

**Waukesha County
County Aging Plan
2025-2027**

Table of contents	Page
• Executive summary	3-5
• Context	6-17
• Development of the aging plan	
○ Community engagement	18-19
○ Partners and resources	19
○ Public hearings	20
• Goals and strategies	21-26
• Program advancement	
○ Community engagement and public input	27
○ Title III and Title VI coordination	28
○ Aging unit integration and collaboration with the local aging and disability resource center	28-31
○ Emergency preparedness	31-32
• Organizational structure and leadership of the aging unit	
○ Primary contact	33
○ Organizational chart of the aging unit	34
○ Aging unit coordination with the aging and disability resource center	35
○ Statutory requirements for the structure of the aging unit	
○ Policy-making body	36
○ Advisory committee	37
• Verification of intent	36-37
• Budget summary	38
• Appendices	
○ Appendix A - Assurances of Compliance	39-51
○ Appendix B - Community Engagement Reports	52 -62
○ Appendix C - Public Hearing Report	63-67
○ Appendix D - ADRC Governing Board Minutes	68-70
○ Appendix E - Community Survey Results	71-78

Executive Summary

Waukesha County has developed the County Aging Plan for 2025-2027 in accordance with the State of Wisconsin Department of Health Services guidelines. This plan highlights the work of the ADRC of Waukesha County to provide older adults the opportunity to have their voices heard through advocacy about issues and concerns which impact their life.

The mission of the ADRC of Waukesha County is to provide older adults and people with physical or developmental/intellectual disabilities the resources needed to live with dignity and security and to achieve maximum independence and quality of life. The goal of the Aging and Disability Resource Center is to empower individuals to make informed choices and to streamline access to the right and appropriate services and supports.

The ADRC of Waukesha County administers programs and services funded through the federal Older Americans Act. Supportive Services include short term case coordination, home and community-based support services, some of which include homemaker services and personal care. Nutrition Services includes both Congregate Dining Centers and Home Delivered Meals. These provide donation-based, nutritious meals to older adults who may be frail, isolated, homebound, or disadvantaged. The meals help older adults to remain healthy, active, and independent in their own homes and communities. The National Family Caregiver Support Program, provides core services designed to reduce caregiver burden, enable caregivers to remain in the workforce, and prevent or delay the need for a higher level of care for the care receiver. Health Promotion activities include programs and workshops to assist community member to manage and prevent chronic conditions, enhance physical functioning, improve cognitive and mental health, and enhance social connections to aid in older adults remaining independent.

This plan was developed with input from a number of sources. An environmental scan of the community identified the diverse aspects of Waukesha County as it relates to population, income, housing, and racial and ethnic diversity. Waukesha County, the third largest county in Wisconsin with a population of over 400,000 has a significant population over the age of 60. Statistics show that 27.1% (108,000 individuals) of the population of Waukesha County are over the age of 60. This exceeds previous projection statistics which estimated that by 2030, 25% of the county will be over the age of 65. Waukesha County consisting of 37 municipalities is a very diverse population, from urban to rural, high income to poverty, and an increasing racially diverse culture.

Information obtained from ADRC data identifies the topics consumers contact the ADRC for assistance and was utilized to identify unmet needs in our community. Feedback was obtained from various methods to include the general public, Advisory Board members, community stakeholders and Health and Human Services staff. A survey was distributed to the community at large to obtain general community input. Secondly, the

ADRC Advisory Board conducted stakeholder interviews of various agencies and individuals in our community. This provided significant information related to needs and gaps in the community. Thirdly, a survey was conducted of Health and Human Services staff to obtain valuable information as to what has been identified in their work with consumers in our community. The information gathered from these various sources provided the backbone for development of the goals. This plan provides for initiatives involving a variety of issues related to older adults and their caregivers and addresses social isolation by increasing social connectedness.

The 2025-2027 Waukesha County Aging Plan will address needs in the community in the following areas:

Community Engagement/Caregiver Support

Decrease Social Isolation in Older Adults/Increase knowledge of Social Connection opportunities for Older Adults

Nutrition Program

Address malnutrition risk within our Senior Dining population, the Aging Unit will increase education to all Senior Dining Participants on the risks of malnutrition and provide resources and additional access to food for those identified at greatest risk.

Health Promotion

In an effort to support older adults within Waukesha County be safe from falls, the ADRC will improve consumer knowledge and access to falls prevention education and resources.

Caregiver Support

The Aging unit will work to increase the professional capacity of staff within the ADRC to better identify and meet the needs of Family Caregivers

Advocacy

To increase advocacy awareness, the ADRC will include advocacy materials in the monthly newsletter, as well as provide advocacy action alerts to the Advisory Board.

The ADRC of Waukesha County has a long path vision of enhancing the services and support provided to diverse individuals in our community. The community connections made through knowledge of the ADRC, can provide resources and support to empower individuals to live their best life.

The ADRC of Waukesha County is a division in the Department of Health and Human Services. ADRC Advisory Board members are appointed by the County Executive and

approved by the County Board of Supervisors. The ADRC Advisory Board also acts as the Commission on Aging. Majority of the ADRC Advisory Board members are over the age of 60 and includes one liaison from the Health and Human Services Board and one elected County Board Supervisor. The leadership of the ADRC includes the ADRC Manager, ADRC Coordinators, and ADRC Supervisors.

The ADRC of Waukesha County takes necessary steps to strive for excellent delivery of services. Our goals for the 2025-2027 plan show our commitment to the individuals we serve. The programs and services offered through the ADRC are continually being evaluated for effectiveness, efficiency, relevance, and resources. We have the benefit of a diverse leadership team, staff and ADRC Board that assisted in guiding this process.

Context

Waukesha County has a population of 407,290 or 6.9% of the population of the state of Wisconsin. 27.1% of the population (110,000 individuals) of Waukesha County are over the age of 60, 19.5% of the county population are ages 65 and older, and 2.6% of the county population are ages 85 or older. Per 2023 County Health Rankings, Waukesha County is the second healthiest county in Wisconsin. 50.3% of the population is female and 15.2% of the population live in rural settings (www.countyhealthrankings.org).

Below is an overview of the Aging population in Waukesha County:

General 60+ Population

110,315 residents age 60+

27.1% of total population is 60+

In SE Wisconsin, only Milwaukee County (27.2%) has a higher percentage of 60+ population and a higher total number of people 60+ at 186,358.

Waukesha County city/town profiles

1. 44.4% of Waukesha County households have at least one member who is 60+
2. 33.5% of Waukesha County households have at least one member who is 65+
3. Women over 65 are more likely to be living alone than men over 65; 35.5% vs 14.8%
4. 26.2% of residents 65+ identify as having a disability
5. 95.2% of residents 65+ identify as Caucasian only
6. 0.9% Black
7. 0.1% Native American
8. 1.7% Asian
9. 1.7% Hispanic/Latino
10. 0.3% Two Races or more
11. 64.7% of those 65+ have education higher than high school
12. 31.1% of those 65+ have high school only education
13. Median household income for householders age 65+ is \$62,911
14. Poverty by sex 65+; males 3.3% vs females 7.7%
15. 5.7% of 65+ population in Waukesha County is in poverty
 - 150% of poverty level or less – 9.9%
 - 185% of poverty level or less – 15%
 - 200% of poverty level or less – 18.1%
 - 300% of poverty level or less – 32.8%
16. 17.4% of residents 65+ are still employed
17. 22.4% of people over 65 live in rental units
18. 69.5% of those who are renting pay more than 30% of their income towards rental costs
19. 23.6% of 65+ homeowners pay more than 30% of their income towards housing costs

This growth in population will continue to impact the services and resources available to individuals utilizing ADRC aging services.

AARP Livability Score

(<https://livabilityindex.aarp.org/search#Waukesha+County+WI+USA>)

Waukesha County gets a 59 overall, on a scale of 1-100

Our lowest score is environment (37) Reasons for the low environment score include: ranking in the bottom third for near-roadway pollution, local industrial pollution, and drinking water quality. In addition, there are no State date-based policies prohibiting disconnection of utility service, State policies that support energy-efficient buildings, facilities, and appliances, or State and local plans to create age-friendly communities.

Our second lowest score is housing (48) Reasons for the low housing score include; low number of accessible units, higher than average monthly housing cost and percentage of income spent on housing

Health Indicators (WISH Query System: <https://www.dhs.wisconsin.gov/wish/index.htm>)

In **2021**, **17.8%** of Wisconsin adults 65 and older reported being in fair or poor health, compared with **17.8%** of adults 45-64 years of age and **8.5%** of adults aged 18-44.

Between 2017-2019, almost 87% of injury related deaths for those 65+ were related to a fall.

In **2022**, there were **3,695** incidents where someone age 65+ was seen in the emergency department for a fall related injury.

In **2021**, there were 160 deaths due to falls for ages 65+

Waukesha County	Year of Injury Death			
	2022	2021	2020	2019
Number of Deaths due to unintentional fall-related injuries for ages 65+	202	160	177	164
Number of Deaths due to unintentional fall-related injuries for ages 85+	134	106	120	94
Percentage of these deaths being ages 85+	66.3%	66.3%	67.8%	57.3%

General Census Data

(<https://www.census.gov/quickfacts/fact/table/waukeshacountywisconsin,WI/PST045219>)

7.4% of all Waukesha County households have a language spoken at home other than English

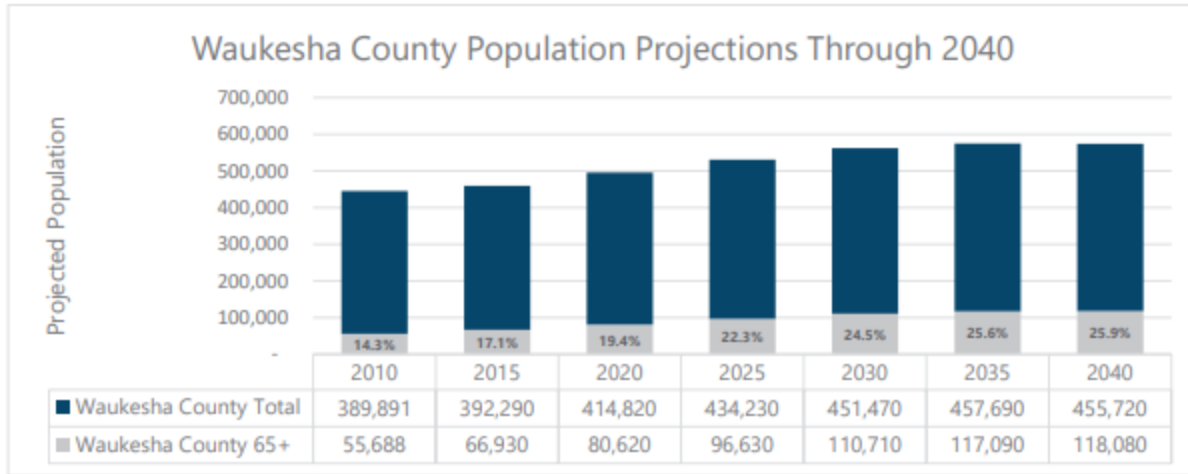
95.4% of households have a computer

92.7% of households have a broadband internet subscription

Median Household income is \$87,277 (Median household income (in 2022 dollars),
2018-2022 \$101,639)

5.2% people in poverty as defined as the Federal Poverty Level (FPL)

Waukesha County is getting older. Waukesha County's 65+ population is expected to grow through 2040 and continues to make up a larger portion of Waukesha County's population distribution. Currently, 31.6% of Waukesha County households have at least one member who is 65+ years old.

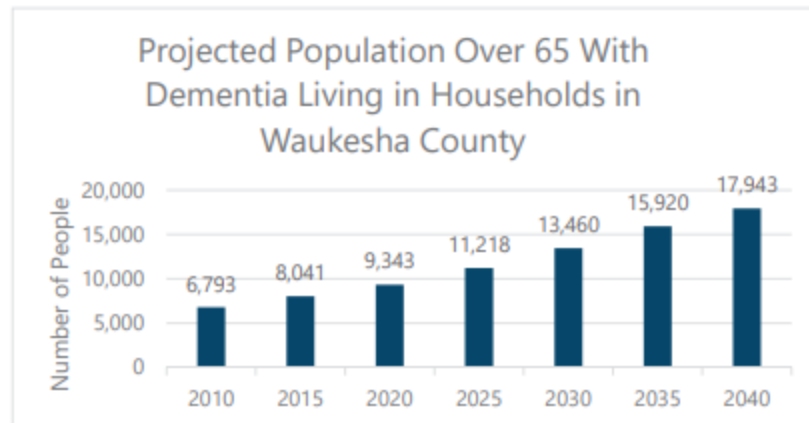


Source: Wisconsin Department of Administration Updated Population Projections for Counties by Age: 2010 - 2040

Waukesha County has nearly 20,000 individuals over the age of 65 who report a disability. This includes 16.5% with an ambulatory difficulty, 12% with a hearing difficulty and 10.7% with an independent living difficulty.

Residents 65+ with a Disability	19,550
Percent of Residents 65+ with a Disability	27.50%

The number of residents needing dementia care is increasing. Alzheimer's Disease is the fifth leading cause of death in Waukesha County. The number of individuals living in the community with a dementia diagnosis was 9,343 in 2020 and is projected to be 17,943 by the year 2040.



Source: Aging Program Data Dashboard provided by State of Wisconsin Department of Health Services & Waukesha County ADRC

Waukesha County has thirty-seven municipalities with a very diverse population in each of these municipalities. The county is made up of urban, suburban, and rural

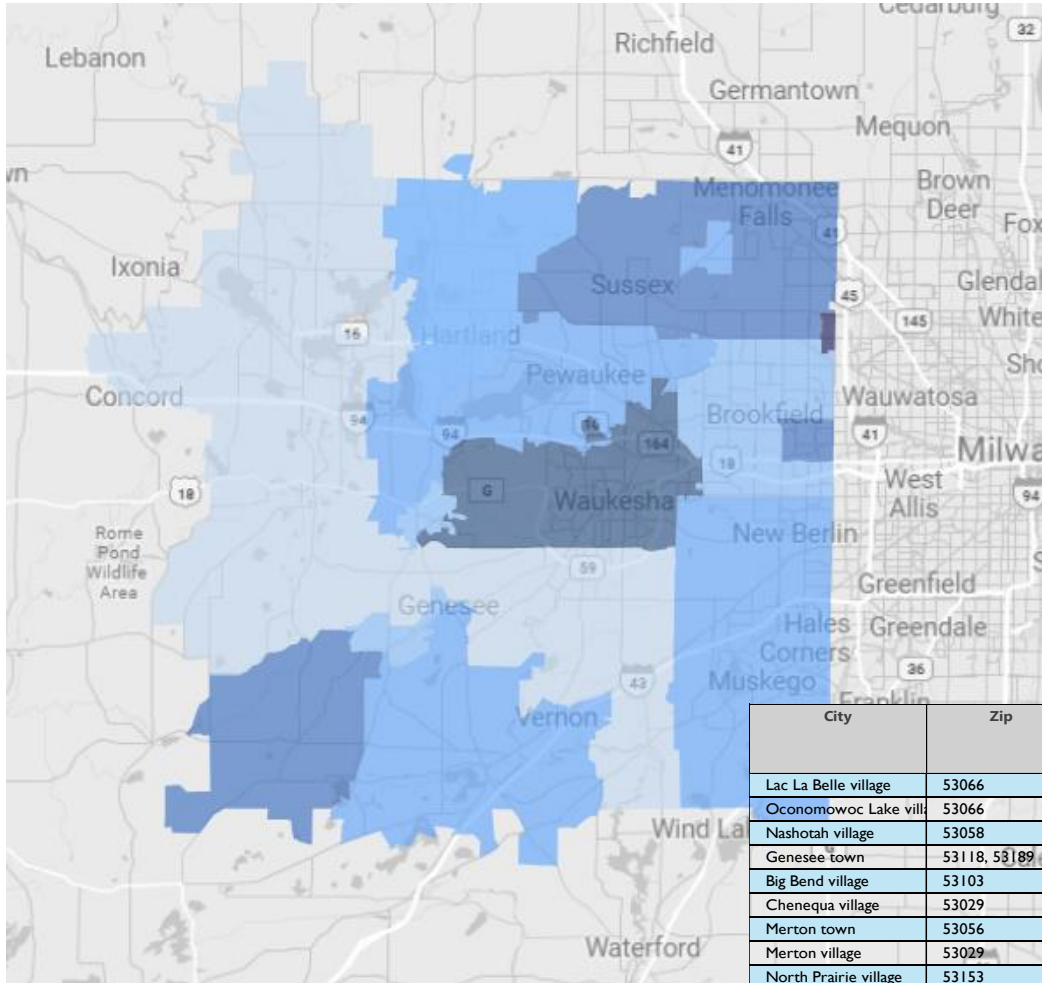
communities. The table below indicates some key characteristics by municipality. Key areas include a median household income of over 65 residents which ranges from \$176,250 in Lac La Belle Village to \$25,250 in Butler, with an all-county average of \$62,911. The percent of 65 and over population below 100% of the poverty level ranges from 18.7% in Butler to 0% in several communities with an overall county level of 5.7%. The percent of 65 and over population of individuals below 185% of the poverty level (the amount used for above or below poverty level for Older American Act programs) ranges from 41% in Butler to 0% in the communities of Oconomowoc Lake Village and Lac La Belle Village, with an overall county level of 15%. These key characteristics assist the ADRC in targeting programs and services to older adults in our county with the greatest need.

**Waukesha
County
Characteristics**

	Population Total, All ages	Population; ages 60 and older	Population; ages 65 and older	Median Household Income over 65	% Population Ages 65 and older population below 100 % poverty level	% Population Ages 65 and older population: 185% of poverty level or less	Number of units that are rentals	Monthly rental costs less than 30% of income	% Rental costs less than 30% of income
All Waukesha County	407,290	110,315	79,312	\$62,911	5.7%	15.0%	11,314	3,039	26.9%
Big Bend village	1,407	316	225	\$128,750	4.0%	4.0%	0	0	0.0%
Brookfield city	41,342	12,016	9,437	\$79,424	3.1%	9.7%	748	121	16.2%
Brookfield town	6,457	2,473	1,971	\$47,246	17.8%	26.0%	723	250	34.6%
Butler village	1,906	479	332	\$25,250	18.7%	41.0%	159	63	39.6%
Chenequa village	783	384	324	\$135,625	1.5%	6.8%	7	3	42.9%
Delafield city	7,181	2,428	1,733	\$78,114	3.9%	16.6%	416	112	26.9%
Delafield town	8,157	2,439	1,519	\$109,444	3.0%	10.8%	22	0	0.0%
Dousman village	2,099	590	409	\$63,500	12.0%	20.9%	142	17	12.0%
Eagle village	2,050	486	318	-	1.3%	15.1%	12	11	91.7%
Eagle town	3,498	1,044	627	\$79,167	5.9%	22.8%	0	0	0.0%
Elm Grove village	6,445	1,873	1,374	\$88,846	11.2%	17.0%	19	19	100.0%
Genesee town	7,179	2,356	1,457	\$74,583	2.1%	3.8%	20	11	55.0%
Hartland village	9,599	2,488	1,881	\$43,947	5.8%	14.6%	377	59	15.6%
Lac La Belle village	252	91	62	\$176,250	0.0%	0.0%	1	0	0.0%
Lannon village	1,351	334	260	\$29,170	0.0%	10.4%	2	0	0.0%
Lisbon town	10,545	2,807	1,930	\$56,373	2.7%	17.7%	18	0	0.0%
Menomonee Falls village	38,610	10,403	7,639	\$50,128	6.3%	19.8%	1,667	263	15.8%
Merton village	3,463	548	351	\$77,396	4.6%	8.5%	9	4	44.4%

Merton town	8,293	2,392	1,481	\$79,259	2.3%	7.4%	11	7	63.6%
Mukwonago village	8,062	1,803	1,279	\$48,935	4.8%	13.8%	268	71	26.5%
Mukwonago town	7,802	1,899	1,320	\$70,128	0.8%	10.3%	0	0	0.0%
Muskego city	25,073	6,773	4,740	\$69,286	3.6%	13.8%	445	78	17.5%
Nashotah village	1,216	294	200	\$74,167	0.5%	3.0%	10	7	70.0%
New Berlin city	40,387	12,475	9,303	\$60,520	6.4%	14.1%	1,428	391	27.4%
North Prairie village	2,485	634	448	-	5.6%	8.9%	17	17	100.0%
Oconomowoc city	18,178	4,544	3,301	\$50,676	4.6%	17.0%	941	310	32.9%
Oconomowoc town	8,818	3,087	2,228	\$80,859	2.5%	10.5%	67	54	80.6%
Oconomowoc Lake village	691	257	173	\$164,375	0.0%	0.0%	0	0	0.0%
Ottawa town	3,671	909	663	\$66,184	3.2%	11.2%	0	0	0.0%
Pewaukee city	15,817	4,597	3,623	\$64,837	4.7%	10.5%	196	45	23.0%
Pewaukee village	8,227	2,889	1,986	\$47,162	5.9%	18.4%	699	243	34.8%
Summit village	4,914	1,805	1,164	\$79,157	11.2%	19.1%	67	0	0.0%
Sussex village	11,549	2,139	1,368	\$56,773	11.9%	26.5%	308	129	41.9%
Vernon village	7,478	2,805	2,112	\$85,840	4.1%	10.5%	18	0	0.0%
Wales village	2,880	669	502	\$124,286	3.4%	9.4%	46	11	23.9%
Waukesha city	70,945	14,333	10,022	\$55,827	8.3%	20.1%	2,354	743	31.6%
Waukesha village	8,480	2,456	1,550	\$75,313	5.3%	10.5%	97	0	0.0%

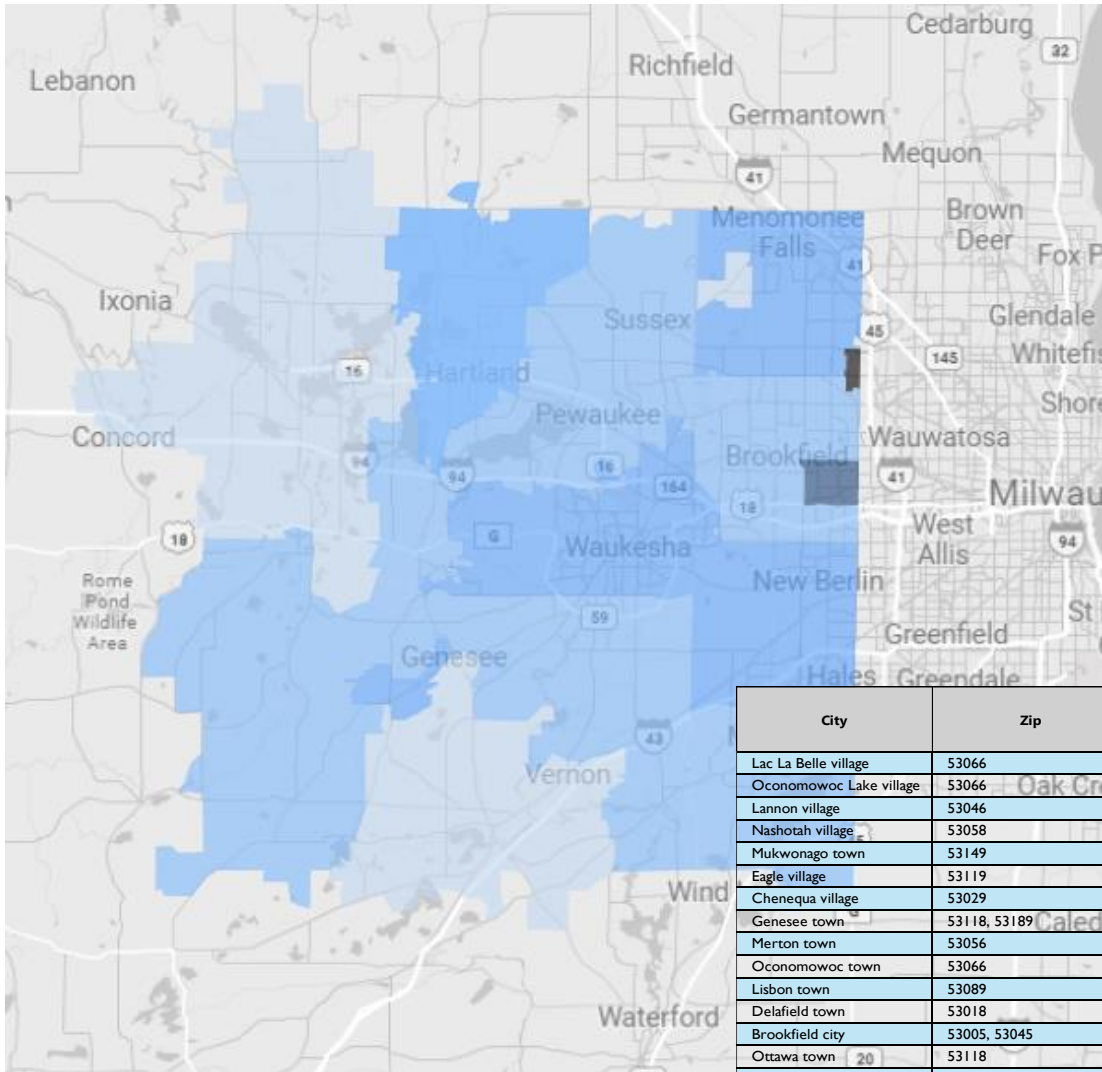
65+age group living with 185% poverty level or less



Data limitations: Zip codes and city names may not be represented with complete accuracy. Data is aggregated by city, and the heat map uses estimated zip codes for mapping

City	Zip	% Population Ages 65 and older population: 185% of poverty level or less
Lac La Belle village	53066	0.0%
Oconomowoc Lake vill	53066	0.0%
Nashotah village	53058	3.0%
Genesee town	53118, 53189	3.8%
Big Bend village	53103	4.0%
Chenequa village	53029	6.8%
Merton town	53056	7.4%
Merton village	53029	8.5%
North Prairie village	53153	8.9%
Wales village	53183	9.4%
Brookfield city	53005, 53045	9.7%
Mukwonago town	53149	10.3%
Lannon village	53046	10.4%
Waukesha village	53189	10.5%
Oconomowoc town	53066	10.5%
Pewaukee city	53072	10.5%
Vernon village	53149	10.5%
Delafield town	53018	10.8%
Ottawa town	53118	11.2%
Mukwonago village	53149	13.8%
Muskego city	53150	13.8%
New Berlin city	53146, 53151	14.1%
Hartland village	53029	14.6%
Eagle village	53119	15.1%
Delafield city	53018	16.6%
Elm Grove village	53122	17.0%
Oconomowoc city	53066	17.0%
Lisbon town	53089	17.7%
Pewaukee village	53072	18.4%
Summit village	53066	19.1%
Menomonee Falls village	53051	19.8%
Waukesha city	53186, 53188	20.1%
Dousman village	53118	20.9%
Eagle town	53119	22.8%
Brookfield town	53045	26.0%
Sussex village	53089	26.5%
Butler village	53007	41.0%

65+age group living with 100% poverty level



City	Zip	% Population Ages 65 and older population below 100% poverty level
Lac La Belle village	53066	0.0%
Oconomowoc Lake village	53066	0.0%
Lannon village	53046	0.0%
Nashotah village	53058	0.5%
Mukwonago town	53149	0.8%
Eagle village	53119	1.3%
Chenequa village	53029	1.5%
Genesee town	53118, 53189	2.1%
Merton town	53056	2.3%
Oconomowoc town	53066	2.5%
Lisbon town	53089	2.7%
Delafield town	53018	3.0%
Brookfield city	53005, 53045	3.1%
Ottawa town	53118	3.2%
Wales village	53183	3.4%
Muskego city	53150	3.6%
Delafield city	53018	3.9%
Big Bend village	53103	4.0%
Vernon village	53149	4.1%
Merton village	53029	4.6%
Oconomowoc city	53066	4.6%
Pewaukee city	53072	4.7%
Mukwonago village	53149	4.8%
Waukesha village	53189	5.3%
North Prairie village	53153	5.6%
Hartland village	53029	5.8%
Eagle town	53119	5.9%
Pewaukee village	53072	5.9%
Menomonee Falls village	53051	6.3%
New Berlin city	53146, 53151	6.4%
Waukesha city	53186, 53188	8.3%
Elm Grove village	53122	11.2%
Summit village	53066	11.2%
Sussex village	53089	11.9%
Dousman village	53118	12.0%
Brookfield town	53045	17.8%
Butler village	53007	18.7%

Data limitations: Zip codes and city names may not be represented with complete accuracy. Data is aggregated by city, and the heat map uses estimated zip codes for mapping. Mapping and table prepared by Waukesha County Public Health Department.

Race and Ethnicity

Waukesha County has increased in racial diversity during the recent past, however remains primarily a white/Caucasian community. According to Wisconsin DHS data, the below data shows our current data related to race and ethnicity.

Disability

Waukesha County age 65 and older Race and Ethnicity, July 2022

65+ ALL Races and Hispanic Ethnicity	79,312
Ages 65 and older: White/Caucasian alone, not Hispanic	80,371
% of ages 65 and older that is White/Caucasian alone	95.2%
% Ages 65 and older that is Black/African American alone	0.9%
% Ages 65 and older that is Native American/Alaska Native alone	0.1%
% Ages 65 and older that is Asian alone	1.7%
% Ages 65 and older that is Hawaiian/Pacific Islander alone	0.0%
% Ages 65 and older that is Two or More Races	0.3%
% Ages 65 and older with Hispanic/Latino Ethnicity (<u>may be any race</u>)	1.7%

Data source:

Source: U.S. Bureau of the Census, Annual Population Estimates, July 2022 released Summer 2023
Compiled by Eric Grosso, Demographer, Office on Aging, Wisconsin Department of Health Services

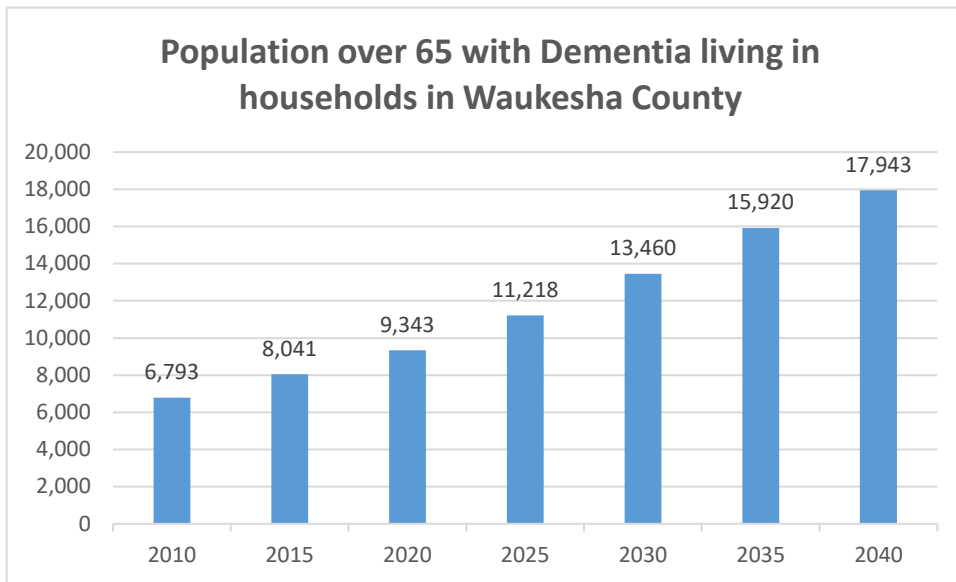
Waukesha County has approximately 20,000 individuals over the age of 65 who report a disability. This includes 14.8% with an ambulatory difficulty, 12% with a hearing difficulty and 9.3% with an independent living difficulty. The chart below provides additional information regarding individuals with disabilities.

Waukesha County over 65 with a disability

Any Disability Number	20,420
Any Disability, Percent of Population	26.2%
Hearing Difficulty Number	9,363
Hearing Difficulty, Percent of Population	12.0%
Cognitive Difficulty Number	4,052
Cognitive Difficulty, Percent of Population	5.2%
Vision Difficulty Number	2,806
Vision Difficulty, Percent of Population	3.6%
Ambulatory Difficulty Number	11,527
Ambulatory Difficulty, Percent of Population	14.8%
Self-care Difficulty Number	3,598
Self-care Difficulty, Percent of Population	4.6%
Independent Living Difficulty Number	7,235
Independent Living Difficulty, Percent of Population	9.3%

Dementia Care

As people live longer, the number of individuals with dementia increases. Results of the 2018 Waukesha County Public Health Community Health Improvement Plan and Process (CHIPP) indicate that Alzheimer's Disease is the fifth leading cause of death in Waukesha County, an increase from the eighth leading cause of death in the year 2000. The chart below indicates the statistics related to the number of individuals living in the community with a dementia diagnosis projected at 11,218 in 2025 to a projection of 17,943 by the year 2040. Calls to the ADRC for dementia care support have increased and dementia care is currently the fifth most common category that individuals contact the ADRC for assistance. The ADRC now has 1.5 FTE Dementia Care Specialists on staff to address this increased need in our community. There is a continuous need for outreach, education, and care coordination for the individual and their caregiver. The long-term care workforce crisis creates a challenge to the aging unit.



Waukesha County administers programs and services funded by the Older Americans Act. Supportive Services include short term case coordination, and home and community-based support services, some of which include homemaker services and personal care. Nutrition Services includes both Congregate Dining Centers and Home Delivered Meals. Both provide donation-based, nutritious meals to older adults who may be frail, isolated, homebound, or disadvantaged. The meals help older adults to remain healthy, active, and independent in their own homes and communities. The National Family Caregiver Support Program, provides core services designed to reduce caregiver burden, enable caregivers to remain in the workforce, and prevent or delay the need for a higher level of care for the care receiver. Health Promotion activities include programs and workshops to assist community member to manage and prevent chronic conditions, enhance physical functioning, improve cognitive and mental health, and enhance social connections to aid in older adults remaining independent.

This demographic data provides information to assist the ADRC in decision regarding target groups that might be underserved, such as the Hispanic population, and those who are at or below 185% of the poverty level. The collaboration to enhance programs and services to the Hispanic population is one of the outcomes of this data. The areas of the county with a higher percentage of individuals at or below 185% of the poverty level will be a focus for planning for services and expansion of programs.

Development of the Plan

Community Engagement

The Aging and Disability Resource Center staff gather information when taking calls from consumers when unmet needs are identified.

During 2024 the following unmet needs were identified:

- Housing
- Mental Health Services and Case Management
- Medication Management
- Non-medical in home support
- Utility Assistance

Each spring, the ADRC Advisory Board presents unmet community needs to the Waukesha County Health and Human Services Board. The needs identified for the 2024 presentation were:

➤ Volunteer engagement

- Trends show a reduction in active volunteers
 - Resulting in longer delivery routes for home delivered meals
 - More miles driven by volunteers
 - Concern with meal temperatures

Need for support for volunteer outreach, recruitment and retention

➤ Caregiver Support

- Shared understanding of term family caregiver
- Resources and support are available

Need for collective community work for more resource connection and awareness

➤ Home Delivered Meals funding

- Critical area of concern in reduced funding to serve all who are eligible for meals.

Need for additional funding for meals.

Information gathered from the community engagement identified needs in the following areas:

Top five areas of concern by survey of general public

1. Affordable Housing
2. In-home supports
3. Transportation options
4. Access to Healthy Food
5. Social Connectedness

Top five areas of concern identified by community stakeholders:

- Mental Health
- Social Isolation
- Healthy Aging

Top five areas of concern identified by Health and Human Services staff

- In-Home supports
- Affordable Housing
- Transportation Options
- Dementia Support
- Social Connectedness

Partners and Resources:

The ADRC Advisory Board has been engaged in the development of the plan, from the initial gathering of data and stakeholder interviews to the development of goals and review of the plan. Each month at the Board meeting, an update was provided, population data reviewed, survey and interview outcome data were shared, which all lead to the final plan.

The ADRC of Waukesha County has developed many community partnerships to address the needs of individuals living in the community. These include Eras Senior Network, UW -Extension, Bridges Library System, Local Law Enforcement agencies, Waukesha County Public Health, Clinical Service and Veterans Services. Ongoing collaborations with local health care agencies (ProHealth Care, Aurora, Froedtert, Ascension, Sixteen Street Clinic, area free clinics) provide strong referral and programming opportunities for ADRC clients and families. Numerous collective impact initiatives are ongoing in the community of which the ADRC is involved. These include Caregiver Support, Financial Abuse Specialist Team to name a few. ADRC of Waukesha County provides numerous Evidence Based Prevention Programming, including Chronic Disease Self-Management Program (CDSMP), Diabetes Management, Pain Management, Stepping On Fall Prevention, A Matter of Balance, Powerful Tools for Caregivers, and Boost your Brain in collaboration with community partners.

Public Hearings

The public hearing was held on Tuesday, October 15, 2024 at 3:00 pm at the Waukesha County Department of Health and Human Services. 514 Riverview Avenue, Waukesha, Wisconsin. There were 4 people in attendance.

A report of the public hearing is provided in appendix C.

No changes were made to the plan as a result of the public hearing.

Goals and strategies

Supportive Services Goal

<p>Older Americans Act program area (Select a program area if applicable.)</p> <p><input checked="" type="checkbox"/> Title III-B Supportive Services</p> <p><input type="checkbox"/> Title III-C1 and/or III-C2 Nutrition Program</p> <p><input type="checkbox"/> Title III-D Evidence-Based Health Promotion</p> <p><input type="checkbox"/> Title III-E Caregiver Supports</p>
<p>Aging Network value (Select a value if applicable.)</p> <p><input checked="" type="checkbox"/> Person centeredness</p> <p><input type="checkbox"/> Equity</p> <p><input type="checkbox"/> Advocacy</p>
<p>Goal statement: Decrease Social Isolation in Older Adults/Increase knowledge of Social Connection opportunities for Older Adults</p>
<p>Plan or strategy: Develop and implement an online public facing repository of social connection opportunities for older adults in Waukesha County. And develop a <i>Waukesha County Social Connectedness Coalition</i> that will work at a community-wide level to address the need for social connection in older adults and work to address gaps in connection opportunities available.</p>
<p>Documenting efforts and tools:</p> <p>Documenting how much has been done:</p> <ul style="list-style-type: none">• Conduct Environmental scan of Social Connection opportunities available for Older Adults in Waukesha County• Formation and launch of a Community Coalition• Identify gaps in opportunities available/barriers to accessing the opportunities available• Develop and launch a public facing Social Opportunity Repository• Market the availability of the Repository<ul style="list-style-type: none">to community organization to post opportunitiesto OA and professionals working with them to access opportunity listings <p>Collaborate with the Waukesha County Public Health Community Health Improvement Plan (CHIP) on the social isolation initiative.</p> <p>Documenting how well it has been done:</p> <ol style="list-style-type: none">1. Implement/revise as needed survey of Repository users (all audiences) related to the ease of use/content on the site, etc2. Track Repository usage data (# of opportunity postings and # of users)3. Track Repository Marketing efforts (to all audiences) <p>Assessing whether anyone is better off:</p> <ol style="list-style-type: none">4. Survey of Repository users as to use of the information gathered5. Survey older adults as to changes in social connections and feelings of isolation and loneliness6. Survey professionals as to increased awareness of SI and usefulness of the Repository.

Nutrition program Goal

<p>Older Americans Act program area (Select a program area if applicable.)</p> <p><input type="checkbox"/> Title III-B Supportive Services</p> <p><input checked="" type="checkbox"/> Title III-C1 and/or III-C2 Nutrition Program</p> <p><input type="checkbox"/> Title III-D Evidence-Based Health Promotion</p> <p><input type="checkbox"/> Title III-E Caregiver Supports</p>
<p>Aging Network value (Select a value if applicable.)</p> <p><input checked="" type="checkbox"/> Person centeredness</p> <p><input checked="" type="checkbox"/> Equity</p> <p><input type="checkbox"/> Advocacy</p>
<p>Goal statement:</p> <p>Older adults in our community are vulnerable to malnutrition due to age-related physiological decline and reduced access to nutritious food. Malnutrition can lead to serious health problems such as weight loss, muscle weakness, and weakened immune systems; conditions associated with poorer quality of life. <i>To address malnutrition risk within our Senior Dining population, the Aging Unit will increase education to all Senior Dining Participants on the risks of malnutrition and provide resources and additional access to food for those identified at greatest risk.</i></p>
<p>Plan or strategy:</p> <ol style="list-style-type: none">1. Screen for food insecurity and malnutrition risk with initial and on-going assessments.2. Develop protocols utilizing GWAAR Tiers of Service Concept<ol style="list-style-type: none">a. Priority 1: Intensive Interventions (High)<ol style="list-style-type: none">i. Increase cadence of assessments to monitor and support those at greatest needii. Initiate program to increase overall nutritional intake by offering an additional meal with nutrient dense foodsb. Priority 2: Assist with Access (Moderate)<ol style="list-style-type: none">i. Develop referral process for securing assistance with food/grocery shopping, transportation, meal prep, etc.c. Priority 3: Information and Connections (Low)<ol style="list-style-type: none">i. Provide education regarding healthy eating and risks associated with malnutrition3. Develop schedule for global outreach and education related to malnutrition (physical activity, protein, nutrient dense meals, Calcium and Vitamin D, social isolation, etc)
<p>Documenting efforts and tools:</p> <p>Documenting how much has been done: Progress on the plan will be measured annually and adjustments to strategies will be made as needed.</p> <p>Documenting how well it has been done:</p> <ul style="list-style-type: none">• Provide a minimum of bi-annual education on topics related to malnutrition.• Greater than 95% of congregate and HDM participants will be screened for malnutrition and food insecurity by 12/2025• Develop protocols and complete internal staff training regarding Tiers of Service Concept by Q1. 2026

- Conduct random audit of 10% of assessments annually to assure accuracy in scoring and staff adherence to protocols

Assessing whether anyone is **better off**:

- Monitor and compare nutrition scores according to assessment schedule
 __5__% of Priority 1 consumers will maintain or improve
 __5__% of Priority 2 consumers will maintain or improve

Caregiver Support Goal

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

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

Aging Network value (Select a value if applicable.)

- Person centeredness
- Equity
- Advocacy

Goal statement:

The majority of people caring for a friend or family member do not self-identify as a caregiver. Traditional roles, familial expectations and a reluctance to admit that to a loved one's disability or illness requires a higher level of care, are just a few of the reasons. Lack of caregiver support can not only be physically and emotionally demanding but can compromise the health of the caregiver. People who self-identify as a caregiver are more likely to seek out and accept community services, which can be beneficial for both reducing stress and unmet needs for both the caregiver and care recipient. **To address this need, the Aging unit will work to increase the professional capacity of staff within the ADRC to better identify and meet the needs of Family Caregivers**

Plan or strategy:

- Develop internal protocols to improve staff identification and assessment of informal caregivers
- Create educational materials and training curriculum for staff
- Develop reference tools for staff regarding available community resources and referral processes
- Provide education and resources to consumers to assist with self-identification as an informal or family caregiver.
- Develop Caregiver presentation for community marketing

Documenting efforts and tools:

Documenting **how much** has been done:

Progress will be measured annually and adjustments to strategies will be made as needed.

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

- Staff will increase their ability to identify informal/family caregivers to at least 75%, as evidenced by appropriate coding of caregiver in WellSky/PeerPlace.
- Due to increased identification of informal/family caregivers, there will be an increase in caregiver referrals to Aging unit by 10%
- Internal Resource guide will be developed and distributed to staff; reviewed and updated annually
- ADRC will host and/or support a minimum of 2 caregiver educational presentations annually to a variety of audiences

Assessing whether anyone is **better off**:

- increased effectiveness of resources offered to informal/family caregivers as 10% improvement in NFCSP or AFCSP pre/post survey results

Health Promotion goal

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

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

Aging Network value (Select a value if applicable.)

- Person centeredness
- Equity
- Advocacy

Goal statement:

According to the Centers for Disease Control (CDC), unintentional falls are the leading cause of injury and injury related deaths for adults aged 65 years and older, with Wisconsin leading the nation in deaths. ***In an effort to support older adults within Waukesha County be safe from falls, the ADRC will improve consumer knowledge and access to falls prevention education and resources.***

Plan or strategy:

- Evaluate available environmental scan of evidence-based fall prevention programs
 - Collaborate with community partners providing evidence-based programming
 - Develop process for tracking consumer participation
 - Provide assistance to partners to maintain or build participation through grant funding of materials, training or volunteer support
 - Identify gaps in community resources
 - Utilize Health Promotions Coordinator to develop partnerships, identify gaps in programs and service areas.
- Create training program for Resource Center & Aging staff related to falls: risk factors, incidence and prevalence, outcomes and preventative measures.
 - Develop protocols for the screening of adults aged 60 years and older for the incidence of falls
 - Identify educational opportunities and resource packet for adults who screen positive
- Develop a referral system for online program "Strong Bodies"

<ul style="list-style-type: none"> ○ Online program will be more inclusive to consumers who are still in the workforce, have challenges with transportation or a social preference for virtual learning ● Launch an outreach and educational campaign to increase awareness of the prevalence of falls and available resources to support fall prevention <ul style="list-style-type: none"> ○ Leverage community partners
<p>Documenting efforts and tools:</p> <p>Documenting how much has been done: Progress will be measured annually and adjustments to strategies will be made as needed.</p> <p>Documenting how well it has been done:</p> <ul style="list-style-type: none"> ● Will increase Waukesha County consumer participation in falls related evidence-based program by 10% (attendance) ● Implement falls screening with intervention protocol by Q2, 2025. ● Completion of training, events, marketing efforts ● Host and/or support a minimum of six presentations (non evidence based) throughout the county to a variety of audiences. ● Engage and assist in leading the Waukesha County Falls Prevention Coalition <p>Assessing whether anyone is better off:</p> <ul style="list-style-type: none"> ● Partner with Waukesha County CHIP initiative to monitor prevalence of ED visits ● Staff feedback survey related to knowledge of falls/fall prevention (before & after test)

Advocacy Goal

<p>Older Americans Act program area</p> <p><input type="checkbox"/> Title III-B Supportive Services</p> <p><input type="checkbox"/> Title III-C1 and/or III-C2 Nutrition Program</p> <p><input type="checkbox"/> Title III-D Evidence-Based Health Promotion</p> <p><input type="checkbox"/> Title III-E Caregiver Supports</p>
<p>Ageing Network value</p> <p><input type="checkbox"/> Person centeredness</p> <p><input type="checkbox"/> Equity</p> <p><input checked="" type="checkbox"/> Advocacy</p>
<p>Goal statement:</p> <p>To increase advocacy awareness of issues relating to the older person, the ADRC will include advocacy materials in the monthly newsletter, as well as provide advocacy action alerts to the Advisory Board.</p>
<p>Plan or strategy:</p> <p>ADRC Marketing and Outreach Coordinator will provide an article on advocacy in the monthly newsletter</p> <p>Advocacy awareness, education and call to action materials will be provided to the ADRC Advisory Board during monthly meetings.</p>
<p>Goal Measurements:</p>

Number of articles and number of newsletters distributed

Minutes of the ADRC Advisory Board will include the information provided on advocacy and action taken

At least one ADRC Advisory Board member will participate in Aging Advocacy Day and report to the Board on activities.

Program advancement

Community Engagement and Public Input

See Appendix B for Community Engagement Reports

Title III and Title VI coordination

The OAA and Administration for Community Living require coordination between Title III and Title VI. Describe the aging unit's efforts to create and facilitate partnerships with Title VI to increase opportunities for the utilization of services by tribal nation members.

The Native American population in Waukesha County accounts for 0.1% of the overall population. Waukesha County does not have any designated tribal lands.

The ADRC of Waukesha County is committed to providing equitable service to all older adults and adults with disabilities regardless of race or ethnicity. Title III programs may support American Indians, Alaska Natives and Native Americans in the areas of nutrition, supportive services for older adults, and caregiver services. The nutrition and supportive services include congregate and home-delivered meals, information and referral, transportation, personal care, chores, health promotion and disease prevention, and other supportive services. Caregiver services include assisting families in caring for older relatives with chronic illness or disability, and grandparents caring for grandchildren.

Waukesha County will continue to use various outreach efforts to ensure all populations are aware of services. This will include information in the ADRC newsletter utilizing tribal images to encourage tribal elders to connect with the agency. Additional efforts will continue to connect with underserved populations to provide increased awareness and education.

Aging unit integration and collaboration with the local aging and disability resource center

In April of 2008, the Waukesha County Department of Senior Services merged with the Long-Term Care Division of the Waukesha County Department of Health and Human Services to form the Aging and Disability Resource Center of Waukesha County (ADRC). As an ADRC, the customer base expanded to include adults with disabilities. In January 2010, the ADRC became a division of the Department of Health and Human Services and Adult Protective Service (APS) became a unit within the ADRC. The Department of Health and Human Services merger also included Veterans Services, which is located down the hall from the ADRC. Existing services were enhanced by the expansion of information and assistance services, expanded benefits counseling, emergency referrals, case management, health promotion, prevention, and early intervention program, long-term care options counseling, financial and functional eligibility screening, and enrollment counseling. If an individual is eligible for a publicly funded long-term care program and chooses to enroll in Family Care, IRIS, Pace or Partnership, the ADRC will determine eligibility and enroll the person in one of these

programs. The ADRC continues to partner with community organizations to provide services and information to the citizens of Waukesha County.

In October 2013 the ADRC relocated to a newly constructed Human Services Center which created a warmer and more welcoming environment for our staff and consumers.

The ADRC of Waukesha County has a separate lobby and reception area where walk in customers can be served in a warm and welcoming environment.

Advocacy is at the core of ADRC operations. The ADRC's mission includes provision of "information, assistance, and education to promote independence and improve quality of life." Case managers, information and assistance staff, and support staff provide issue-related advocacy information to clients. The ADRC Resource Guide aids individuals in self-advocacy and includes a section on organizational advocacy contacts as well as contact information for legislators and representatives. The ADRC includes advocacy information on exhibit display boards, and in all general presentations about available services. The ADRC Manager is a member of the Aging and Disability Professional Association of Wisconsin's Advocacy Committee and shares pertinent advocacy issues with appropriate individuals or agencies. The ADRC Manager regularly coordinates advocacy concerns and issues with the Waukesha County Legislative Policy Advisor, the ADRC Advisory Board, Health and Human Services Board and Committee and other agencies.

The ADRC receives advocacy alerts and information from the Administration on Community Living (ACL), other federal and state agencies and disseminates this information to consumers.

The ADRC is an active partner in the Waukesha County Nutrition Coalition, which works to prevent hunger and food insecurity. Staff also participates in many committees in the community, the Public Health Advisory Committee, which works to promote health and wellness, and prevent crises. The ADRC leaders represent the aging population on numerous community committees including caregiver support, transportation initiatives, fall prevention, Interdisciplinary Team, (I Team), Dementia Friendly Community Coalitions, Financial Abuse Specialist Team and others.

The ADRC manager participates in the Aging and Disability Professionals Association of Wisconsin (ADPAW), and the Nutrition and Transportation Supervisor is a member of the Wisconsin Association of Nutrition Directors (WAND), both of which provide advocacy opportunities to better serve our clients.

The Health and Human Services Board and Committee, the ADRC Advisory Board, and Nutrition Advisory Council members review and participate in advocacy opportunities to improve the quality of life for older persons and persons with disabilities in Waukesha County. The ADRC will continue to provide appropriate advocacy training opportunities for board and council members, and for older adults.

The ADRC also works with the state Ombudsman, Wisconsin Counties Association, Wisconsin Counties Human Services Association, and Disability Rights Wisconsin to help ensure a better quality of life for older adults and adults with disabilities.

The ADRC of Waukesha County is a division of the Waukesha County Department of Health and Human Services. Waukesha County, an integrated agency, includes Aging Services, ADRC Resource Center, Adult Protective Services (APS) and Specialized Transportation services.

The aging unit for Waukesha County is the Aging and Disability Resource Center of Waukesha County.

The ADRC:

- Provides a welcoming, accessible place where older adults and adults with disabilities can go for any information, advice, and help in accessing services.
- Provides one central source of reliable and objective information about a broad range of community resources for elderly individuals and individuals with disabilities.
- Helps individuals understand the various long-term care options available to them.
- Enables individuals to make informed, cost-effective decisions about long-term care.
- Helps individuals conserve their personal resources, health, and independence.
- Reduces the demand for public funding for long-term care by delaying or preventing the need for potentially expensive long-term care.
- Helps individuals apply for eligible programs and benefits and use their community's resources.
- Serves as a single access point for publicly funded long-term care.

As the single point of access for publicly funded long-term care services in Waukesha County, the ADRC works with Moraine Lakes Consortium (a five county Income Maintenance consortium) to determine eligibility for managed long-term care services and provides options counseling to help individuals make cost effective decisions about their long-term care. If an individual is eligible for a long-term care program, ADRC staff enroll the consumer in the consumer's program of choice: Family Care, PACE, Partnership, or IRIS.

The ADRC has a history of strong community partnerships and expects those partnerships to continue and be even more important over the next several years as the aging population grows within Waukesha County. These partnerships are an integral part of many of the services coordinated or provided by the ADRC. Partnerships also contribute to program planning through community needs assessments and community network meetings. Consumers also provide input to program planning through needs

assessments, case management contacts, customer surveys, and participation in meetings and focus groups.

The County Strategic Plan regularly reviews community and client expectations, critical issues, environmental trends, collaborations with county, government and agency partnerships, and strategic goals. The Strategic Plan, which is completed every three years, helps to determine program and funding decisions. The ADRC receives strong support from the Department of Health and Human Services, the ADRC Advisory Board, the County Board, and the County Executive.

The ADRC of Waukesha County is the single point of entry for information, assistance and services. Calls from consumers are answered by Information and Assistance Workers who triage calls. Walk in customers are greeted by reception staff and a staff person assigned to “walk in” duty meets with the individual. The staff determine the needs of the consumer and will either assist the individual or make a referral to one of the specialty areas in the ADRC. These specialty areas include Aging Services, Elder Benefit Specialist, Disability Benefit Specialist or Dementia Care Specialist. Consumers are offered a home visit and if the consumer accepts, an appointment is made. The staff will provide options counseling, either on the phone or in person and assist the consumer with developing a care coordination plan. Depending on the needs of the consumer, services are offered to enable the consumer to remain safe in their residence as a first priority. These services may include home delivered meals, in-home personal care, homemaker, caregiver support or assistance for an individual with dementia. Aging Services staff are knowledgeable about the Aging Services program and assist with setting up services that are appropriate for the consumer’s needs. Caregiver support includes the assessment of the care unit and creation of an action plan. All ADRC Specialists, Social Workers, and Dementia Care Specialists are trained to conduct memory screens. If a consumer has a positive result, the individual is recommended to visit their personal physician. Our dementia care specialists work closely with the staff and community members to provide additional support to individuals.

Emergency preparedness

The ADRC of Waukesha County, as a function of the Emergency Management operation for Waukesha County has a detailed Business Continuity Plan, which was in place prior to the pandemic. As the COVID – 19 Public Health emergency was in place, the business continuity plan was referenced, as was the various requirements that were relayed/implemented from the state and GWAAR. Some of the operational revisions have remained in place, as they have been identified as enhancing operations and creating efficiencies. These include use of electronic records, electronic filling of forms, use of virtual visits, friendly visit phone calls, to name a few. During COVID, the ADRC

operated remote, and continued to provide services through adjustments made in various services through collaboration with dedicated community partners. For example, all consumers continued to receive five meals per week delivered, as our contracted caterer prepared frozen and shelf stable meals which were delivered to consumers one time per week by ADRC paid staff rather than volunteers.

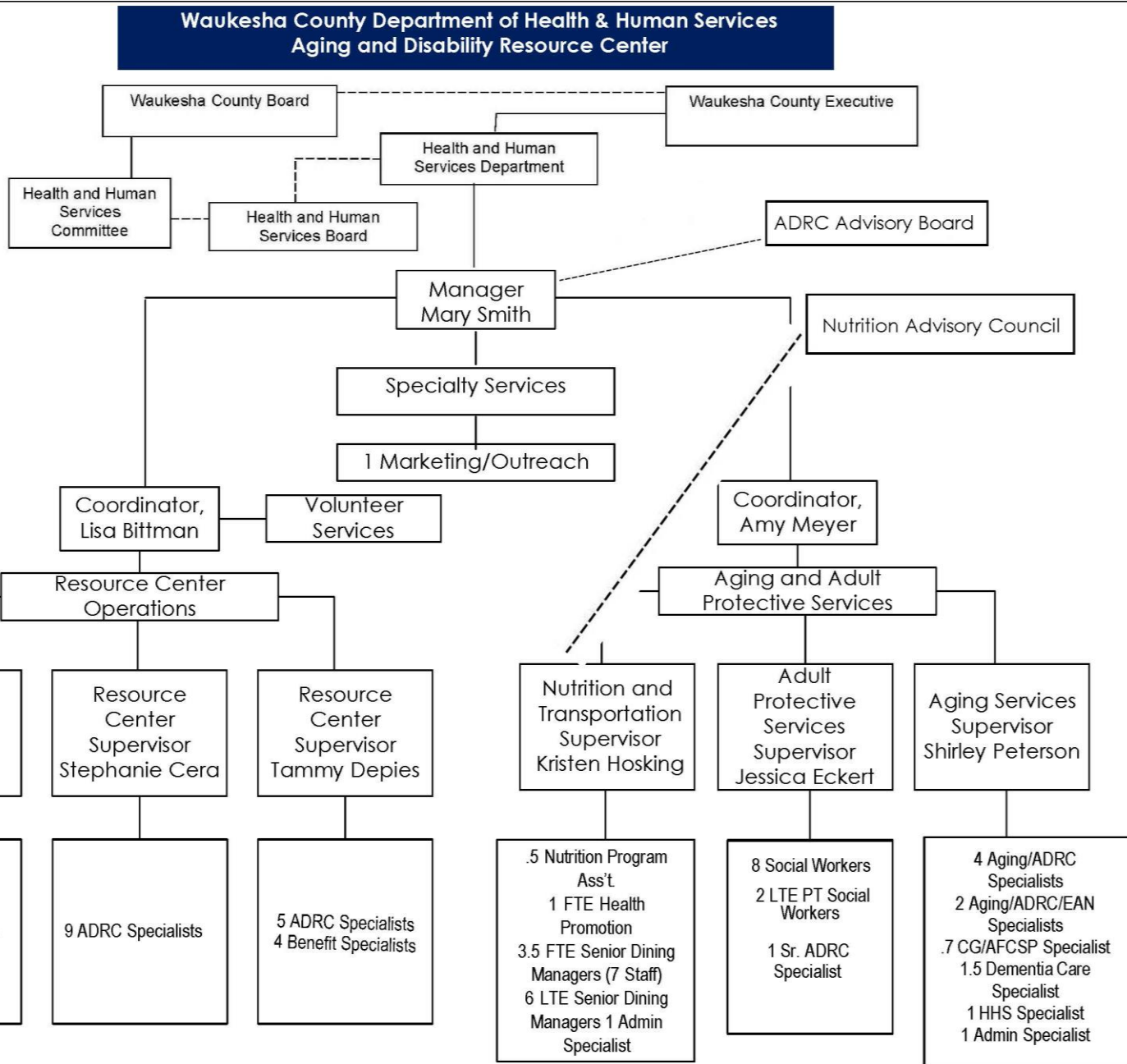
Waukesha County Department of Health and Humans Services has a very detailed Emergency Preparedness structure which includes staff from ADRC involved in all levels. In the event of the opening of a Shelter, the ADRC is responsible for the “feeding committee” and has designated co-chairs and staff trained in this role. The department has been involved in a number of exercises during which the emergency preparedness plan was utilized. The ADRC Manager has been involved at the county level in emergency management trainings and involved as an evaluator in a recent FEMA EOC exercise.

Organizational structure and leadership of the aging unit

Primary contact to respond to questions about the aging plan

- Name: _____ Mary Check Smith _____
- Title: Manager, ADRC _____
- County: _____ Waukesha _____
- Organizational Name: Aging and Disability Resource Center of Waukesha County
- Address: _____ 514 Riverview Avenue _____
- City: __ Waukesha _____ State: _WI_____ Zip Code: 53188 _____
- Email Address: mcsmith@waukeshacounty.gov Phone: 262-548-7834 _____

Organizational Chart of ADRC of Waukesha County



- Provide an organizational chart that depicts the place of the aging unit, policy-making body, and (where applicable) advisory committee, in relation to the county government. Not-for-profit aging units will not include their relationship to county government.
- Aging units may use their agency’s chart or the [Aging Unit Organizational Chart](#) template provided by GWAAR. Insert the chart into the body of the aging plan.
- The chart should be sufficiently detailed to explain the relationship between the aging unit and the county board. The chart should also indicate where each of the OAA Title III programs fit within the organization and the positions to carry out the roles and responsibilities. Aging units should provide the name of the aging/ADRC director(s). Other staff names do not need to be included.
- Identify in the chart the positions of the aging unit director, nutrition director, program nutritionist (including under contract), lead information and assistance specialist, benefit specialist, health promotion coordinator, family caregiver coordinator, transportation coordinator, and other aging unit staff (as applicable). Information on other staff positions may also be included at the discretion of the aging unit. If the aging unit is integrated with the ADRC, please show both staffs.
- *Aging unit coordination with the aging and disability resource center*
- Briefly describe the organizational arrangement that exists between the aging unit and ADRC. Indicate whether the two are organizationally integrated or stand-alone; co-located; and if the ADRC serves a single county or multiple counties.

Use the template provided below and insert it in the aging plan.

Organizational structure: Choose the option that represents the organizational structure of the aging unit.	Check one
(1) An agency of county/tribal government with the primary purpose of administering programs for older individuals of the county/tribe.	<input type="checkbox"/>
(2) A unit, within a county/tribal department with the primary purpose of administering programs for older individuals of the county/tribe.	<input checked="" type="checkbox"/>
(3) A private, nonprofit corporation, as defined in s. 181.0103 (17).	<input type="checkbox"/>
Composition of the policy-making body: Choose the option that represents the composition of the policy-making body.	Check one
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.	<input type="checkbox"/>
For an aging unit that is described in (1) or (2) above, composed of individuals of recognized ability and demonstrated interest in services for	<input checked="" type="checkbox"/>

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.	<input type="checkbox"/>
Full-time aging director: The law requires that the aging unit have a full-time aging director.	Check one
The aging unit has a full-time aging director as required by law.	<input checked="" type="checkbox"/>
The aging unit does not have a full-time aging director as required by law.	<input type="checkbox"/>

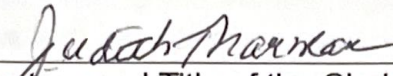
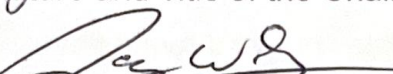
Policy-making body

- The policy-making body, also called the commission on aging, must approve the aging unit’s aging plan. Evidence of review and approval of the draft and final version of the aging plan must be included as part of the plan. Attach evidence of this required involvement as an appendix to the aging plan. This may include descriptions of events, activities, or notes from meetings that provide evidence of involvement.
- The commission is the policy making entity for aging services (46.82 (4) (a) (1)) and an aging advisory committee is not the commission. There are term limits for the membership of the policy-making body.
- List the official name of the policy-making body and chairperson in this section of the aging plan.
- Official name of the policy-making body: **Waukesha County Board Health and Human Services Committee; Peter Wolff, Chair**_____

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 insert a signed copy of it in the aging plan.
- **Signed verification of intent**
- 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 area agency on aging 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.

	11/7/2024
• Signature and Title of the Chairperson of the Commission on Aging	Date
	10/17/2024
• Signature and Title of the Authorized County Board Representative	Date

- Chairperson of the policy-making body: _____Peter Wolff_____

Advisory committee

- An advisory committee, sometimes referred to as the advisory council, is required if the policy-making body does not follow the Wisconsin Elders Act requirements for elected officials, older adults, and terms, or if the policy-making body is a committee of the county board (46.82 (4) (b) (1)).
- When an aging unit has both an advisory committee and a policy-making body, a key role of the advisory committee is to advise the policy-making body in the development of the aging plan and to advocate for older adults. Attach evidence of this involvement as an appendix to the aging plan. This may include descriptions of events, activities, or notes from meetings that provide evidence of involvement.
- Chapter 46.82 (4) (b) (1) of the Wisconsin Statutes requires that the membership of the aging advisory committee (where applicable) must consist of at least 50% older people, and individuals who are elected to office may not constitute 50% or more of the membership. There are no term limit requirements for the membership of advisory committees.
- Some aging units have combined their aging advisory committees and ADRC boards. This is acceptable if the county follows the membership requirements of the advisory committee 46.82 (4) (b) (1) and the ADRC scope of services. Seek additional guidance from GWAAR regarding combined ADRC boards and advisory committees if desired.
- The nutrition advisory council, which is a requirement of the OAA for the Elder Nutrition Program, is a separate body from the advisory committee required by Chapter 46.82.
- List the official name of the advisory committee and chairperson in this section of the aging plan.
- Official name of the advisory committee: _____ADRC Advisory Board_____
- Chairperson of the advisory committee: _____Judith Tharman_____

Budget Summary

	Title III Federal Contract Expenses	Other Federal Contract Expenses	Cash Match Expenses	Other Federal Expenses	Other State Expenses	Other Local Expenses	Program Income Expenses	Total Cash Expenses
Supportive Services	\$ 300,771.00	\$ -	\$ -	\$ -	\$ 4,045.00	\$ -	\$ 8,000.00	\$ 312,816.00
Congregate Nutrition Services	\$ 443,038.00	\$ -	\$ 14,047.00	\$ -	\$ 4,045.00	\$ -	\$ 56,256.00	\$ 517,386.00
Home Delivered Nutrition Services	\$ 523,954.00	\$ 72,524.00	\$ 463,662.00	\$ -	\$ 4,046.00	\$ -	\$ 302,564.00	\$ 1,366,750.00
Health Promotion Services	\$ 41,737.00	\$ 2,121.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 43,858.00
Caregiver Services - 60+	\$ 175,121.00	\$ 21,296.00	\$ -	\$ -	\$ -	\$ -	\$ 1,000.00	\$ 197,417.00
Caregiver Services - Underage	\$ 1,000.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,000.00
Legal Services (EBS)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Alzheimer's	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Elder Abuse	\$ -	\$ -	\$ -	\$ -	\$ 90,487.00	\$ -	\$ -	\$ 90,487.00
Grand Total	\$ 1,485,621.00	\$ 95,941.00	\$ 477,709.00	\$ -	\$ 102,623.00	\$ -	\$ 367,820.00	\$ 2,529,714.00

Appendices

Appendix A

Assurances of Compliance with Federal and State Laws and Regulations

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

The structure of AAAs in Wisconsin are as follows:

- An agency designated as the AAA must subcontract with counties, tribal nations, or providers to carry out Older Americans Act programs. The AAA, in a binding contract with the state, and counties and tribal nations, in a binding contract with the AAA, must support and comply with requirements under the Older Americans Act (Public Law 89-73) [As Amended Through P.L. 116-131, Enacted March 25, 2020] Reference: 45 CFR Part 1321 – Grants to State and Community Programs on Aging as updated in March 2024.
- A county designated as the AAA must designate a department of local government as the aging unit. The AAA and the county aging unit are bound by a binding contract with the state and must support and comply with requirements under the Older Americans Act (Public Law 89-73) [As Amended Through P.L. 116-131, Enacted March 25, 2020] Reference: 45 CFR Part 1321 – Grants to State and Community Programs on Aging as updated in March 2024.

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

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

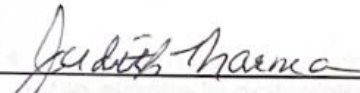
The assurances need not be included with copies of the plan distributed to the public.
Use the template provided below and include as an appendix to the aging plan.

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

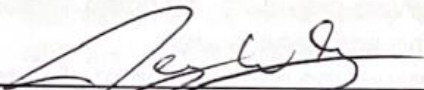
On behalf of the county or tribal nation, we certify

Waukesha County Aging and Disability Resource Center

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



Signature and Title of the Chairperson of the Commission on Aging Date 11/7/2024



Signature and Title of the Authorized County or Tribal Board Representative Date 10/17/2024

The applicant certifies compliance with the following regulations:

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

- Outreach, Training, Coordination & Public Information

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

1. Outreach activities are conducted to ensure the participation of eligible older persons in all funded services.
 2. Each service provider trains and uses older persons and other volunteers and paid personnel.
 3. Each service provider coordinates with other service providers, including senior centers and the nutrition program, in the planning and service area.
 4. Public information activities are conducted to ensure the participation of eligible older persons in all funded services.
- Preference for Older People with Greatest Social and Economic Need

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

- Advisory Role to Service Providers of Older Persons

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

- Contributions for Services

1. Agencies providing services supported with Older Americans Act and state aging funds shall give older adults the opportunity to voluntarily contribute to the costs of services consistent with the Older Americans Act regulations.
2. 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.
3. The methods of receiving contributions from individuals by the agencies providing services under the county or tribal plan shall be handled in a manner that assures the confidentiality of the individual's contributions.
4. Each service provider establishes appropriate procedures to safeguard and account for all contributions.
5. 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.

- Confidentiality

1. No information about or obtained from an individual and in possession of an agency providing services to such individual under the county, tribal or area plan, shall be disclosed in a form identifiable with the individual, unless the individual provides his/her written informed consent to such disclosure.
- Lists of older adults compiled in establishing and maintaining information and referral sources shall be used solely for the purpose of providing social services and only with the informed consent of each person on the list.
 - In order that the privacy of each participant in aging programs is in no way abridged, the confidentiality of all participant data gathered and maintained by the state agency, the AAA, the county or tribal aging unit, and any other agency, organization, or individual providing services under the state, area, county, or tribal plan, shall be safeguarded by specific policies.
 - Each participant from whom personal information is obtained shall be made aware of his or her rights to:
 - (a) Have full access to any information about one's self which is being kept on file;
 - (b) Be informed about the uses made of the information about him or her, including the identity of all persons and agencies involved and any known consequences for providing such data; and,
 - (c) Be able to contest the accuracy, completeness, pertinence, and necessity of information being retained about one's self and be assured that such information, when incorrect, will be corrected or amended on request.

- All information gathered and maintained on participants under the area, county or tribal plan shall be accurate, complete, and timely and shall be legitimately necessary for determining an individual's need and/or eligibility for services and other benefits.
 - No information about, or obtained from, an individual participant shall be disclosed in any form identifiable with the individual to any person outside the agency or program involved without the informed consent of the participant or his/her legal representative, except:
 - (a) By court order; or,
 - (b) When securing client-requested services, benefits, or rights.
 - The lists of older persons receiving services under any programs funded through the state agency shall be used solely for the purpose of providing said services and can only be released with the informed consent of each individual on the list.
 - All paid and volunteer staff members providing services or conducting other activities under the area plan and aging unit shall be informed of and agree to:
 - (a) Their responsibility to maintain the confidentiality of any client-related information learned through the execution of their duties. Such information shall not be discussed except in a professional setting as required for the delivery of service or the conduct of other essential activities under the area plan; and,
 - (b) All policies and procedures adopted by the state and AAA to safeguard confidentiality of participant information, including those delineated in these rules.
 - Appropriate precautions shall be taken to protect the safety of all files and records in any format or location which contain sensitive information on individuals receiving services under the state, area plan, and aging unit. This includes but is not limited to assuring registration forms containing personal information are stored in a secure, locked drawer when not in use.
-
- Records and Reports
 - The applicant shall keep records and make reports in such form and requiring such information as may be required by the Bureau of Aging and Disability Resources and in accordance with guidelines issued solely by the Bureau of Aging and Disability Resources and the Administration on Aging.
 - The applicant shall maintain accounts and documents which will enable an accurate review to be made at any time of the status of all funds which it has been granted by the Bureau of Aging and Disability Resources through its designated AAA. This includes both the disposition of all monies received and the nature of all charges claimed against such funds.
 - 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.

- 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.

- 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.

- 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/>]

- 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.

- 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).

Assessment and Examination of Records

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

- Maintenance of Non-Federal Funding

1. 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.

- Regulations of Grantor Agency

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

- Older Americans Act

Aging units, through binding agreement/contract with an AAA must support and comply with following requirements under the Older Americans Act (Public Law 89-73) [As Amended Through P.L. 116-131, Enacted March 25, 2020]

Reference: 45 CFR Part 1321 – Grants to State and Community Programs on Aging as updated in March 2024.

Sec. 306. (a)

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

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

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

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

(C) legal assistance;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

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

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

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

(6)(F) Each area agency will:

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

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

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

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

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

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

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the Area Agency on Aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

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

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

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

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

- 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-

- to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
- in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

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

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

Wisconsin Elders Act

If the applicant is an aging unit, the aging unit must comply with the provisions of the Wisconsin Elders Act, the title given to [Chapter 46.82](#) of the Wisconsin Statutes.

Appendix B

Community Engagement Report

Complete one worksheet for each separate method used to elicit input from the community. i.e. 12 interviews conducted can be compiled on one sheet. At least two methods must be used.

Your County or Tribe: Waukesha County	Date/s of Event or Effort: 04/01/2024-05/01/2024
Target audience(s): Older adults living in Waukesha County	Number of Participants/ Respondents: 452
<p>Describe the method used including partners and outreach done to solicit responses: A survey was created that could be completed online or a printed copy (which included a link and QR code to the survey). The full survey, as well as a link to the online survey, were included in the April 2024 edition of our newsletter. We distributed 1,450 printed copies of the newsletter to the public and to approximately 700 home delivered meals recipients. In addition, the newsletter was sent to more than 200 people on our e-newsletter mailing list. The link to the online survey was shared on our Facebook page on April 18th and the post reached 321 people. In addition, the survey was included in the monthly Waukesha County email newsletter which was sent to over 45,000 people. There was a total of 452 total responses electronically and via paper survey. The paper surveys were tracked by entering them into the electronic survey version. This number of responses gives us a statistically accurate sample with a 95% confidence level and 5% margin of error based on the population of the county and for ages 60+.</p> <p>A copy of the survey is included in the appendix.</p>	

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

the survey results looked at by Public Health professionals (an Epidemiologist and Strategy Supervisor) to analyze the qualitative and quantitative results. This helped shape how we could view our data and categorize the responses to make a well-formed plan and goals.

The top five concerns related to in home supports, access to healthy food and social connectedness. These items were the focus of goals developed. In particular the social connectedness goal, as many comments reflected the need for more social connections, and as this is a county priority in the Public Health Community Health Improvement Plan (CHIP) Healthy Aging initiative, it is already a focus for the ADRC.

○ **What were the key takeaways/findings from the outreach?**

- 97% of participants were 60 years or older
- 57% of participants have used the ADRC before
- 81% said they had access to the internet or smartphone, 10% said they did not have access, and 9% said they were uncomfortable using the technology altogether
- 96% of all participants indicated being able to live independently in their own home is very or extremely important
- 88% of all participants indicated they either have contact with their family, friends, neighbors daily/weekly
-

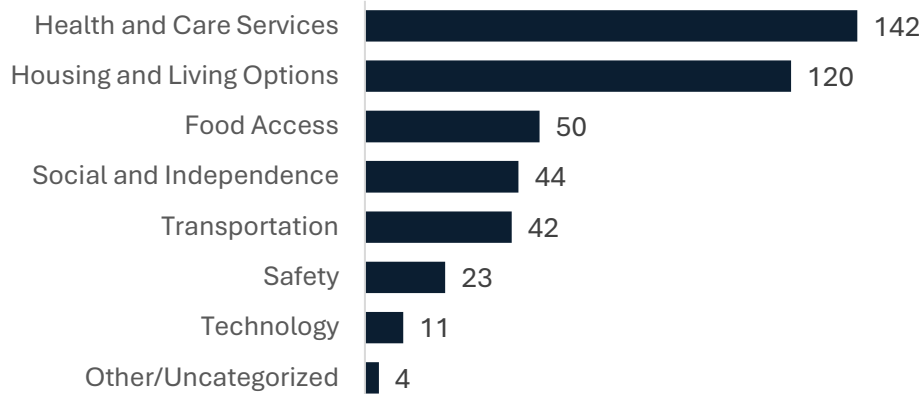
The overall top five identified areas of concern were* (in order):

1. Affordable Housing
2. In-home supports
3. Transportation options
4. Access to Healthy Food
5. Social Connectedness

*These results were taken from question one that asked participants to tell us their top five concerns

Once we had our Public Health Division take review the responses, they were able to categorize the “other” answers in the first question and redefined and categorized the top concerns as follows in the graph below. The top five concerns each time are the same items, just in a slightly different order. One thing pointed out in the qualitative analysis

Top area of concern of older adults responded by all participants



Health and Care Services Included:

Affordable proper in home care	1	Health and Care Services
actual access to services	1	Health and Care Services
Being able to afford the services that are	1	Health and Care Services
Health care insurance and access	1	Health and Care Services
Dementia Supports and Services	33	Health and Care Services
Financial help	1	Health and Care Services
HIGHER SOCIAL SECURITY PAYMENTS	1	Health and Care Services
HOUSEKEEPING SERVICES	1	Health and Care Services
In-Home Supports	93	Health and Care Services
Support for Family Caregivers	9	Health and Care Services

Housing and Living Options:

Affordable assisted living options	1	Housing and Living Options
Affordable housing and transportation an	1	Housing and Living Options
Affordable Housing Options	116	Housing and Living Options
Aging in place	1	Housing and Living Options
To continue to live in their own home	1	Housing and Living Options

Above is a breakdown of the top two concerns in the previous above graph.

- **Some additional comments that were provided by participants include:**
 - “More opportunities to reconnect with others, a range of activities to suit the aging population of all types - those who are isolated, with physical/mental/social/transportation challenges, those who remain active and engaged mentally and physically, and everyone in between”

- “Better transportation for later times in the day so a senior to get back home from an activity or class at a Senior center.”
- “I have trouble finding people to help me odd small jobs. Handy man stuff. Have a clogged drain and took 4 calls to plumbers to finally get one to help. Don't even return calls.”
- “Reliable, timely and trustworthy transportation services at an affordable price.”
- “activities that move about the community so seniors don't have to travel far to access and provide opportunities to more folks, provide activities earlier for seniors who don't like to be out at night, music is great, food related activities are always a hit, assistance with basic house/yard maintenance, online accessible activities like AARP provides would also be nice for those who can't get out but would like to participate or others who just need options sometimes.”
- “Community sponsored exercise classes! It's very expensive for seniors to join an exercise center. This help reduce social isolation & healthier seniors.”
- “1. Sponsoring social events for seniors and provide transportation if needed. 2. Transportation in all communities is very important. Without that, seniors who can't drive cannot attend social activities in the evening. Also, not all seniors have the money to even pay the reduced fees. I had to pay almost \$50.00 just to go back and forth to therapy. Going twice a week for four weeks costs \$400.00. I still had Dr appointments also. Most seniors don't have enough extra money to pay for this. 3. I used the services for a driving evaluation with an individual who worked for an individual with disabilities company. While I appreciate that I was able to get my license back, the cost for the driving evaluation was \$400.00. This was a difficult cost for me to absorb. 4. Being on a fixed budget as a senior is very hard. That's why it's important to get transportation fees down.”
- “Day bus trips”
- “More senior discounts, help with home maintenance, lawn cutting, snow removal”
- “Affordable and accessible supportive home services: housekeeping, meal preparation, transportation, social networks and home repair and maintenance.”
- “Walkable housing, activities and grocery or food choices.”
- “Economical housing in Waukesha County. Assisted Living and nursing home services that are not so expensive so people can remain in their homes. In home support so the elderly can continue to live in their own homes. Some financial or discounted assistance for energy, phone, telephone, and internet expenses to the elderly that are not at the extreme level of poverty. I also think we need to focus on emphatic and supportive services to those with mental health needs.”
- “Housecleaning, lawn cutting or snow removal, food shopping”
- “Affordable housing, transportation, caregiver support volunteer home visitors, music programs for seniors to listen to”
- “Affordable senior housing”
- “Affordable market rate housing. Yes market rate. People who don't qualify as low income are squeezed out of everywhere. There is only overpriced housing available for people who aren't low income. Middle income is once again bearing the brunt.”

Community Engagement Report

Complete one worksheet for each separate method used to elicit input from the community. i.e. 12 interviews conducted can be compiled on one sheet. At least two methods must be used.

Your County or Tribe: Waukesha County	Date/s of Event or Effort: 4/4/2024-5/15/2024
Target audience(s): Representatives of local agencies and key decision makers that have an interest in the well fair of older adults in Waukesha County.	Number of Participants/ Respondents: 22

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

The ADRC Advisory Board identified a need to collect input from stakeholders in the community that represent variety of community organizations and target audiences. Examples include leaders of local nonprofits, elected officials, in-home care agencies, representatives from long-term care organizations, law enforcement, and transportation providers. The Advisory Board, in cooperation with ADRC leadership, identified the stakeholders and developed the questions for the survey. Most importantly, each respondent was asked to identify three areas of concern by ranking them and provide information on how those concerns may be addressed. For each of the top three concerns they identified, they were asked these open ended questions: 1) “What is working well in Waukesha County to address the highest areas of concern among older adults?”, 2) “What are the barriers or challenges to addressing these concerns?”, 3) “Please share services or activities that you have heard of in other communities that you feel would be helpful to older adults in Waukesha County.”

Each member of the Advisory Board then selected a group of stakeholders to interview, and they conducted the interviews over the phone, in-person interview, or email via fillable survey.

A copy of the survey tool is included in the appendix.

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

The top concerns identified by community partners and stakeholder helped identify goals for this plan which included Mental Health, Social Isolation and Healthy Aging. Much of this ties into the work being conducted by the Healthy Aging Action Team of the Public Health CHIP. This type of engagement also identified additional partners in our community to address these issues.

What were the key takeaways/findings from the outreach?

The top three identified areas of concern were (in order):

- Mental Health
- Social Isolation
- Healthy Aging

Some additional comments that were provided by respondents include:

What's working well in our community to address this area?

- Alzheimer's Association
- Senior centers
- Meals on Wheels
- Waukesha Food Pantry
- Eras Senior Network
- FAST Team
- CIT Training
- ADRC Referral Form
- UW-Extension Strong Bodies Program and direct education programming
- Stigma is changing for the best, society is being more open with definitions, labels, treatment, and self care
- Silver Cloud, a digital health tool
- CHIP Healthy Aging Action Team focusing on senior social isolation
- Police dispatch having mental health professionals available to dispatch
- Referral sources such as churches, free clinics, primary care physicians, and family members
- Dementia Friendly Communities
- Caregiver support through ADRC resources
- ADRC home visits assessing and identifying concerns in the home
- Many Latinos already know about the Hispanic Health Resource Center
- Public transit in the City of Waukesha
- ADRC Connection monthly newsletter and resource guide
- Collaboration of community groups
- Waukesha Housing Coalition – provides overflow temporary housing in winter
- Silverstreak Taxi in Oconomowoc
- Medicaid rides for medical appointments
- Post covid, getting more engagement with seniors
- Taxis are working well

What barriers/challenges to addressing this concern?

- Seniors don't know what services are available to them
- Communicating resources so people know what is available to them
- Responding to growth is a central issues, yet use of public transit is declining
- Lack of volunteers
- Lack of community awareness
- Expanding aging population

- **Advocacy:** “navigation of county system is difficult and some fear being removed from their home.” “Advocacy is critical! If someone does not have ‘people’ to help them, then what?”
- **Social isolation:** no neighbors or friends; “Still feel like social isolation is a problem for all levels of dementia patients. Transportation feeds into this.”
- **Medicaid application is difficult**
- Re: Safety in home, barrier include “planning ahead for future needs and families don’t know where to go.”
- **Social Isolation: Hard to admit what is going on.**
- **Healthy Aging:** “How we reach into homes for individuals. Electronic is ok, but what else can be done via other mediums or programs: neighbors helping neighbors. Healthy community projects – check out Healthy Heartland Buddy Project.”
- **Nutrition:** “Education needs to improve. Cooking – recipes at Food Pantry, contact with clients. Smoking cessation support. Vitamin education. Churches should address nutrition as well as doctors, dentists, any health care provider – ask questions on food security.”
- **Mental Health:** Denial is the biggest concern. Awareness – personality change, memory loss, agitation. Better relationships with neighbors, family, etc. How to get help!. “resources are not always accessible or affordable.”
- **Dementia services:** “making educational material friendly or understandable for all literacy levels, community members are sometimes diagnosed later in the stages of dementia.

What services/options are needed to address these concerns?

- **Healthy Aging:** “Transportation so seniors can age in place. Needed for shopping, doctor appointments, socialization and social opportunities, etc. Better awareness of what’s available. People must recognize there is a problem and can provide rides or food delivery or a call or visit.”; More Volunteers and funding; “lack of community awareness”; “healthy active lifestyle tips, better quality of food with more reasonable cost, balance exercise on free gyms, help with free or cost in quitting addiction (sugar, cigarettes, alcohol, drugs), accessible parks”
- **Nutrition:** “Education & transportation. What are you eating vs. what should you be eating. Importance of diet and exercise. Also focus on AODA issues if needed for person or their caregiver. Frank one on one conversations – especially with women.”
- **Mental Health:** “Growing available services. Reaching out and ability to reach County resources. Publicize available resources. Organize a panel of people to find better ways to reach out. Inclusion by age group – use this survey to help.”
- Intergenerational opportunities – e.g. mentoring or pairing them with younger people who they can read with or simply visit. Computer literate younger people who can train and support senior’s technology needs. Win-win for both generations. Also include the Waukesha County Business Alliance for business mentoring and education for family caregivers as they have employees and members dealing with caregiving. They could also be a source for former members who are retired to get engaged in the community e.g. mentoring all ages of students on careers or businesses that are looking for business advice.
- **In home safety:** awareness of hazards and built environment alterations
- Leverage technology to help seniors. What if we could have software that helped them understand their daily schedule, so they don’t miss medical appointments or other appointments

- **Mental Health:** “awareness off affordable resources, from local clinics to volunteer therapists or discount/free sessions”
- Memory Screenings done more often
- **Transportation:** “more transportation services to help carry food.” “might not have the technology to access or arrange a ride.”
- Request for “services that don’t require technology to access”

Community Engagement Report

Complete one worksheet for each separate method used to elicit input from the community. i.e. 12 interviews conducted can be compiled on one sheet. At least two methods must be used.

Your County or Tribe: Waukesha County	Date/s of Event or Effort: 4/24/2024-5/3/2024
Target audience(s): Employees of Waukesha County Department of Health and Human Services.	Number of Participants/ Respondents: 48

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

An anonymous electronic form survey was sent to all employees within Waukesha County Department of Health and Human Services. Staff were asked the same questions as the stakeholder survey and asked to choose their top five concerns of older adults as well as identifying what they believe to be the number one area of concern. Three open ended questions were asked; they were 1) "What is working well in Waukesha County to address the highest areas of concern among older adults?", 2) "What are the barriers or challenges to addressing these concerns?", 3) "Please share services or activities that you have heard of in other communities that you feel would be helpful to older adults in Waukesha County."

We received survey feedback from employees from the following divisions: ADRC, Clinical Services, Children & Family, Adolescent & Family, Administration, Public Health.

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

The areas identified by Health and Human Services staff were similar to the data gathered from the general public and stakeholder surveys. In addition, staff identified dementia support as a top concern. The staff have individual contact with consumers and see the needs in our community as they are interacting with consumers, families and partners.

This information assisted in goal development and also in identifying underserved populations for focus work by the ADRC.

What were the key takeaways/findings from the outreach?

The top three identified areas of concern were (in order):

1. In-Home supports
2. Affordable Housing
3. Transportation Options
4. Dementia Support
5. Social Connectedness

Some additional comments that were provided by respondents include:

- **What is working well in Waukesha County to address the highest areas of concern among older adults?**
 - Home Delivered Meals program
 - Variety of programs are offered such as caregiver supports, dementia care specialists, and educational health workshops
 - Funding we receive from Older Americans Act and Elder Abuse and Neglect funding
 - Compassionate staff
- **What are the barriers or challenges to addressing these concerns?**
 - Lack of transportation options to get to services
 - Lack of affordable transportation options
 - Lack of funding to adequately fund programs to serve everyone who wants or needs service
 - Lack of knowledge on services available
 - Affordable housing
 - Reality of the cost of living and necessary bills
- **Please share services or activities that you have heard of in other communities that you feel would be helpful to older adults in Waukesha County.**
 - Social Workers available in the community to offer services or help navigate services
 - Occupational Therapy college program provides free in-home safety assessments to address fall prevention
 - Increase public transportation / free public transit / individual ride options for appointments, grocery, shopping
 - Recurring social events
 - Housing assistance for older adults (currently in Madison)
 - Small events at assisted living facilities and other senior frequented places
 - Crisis stabilization facilities for people with dementia – safe interim option
 - Ability to pay family, friends, or acquaintances rather than a fiscal agent

Appendix C

Public Hearing Report

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

Date of Hearing: October 15, 2024	County or Tribe: Waukesha County
Location of Hearing: Waukesha County Department of Health and Human Services	Accessibility of Hearing: <input checked="" type="checkbox"/> Location was convenient, accessible & large enough <input checked="" type="checkbox"/> Provisions were made for hearing/visual impairments <input checked="" type="checkbox"/> Provisions were made for those who do not speak English <input checked="" type="checkbox"/> Hearings were held in several locations (at least one in each county your agency serves) <input checked="" type="checkbox"/> Hearing was not held with board/committee meetings
Address of Hearing: 514 Riverview Avenue Waukesha, WI 53188	
Number of Attendees: 4	
Public Notice: <input checked="" type="checkbox"/> Official public notification began at least 2 weeks prior? Date: <u>10/5/2024;10/12/2024</u> <input checked="" type="checkbox"/> Notice must be posted in a local/online newspaper, nutrition sites and senior centers plus at least one more avenue <input checked="" type="checkbox"/> *Print/online newspaper _____ <input checked="" type="checkbox"/> *Nutrition sites <input type="checkbox"/> *Senior centers <input checked="" type="checkbox"/> Newsletter, radio, TV, social media <input type="checkbox"/> Sent to partner agencies/individuals <input type="checkbox"/> Other _____ <input checked="" type="checkbox"/> Notifications include <input checked="" type="checkbox"/> Date <input checked="" type="checkbox"/> Time <input checked="" type="checkbox"/> Location <input checked="" type="checkbox"/> Subject of hearing <input checked="" type="checkbox"/> Location and hours that the plan is available for examination <input checked="" type="checkbox"/> Where appropriate, notice was made available in languages other than English <input checked="" type="checkbox"/> A copy of the notice is included with this report	

Summary of Comments:

- 1 attendee spoke regarding services available to individuals with disabilities who are under sixty and questioned if the services discussed in the aging plan were available to this group.
- 1 attendee thanked the ADRC for the great work that the agency does and asked how she can be made aware of the events and programs offered to the community.
- Regarding the social isolation goal, response was very favorable and the question was asked as to when the social connection website would be active and how one will know when the website will be live.

1 attendee shared testimonial from peers:

1. Regarding frustration with transportation available through Medicaid coverage and the budget for rides for her son using IRIS budget.
2. Regarding the challenges of being a caregiver for an adult with disabilities and the financial burden related to losing benefit coverage if income is over a certain limit.
3. The issue of an individual who lives in a supportive apartment and losing benefits due to working more hours. The individual wanted to work more hours but would lose benefits if he did so.

The attendees spoke about the importance of advocacy and are pleased that the ADRC educates individuals on advocacy, and conducts advocacy at various levels for programs, funding and system change.

AFFIDAVIT OF PUBLICATION

State of Wisconsin Circuit Court Waukesha County

PROOF OF PUBLICATION

Telephone Number: 262-548-7223

ACCT Number: 635094

Invoice # 108570009

Account Name: Waukesha Co. Health & Human
Address: 514 Riverview Avenue
Waukesha, WI 53188

Conley Media LLC
PO BOX 3001
Beaver Dam WI 53916
262-306-5000

IN THE MATTER OF: Aging Unit Plan

AD Number: 108570009

AD Cost: 54.69

I, Alane Arneman, being sworn, state:

I am the billing coordinator of the Waukesha Freeman, a public newspaper of general circulation, printed and published in the English language in the City of Waukesha, in Waukesha County, Wisconsin, and fully complying with the laws of Wisconsin relating to the publication of legal notices.

The notice, of which a printed copy attached hereto, is a true copy taken from the newspaper as published on the following dates.

10/5/24;10/12/24

Signed: _____



Alane Arneman, Billing Coordinator

STATE OF WISCONSIN SS.
WAUKESHA COUNTY

Personally came before me, this date of October 12, 2024
the above named Alane Arneman to me known to be the person who executed
the foregoing instrument and acknowledged the same.

Signed: _____



Sarah Jerdee
Notary Public, Wisconsin

My Commission expires: 2/4/28



NOTICE OF PUBLIC HEARING

Notice is hereby given that the Aging and Disability Resource Center of Waukesha County, a division of the Waukesha County Department of Health and Human Services, will hold a public hearing on October 15, 2024 at 3:00 p.m. in Room 114 of the Waukesha County Department of Health and Human Services Building, 514 Riverview Avenue, Waukesha, WI, 53188.

The purpose of the public hearing is to provide an opportunity to comment on the Waukesha County 2025-2027 Aging Unit Plan.

Draft copies of Plan will be available for review at the Aging and Disability Resource Center of Waukesha County office, 514 Riverview Avenue, Waukesha, WI, as well as the ADRC website www.waukesha-county.gov/ADRC.

All interested parties are invited to attend and offer their views. Those persons unable to attend the hearing and wishing to submit comments in advance may do so by mailing their comments to:

Mary Smith, Manager
Aging and Disability Resource Center of Waukesha County
514 Riverview Avenue, Waukesha, WI 53188

Persons with disabilities who require special transportation accommo-

dations and wish to attend the public hearing should contact Stephanie Masch at 262-548-7848 prior Oct 11, 2024.

Publish: 10/5, 10/12

WNAXLP

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

No changes were made to the plan as a result of the public hearing.

Appendix D

ADRC Governing Board Minutes

OPEN MEETING MINUTES

Waukesha County Health and Human Services Department ADRC Advisory Board

October 3, 2024

Present Board Members: Pat Carriveau
Pamela Franke
Joel Gaughan
Judith Tharman, Chair
Sandy Wolff
Jeff Lewis
Marj Kozlowski, Secretary
Donald Richmond

Absent Board Members: Susan Schweda

HHS Board Liaison: Mary Baer

HHS Staff Liaisons: Mary Smith
Amy Meyer
Lisa Bittman
Sheri Milinski

Guest: Josh Selje Budget Office of Waukesha County

1. Call to Order

Chair Tharman called the meeting to order at 9:31 am

2. Review and Approval of Minutes from September 5, 2024 Meeting

Motion: Wolff moved, second by Richmond, to approve the minutes of the ADRC Advisory Board meeting on September 5, 2024. Motion carried 8-0.

3. Public Comment

Introduction of guest Josh Selje.

4. **Committee Business**

Letter read from Angie Sullivan, Older Americans Act Consultant for GWAAR read by Tharman.

2022-2024 County Aging Plan GWAAR annual assessment results

Older Americans Act presentation/Advocacy – presentation

2025-2027 County Aging Plan – review and approve. Motion: Kozlowski moved, second by Gaughan to approve the Aging Plan. Motion carried 8-0.

5. **Reports**

a. **ADRC Manager Report – Mary Smith** – no further report

b. **ADRC Coordinator Report – Lisa Bittman** hired final spot in the resource center in the ADRC. Bittman stated that they are fully staffed. The Waukesha County Coalition for Social Connectedness is being formed. The goal is to identify the gaps to address social isolation, pockets and need. The coalition will launch in November with the foundational members. Discussion was held on determining factors of how to measure social isolation and connection.

ADRC rolled out a new database software within Avatar system that tracks incoming calls. That change started October 1, 2024. It is going well and aids in data collection.

Amy Meyer – mentioned the new process of technology for the nutrition area. Taxi and Rideline are the transportation platform that is being integrated and will go live in November.

Hired a new APS social worker. APS is 100% fully staffed.

Continuing to work with law enforcement and partners to strengthen our relationship with emergency protective placement to ensure the target community is being served.

Vehicle Modification Project has been a great success. The stories have been heartwarming. Nine have been approved for the modification. There is review going on to add more money to the program because \$45,000 have been already spent.

c. Health and Human Services Board Report – Mary Baer reported that she wants to implement more education like “Day in the Life” that has been done in the ADRC.

The Public Health Committee meeting included a CHIP update and a presentation by the Lake Area Free Clinic.

The Public Health Department presented the annual update to the HHS Board highlighting their Public Health 3.0 Strategic Vision for 2024 thru 2026. The department is focusing on stepping up into the role as Chief Health Strategist. They are taking a critical look at current programs to determine public health’s role and how to work collectively to strengthen the public health system in Waukesha County. The department has restructured a bit and added a strategy team to the department focusing on data analytics, performance management, community health education, marketing & communication, CHIP and opioid prevention.

d. County Board Report – Joel Gaughan mentioned that there is a volunteer day. This year is to go to the Brookfield meal site.

Modified health and human services budget to accept the department of Health Services 988 improvement grant. Gaughan also discussed a link he sent out regarding emergency numbers.

The rest of the meeting was about the budget. There is a summary on the County website. Spending for the county is going down. Most of the levy is going to public and safety. There are infrastructure issues to deal with as well. Expenses are going up; revenue is going down. There is discussion of Northview property and UW -Waukesha property and to sell off the property. Sales tax may happen, but not immediately for the 2025 budget.

6. Agency Announcements and Updates

Smith announced her retirement at the end of February, 2025.

7. Adjourn

Motion: Lewis moved, second by Kozlowski, to adjourn the meeting at 11:03 a.m.
Motion carried 7-0.

Minutes respectfully submitted by Sheri Milinski.

Approved: _____ Date: _____

Appendix E



Waukesha County Aging Plan Survey

Every three years, Waukesha County prepares the County Aging Plan to provide information to the State of Wisconsin on services being provided to the seniors in the county. The Aging and Disability Resource Center (ADRC) of Waukesha County is looking for your thoughts and ideas that will help us improve programs and services for the residents of Waukesha County as they age. Your answers are valuable and will help us develop the 2025-2027 County Aging Plan. Thank you for your time in completing this survey.

Please complete this survey **by April 22, 2024** and return to the ADRC office at 514 Riverview Ave, Waukesha, WI 53188 or complete the survey online by going to <https://wauk.co/AgingPlanSurvey2024> or scanning the QR code with your smartphone →



- What do you think are the **top five areas** of concern of older adults in our community (Waukesha County)? Please check no more than five (5).
 - Access to Healthy Food
 - Access to or lack of Technology
 - Affordable Housing Options
 - Dementia Supports and Services
 - In-Home Supports
 - Safety in the Home
 - Social Connectedness
 - Support for Family Caregivers
 - Transportation Options
 - Other (please list): _____

- From the question above, what do you think is the TOP area of concern of older adults in our community?

- How important is it for you to be able to live independently in your own home or apartment as you age?
 - Extremely

- Very
 - Somewhat
 - Not very
 - Not at all
- How often do you have contact with family, friends, or neighbors who do not live with you?
 - Every day
 - Weekly
 - Monthly
 - Rarely
 - Never

Flip over →

- Which resources would you turn to if you needed information about services for older adults? Check all that apply.
 1. Aging and Disability Resource Center (ADRC) of Waukesha County
 2. Faith-based organizations, churches, mosques, or synagogues
 3. IMPACT 2-1-1
 4. Internet
 5. Local Health Dept or Library
 6. Phone book
 7. Senior Centers
 8. Union/Veterans/Service Club
 9. Your doctor or other healthcare professional
- Do you have access to computer technology, the Internet, or use a mobile phone? (choose one)
 - Yes
 - No
 - Uncomfortable Using
- I have used the Aging and Disability Resource Center of Waukesha County.
 - Yes
 - No
 - Unsure
- Please share services or activities that you have heard of in other communities that you feel would be helpful to older adults in Waukesha County.

- What do you think people will need in the next 3, 5, or even 10 years to help them remain as independent as possible as they get older?

- Please share your ideas on services or activities that you feel would make our County a more enjoyable place to live in as you grow older.

- Are you 60 years of age or older? (check one) Yes No
- If you are interested in sharing more of your ideas about supporting older people in our county, please leave your name, phone number and email address below.

Additional Comments?



ADRC Aging Unit
Plan Assessment
Agency Interview
Tool

Date of Interview:

Name of Interviewer:

INTERVIEWEE

Name:

Title (if applicable):

Organization Name (if applicable):_

<p><u>For Organizations:</u> Target populations served (check all that apply):</p> <p><input type="checkbox"/> General Community</p> <p><input type="checkbox"/> Older Adults</p> <p><input type="checkbox"/> Adults with a Disability</p> <p><input type="checkbox"/> Informal/Family Caregivers</p> <p><input type="checkbox"/> Other: _____</p>	<p><u>For Individuals, are you:</u></p> <p><input type="checkbox"/> 60 years or older</p> <p><input type="checkbox"/> Under 60 years old</p> <p><input type="checkbox"/> Informal Caregiver</p>
--	---

When planning for the 60+ population in Waukesha County, please identify the top three concerns in rank order (1-3) with 1 being the highest from the categories listed below.

Advocacy

Mental Health

Nutrition

Caregiver Support

Alcohol
misuse

Substance use and

Dementia services

Social Isolation

Affordable and Accessible Housing

Healthy Aging

Lack of technology

Safety in the home

Transportation
Services

Access to Health

Other issue, please specify:

For the top three concerns identified above, please provide further information to each question.

<p>What is working well in our community to address this area?</p>	<p>#1:</p> <p>#2:</p> <p>#3:</p>
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<p>What are the barriers/ challenges to addressing this concern?</p>	<p>#1:</p> <p>#2:</p> <p>#3:</p>
---	----------------------------------

<p>What services/ options are needed to address this concern?</p>	<p>#1:</p> <p>#2:</p> <p>#3:</p>
<p>What agency or organization could be best suited to partner with to address this focus area?</p>	<p>#1:</p> <p>#2:</p> <p>#3:</p>

Although this survey is for purposes of developing our 3-Year Aging Plan regarding Older American Act funding, we are interested in additional needs you may identify for adults with disabilities in Waukesha County.

Would you like to receive a copy of our monthly newsletter?

If so, please list your address and/or email address: