b> Waupaca County Courthouse	<b>Accessibility of Hearing:</b> <input type="checkbox"/> Location was convenient, accessible & large enough <input type="checkbox"/> Provisions were made for hearing/visual impairments <input type="checkbox"/> Provisions were made for those who do not speak English <input type="checkbox"/> Hearings were held in several locations (at least one in each county your agency serves) <input type="checkbox"/> Hearing was not held with board/committee meetings
<b>Address of Hearing:</b> 811 Harding St. Waupaca WI 54981	
<b>Number of Attendees:</b> 4	

**Public Notice:**

Official public notification began at least 2 weeks prior? Date: 09/16/2021

**Notice must be posted** in a local/online newspaper, nutrition sites and senior centers plus at least one more avenue

- \*Print/online newspaper The Marion Advertiser
- \*Nutrition sites
- \*Senior centers
- Newsletter, radio, TV, social media
- Sent to partner agencies/individuals
- Other: Invitation shared with County Committees, Direct Invitation sent to those who indicated interest within the County-Wide Survey

Notifications include

- Date
- Time
- Location
- Subject of hearing
- Location and hours that the plan is available for examination

Where appropriate, notice was made available in languages other than English

A copy of the notice is included with this report

### **Summary of Comments:**

Participants at the public hearing provided a wealth of valuable feedback, suggestions, and insight not previously captured in other community engagement tools (like the survey). The common theme shared by all participants and agreed upon as a needed priority for this upcoming aging plan period was a significant need for community education and awareness campaigns for the programs and opportunities available to seniors. The need for increased community awareness spans all program and service types. Suggestions of strategies to increase awareness included the following: newspaper articles and announcements, fliers distributed at community locations or events, utilize marquee boards within the community, door-to-door outreach, utilizing community bulletin boards, focusing on family centered advertisements strategies, creation of a contact person for community members to seek more information, hosting booths at health fairs and other community events, presentations at local organizations or churches, and outreach to senior living communities. An additional recommendation was made to distribute copies of the ADRC Connection to community locations such as churches rather than solely rely on distribution through the Buyer's Guide.

In addition to this feedback, participants at the public hearing also submitted comments that interventions to address social isolation and loneliness among older adults are needed now more than ever. The group shared that the isolation caused by the impacts of the COVID19 pandemic has exacerbated an already existing problem and the group has seen the effects among themselves, friends, and loved ones. The attendants of the public hearing were pleased to note that the draft aging plan goals as presented to them aim to address this issue. The group made suggestions of interventions that could be utilized. These suggestions included friendly visitor volunteer program, friendly caller program, pen-pal program, formation of support groups, formation of new social groups and opportunities, increased awareness about programs and opportunities already in place such as the Senior Nutrition Program. A final suggestion was made to train volunteers within existing programs on the topic of social isolation so they may be aware and offer strategies when presented with someone dealing with this issue.

One comment was made during the discussion and presentation of draft goals for the Senior Nutrition Program. This was that in their experience this individual had felt an unwelcoming atmosphere at the Congregate Dining Site within their community. This individual elaborated that they got a sense that those who dined regularly had established social groups not welcoming to new attendees of the dining site.

Support for caregivers was the third area discussed as a group, facilitator shared goals and action steps for aging plan 2022-2024 participants did not have comment.

Community engagement and advocacy was the next area discussed. Participants of the group felt the best place to get out into the community is a local farmer's market and the Waupaca County fair.

Racial equity goals and action steps were shared. One participant shared her story being raised in the city of Milwaukee. The participant explained "you need to meet people where they are at not where we want them to be." Speaking to the importance of racial equity.

Final discussion point was ideas on how to increase survey participation. One participant shared if volunteer drivers talk directly with participants of home delivered meals asking one survey question a day that could be a great way to gather information from several people.

**Changes made to your plan as a result of the input received:**

The feedback and discussion within the public hearing was invaluable to program leadership, the feedback shared did not lead to any significant changes of the draft goals but provided a greater sense of priority as to which goals are needed most urgently. The feedback identified the priorities to grow community awareness through focused and strong advertisement strategies (Enhance Community Engagement and Advocacy Goal) as well as the urgent need for strategies to address social isolation (Health Promotion Goal).

DRAFT

Proof of Publication

STATE OF WISCONSIN

SS

COUNTY OF WAUPACA

WAUPACA CO

SEP 30 2021

Sara Tischauser, being duly sworn says that she is Publisher of THE MARION ADVERTISER, a weekly newspaper published in the City of Marion, in said County of Waupaca, and State of Wisconsin, and that the notice, the annexed Printed copy of which was taken from such paper was published in said paper 1 week(s), the first publication having been made on 9-16-21, and the last publication having been made on 9-16-21

DHHS

Sara Tischauser  
Sara Tischauser, Publisher

NOTICE OF PUBLIC HEARING  
2021 WAUPACA COUNTY  
  
WAUPACA COUNTY AGING PLAN  
2022-2024 FOCUS GROUP  
  
NOTICE IS HEREBY GIVEN, Pursuant to WI. Statutes section 59.10(3)(b), Focus Group Discussion about Waupaca County Aging Programs. Join us on September 23 @ 1pm at the Waupaca County Courthouse to hear the proposed 3 year plan and goals for the Waupaca County Aging Programs. We want to hear your FEEDBACK and learn more about your needs amongst the community!  
  
If you are a person who requires special accommodations for the meeting room, please contact Waupaca County ADRC @ 715-258-6400, all requests are confidential.  
  
Dated this 16th day of September, 2021  
  
By: Melissa Anderson  
Aging & Disability Unit Manager  
  
Published: Sept. 16, 2021 WNAXLP

Subscribed and sworn to before me  
this 23<sup>rd</sup> day of Sept, 2021  
W. Rogers  
Notary Public, Waupaca Co., WI  
Date of Expiration 10-3-21

Focus Group- Aging Planning 2022-2024  
Public Sign-In Sheet

Meeting Date: 9-23-2021 Time: 1:00pm

Location: Wauwata County Courthouse Rm 1142

Please put down the information you are comfortable with. We would like to accurately reflect your name in our minutes if you make a comment. If you would like additional information, please put your mailing address or e-mail for future communications.

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