



**Dane County Area Agency on Aging
FY 2025-2027 Aging Plan
12/11/2024**



Contributors

Dane County Area Agency on Aging (AAA) Staff

Claire Purkis
Jane DeBroux
Kari Davis
Shannon Gabriel
Sridevi Mohan

Dane County Aging and Disability Resource Center (ADRC) Staff

Jennifer Fischer
Nathanael Brown

Dane County Planning and Evaluation Staff

Ariel Barak
Betsy Strahin
Kristin Reque

Dane County Housing Affordability and Access Division Staff

Melissa Mennig

Public Health Madison and Dane County Staff

Brittany Grogan
Katarina Grande

Special Acknowledgement

Dane County AAA extends our sincere thanks to our interns for their valuable skills and enthusiasm in engaging with our diverse older adults via community engagement efforts and contributing towards the context/community engagement section of the Aging Plan. Dane County staff Claire Purkis led the community engagement efforts with the interns.

Aryan Patel (WI AHEC intern)
Xinyue Zhang (UW-Madison School of Social Work intern)
Yee Leng Lor (WI AHEC intern)

Members of the Public

To the many residents, AAA board and committee members, aging network partners, service providers, community-based agencies, and governmental staff who participated in this planning effort. Thank you for your participation and for helping us to advance the wellbeing and quality of living for our older adults in Dane County.

Table of contents

1. Executive summary.....	4
2. Context.....	8
3. Development of the aging plan.....	30
a. Community engagement	
b. Partners and resources	
c. Public hearings	
4. Goals and strategies.....	44
5. Program advancement.....	57
a. Community engagement and public input	
b. Title III and Title VI coordination	
c. Area Agency on Aging (AAA) integration and collaboration with the local aging and disability resource center	
d. Emergency preparedness	
6. Organizational structure and leadership of the Area Agency on Aging.....	60
a. Primary contact	
b. Organizational chart of the AAA	
c. AAA coordination with the aging and disability resource center	
d. Statutory requirements for the structure of the AAA	
e. Policy-making body	
f. Advisory committee	
7. Budget summary.....	65
8. Verification of intent.....	74
9. Appendices.....	75

Executive Summary

Role of Dane County Area Agency on Aging

The Dane County Area Agency on Aging (AAA) is one of the three Area Agency on Aging in the State of Wisconsin. Dane County AAA serves individuals age 60 plus and their families in accessing services that will help older adults continue living in their own homes and communities. The amount of assistance that is provided depends on the needs of the older adult. These services can be short-term, such as getting signed up for a prescription drug program, or long-term, such as someone who has a chronic health condition receiving ongoing support from a case manager.

Examples of community-based services include congregate and home-delivered meals, caregiver support, case management, and help with benefit questions. Some of these services are provided on a donation basis and are delivered at the local level.

The Dane County AAA is the designated County Aging Unit. The Aging Unit is appointed to act as a planning and policy development body for older adult programs in the county that are funded by the federal Older Americans Act and state supplemental funding.

The mission of the Dane County AAA is to advocate for older adults and to enable them to maintain their full potential and enhance their quality of life; to affirm the dignity and value of older adults by supporting their choices for living in and giving to our community; and to create and promote opportunities for communication among the entire community.

Contact Info & Hours of Operation

Area Agency on Aging of Dane County, 2865 N Sherman Ave, Madison WI 53704

PH: (608) 261-9930 FAX: (608) 283-2995 TTY: Call WI Relay 711

<https://dcdhs.com/Area-Agency-on-Aging> aaa@countyofdane.com

Business hours are 7:45 am-4:30 pm, Monday through Friday

Dane County Department of Human Services (DCDHS) developed a new vision statement “Empowered people thriving in safe, just and caring communities” in 2020 that is supported by six values: accountability and transparency, collaboration, racial justice, diversity, empathy, growth and learning.

Our focus for the 2025-2027 Aging plan is rooted in racial justice, diversity and collaboration and our long path vision centers on creating an inclusive, age-friendly community where older adults can thrive, remain independent, and live with dignity, regardless of their physical, cognitive, economic or other status and intersectionalities. Our current and future plan for aging services and program echoes the values and the vision developed by DCDHS as well as the core values of person-centeredness, equity and advocacy identified by the State Office on Aging.

Our Way Forward

Older adults are calling for a shift in the way we think and talk about aging. Rather than focusing on the limitations of aging, older adults across the nation want to focus on the opportunities of aging. Older adults are seeking ways to maximize their physical, mental/emotional, and social well-being to remain independent and active as they age.

Healthy aging is “a lifelong process of optimizing opportunities for improving and preserving health and physical, social and mental wellness, independence, quality of life and enhancing successful life-course transitions” (Health Canada, 2002). This definition takes a comprehensive and holistic view of health that includes physical, mental, social and spiritual well-being. It also means continuing to live a long, productive and meaningful life by having the option to stay in one’s home, remain engaged in the community, and maintain social and emotional well-being through meaningful civic and social participation.

A Vital Investment

Older adults provide a wealth of experience, knowledge, support and love to younger generations. If we are to reap the benefits of the many contributions that older adults make to their families, communities and nation, and to curb soaring health care costs associated with chronic disease, healthy aging must move to the forefront of the social policy agenda. If left unaddressed, the aging of the population will have far-reaching social, economic and political impacts that will far outweigh the cost of investing in healthy aging now. In addition to the demographic and political imperatives of an aging population, there are several key reasons to invest in healthy aging:

- Older adults make significant contributions to the richness of life and to the economy of our community
- Healthy aging can delay and minimize the severity of chronic diseases and disabilities in later life, thus saving health care costs and reducing long-term care needs
- Existing evidence compels us to build on existing opportunities, to put in place interventions that are known to be cost-effective, and to show leadership by supporting innovative approaches

The **2025-2027 Aging Plan** developed by the Dane County Area Agency on Aging (AAA) outlines our strategic framework for addressing the current and future needs of the aging population and their caregivers within Dane County, WI. Our aging plan is:

- A roadmap for enhancing services for older adults and their caregivers, creating supportive systems, improving accessibility, and ensuring that older adults can live independently and with dignity in their own communities
- A framework to engage in policy/system/environment change work across multiple sectors
- A living document
- An iterative process to build on existing services and create new services with a focus on sustainability
- A pivot from our previous process by:
 - Centering equity

- Incorporating health data and data from other sectors
- Extensive engagement with communities who have underutilized/not utilized our services and/or organizations serving them
- Engaging with potential new partners
- Identifying gaps in data, program planning, service delivery

Community engagement is a cornerstone for developing and sustaining effective social programs, as it ensures that initiatives address real needs, foster trust, and build local capacity. Intentional and extensive engagement with the older adult community-especially those who are not connected to our services, community leaders and service providers in the aging and other sectors informed and shaped Dane County AAA's Aging Plan's goals and strategies. Major themes identified via community engagement and quantitative data collection include but is not limited to:

- Affordable and accessible housing with universal design; support with home modification.
- Affordable and accessible transportation that also ensures language access
- Aging supports, services and programs to help older adults age in place in their own homes and communities
- Age-friendly systems and supports in the homelessness service system
- Safe spaces and supports for LGBTQ+ older adults that are welcoming
- Gathering spaces for older adults in the BIPOC and immigrant communities
- Alignment of health and social services to better coordinate supports for older adults and their caregivers and their care recipients; coordinated support of grandfamilies
- Culturally and linguistically appropriate services and language access in older adult programs and services
- Access to knowledge and information about services for older adults not connected to aging services
- Mental health supports and programs that is trauma informed and offered with cultural humility; accessible and relevant programming to reduce isolation and loneliness in LGBTQ+ and BIPOC communities

Challenges and Opportunities for Dane County AAA

Dane County's older adult population is growing and will be for the next two decades. They come with different backgrounds, beliefs, customs, abilities and experiences requiring varied levels of care and support systems. Dane County AAA must be proactive and provide leadership in shaping age-friendly communities and care ecosystems to advance healthy aging along with partners from various sectors. We also need to be innovative and find efficiency in our service delivery and programs to ensure sustainability. Some of the challenges and opportunities identified by Dane County AAA are as follows:

- **Funding:** With an ever changing political and funding environment and post-COVID cut backs, it is imperative to find effective and efficient ways to provide needed services to older adults. Dane

County AAA must seek partnerships across sectors to look for braided funding opportunities and expand funding streams.

- Older American Act (OAA) Regulations: Dane County AAA must be in compliance with the new OAA regulations during this plan period that may stretch our limited existing resources.
- Innovative/cost-effective services and sustainability: With limited funding and an expanded client base, it is essential to find innovative and cost-effective services with a sustainability mindset. It will also become important to use data-driven decision making to identify and serve those in greatest economic and social need.

Although there are challenges, the time is right for creating new and unique opportunities to support older adults in a cohesive and collective manner. Some of the opportunities are:

- Renew focus and interest to work across silos and systems to integrate services and promote healthy aging across the lifespan.
- Leverage resources and expertise across systems to collaborate and co-create age-friendly and inclusive care ecosystems and communities that help older adults thrive in Dane County.
- Advocate for braided funding opportunities and policies that span multiple sectors to provide holistic care to our aging population.

By aligning resources, enhancing services, and fostering a culture of inclusivity, our hope is to provide older adults with the tools they need to thrive in their later years and age in place. Through continued community engagement, collaboration, advocacy, and innovation, we will work to create a community where aging is not a burden, but a fulfilling and respected phase of life. This plan also lays the groundwork for multisector partnerships in the future to create collaborative care ecosystems and foster age-friendly environments that empower older adults and promote quality of life across the lifespan.

Long-term Vision for Dane County AAA

Our long-term vision centers on creating an inclusive, age-friendly community where older adults can thrive, remain independent, and live with dignity, regardless of their physical, cognitive, economic or other status and intersectionalities. To achieve this vision, Dane County AAA must evolve into a comprehensive, forward-thinking organization that anticipates and continually adapts to the diverse and changing needs of the aging population. This vision is built on the foundation of integrated services, community engagement, collaboration with other sectors, advocacy for sustainable policies and funding and the use of innovation and data to improve outcomes for older adults.

This approach will help Dane County AAA to provide critical services for older adults today and be well-positioned to meet the demands of a rapidly-growing aging population in the future. The long-term success of Dane County AAA will depend on our ability to create systems of care that are responsive, equitable, and sustainable, ensuring that all older adults can age with dignity, independence, and respect.

This is our CALL to ACTION. This is our JOURNEY not our DESTINATION!

Context

Dane County Area Agency on Aging

Dane County AAA is the designated County Aging Unit. The Aging Unit is appointed to act as a planning and policy development body for older adult programs and services in the county that are funded by the federal Older Americans Act and state supplemental funding.

Aging Network Organization

With an annual budget exceeding \$7 million from the Older Americans Act (Federal funding), public revenues (state and county), grants, and nutrition program income, Dane County AAA is minimally staffed to provide a wide range of programs and services to older adults and their caregivers in Dane County. Dane County AAA staff administer and monitor 30+ annual contracts encompassing 50+ programs. Staff include:

- AAA Manager (1 full-time county staff position)
- Aging Program Specialist (1 full-time county staff position)
- Caregiver Specialist (1 full-time county staff position and 1 part-time LTE (until Dec 2024))
- Elder Benefit Specialist (3 full-time county staff positions)
- Registered Dietitian & Healthy Aging Coordinator (1 full-time county staff position)
- Clerk III (1 full-time county staff position assigned to AAA from the Division of Disability and Aging Services (DAS) clerical pool)

By contracting with numerous community-based Aging Network agencies, additional older adult programs and services are offered throughout Dane County.

Dane County is fortunate to have 12 geographically designed focal points of service (referred to as Senior Focal Points) that serve as Purchase of Service agencies. Through those community-based centers, services are developed and provided including a great variety of educational and recreational services. The agencies also provide nutrition program services (both congregate and home-delivered) and case management services (including assistance with benefit specialist services, assistance in making connections to transportation, and provision of social services in their geographic location). Whenever possible, the Senior Focal Points work to expand and develop partnerships with local communities, non-profit agencies, and the private sector.

Dane County AAA also contracts with numerous community agencies to provide the following services: Falls Prevention, Diversity & Inclusion Programs, Grandparents & Other Relatives as Parents Caregiver Program, Older Adult Mental Health Program, Home Safety Assessment and Volunteer Programs.

Other units within the Dane County Department of Human Services contract for additional older adult programs and services including but not limited to Adult Day Care, Driver Escort Program, Alzheimer's Family and Caregiver Support Program, Transportation, Employment, Housing, Mental/Behavioral Health and Adult Protective Services.

Setting the Stage for an Effective Plan

To effectively plan for the aging population in any community, it is critical to understand the demographic trends, health status, disparities and experiences that will inform and shape the future needs of older adults. Local data and information are essential to plan programs and interventions at a local level. Dane County AAA worked with multiple partners to gather data (quantitative and qualitative) to understand the local context of health and aging as well as the needs and barriers to older adult services in Dane county. This data provides essential insights into the challenges and opportunities that aging populations face, helping to guide resource allocation, service design, and programmatic priorities. Our source for quantitative and qualitative data are as follows:

Quantitative Data

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

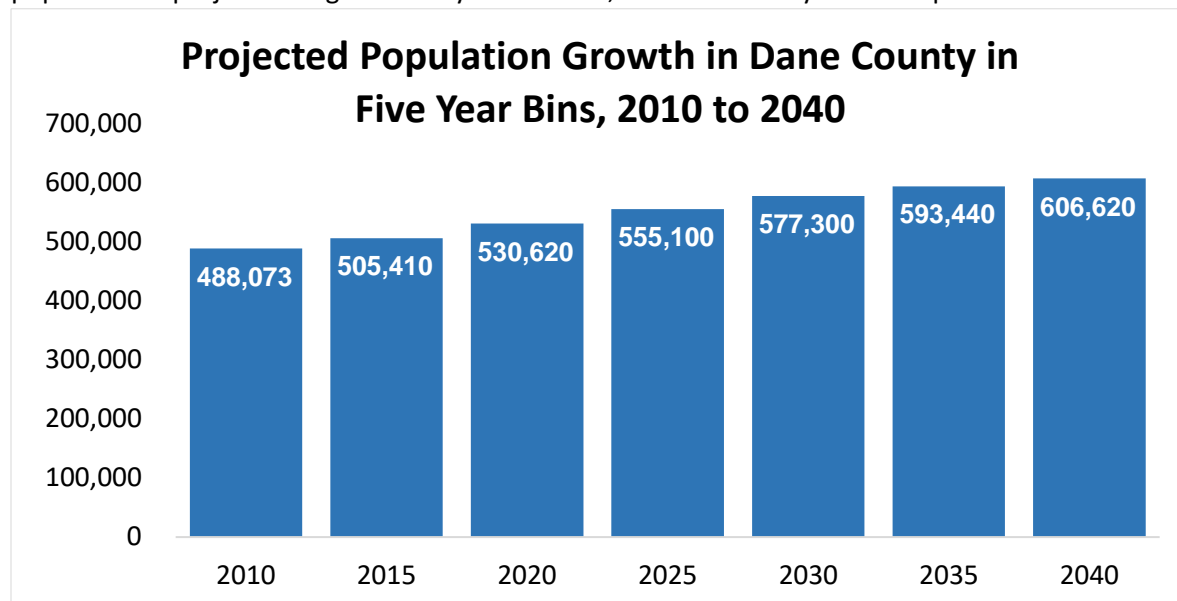
Qualitative Data via Community/Stakeholder Engagement

- Focus groups/Key Informant Interviews
- Board members engaging with community
- Informal information gathering at an outreach event at the Zoo

Below is a compilation of key **demographic, social determinants of health, and health data** that was considered in the development of our 2025-2027 Aging Plan.

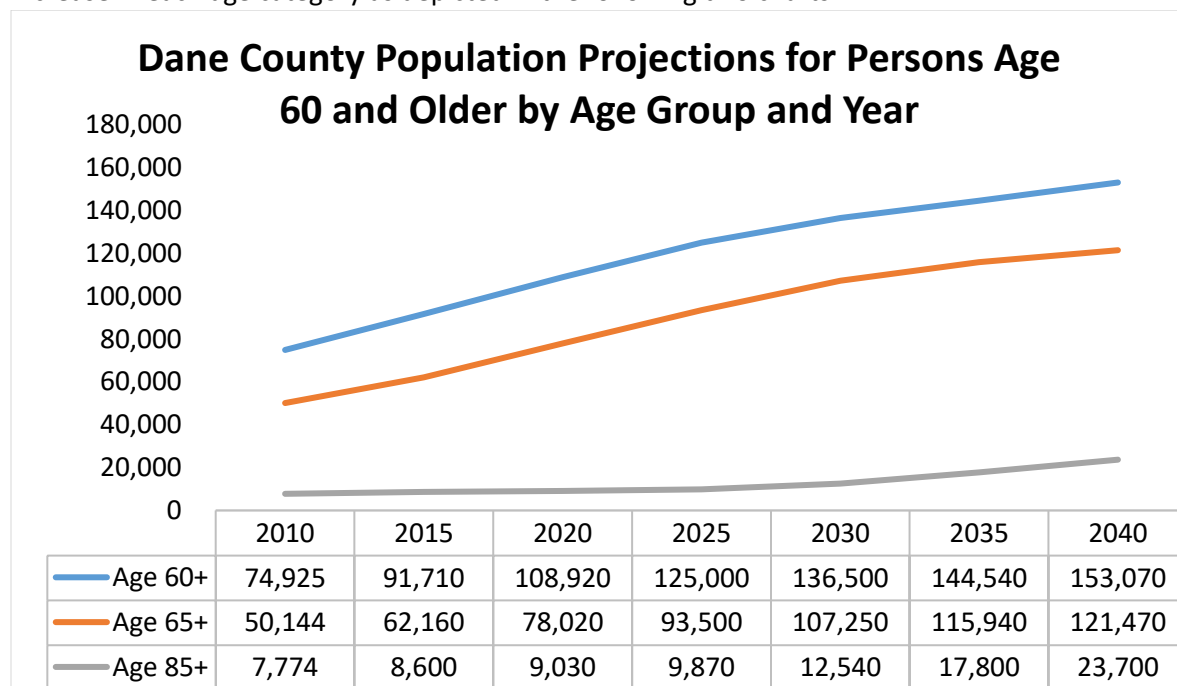
Demographic Data

Population Growth of Older Adults and Trends: As depicted in the chart below, Dane County population is projected to grow nearly 25% or 100,000+ over a 30-year time span.



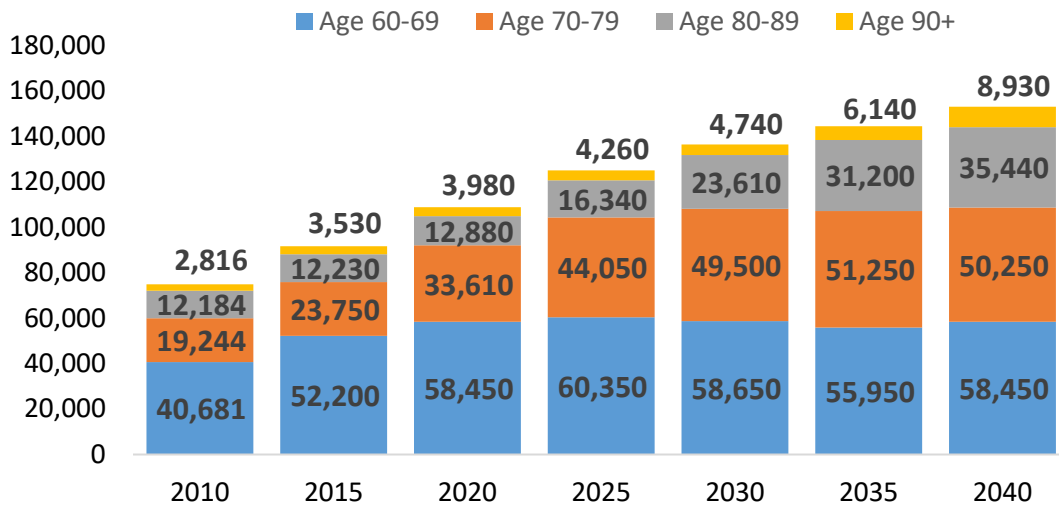
Source: Wisconsin Department of Administration, Demographic Services, 2010-2040 Population Projections, Vintage 2013

Much like the rest of the nation, our older population is growing and is projected to grow rapidly over next two decades. Accordingly, Dane County's future 60+ population is also expected to continue to increase in each age category as depicted in the following two charts.



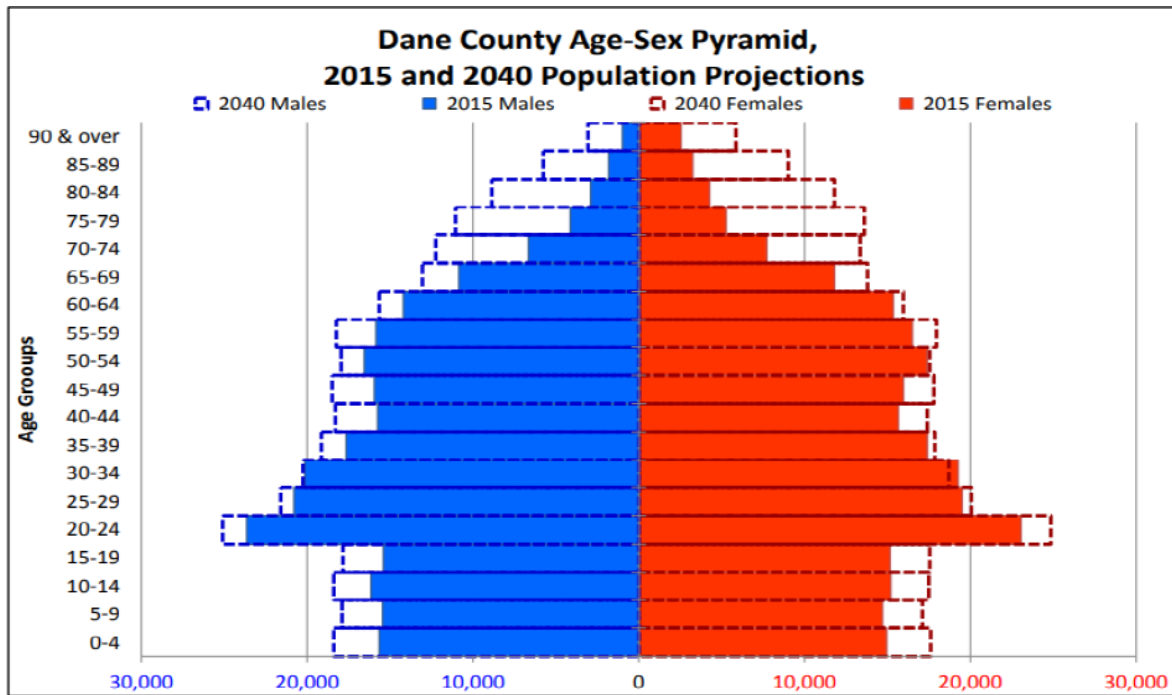
Source: Wisconsin Department of Administration, Demographic Services, 2010-2040 Population Projections, Vintage 2013

Projected Population Growth in Dane County Age 60+ by Age Group, 2015-2040



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

Another way to look at population growth is the age-sex pyramid. By 2040, Dane County is expected to have a population of nearly 700,000 individuals with the largest proportional growth among adults age 60 and above. Population age cohorts between 0 and 59 years of age are projected to grow by approximately 6-17% between 2010 and 2040. The 60-79 age bracket is expected to grow by over 132%, and the population aged 80 and over is expected to grow by nearly 196%. (Source: Dane County Coordinated Public Transit-Human Services Transportation Plan)



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

The table below shows the age-group estimates and percentages for older adults 60+ in Dane County. Males represent 45% and females represent 55% of the 65+ population in Dane County.

Age Group Estimates	Wisconsin	Dane County
Total Population - All Ages, All Races	5,882,128	559,891
60+	1,449,786	111,191
65+	1,038,620	80,883
75+	420,624	31,239
85+	127,919	9,454
% 60+	24.6%	19.9%
% 65+	17.7%	14.4%
% 75+	7.2%	5.6%
% 85+	2.2%	1.7%
Males age 65+	478,089	36,426
<i>Males as percent of 65+ population</i>	46.0%	45.0%
Females age 65+	560,531	44,457
<i>Females as percent of 65+ population</i>	54.0%	55.0%

Source: U.S. Bureau of the Census, American Community Survey, 2018-22 Five-year Estimates, Table B01001

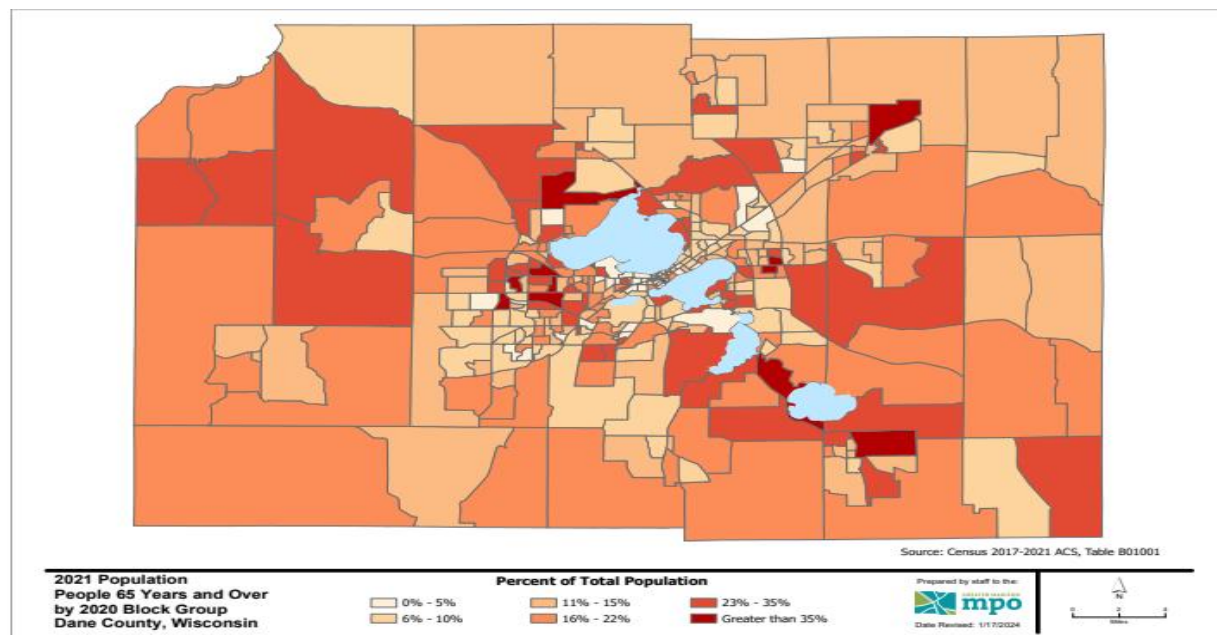
Diversity in the Aging Population

Racial and Ethnic diversity: The table below depicts the racial and ethnic composition of older adults in Dane county. This demographic distribution is shaped by historical trends, immigration patterns and community resources. The older adult population (65+) remains majority white, but there is an increasing representation of other racial and ethnic groups. This trend reflects broader national shifts where African Americans, Hispanic, Asian and Native Americans are aging into the older adult population. Due to structural/systemic racism, language barriers and cultural differences, these older adults have inequitable access to health and social care services, housing, transportation and culturally-tailored programs. It is imperative to tailor our programs and services to be culturally and linguistically competent to serve the growing needs of a diverse older adult population.

Population by Race and Ethnicity, <u>July 2022</u>	Dane County
Total - All Ages: Total Population	568,203
65+ All Races and Hispanic Ethnicity	87,071
<i>% of Total Population that is 65+</i>	15.3%
<i>% of 65+ that is All Races and Hispanic Ethnicity</i>	100.0%
Total - All Ages: White/Caucasian Alone, not Hispanic	442,998
65+ White/Caucasian	81,058
<i>% of White/Caucasian pop that is 65+</i>	18.3%
<i>% of 65+ that is White/Caucasian</i>	93.1%
Total - All Ages: Black/African American Alone, not Hispanic	31,267
65+ Black/African American	1,855
<i>% of Black/African American pop that is 65+</i>	5.9%
<i>% of 65+ that is Black/African American</i>	2.1%
Total - All Ages: Native American/Alaska Native Alone, not Hispanic	1,596
65+ Native American/Alaska Native	100
<i>% of Native American/Alaska Native pop that is 65+</i>	6.3%

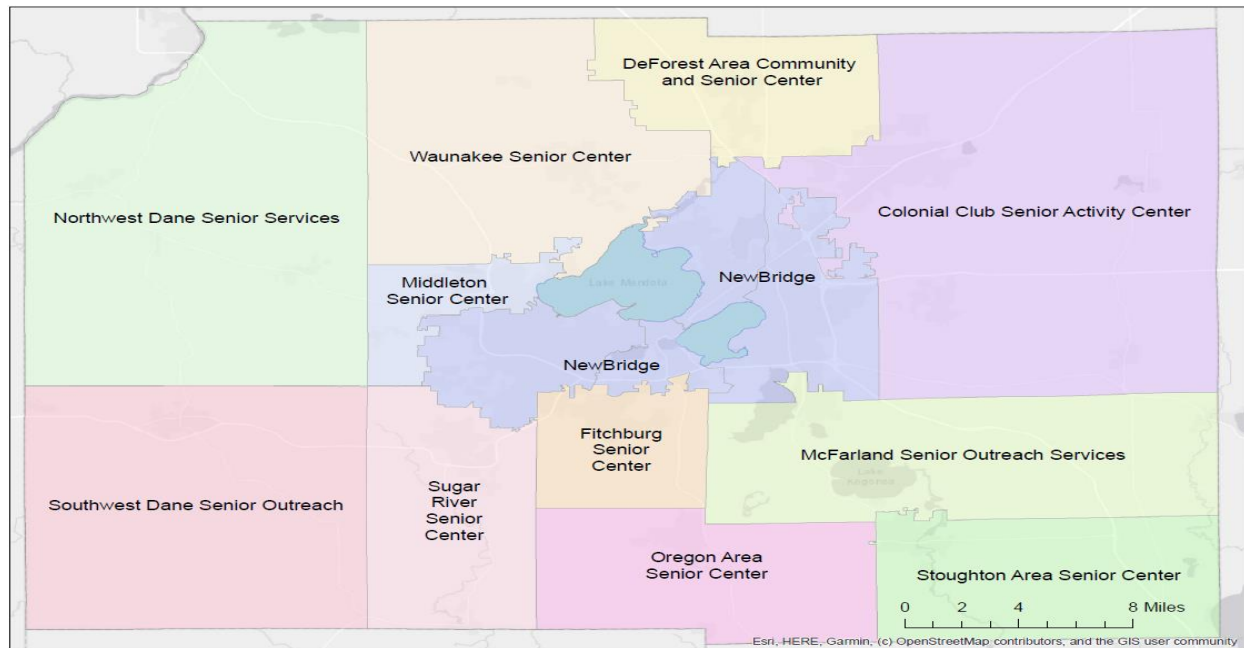
% of 65+ that is Native American/Alaska Native	0.1%
Total - All Ages: Asian Alone, not Hispanic	37108
65+ Asian	2,141
% of Asian pop that is 65+	5.8%
% of 65+ that is Asian	2.5%
Total - All Ages: Hawaiian/Pacific Islander Alone, not Hispanic	186
65+ Hawaiian/Pacific Islander	21
% of Hawaiian/Pacific Islander pop that is 65+	11.3%
% of 65+ that is Hawaiian/Pacific Islander	0.0%
Total - All Ages: Two or More Races, not Hispanic	15,015
65+ Two or More Races	344
% of Two or More Races pop that is 65+	2.3%
% of 65+ that is Two or More Races	0.4%
Total - All Ages: Hispanic/Latino (may be any race)	40,033
65+ with Ethnicity Hispanic/Latino	1,552
% of Ethnicity Hispanic/Latino pop that is 65+	3.9%
% of 65+ with Ethnicity Hispanic/Latino	1.8%
Source: U.S. Bureau of the Census, Annual Population Estimates, July 2022 released Summer 2023	

Geographic Distribution: The geographic distribution of older adults in Dane County varies across urban, suburban and rural areas reflecting a mix of lifestyle preferences, economic factors and access to resources. According to the map below, the main areas with significant older adult population include the city of Madison, suburban towns surrounding Madison, and rural areas in the northern, eastern and southwestern part of the county. Needs of older adults vary by geography in terms of access to healthcare services, housing, transportation and social services and programs. supports.



Source: Dane County Coordinated Public Transit- Human Services Transportation Plan

Twelve agencies (Senior Focal Points) located throughout Dane County have primary responsibility for providing programs and services for older adults. Dane County AAA provides funding to Senior Focal Points that are geographically located throughout Dane County. Serving designated geographic areas, these focal point agencies provide the entry points through which older persons- and their families- access a broad array of programs and services. The service area map and demographics of the older adult population by Dane County Focal Points are reflected in the map and table below:



Source: Dane County Dept. of Human Services Planning and Evaluation Unit

Focal Point	Age 60-74		Age 75-84		Age 85+		Age 60 +		Age 65 + Living Alone		Eligible FoodShare Participant Age 60+		Rural Factor / Elderly (Age 60+ per Sq. Mile) Density			BIPOC Age 60+	
	#	%	#	%	#	%	#	%	#	%	#	%	Area sq mi	Density	Rural Y/N	#	%
Colonial Club	9,516	11.9%	2,718	12.5%	1,358	14.4%	13,592	12.2%	2,734	11.4%	497	10.2%	228.1	59.6	Y	921	9.1%
DeForest	3,052	3.8%	736	3.4%	356	3.8%	4,144	3.7%	706	3.0%	117	2.4%	54.6	75.9	Y	202	2.0%
Fitchburg	4,572	5.7%	1,129	5.2%	321	3.4%	6,023	5.4%	959	4.0%	377	7.7%	35.5	169.6	N	863	8.5%
McFarland	4,494	5.6%	1,121	5.1%	391	4.1%	6,007	5.4%	1,109	4.6%	146	3.0%	109.2	55.0	Y	195	1.9%
Middleton	4,169	5.2%	1,368	6.3%	306	3.2%	5,843	5.3%	955	4.0%	188	3.8%	23.2	252.0	N	461	4.5%
NewBridge	36,112	45.2%	10,385	47.7%	4,291	45.4%	50,788	45.7%	12,638	52.9%	2,909	59.6%	100.6	504.8	N	6,618	65.1%
NW Dane	3,279	4.1%	633	2.9%	261	2.8%	4,174	3.8%	853	3.6%	69	1.4%	193.7	21.5	Y	95	0.9%
Oregon	2,980	3.7%	523	2.4%	268	2.8%	3,771	3.4%	559	2.3%	79	1.6%	71.3	52.9	Y	128	1.3%
Stoughton	2,579	3.2%	673	3.1%	498	5.3%	3,750	3.4%	802	3.4%	197	4.0%	73.2	51.2	Y	150	1.5%
Sugar River	2,761	3.5%	859	3.9%	538	5.7%	4,158	3.7%	896	3.7%	93	1.9%	66.2	62.8	Y	213	2.1%
SW Dane	2,062	2.6%	390	1.8%	288	3.0%	2,740	2.5%	453	1.9%	83	1.7%	143.7	19.1	Y	107	1.1%
Waunakee	4,375	5.5%	1,248	5.7%	578	6.1%	6,202	5.6%	1,231	5.2%	129	2.6%	116.8	53.1	Y	207	2.0%
Total	79,952		21,785		9,454		111,191		23,895		4,884		1216.18			10,160	

Sources: U.S. Bureau of the Census, American Community Survey, 2018-22 Five-year Estimates; March 2024 EAWS extract; 2020 U.S. Census

Socioeconomic Factors

Income: Income distribution among older adult households and median income in Dane County is depicted in the table below. For households led by individuals aged 65 and above, the median income is around \$69,140, which is lower than that of younger cohorts except the under 25 years cohort.

Household Income	Dane County
Households with head age 65+	52,497
Household income below \$15,000	2,794
% with HH income below \$15,000	5.3%
Household income below \$25,000	6,697
% with HH income below \$25,000	12.8%
Household income below \$35,000	11,717
% with HH income below \$35,000	22.3%
Household income below \$50,000	17,824
% with HH income below \$50,000	34.0%
Household income below \$75,000	28,116
% with HH income below \$75,000	53.6%
Household income below \$100,000	35,263
% with HH income below \$100,000	67.2%
<i>Source: U.S. Bureau of the Census, American Community Survey, 2018-22 Five-year Estimates, Table B19037</i>	
Median Household Income	Dane County
Total, householders of all ages:	\$84,297
Householder under 25 years	\$35,642
Householder 25 to 44 years	\$95,158
Householder 45 to 64 years	\$105,762
Householder 65 years and over	\$69,140
<i>Source: U.S. Bureau of the Census, American Community Survey, 2018-22 Five-year Estimates, Table B19049</i>	

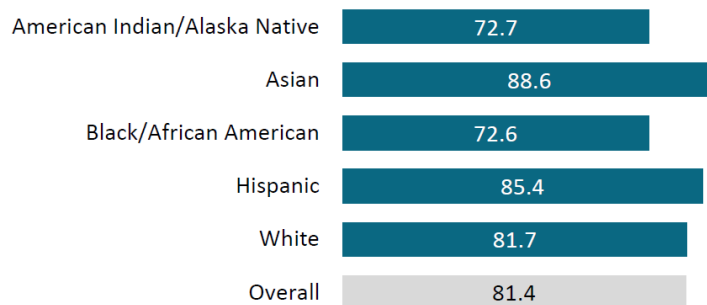
Poverty: Poverty among older adults in Dane County is influenced by a range of factors such as high cost of living, limited retirement savings, healthcare expenses, and disparities in economic opportunities across demographics. In Dane County, 5.3% of older adults (65+) live in poverty with females representing a higher percentage compared to males. Older women are more likely to experience poverty than men, often due to wage discrimination, lower lifetime earnings due to caregiving and higher rates of widowhood. Many older adults whose income exceed the federal poverty threshold still experience financial stress and struggle with rising housing, healthcare bills, inadequate nutrition, lack of access to transportation, diminished savings and job loss. Among Dane County older adults (65+), 5% of non-Hispanic White older adults live below the poverty level (100% FPL) compared to 13% of BIPOC (Black, Indigenous, and People of Color) older adults.

Poverty by Sex, Ages 65 and Older*	Dane County
Males age 65+	36,034
65+ Males in Poverty	1,772
<i>% of 65+ males in poverty</i>	4.9%
Females age 65+	43,589
65+ Females in Poverty	2,485
<i>% of 65+ females in poverty</i>	5.7%
Persons age 65+	79,623
Persons 65+ in poverty	4,257
<i>% of persons 65+ in poverty</i>	5.3%
*Note: Totals for this table only include persons for whom poverty status can be determined.	
Source: U.S. Bureau of the Census, American Community Survey, 2018-22 Five-year Estimates, Table B17001	

Health Status of Older Adults in Dane County

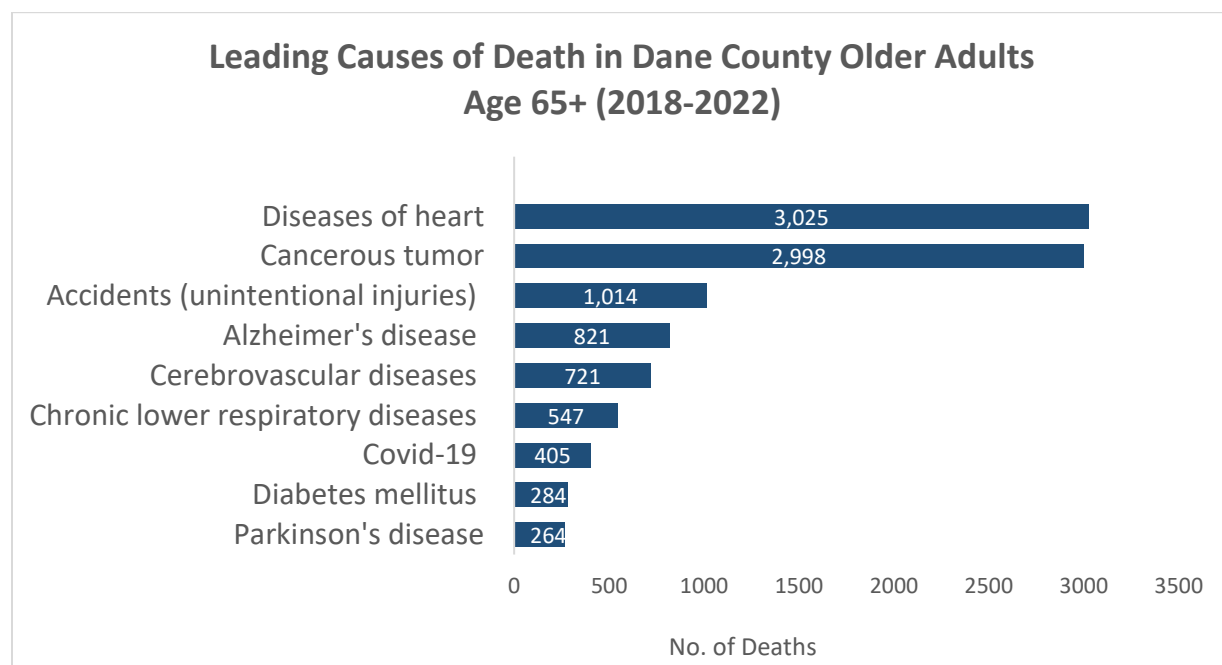
Life Expectancy: Measures the average number of years from birth a person can expect to live, according to the current mortality experience of the population. The graph below shows the life expectancy in Dane County by race/ethnicity. Life expectancy is lower for Black/African American and American Indian/Alaska Natives in Dane County when compared to other population.

Life Expectancy in Dane County by
Race/Ethnicity 2018-2020



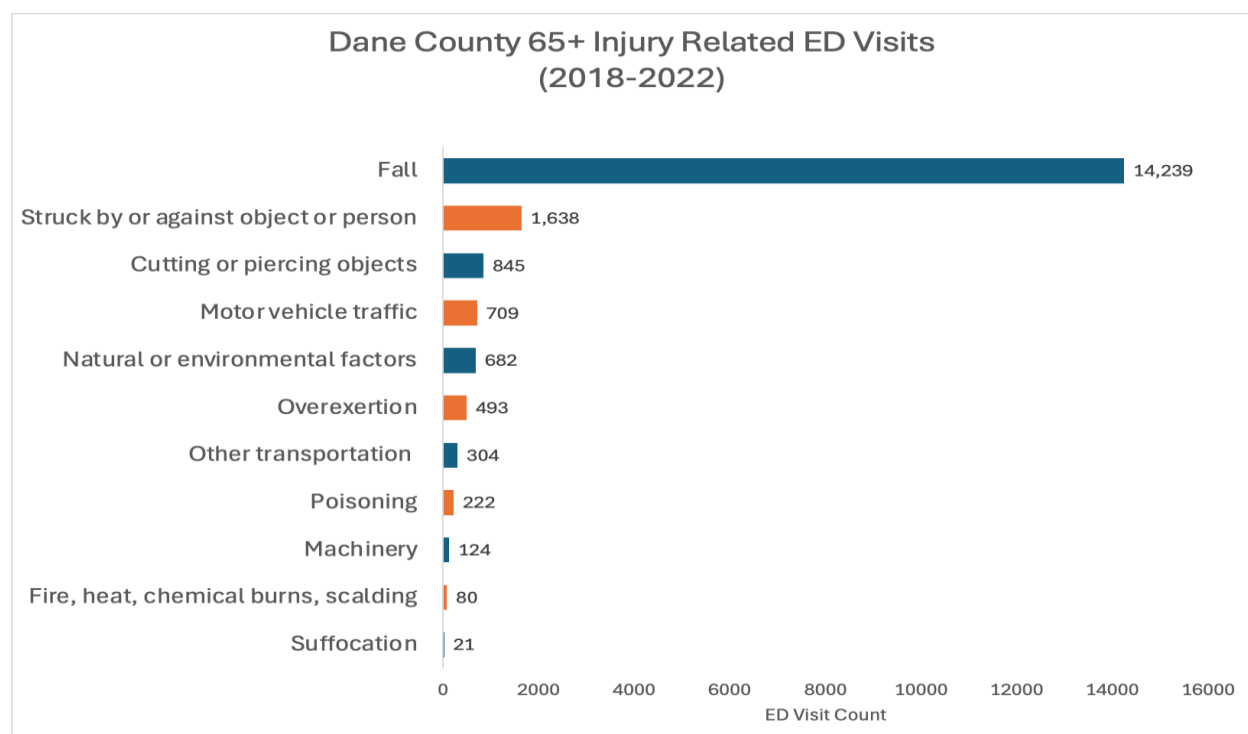
Source: Community Health Assessment report, Dane County, 2023. Public Health Madison and Dane County

Leading Causes of Death: Heart disease, cancer and accidents (unintentional injuries) are the top three causes of death in older adults age 65+ in Dane County followed by Alzheimer's disease and Cerebrovascular disease. Factors influencing these include high cholesterol, hypertension, obesity, and diabetes as well as broader social determinants like income, education and access to healthcare.



Source: Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, <https://www.dhs.wisconsin.gov/wish/index.htm>, Mortality Module, accessed 7/10/2024

Emergency Department (ED) Visits: Falls are the leading cause of injury-related ED visits in older adults 65+ in Dane County followed by being struck by or against an object or person, cutting or piercing objects, motor vehicle traffic and natural or environmental factors (per graph below). As individuals age, the risk of falling increases significantly due to factors like declining muscle strength, balance issues, vision impairments, medications and chronic health conditions. Environmental hazards (like uneven flooring and poor lighting) also play a role in fall risks at home. Dane County AAA contracts with Safe Communities to offer *Stepping On* workshops to older adults to reduce the risk of falls through education, exercise and balance training tailored for older adults. In 2024, Dane County AAA contracted with AgeBetter, Inc. to provide free home safety assessments for older adults and make recommendations for home modifications to minimize hazards.



Source: Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, <https://www.dhs.wisconsin.gov/wish/index.htm>, Injury-Related Emergency Department Visits Module, accessed 7/10/2024.

In-patient hospitalization: In Dane County, the top three causes for in-patient hospitalization in older adults age 60+ are septicemia, hypertension and osteoarthritis. While septicemia can be caused by many factors, chronic conditions like hypertension (high blood pressure) and osteoarthritis (a degenerative joint disease) can compound health issues for older adults. These two conditions significantly contribute to healthcare visits, hospitalizations, and limitations in daily activities for older adults, thus indicating the importance of preventative care throughout adult life. (Source: 2018-2022 In-patient Hospitalization Data, Public Health Madison and Dane County)

Quality of Life: Quality of life indicators are a broad set of metrics used to assess the wellbeing and satisfaction of populations across various dimensions such as physical, mental and emotional health. Most of these measures are self-reported and may differ based on cultural differences and perceptions of health. It still provides valuable insight into perceived quality of life and guides public health efforts to address specific needs within the aging population.

General Health: Older adults generally assess their health on a spectrum from excellent to poor, with a notable portion rating their health as fair or poor due to chronic conditions and age-related health challenges.



According to the Behavioral Risk Factor Surveillance System Survey, **15.7%** of survey respondents (60+) in Dane County indicated that their general health as excellent, **38.5%** as very good, **32.3%** as good, **10.9%** as fair and **2.6%** as poor.

Source: Behavioral Risk Factor Surveillance System Data (2018 - 2022), Public Health Madison and Dane County.

Physical health days: In older adults, physical limitations due to health issues can significantly impact quality of life. Physical health is a huge contributor to an older adult's ability to be independent. Self-assessed physical health is a good measure of recent health and can be used to identify people who may be at risk for chronic diseases or other health problems. Monitoring this measure over time and by age, race/ethnic categories can help tailor interventions accordingly.



According to the Behavioral Risk Factor Surveillance System Survey, **15.4%** of survey respondents (60+) in Dane County reported that in the past 30 days, their **physical health** was not good for **1-5 days** and **6.6%** reported that their physical health was not good for **6-10 days**

Source: Behavioral Risk Factor Surveillance System Data (2018 - 2022), Public Health Madison and Dane County.

The above data on poor physical health days coupled with data on Dane County older adults reporting as overweight (37.1%) and obese (29%) indicate the importance of providing accessible places for exercise and nutrition education to the older adult community at large. Creating age-friendly communities with affordable/accessible indoor and outdoor spaces/facilities for older adults to gather, socialize and exercise is of utmost importance to their physical and mental wellbeing. Focus group participants mentioned the need for spaces to exercise during excessive heat and winter days.

Mental health days: Older adults often experience significant life changes including retirement, loss of loved ones, and health-related challenges. As adults age, social circles may shrink, and mobility issues or health concerns may limit social activities. These transitions can contribute to stress, anxiety and depression that result in poor mental health days for older adults.



According to the Behavioral Risk Factor Surveillance System Survey, **19.5%** of survey respondents (60+) in Dane County reported that their mental health was not good for **1-13 days** and **6.4%** reported for **14+ days**

Source: Behavioral Risk Factor Surveillance System Data (2018 - 2022), Public Health Madison and Dane County.



According to the Behavioral Risk Factor Surveillance System Survey, **7.0%** of survey respondents (60+) in Dane County reported having serious difficulty concentrating, remembering, or making decision because of a physical, mental, or emotional condition.

Source: Behavioral Risk Factor Surveillance System Data (2018 - 2022), Public Health Madison and Dane County.

Stigma around mental health remains a significant barrier for older adults, impacting their likelihood of seeking help and receiving adequate care. This stigma is often rooted in cultural beliefs, generational attitudes toward mental health and a lack of understanding about mental health conditions. Focus group participants reiterated the need for enhanced social interactions to maintain their mental and emotional wellbeing but pointed out that language and transportation barriers hinder them from seeking adequate support and services.

Analyzing the Behavioral Health Resource Call Center data for 2023, callers aged (60+) reached out mainly to seek resources regarding mental health concern (55%), substance abuse concern (10%) or dual diagnoses (mental health and substance abuse- 27%). Dane County AAA contracts with NewBridge, Inc. to provide mental health referral and support services for older adults engaged with the Dane County case management program and in the broader community as a bridge connecting them to long-term mental health services.

Social and emotional support: Social and emotional support are crucial aspects of well-being for older adults, as they help mitigate the risks of loneliness, depression and anxiety which are more common in the aging population. Access to such support fosters resilience, improves quality of life, creates a sense of purpose and can even enhance physical health outcomes for older adults.



According to the Behavioral Risk Factor Surveillance System Survey, **48.5%** of survey respondents (60+) in Dane County indicated they always get social and emotional support that they need.

Source: Behavioral Risk Factor Surveillance System Data (2018 - 2022), Public Health Madison and Dane County.

Although a vast majority of the older adults report getting adequate social and emotional support, these supports dwindle for those who live alone, live in isolated rural areas, who live with a disability, identify as LGBTQIA+ individuals or have language barriers.

Older Adults Living with a Disability, Living Alone, and Living with HIV in Dane County

Living with a Disability: Older adults living with disabilities face unique challenges that may significantly affect their physical, emotional and social well-being. The table below shows the disability status of older adults in Dane County.

Disability Status of Non-institutionalized Population	Dane County
All Persons, 65+*	79,623
Total Persons, 65+, With a Disability	19,026
<i>Total Persons, 65+, % with a Disability</i>	23.9%

Source: U.S. Bureau of the Census, American Community Survey, 2018-22 Five-year Estimates, Table B18101

Disabilities in older adults include mobility issues, sensory impairments, cognitive decline, and chronic health conditions, all of which can impact their quality of life. The top three disabilities identified in Dane County older adults (65+) are ambulatory, hearing and independent living difficulty.

(Source: U.S. Bureau of the Census, American Community Survey, 2013-2017 & 2018-22 Five-year Estimates, Table B18101)

Disabilities often lead to reduced participation in social activities, which can contribute to loneliness and social isolation. These conditions may require assistance with activities of daily living and limit participation in other activities. Untreated hearing loss has been linked to depression and cognitive decline.



According to the Behavioral Risk Factor Surveillance System Survey, **14.2%** of survey respondents (60+) in Dane County reported having **serious difficulty walking or climbing stairs** and **3.5%** have **difficulty dressing or bathing**.

Source: Behavioral Risk Factor Surveillance System Data (2018 - 2022), Public Health Madison and Dane County.

Living Alone: Older adults living alone in Dane County face a variety of social, emotional and practical challenges. From the table below, approximately 30% of adults aged 65+ in Dane County live in single-person households. This is reflective of the broader national trend, where many older adults - especially women - are living alone due to widowhood or personal preference. This percentage varies by city and community within Dane County, with a higher concentration of older adults living alone in urban areas such as Madison. Older adults living alone may face difficulties with managing health conditions,

particularly if they are mobility-impaired or suffer from chronic diseases like arthritis or diabetes. There is also a heightened risk in case of accidents, falls or other health emergencies, where immediate assistance may not be available. They may have limited access to transportation, healthcare and support services.

Ages 65 and Older, Living Alone	Dane County
Persons 65+	80,883
Persons 65+ living alone	23,895
<i>Persons, % living alone</i>	29.5%
Males age 65+	36,426
Males age 65+ living alone	7,016
<i>Males, % living alone</i>	19.3%
Females age 65+	44,457
Females age 65+ living alone	16,879
<i>Females, % living alone</i>	38.0%
<i>Source: U.S. Bureau of the Census, American Community Survey, 2018-22 Five-year Estimates, Tables B01001 and B09020</i>	

Living with HIV: Across Wisconsin, HIV diagnosis rates have seen variations, with a significant portion of cases concentrated in urban areas like Milwaukee and Dane Counties. For older adults, HIV management can be more complex due to potential coexisting health conditions which are common in aging populations. Additionally, the stigma and limited awareness surrounding HIV in older adults may contribute to delayed diagnosis or inadequate management.



Since 2019, there has been an increase in individuals (age 60+) in Dane County living with **HIV**. The number has **increased** from **174** in 2019 to **264** in 2023.

Source: Wisconsin Dept. of Health Services, Division of Public Health, Data provided by HIV Surveillance Unit.

Caregiving

Today, an estimated 53 million Americans, or 20% of the general population provide care for an older adult, or someone living with illness or disability (2022 National Strategy to Support Family Caregivers). Families are the major provider of long-term care for their loved ones and these unpaid caregivers represent the largest source of long-term services and supports in the nation. The value of unpaid caregiving has now reached \$470 billion annually (AARP). Although, we do not have an estimate of the number of caregivers in Dane County, it should come as no surprise that a majority of our population - young and old are currently caregivers or will be caregivers in the future. Based on cultural norms and family practices, many consider caregiving as part of their life's journey and do not seek outside support or help.



According to the Behavioral Risk Factor Surveillance System Survey, **15.2%** of survey respondents (60+) in Dane County reported expecting to provide care or assistance to a friend or family member with a health problem or disability in the next two years.

Source: Behavioral Risk Factor Surveillance System Data (2018 - 2022), Public Health Madison and Dane County.



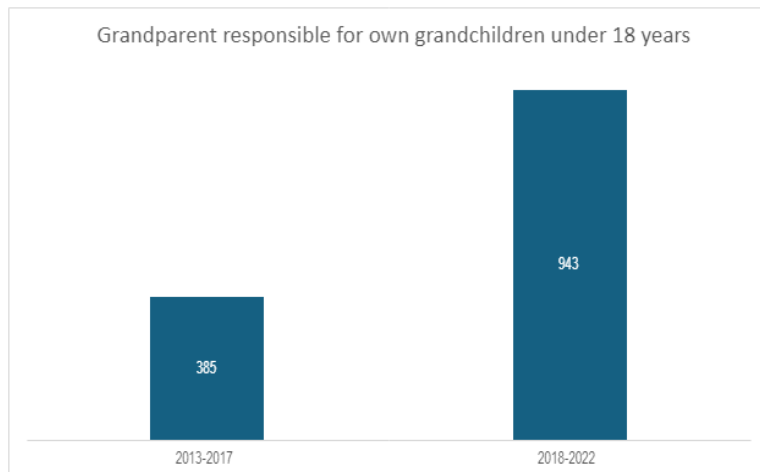
According to the Behavioral Risk Factor Surveillance System Survey, **30.9%** of survey respondents (60+) providing care in Dane County reported providing care for 5+ Years and **40.3%** of survey respondents who provided regular care reported providing personal care (i.e. giving medications, feeding, dressing or bathing)

Source: Behavioral Risk Factor Surveillance System Data (2018 - 2022), Public Health Madison and Dane County.

Caregiver burden refers to the physical, emotional and financial strain experienced by individuals who provide care for older adults. With the growing older adult population in Dane County, the need for caregiving will also increase over time with adequate support systems to help them age-in-place. Understanding diverse perspectives on caregiving is essential for creating culturally sensitive supports and services. According to Alzheimer's Association (AA), caregivers of persons living with Alzheimer's/Dementia spend more time on care and report higher levels of stress than caregivers of older adults without cognitive impairments. According to AA's 2020 estimates, 1 out of 10 older adults (age 65+) in Dane County is living with Alzheimer's/Dementia. Focus group participants who are caregivers pointed out that a central repository for all caregiver resources does not exist and there is a huge disconnect between health and social care programs that exacerbates caregiver burden and stress. Some caregivers also stressed the importance of community support groups to alleviate stress and improve their mental health. Dane County AAA and ADRC administers grants to caregivers via the National Family Caregiver Support program and Alzheimer's Family Caregiver Support Program but gaps still exist in supporting caregivers who are not connected to our services.

Grandfamilies: Grandparents serving as primary caregivers for their grandchildren is a growing trend in the U.S. and in Dane County. The number of grandparents responsible for their own grandchildren (under 18 years of age) has grown considerably over the years as depicted in the graph below. This caregiving arrangement often arises from challenging circumstances, such as parental substance abuse,

incarceration, mental health issues or economic hardship. While rewarding, the role can present unique challenges for grandparents.



Source: U.S. Bureau of the Census, American Community Survey, 2018-22 Five-year Estimates, Table B10056



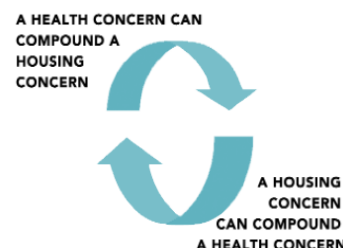
In Dane County, the National Family Caregiver Support Program (NFCSP), Kinship Care and other programs through Respite Care Association of WI provide resources, training and respite care to help grandparents manage caregiving responsibilities. With very limited funding for the NFCSP and other social programs, it is important to work across silos and partner to deliver comprehensive services to this growing cohort of older adults.

Data from Housing and Transportation Sectors

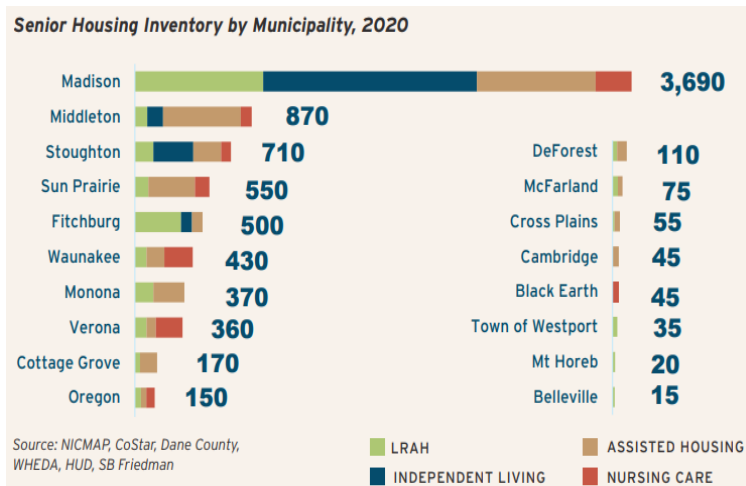
Housing and Homelessness: Housing issues for older adults are shaped by affordability, accessibility, and the ability to age in place. These challenges are often compounded by fixed incomes, health concerns and insufficient housing supply tailored to their needs. The table below depicts the housing unit tenure and housing costs for householder 65+ in Dane County. 54.8% of renter householders (age 65+) and 24.8% of owner householders (age 65+) are cost burdened (paying 30% or more of their income towards rental or mortgage costs).

Housing Unit Tenure and Housing Costs	Dane County
Housing units occupied by householders age 65+	52,497
Number of units that are rentals	11,837
<i>Percent of units that are rentals</i>	22.5%
Rental costs less than 30% of income	4,546
<i>Percent with rental costs <30% of income</i>	38.4%
Rental costs 30% of income or more	6,481
<i>Percent with rental costs >=30% of income or more</i>	54.8%
Number of units that are owner-occupied	40,660
<i>Percent of units that are owner-occupied</i>	77.5%
Monthly owner costs less than 30% of income	30,433
<i>Percent with monthly owner costs <30% of income</i>	74.8%
Monthly owner costs 30% of income or more	9,990
<i>Percent with owner costs >=30% of income</i>	24.6%
Note: Costs are not computed for all housing units, so sum of the cost's percent shares may not total 100%.	
Source: U.S. Bureau of the Census, American Community Survey, 2018-22 Five-year Estimates, Tables B25072 and B25093	

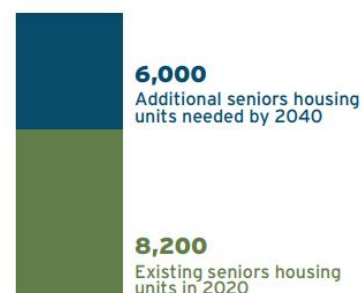
Maximizing Independence in Housing and Community: Traditionally health and housing are separated into different professional and service sectors, addressing health and housing concerns in isolation from one another. As we begin to address the needs of the growing older adult population, this siloed approach no longer makes sense. Because an older adult's health and housing needs are often indistinguishable, comprehensive aging in place strategies must integrate healthcare and supportive services with housing options, programs and policies.



Housing Inventory: According to the Dane County Regional Housing Strategy, the county will need to produce 139,000 - new housing units by 2040 with at least 6,000 dedicated to senior units. Most of the current senior housing is clustered in the Madison Municipality, making it harder for those in rural areas of Dane County to get access to senior housing. Currently, waiting lists for senior housing units can be up to two years demonstrating the demand. The graph below shows the senior housing inventory by each municipality.

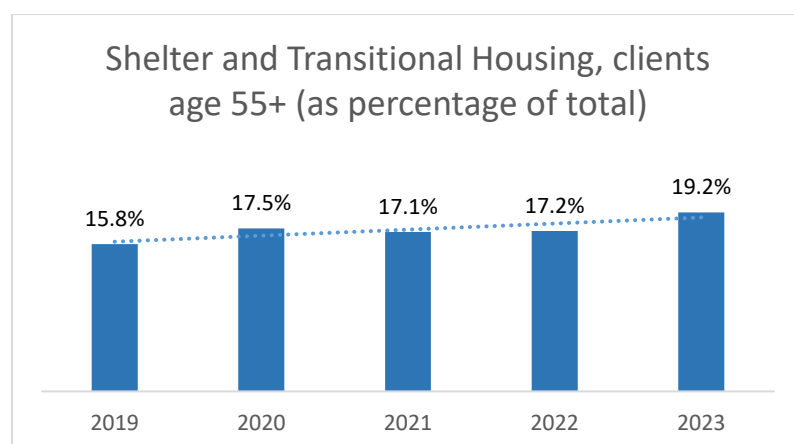


Dane County Seniors Housing Existing Inventory and New Unit Production Goal, 2020-2040



Source: NICMAP (2022), CARPC Regional Development Framework (2022), Woods and Poole (2022), Dane County, WHEDA, HUD, CoStar

Homelessness and Housing Instability: Older adults represent a growing share of the homeless population in Dane County. Homelessness in older adults is driven by many factors like financial crises, lack of affordable housing and health challenges. The graph below shows the increase in the share of adults, age 55+ accessing the Dane County Shelter and Transitional Housing system.



Source: Housing Access and Affordability Division, DCDHS

According to the data provided by the Housing Access and Affordability Division within Dane County Human Services, 775 adults ages 55 and above experienced homelessness in 2023. Demographics details are as follows:

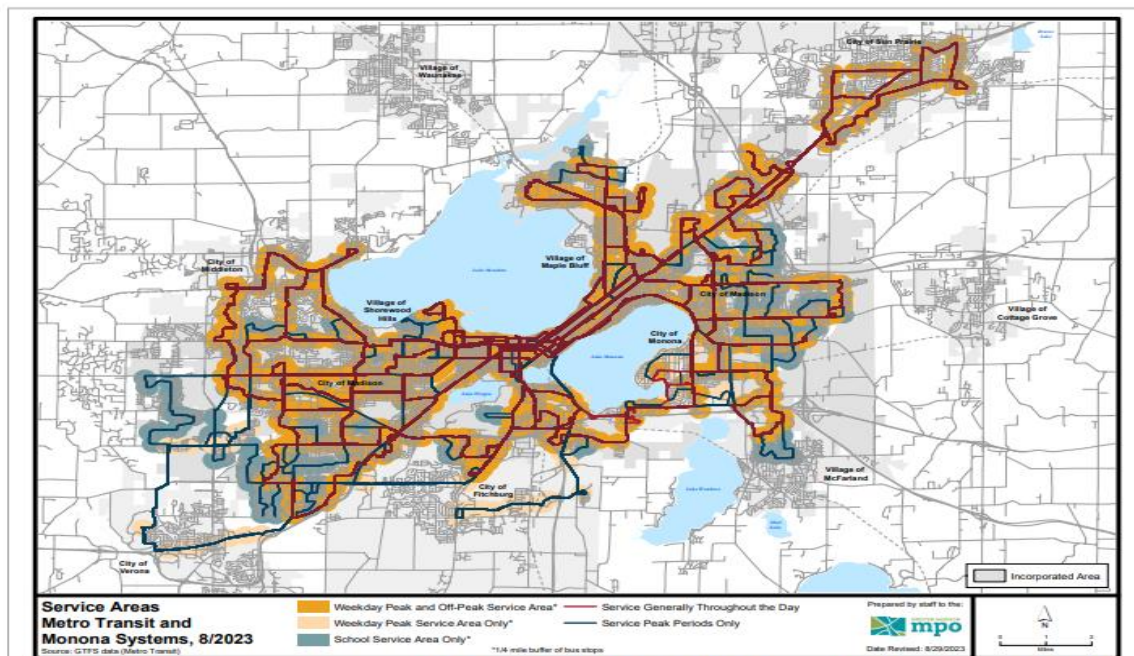
Among the 775 older adults experiencing homelessness:

- Age categories: 71% were in the 55-64 age bracket and 29% were 65 and above.
- Gender: 77% were male, 22% were female and 2% identified as transgender or non-binary.
- Race: 51% were White, 39% were Black or African American, 6% were multi-racial and 2% were American Indian, Alaska Native or Indigenous, and others (2%).
- Disability status: 70% reported having a disability and 22% reported not having a disability.

- Prior living situation: Majority (43%) lived in a place not meant for habitation (e.g. a vehicle, an abandoned building, bus/train/subway station/airport or anywhere), 17% were in emergency shelter, including hotel or motel paid for with emergency shelter voucher, host home shelter, 12% stayed or lived in a family member's/friend's room, apartment or house. Other places of stay included hospital or other residential non-psychiatric medical facility, psychiatric hospital or facility, hotel or motel paid for without emergency shelter voucher, jail or prison, long-term care facility or nursing home, place owned by client without ongoing housing subsidy, rental by client with/without ongoing subsidy, residential project, halfway house, Safe Haven, substance abuse treatment facility or detox center.

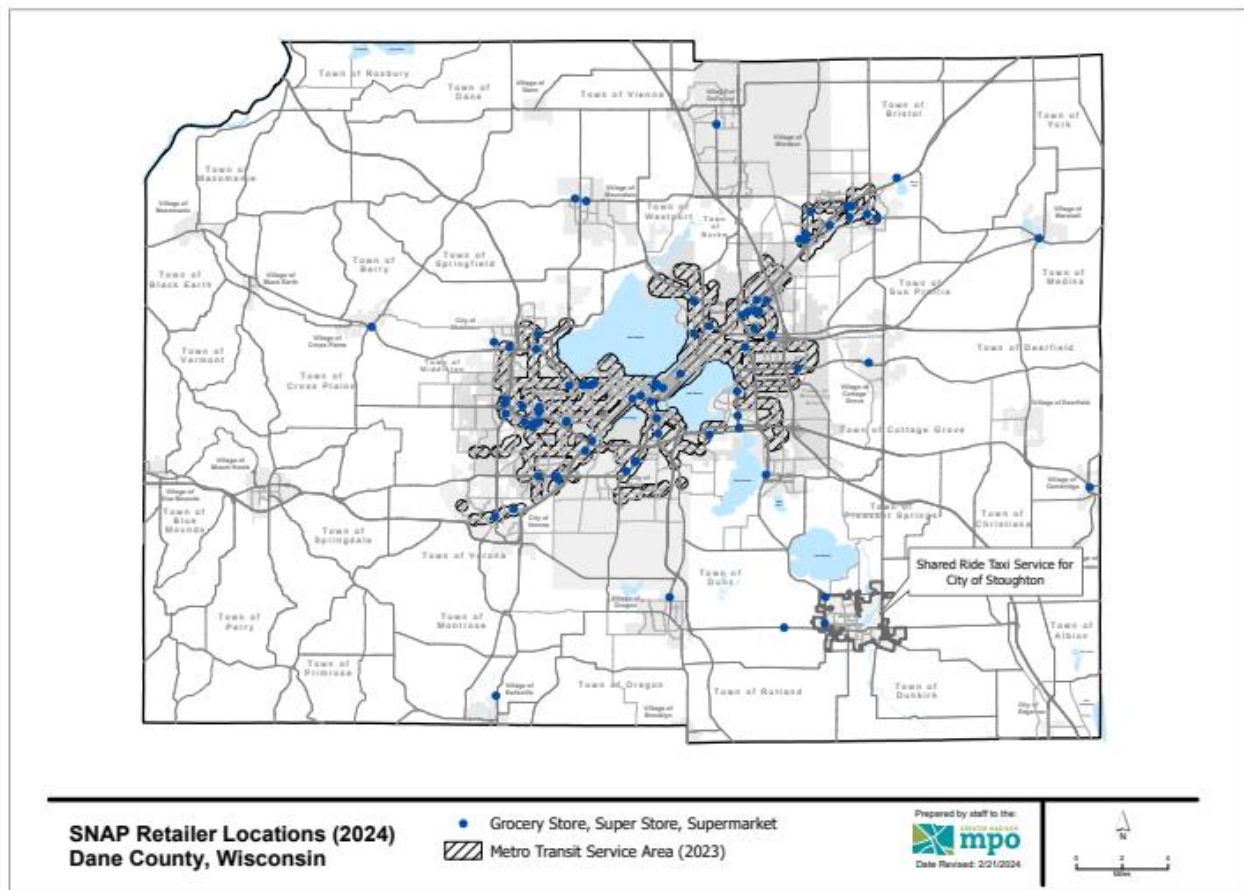
Transportation Services: The City of Madison (Metro Transit), other local units of government, Dane County, and private transportation providers have developed a range of public transit and specialized transportation services to meet the needs of both the public and specific population groups that have special needs and/or are unable to drive. Dane County is served by several public transit systems that are open to the public, as well as specialized Transportation systems that are designed to meet the needs of older adults, low-income people, veterans, and people with disabilities.

The route map below illustrates Metro's service area, including the additional service area provided by Monona Transit. City of Stoughton has shared-ride taxi service (not shown in this map). Significant population areas in the Madison Urbanized Area that are currently unserved by all-day transit service include far southwest Madison and Verona, south and east Fitchburg, McFarland, Cottage Grove, DeForest, Waunakee, and Windsor. Expanding Metro's service is currently limited primarily by the lack of a regional funding mechanism, and the requirement for any community served by Metro to do so under contract and to provide financial compensation for that service. (Source: Dane County Coordinated Public Transit – Human Services transportation plan <https://www.greatermadisonmpo.org/planning/documents/DRAFTCoordinatedPlan2024.pdf>)



Source: Dane County Coordinated Public Transit – Human Services transportation plan

Transportation is vital for older adults to access grocery, supermarkets for quality food and nutritional needs. The map below shows the location of Dane County grocery stores, super stores, and supermarkets participating in the Supplemental Nutrition Assistance Program (SNAP). While the majority of these SNAP retailers are served by transit, those in communities without transit service are often located on the periphery of communities, such as the store in north Oregon, the store in west McFarland, and the stores in west Stoughton. DeForest and Windsor share a single grocery SNAP retailer in the northwest quadrant of their combined jurisdictions. It is notable that there are no such stores in Mt Horeb, Blue Mounds, Black Earth, Mazomanie, Dane, or Deerfield, exacerbating any barriers to transportation experienced by residents of these villages and surrounding towns. (Source: Dane County Coordinated Public Transit – Human Services transportation plan)



Source: Dane County Coordinated Public Transit – Human Services transportation plan

Food insecurity not only refers to the access to food but emphasizes the importance of access to nutritious food to meet one's daily requirements. Access to healthy and nutritious food is especially important for older adults physical functioning and maintaining their health. Food insecurity puts them at higher risk for chronic diseases such as diabetes, hypertension and malnutrition. Older adults who do not drive, have no access to a vehicle, living with a disability or living in areas with minimal to no transportation services are disproportionately affected in accessing quality and nutritious food.

Challenges and Opportunities for Dane County AAA

Dane County's older adult population is growing and will be for the next two decades. They come with different backgrounds, beliefs, customs, abilities and experiences requiring varied levels of care and support systems. Dane County AAA must be proactive and provide leadership in shaping age-friendly communities and care ecosystems to advance healthy aging along with partners from various sectors. We also need to be innovative and find efficiency in our service delivery and programs to ensure sustainability. Some of the challenges and opportunities identified by Dane County AAA are as follows:

- **Funding:** With an ever changing political and funding environment and post-COVID cut backs, it is imperative to find effective and efficient ways to provide needed services to older adults. Dane County AAA must seek partnerships across sectors to look for braided funding opportunities and expand funding streams.
- **Older American Act Regulations (OAA):** Dane County AAA must be in compliance with the new OAA regulations during this plan period that may stretch our limited existing resources.
- **Innovative/cost-effective services and sustainability:** With limited funding and an expanded client base, it is essential to find innovative and cost-effective services with a sustainability mindset. It will also become important to use data-driven decision making to identify and serve those is greatest economic and social need.

Although there are challenges, the time is right for creating new and unique opportunities to support older adults in a cohesive and collective manner. Some of the opportunities are:

- **Renew focus and interest to collaborate and work across silos and systems to integrate services and promote healthy aging across the lifespan.**
- **Leverage resources and expertise across systems to collaborate and co-create age-friendly and inclusive care ecosystems and communities that help older adults thrive in Dane County.**
- **Advocate for braided funding opportunities and policies that span multiple sectors to provide holistic care to our aging population.**

Development of the Aging Plan

In the very early stages of conceptualizing the 2025-2027 Aging Plan, during the end of 2023 and much of 2024, Dane County AAA decided to use the community engagement and targeted outreach process as a springboard for new and meaningful engagement of communities and populations that were minimally or not connected with AAA's services. AAA staff leading the work wanted to establish authentic and trusting relationship with communities that were disenfranchised from mainstream services. Our program data, whether or not they pertained to OAA-funded services, revealed lack of diversity in the clients accessing our programs and services. Dane AAA Aging Program Specialist Claire Purkis led the community engagement efforts along with interns Xinyue Zhang, Aryan Patel, and Yee Leng Lor.

Community Engagement

While there are various definitions available, in its simplest terms community engagement seeks to better engage the community to achieve long-term and sustainable outcomes, processes, relationship, discourse, decision-making, or implementation. Successful engagement strategies must be tailored to the specific community context and adhere to guiding principles that prioritize inclusivity and empowerment. A variety of tools and approaches ensure effective engagement, with trust being a vital component. We wanted to engage with under-resourced communities to build partnerships, educate them about our programs and think about how our programming could be more relevant to diverse older adults who were not accessing our services. Our main focus for engagement revolved around this one thought: How could we build bridges and ensure we were attempting to reach all of the older adults in Dane County, rather than just the ones who already utilized our services, or those who are part of a very homogenous population who have greater ease researching and accessing services when they need them?

AAA staff chose the word "under-resourced" as a guiding factor for their outreach after a lot of research about terminology. They rejected "under-privileged" as being somewhat demeaning, and "under-served" as focusing on a lack of micro- and mezzo- level services, which is often true of this population, but does not explain or describe the systemic issues that affect the communities AAA was hoping to reach. Those macro issues include a lack of resources in leadership or government, money, power, and community cohesion. In our Aging Plan, the word "under-resourced" is used as an umbrella term to represent historically marginalized and intentionally-excluded communities (i.e., BIPOC, LGBTQ+, rural, low-income, immigrant/undocumented, people living with a disability). These communities experience increased lack of resources as well as racism, heterosexism, and bigotry that adds even more to the equation of poverty and disenfranchisement.

The intention of our community engagement effort was to discover what services older adults needed in terms of services, what barriers to services existed, what kinds of information they received about AAA services and where they gathered for social and community events. Dane County AAA staff decided to particularly focus on under-resourced communities and populations in order to connect with communities that AAA had not reached in the past, knowing that under-resourced communities, especially BIPOC and LGBTQ+ individuals don't always know about AAA's services, and don't feel welcome or invited into spaces that were created for and in some ways still attract a very homogenous population of older adults. AAA staff knew that it would take a lot of effort, understanding and humility to gain the trust of some of these

communities. It was clear from previous satisfaction surveys that the current service recipients were generally pleased with the services they received, but there was little to no information about the opinions of the large number of older adults in Dane county that AAA has never served.

Our Approach: While we were thinking about how to engage communities that had not traditionally been invited to the table, we made lists of communities of color as well as individuals whose experience could inform our goal setting, such as caregivers, providers working in the field of aging and with under-resourced communities who understand the main barriers faced by all older adults.

We framed all of our focus groups with questions that spoke to participants strengths. For the providers and those working in the field we asked them what brought them to this field, what made them passionate about their work and how did they keep on going despite discouragement or upsets. With the clients who are older adults, we asked them what made their lives meaningful and what gave them purpose and joy in their lives. We learned that despite hardships, all of the participants in our focus groups and key informants were able to glean something positive from their life experience, whether it was the community they lived in, the culture and traditions that gave their lives meaning, their family members, or their shared history. (See Appendix E, F, and G for questionnaires)

Methods of Qualitative Data Collection: Our methods of data collection are

- *Focus groups/key informant interviews (January - August 2024):* AAA staff along with the help of student interns engaged with the community over a period of 6-8 months to conduct focus groups and key informant interviews. These were conducted in person at the agencies in the community, via Zoom or at the ADRC where AAA is housed. Where possible, interviews were recorded via Zoom and notes were taken on responses and then the key themes were transcribed into a spreadsheet so AAA could identify issues of most importance. Because this was qualitative research, the focus was on hearing first person narratives illustrating how these issues affected them in their everyday lives, and also on hearing how clients in focus groups shared with each other, gave each other advice and empathy and shared their life experiences as a group. This sharing as part of a group and the fact that each member of the group had input that was valued, validated by other group members and showed both vulnerability and stoicism was a very powerful part of the experience. Some of the focus groups felt more like support groups – especially those that involved clients that knew each other, or had similar experiences
- *Board and committee members outreach to community members (July – August, 2024):* AAA staff sent out a modified questionnaire to the AAA Board and Committees – Access Committee, Nutrition and Wellness Committee, Legislative Advocacy Committee and the AAA Board and asked them to interview their peers, elders and community members. Many of the members of these committees and the Board are also older adults, and for those who were not, their charge was to find older adults that they were affiliated with and ask them these questions and then send them back in.
- *An informal information gathering at an outreach event at the Zoo (August 06, 2024):* An informal outreach event at the Zoo paved way for us to talk to community members and get input.

Our Reach: Dane County AAA Staff

- Engaged in 31 focus groups/key informant interviews
- Connected with 38 community agencies and partners who provided services to older adults or provided funding for services to older adults
- Interviewed a total of 108 under-resourced, LGBTQ+ / BIPOC or immigrant older adults and those experiencing homelessness. Caregivers of older adults with dementia and other chronic conditions were also included.
- Interviewed a total of 222 people (unduplicated number) who were either older adults (age 50-90) or who worked with, volunteered with older adults or provided funding for services to older adults.
- Involved stakeholders from aging services (focal point case managers, directors, senior centers, and other community-based agencies), other sectors such as housing and homeless services/healthcare/transportation, agencies serving people living with a disability, and community leaders.
- Encouraged AAA board and committee members to outreach to community members – a total of 12 older adults participated in this process.
- Gathered information from 20 people visiting the Henry Vilas Zoo during our outreach event.

During our community engagement process, we reached out to diverse communities in Dane county including Chinese, Hmong, Cambodian, and Laotian older adults. We reached out to Jewish Social Services, which serves many different nationalities and ethnicities, including individual who are cultural and religious Jews, immigrants, and refugees. We connected with community leaders and service providers who worked with African, African American and Hispanic population in Dane County when we were unable to directly connect with community members. We understand that some groups have a harder time trusting “outsiders” who want to make inquiries and get their input, especially as historically many people have come to them and asked for their opinions and then never offered anything in return. We also met with Dane County ADRC staff providing information and assistance and dementia caregiver specialists to gather their perspectives of the clients receiving their services. We intentionally engaged with older adults experiencing homelessness and service providers in the housing and homelessness sector as well as staff working with justice-involved older adults to be more inclusive in our engagement.

Compensation: We offered each participant with lived experience a Kwik Trip gift card for \$25. We did not offer a gift card to professionals who were participating in these groups as part of the usual tasks of their jobs or positions, such as social workers, focal point directors, not for profit staff.

Key Themes and Narratives Regarding Needs and Barriers for Older Adults

The following section is a compilation of key themes around issues, needs and barriers related to older adult’s well-being, health and social engagement gathered via our community engagement efforts. These themes provide valuable insight into how Dane County AAA and service providers can better support our aging population.

Affordable Housing and Accessibility: House prices in Dane County have been creeping up and are more expensive than ever. Mortgage interest rates are also extremely high and rents have gone up across the

board affecting a huge number of older adults who were just managing before COVID or who were hanging by a thread. Accessible rental units are hard to find for older adults on limited income. Older adults informed the need for more affordable and accessible housing units incorporating universal design and supports for home repair/modification as well as safety in these units.

Barriers to Affordable and Accessible housing

- Participants pointed out that increasing property taxes, rental prices and cost of home modifications/repairs have soared causing more burden to those living on fixed income.
- Older adults living in apartments (subsidized and non-subsidized) before the pandemic have to move to cheaper places or with family or friends or find shared housing because of price increases. Even \$50-\$100 increases are impossible for some to afford.
- Many of the homes or units occupied by older adults lack universal design/accessible features like walk-in showers, single-floor living, laundry in the first floor, zero-step entry, widened doors etc. making it difficult to age in place.
- Cost of home modifications and repair are not affordable for many older adults.
- Older adults leaving the jail or prison system have increased barriers to housing because of their criminal records.

Homelessness: Older adults who have never been homeless before are entering the homeless system in higher numbers, because they have no other choices due to housing crises, increased housing costs, stagnant incomes, and/or other life situations. There is currently no specific safety net or triage system for older adults. Many clients ranging from 60s to 90s are finding themselves homeless for the first time. The homeless system is not equipped to deal with older adults who may have complex medical problems including mobility issues, risk of falling, chronic health issues, and incontinence to name just a few. Focal Point staff in the outlying towns, villages and suburbs of Dane County used to say that the city of Madison was the only place in Dane County experiencing homelessness, but that is no longer true. Focal Point case managers now report older adults becoming homeless, often due to housing costs and lack or loss of income and/or support. The homeless system itself is under a huge amount of pressure. According to focus group participants - The Beacon, the day shelter that was opened in 2017 to serve 150 people, including children and families, regularly serves 250 people now.

Barriers and Needs of Older Adults Experiencing Homelessness

- Older adults who become homeless often report that they start off living in their cars and then eventually end up in the homeless system—at drop in shelters or at the daytime resource center.
- Health issues or a sudden catastrophic illness most often lead to loss of income pushing many older adults into homelessness.
- Majority of the homeless service system's policies, supports and infrastructure are not age-friendly. Housing or shelter systems are not set up for older adults and/or people living with disabilities and chronic conditions. Privacy is scarce, shelters are noisy, overcrowded and participants reported not feeling safe.

- There is limited resource and assistance with system navigation that makes tasks like applying for benefits, disability or housing increasingly difficult.
- Medical needs are difficult to address in a shelter or drop-in centers and medical supplies (incontinence, wound care, insulin etc.) are expensive and difficult to safeguard.
- Staff in these settings are neither equipped nor adequately trained to deal with a client's health/medical needs.
- Lack of coordination and fragmented support systems often lead to long wait time to get into the long-term care system. Managed care organizations that administer long-term care supports and programs have problems connecting with their clients.
- Eligibility issues and residency requirements often pose barriers to older adults accessing services.

Transportation: Getting to the pharmacy, stores, places of worship and places to socialize is another big stressor for older adults, especially those who no longer drive. In rural areas it becomes very hard just to get a ride to the doctor—usually provided either by a Medicaid-funded van or car company or paratransit service, or by the volunteer agency RSVP, which gives rides to ambulatory citizens to medical appointments through the Dane County Senior Focal Points. Older adults can get a ride to a congregate meal site near their home via the Senior Focal Point/Transit Solutions but clients can't stay long on either side of lunch, because with more riders, longer distances, and availability of buses, they have to leave pretty quickly to go home so everyone can be dropped off before the bus has to return to the depot. People otherwise rely on friends, relatives and neighbors, and some older adults in the focus groups, who have children and grandchildren, complain that the younger generation is too busy with their own lives and they don't see enough of them or can't get help from them.

Barriers to Transportation Services

- Many older adults living on fixed incomes cannot afford transportation and public transit services are not adequately developed to cater to the needs of older adults. Lack of transportation is a risk factor for older adult's health and well-being as it can lead to food insecurity and/or exacerbate isolation and loneliness. Unhoused older adults cannot afford transportation.
- Older adults with limited English proficiency prefer not to use public or specialized transportation services due to language/cultural barriers and the fear of being misunderstood or getting lost. Many transit service providers and voluntary driver programs lack diversity in staff and volunteers thus limiting the services available to this community members.
- Limited and unreliable scheduling makes it difficult for older adults to get to their destinations. Flexibility and options are limited in terms to service timings, routes etc.
- Rural areas lack coordinated transportation services.
- Other older adults won't use public transportation for fear of falling, and African American and immigrant populations are sometimes living in areas where public transportation is not available or where they don't feel safe going out at night. They much prefer to go out with trusted friends and family. Recent immigrants rely on family for transport and can be isolated when families are unable to help them out.

- The older adult participants from Outreach LGBTQ+ resource center were extremely clear that the recent loss of a city bus stop near their center was a huge barrier to people without cars getting to the center. Now people who rely on public transportation have to walk a long distance to the nearest bus stop. These are people who are already isolated and feel marginalized yet, systems of power do not seem to value their inclusion even when they explicitly voiced their concerns.
- People who are blind or low-vision rely on scheduled rides in order to attend appointments. Many of them cannot use public transit, and in order to use paratransit they need to prove they cannot use public transit; service animals are not allowed on most transportation options. Because of this, blind people tend to lean on family and friends a lot to get places.
- Accessibility is also an issue for older adults. Finding wheelchair accessible transportation has been difficult for many older adults. Utilizing public transportation during extreme winter and summer months is hard. Mobility issues causes more difficulty in accessing public transit.

Aging in Place: Majority of older adults want to age-in-place in their own homes and communities. Aging in place requires adequate support systems within the older adult's home and in the built environment in which they live. Older adults in Dane County and beyond are living in homes that are not in good repair and are not able to find affordable supports to maintain their homes. They have limited or no support to do household tasks including personal care, laundry, cleaning, as well as outdoor tasks like mowing lawns, raking and collecting leaves, or shoveling snow or running errands.

Barriers to Aging in Place

- The case managers—a group of about 30 or so professionals who provide case management services to older adults at the 12 Dane County Senior Focal Points—are extremely aware of the clients that are being forced out of their homes due to an unmet need for home chores, errands, outside work including lawn care, weeding and snow removal. Some clients who have signed onto a Long-Term Care Plan such as *I Care* or *My Choice* will qualify for a visiting caregiver who can work on the indoor chores, such as light cleaning and household tasks, but not for outdoor chores. It is very hard to find volunteer or cheap snow removal— even people who can pay sometimes have a hard time finding it.
- Another issue related to aging in place is living on a fixed income while property taxes and other homeowner expenses go up. In order to qualify for tax relief, one must have an extremely low income and many of the clients served by the Senior Focal Points are just slightly above that threshold. Big-ticket items like roofs, structural repair, and even smaller jobs like accessible adaptations in the home are not affordable. A company that used to provide grab bars, home modifications, and home chores at a lower cost went out of business, making it difficult for older adults to afford such services. These kinds of home modifications are small and simple, but they provide safety and mitigate fall risks in a really impactful way.
- One of the most concerning fears expressed by clients (mostly at the Senior Focal Point's focus groups whose members were all living independently in the community) was the fear of going into institutional care. It didn't matter if it was assisted living or a nursing home, and it didn't seem to matter how much the care cost. Many participants had either themselves experienced assisted living or some kind of rehab facility, or they had friends or relatives who had stayed in a facility.

The over-arching sentiment was you must do everything you can to keep out of a facility because, once you are in there, it's going to be a very bad experience, the care is terrible, and it's a fate worse than death. Many of these participants said they felt helpless in the face of what they imagined could happen to them, and not many knew that there was advocacy that they could be involved with in order to make their voices heard.

Isolation and Loneliness: Isolation and loneliness are significant issues among older adults with profound impacts on their physical, mental and emotional health. These challenges are often linked to changes in social roles, health, living conditions as well as gender identity, and cultural preferences.

Needs and Barriers Faced by Older Adults who Feel Isolated and Lonely

- Loneliness, isolation, and a feeling of not belonging was reported by LGBTQ+ older adults. Members of this group feel they are shunned by society and are not helped by others who do not approve of their sexuality. They collectively feel they are pushed aside and often forgotten and isolated from the rest of aging population. Many LGBTQ+ adults, especially in the age-group 60 and above, did not have the same benefits that young LGBTQ+ individuals have growing up. There is also a sense of feeling that younger LGBTQ+ individuals were getting more attention and support with sub-optimal supports for older adults.
- Creating a safe and welcoming space is important to reach out and provide appropriate services to older adults in the LGBTQ+ community. During outreach and interactions, it is also important to show that you are a safe person, whether you identify as an ally or as a member of the community. The participation from LGBTQ+ older adults was an improvement from the previous years – this was mostly due to a lot of outreach through the Outreach LGBTQ+ Center and other contacts including a Board member who is active in the LGBTQ+ community. Another factor was that one of the staff was trusted because they identified themselves as LGBTQ+. You can sometimes show that with visuals like badges, stickers, etc. but it is easier just to say out loud that you are LGBTQ+.
- Older adults in the immigrant communities also feel isolated due to language barriers and have no means of transportation to get to places for social gathering, outings or other recreational opportunities.
- Focus group participants from the Wisconsin Board for the Blind and Visually Impaired, revealed that loneliness and vision loss are correlated in self-reports by people in this demographic. Research has also shown that blindness and low-vision are often paired with behavioral health problems, which is a significant concern. They rely heavily on their families for transportation or have to over-come barriers to qualify for transportation services that provide them with more independence. There is also a dearth of adequate and appropriate information about resources, transportation and employment which means this population can be extremely isolated.
- Focal Point case managers report working increasingly with one or more very isolated, lonely client, who has no next of kin, no friends or relatives and no one to support them or be an emergency contact. These clients may have declining cognition, have increasing difficulty taking care of themselves, may be calling the police repeatedly, need someone to go to the doctor or a procedure with them – all of these tasks can fall on a case manager because there is no-one else

to do it. This has been exacerbated by COVID-19 because so many people were displaced, moved into a higher level of care, died or got sick and some of the informal as well as formal help eroded.

Caregiving: As the older adult population grows in Dane county, the demand for caregiving is also increasing. Many caregivers are also aging, which creates added challenges. A significant portion of caregiving is provided by family members, friends, neighbors and that has eroded for many after the pandemic due to death, moving into long-term care settings or moved away. During the pandemic, a vast majority of care workers left the workforce due to fear of illness and low wages/long work hours/hard physical labor. Many people decided it wasn't worth the risk to themselves and their families and they quit care-giving jobs and never returned. This included jobs in all aspects of healthcare, especially difficult front-line work. The result of this trend is that anyone hiring a caregiver is paying a lot more and they are in short supply, especially in rural areas.

Barriers and Needs of Caregivers

- A Dane County community leader and provider of services in the African/Hispanic communities stated that caregiving is usually provided by family members in many under-resourced communities. Older adults from immigrant and limited English speaking communities have a difficult time accepting care from outsiders.
- Members of immigrant and limited -English speaking communities are not comfortable accessing the ADRC or Focal Point case management services. They want information and assistance from a trusted connector to pass on the information/resources to the older adult and their families. Without a trusted connector to guide individuals to familiar and vetted resources, older adults from under-resourced and immigrant communities live without availing existing supports or services.
- Caregivers (most of them age 60+) who lived with their care partners at their own homes revealed the stress and burden of caregiving but also revealed how they coped and found community by sharing experiences with others going through similar journey. This group mentioned that there is a huge disconnect between health and social service sectors and it was hard to navigate these silos. Many of the physicians and/or their staff do not know about the services available in the community and community service providers don't have an established connection with the healthcare system. They felt having a central repository for all caregiver support and services would be ideal to access and better serve people in their caregiving journey.
- Paid caregiver leave policies if implemented across all sectors of employment would help provide respite for majority of the caregivers and ease their burden.
- There is huge shortage in the caregiver workforce and it is extremely hard to find paid caregivers that provide consistent and quality care. Due to workforce shortage, older adults who are in long term care system are left without a caregiver which is detrimental to the older adult's health and well-being.

Mental Health: Mental health is a critical aspect of well-being for older adults, yet it is often under-recognized and under-addressed. Lack of providers, fragmentation of support services and lack of culturally relevant treatment modalities lead to untreated mental health issues for older adults.

Barriers and Needs of Older Adults with Mental Health Concerns

- The word from the Focal Point case managers and other professionals is that the youngest of the older adults are aging into retirement without adequate money, incomes or jobs. And a number of them have mental illnesses and/or substance use disorder with little to no safety net. People with serious mental illnesses are often not stable in their recovery or in their housing and support systems. Many have burnt bridges with their families and have long-standing mental health and substance use problems and they need a lot more intervention such as long-term mental health treatment, substance use treatment and support when they transition from one level of care to another.
- California, Minnesota, and Wisconsin are home to the majority of the Hmong in the United States. Dane County is also home to a large number of Hmong population. Many of the Laotian, Thai, and Hmong immigrants spend time at the Southeast Asian Healing Center (SEAHC) and the Hmong Institute, gathering with friends and relatives with whom they share culture and history. Such spaces for gathering offer a sense of belonging and support for older adults who have experienced trauma and suffering.
- Trauma can be generational and it affects the grown children of the older adult immigrants as well as their grandchildren. There is untreated mental illness among the Cambodian, Laotian and Hmong clients as well as drug use and alcoholism which are common and more socially acceptable ways of dealing with trauma and mental illness in these communities. Also, Hmong elders have a very different understanding about mental health and illness than their American-born counterparts and the American mental health system is not built to be culturally competent. These difficulties are exacerbated by the language barrier meaning that these individuals needing extensive translation services in order to get any kind of service.
- Community organizations that support and cater to diverse communities with roots and origins within such communities are essential to provide appropriate services that are culturally and linguistically appropriate. Members of the focus groups at the Southeast Asian Healing Center especially women, revealed that they spend time talking and sharing their sorrows and joys together throughout the day at the center. They also experience the healing nature of community when they see each other away from their families and can commune as elders. Staff at this center both young and old are also dealing with their own trauma histories while helping their peers and older adults visiting the center. It is a place where they feel they belong.
- Hmong clients who visit the SEAHC who are younger and their parents (in their seventies and eighties) are at increased risk of suicide due to history of trauma, mental illness and substance abuse. Staff do avail grants to educate and create awareness about suicide prevention in this population.

Gathering Places, Accessibility/Knowledge of Resources and Cultural Humility and Language

Access in Services: Dane County is home to a large number of social service programs for older adults but many of them are not culturally and linguistically appropriate and accessibility and knowledge of resources is privy to those who know how to access our systems and services. Our senior services are provided throughout Dane County based on geographic service areas with little to no attention to serving a diverse community based on their preferences. Although, our service providers welcome the opportunity to serve a larger and diverse population, majority of the older adults from different race/ethnic or cultural background prefer to gather in spaces where they have community and feel a sense of comfort and belonging.

Barrier and needs for Inclusive Spaces, Access to Resources and Culturally and Linguistically

Appropriate Services

- Like many of the older adults who were recent immigrants as well as those who had been in the States for years, the Chinese older adults expressed a need to find a place that they could gather inside and enjoy group activities as well as have conversation, when the weather is inclement. In good weather and throughout the summer, they gather at local parks to socialize, cook and share food. The Southeast Asian older adults such as Chinese, Laotian, and Thai wanted to gather at, for example, a senior center or public building where they could cook their own food and play games such as ping pong, mahjong, chess, sports, and also do some traditional dancing, etc., and spend time talking and supporting each other. The Chinese older adults report there is some limited availability for them to play ping pong at Madison Senior Center but they long for more opportunities to choose their own activities in a welcoming space.
- Having staff who speak the language or belong to a particular culture is important to establish connection and community with older adults from diverse communities. The idea of having someone who speaks the language, or has some link to the nationality, culture or ethnicity of the under-resourced population improves the likelihood of success of engaging with the community and providing relevant services. Facilitating conversations in multiple languages that resonate with older adults from diverse communities is essential for successful programming in the future.
- Regulations about kitchens being licensed cause some hindrance to at least some of the BIPOC older adults, who want to partner with and seek funding from Dane County or their local municipalities, because they cannot afford to improve the facilities and get them licensed, in order to be a meal site for Dane County and receive funding for this. All older adult members of the BIPOC groups are eligible and welcome to come to all to the meal sites provided by Dane County but it is common knowledge from the data that is collected that they do not come, because they don't feel comfortable or welcome, and they want to gather together with their own families and friends and eat food that is familiar to them and that they deem to be healthy. Many Hmong older adults go to the Hmong nutrition site where delicious food is made from scratch and served every day to a large group of Southeast Asian folk.
- Many older adults also revealed that they are looking for places where they could grow their own food so they could be healthier and continue their own food traditions, rather than relying on a standard American diet, which is easier to access through food pantries, but not healthy. Helping them with finding a place for these activities, or having them connect with a community garden

or something similar, is a way that older adults can feel in charge of their own destiny and lives, and not just reliant on their busy adult children to be their only source of reliable help and community.

- The Jewish Social Services (JSS) staff have shared with us how the desire of the older adults to share their culture, and pass on recipes and customs from generation to generation initiated an intergenerational program that they have run for two years now and that is extremely popular and healing for the participants. This was a program that involved cooking and story-telling between older adults and children and was life affirming and encouraging for all who participated. This program didn't cost a lot of money, but the impact was great among the older adults, who are often lonely and isolated and children who don't know much about their Russian Jewish Culture but want to learn and be part of it. Funding for such programs is not consistent and sometimes need to be discontinued due to lack of funding.
- Older adults who visit together at places like the Hmong Institute, Southeast Asian Healing Center and the Bayview Community Center, Jewish Social Services, among a few, derive a lot of pleasure just gathering and spending time together talking and providing support to each other. Clients at the Hmong Institute and Southeast Asian Healing Center keep busy doing traditional embroidery work, playing bingo and making crafts. It is essential to preserve these support systems in Dane County.
- Throughout our research we discovered that older adults from under-resourced communities and organizations serving them, had never heard of the Area Agency on Aging, they didn't know much or anything about the funding and services that we provide, and even when they learned about our services, access was not so simple or easy, because of cultural differences, such as hesitancy about being understood due to language differences, lack of independent transportation, etc. The fact is, that ingenious as the framework of services mandated by the Older American's Act are, the system has been made to serve the majority populations of Dane County. As a result, some people are getting plenty of support and benefiting from services that allow them to be fulfilled and independent, and others were getting very little if any services and resources from Dane County at all. Not surprisingly, it was the BIPOC, LGBTQ+ and immigrant populations who were left out of our service systems compared to the mainstream population.
- African American respondents in some of the focus groups reported often being the only person of color in an activity at a senior center or a gathering place and that didn't feel welcoming to them.
- One of the biggest barriers identified by respondents to the questions was the discomfort of Hispanic older adults at connecting with services, even when outreach is made to them. Outreach has to be culturally competent, involving a trusted person who speaks Spanish and who can guide the older adults and help them get to the place for the activities or services.
- The other under-resourced population, which is large and very diverse is the African American and African community in Dane County. Community leaders encouraged AAA staff to attend community events and visit places of worship and gathering to establish relationship and build trust with this community. AAA staff have learnt how much persistent outreach it takes to make connections with some communities and have also been aware how important it is not to overstep bounds during outreach.

From these experiences, inquiries and research in this section coupled with the quantitative data in the previous section, we built goals and strategies that very much reflected our commitment to equity, advocacy and person-centered services. This knowledge and this commitment to investigating just how much certain populations were lacking in resources and disconnected from our service provision guided this iteration of our aging plan and helped create certain goals and strategies that were meaningful and would begin to chip away at some of the disparities between different populations of older adults in Dane County.

Some of these goals and strategies are ambitious in that they are addressing huge systemic inequity, like homelessness and the industrial prison complex. But we recognize that these are all a work in progress, and we are starting somewhere, which is preferable to not starting at all. Our goals in these areas are centered on building relationships and partnerships, joining existing alliances and committees and adding our perspectives to the mix – illuminating issues that have not been seen before, or not in the same way. A lot of this is about integrating systems and populations and seeing older adults as part of many different life experiences – some challenging and some inspiring. Some of our goals focus on improving language access to our services and others are focused on establishing ongoing relationship with communities via an inclusive and diverse advisory council and building partnerships across sectors for aligning services and resources to improve outcomes for older adults.

Partners and resources

Dane County AAA engages with multiple partners and resources (Statewide and Local) to provide comprehensive and equitable services and programs to older adults. This collaborative approach helps to leverage diverse expertise, knowledge and resources to develop programs that are responsive and adaptable to the changing needs of our older population.

AAA is directly involved and share common goals with the following community partners:

Bureau of Aging & Disability Resources	Wisconsin Area Agencies on Aging Association
Greater Wisconsin Agency on Aging Resources	Wisconsin Association of Benefit Specialists
Homeless Services Consortium of Dane County	Wisconsin Association of Nutrition Directors
Milwaukee County AAA	Wisconsin Department of Health Services
Office on Aging, BADR	Wisconsin Family & Caregiver Alliance
Office for the Deaf & Hard of Hearing	Wisconsin Institute for Healthy Aging
Public Health Madison & Dane County	Wisconsin Medicare Task Force
Social Security Administration	Wisconsin Aging Advocacy Network
UW Extension	Wisconsin State Health Insurance Program

AAA currently contracts with the following community-based agencies/organizations for direct provision of services:

AgeBetter, Inc	Northwest Dane Senior Services
Atlantis Valley Foods, LLC	Oregon Area Senior Center
Sugar River Senior Center	RSVP of Dane County
Colonial Club Senior Center	Safe Communities
DeForest Area Community & Senior Center	SSM Health At Home
Fitchburg Senior Center	Stoughton Area Senior Center
Goodman Catering	Southwest Dane Senior Center
HHU Xtra Care, Inc	The Hmong Institute
Innovation Eats, Inc	The Rainbow Project
McFarland Senior Outreach Services	Waunakee Senior Center
Middleton Senior Center	Waunakee Schools
NewBridge Madison, Inc	

Dane County AAA maintains good relationship with three Senior Centers (Madison, Monona & Verona Senior Centers) that does not contract with Dane County AAA to provide programs and services for older adults.

Public hearing and community input

Dane County AAA engaged extensively with the community to gather input on the needs and barriers to older adult's services, programs and supports in Dane County. The AAA Board was continually updated on the plan activities during our Board meetings and they were also engaged in reaching out to the community for input. Our goals and strategies are informed by the input we received during our community engagement efforts. Once our draft goals were in place, it was presented to our Board (Oct 7, 2024) and sent for review to solicit feedback. Our draft aging plan was posted on our website along with the public hearing notice. We also sent the information via our email listservs to the larger community to inform of our public hearing. A total of 29 individuals attending the public hearing held on Nov 22, 2024 (See Appendix. H for the report with more details and comments). Our draft aging plan was presented to the public during our public hearing process and feedback was solicited after the presentation. Public comment period was open from Nov 22, 2024 - Dec 6, 2024. We received positive feedback on our plan and there was a lot of thoughtful comments regarding the aging plan, services and issues facing older adults. All feedback received were reviewed and the comments received did not require us to amend any of our plan goals. Some feedback received regarding improving access to services for justice-involved older adults will be taken into consideration while developing the work plan for that particular goal area. We will continue to engage with "Seniors Against Ageism" and connect them with other advocacy opportunities and services to enhance the lives of LGBTQIA+ older adults in Dane County.

Goals and Strategies

The goals and strategies listed in this section of the Aging Plan are informed by the quantitative and qualitative data gathered during the plan development process as well as meet the focus areas identified by the State Office on Aging and Aging Network values. The focus areas are broken out into OAA Title III Programs and Network Values. The following describes the make-up of the seven focus areas:

OAA Title III Program Focus Areas

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

1. Title III-B Supportive Services
2. Title III-C Senior Nutrition Program
3. Title III-D Disease Prevention and Health Promotion Program
4. Title III-E National Family Caregiver Support Program

Network Value Focus Areas

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

In addition to these focus areas, Dane County AAA identified several other areas of focus that helped inform additional goals and strategies listed in this section.

The following is a list of goals broken out by the State- and Dane County AAA-identified focus areas. Some goals fall under multiple focus areas.

Title IIIB: Supportive Services

The Older Americans Act (OAA) Title IIIB Supportive Services program provides a variety of services to address functional limitations, maintain health and independence and promote access to services. The IIIB Supportive Services program services include but not limited to personal care, homemaker and chore services; transportation services; case management; adult day care; legal assistance; telephone reassurance; information and assistance and outreach. This program enables older adults to access services, promote socialization and help them maintain independence and high levels of functioning.

The goal to provide equitable access to transportation for older adults with limited English proficiency as well as expand outreach to older adults in the under-resourced communities arose from the community engagement sessions as well as the data gathered regarding transportation services for older adults in Dane County. It was clearly evident that our services and supports were not being utilized by all older adults and we intend to address this gap in service delivery.

Choose an OAA Program Focus for this goal: <input checked="" type="checkbox"/> X_ IIIB (Supportive Services) <input type="checkbox"/> IIIC <input type="checkbox"/> IIID <input type="checkbox"/> IIIE	Choose at least one value that informs this goal (can choose more than one): <input type="checkbox"/> Person centeredness <input checked="" type="checkbox"/> X_ Equity <input type="checkbox"/> Advocacy
Goal statement: Provide equitable access to transportation for older adults with limited English proficiency, ensuring they can navigate and use Dane County transportation call center services effectively and expand outreach to communities who are unaware of or not utilizing available transportation services.	
Action Plan or Strategy: Ensure language access in transportation call center services <ul style="list-style-type: none">Dane County transportation call center will work with internal resources to provide translated materials and interpretation services to assist older adults with limited English proficiency (LEP) to improve access and utilization of transportation services (2025-2027). Engage in targeted outreach to under-resourced communities <ul style="list-style-type: none">Dane County transportation call center staff along with AAA/ADRC will conduct outreach campaigns in collaboration with community leaders and local organizations to inform and engage under-resourced communities about transportation options available to them (2026-2027).We will engage with ethnic community centers, faith-based organizations, and other local groups trusted these populations to increase awareness of transportation services and build trust with hard-to-reach older adults (2026-2027).We will explore opportunities to work with internal/external resources as applicable to identify areas that underutilize transportation services, demographic data, and prioritize outreach to these regions (2026-2027).	
Documenting efforts and tools Documenting how much has been done: <ul style="list-style-type: none">Internal planning meetings with AAA, ADRC and Transportation call center staff will be documented.Requests to translate materials as well as the utilization of interpreter services will be tracked.	

- A system to track the number of older adults with limited English proficiency using the transportation services may be implemented. PeerPlace may be able to capture for OAA-funded programs.
- Meetings with community partners will be planned and conducted.
- Planning for outreach campaigns in collaboration with community partners will be documented via meeting notes.
- No. of campaigns and/or outreach events will be tracked along with participants attending these sessions. Client satisfaction increases as measured in grant recipient post evaluations and surveys.

Documenting how well it is done:

- Community partners/organizations serving under-resourced communities feel well informed of the services available to older adults in their community as evidenced via feedback loops.
- Satisfaction of older adults with the availability of language support and interpretation services increases as gathered via feedback sessions.
- Utilization rates from under-resourced communities show an increase during data analysis of services.

Assessing whether anyone is better off:

- Older adults not connected to transportation services are aware of services and are able to utilize these services thus enabling them to have better social and health outcomes.

Title III E: National Family Caregiver Support Program (NFCSP)

The Older Americans Act (OAA) seeks to enable older individuals to maintain their well-being through locally developed community-based systems of services. The OAA Title III NFCSP provides a variety of services address the needs of informal, unpaid family caregivers. The program provides services to: informal caregivers of older adults and older relative caregivers (who are 55 years of age and older), with primary caregiving responsibilities for a child or individuals with a disability. Program services include, but not limited to respite cares, support services, supplemental services, information and assistance, and information services. This program is designed to reduce caregiver burden, enable caregivers to remain in workforce, and prevent or delay the need for a higher level of care of the care recipient.

Moving forward, we will return to the original intent of NFCSP – to provide respite and to help caregivers create a person-centered sustainable plan as available funds do not allow for caregiver grants to provide an ongoing source of financial assistance. Up to this point in time, we have had caregivers who have counted on receiving the caregiver grants funded by NFCSP multiple years, limiting the number of Dane County caregivers who can receive the benefit and supports gained through assessment. American Recovery Plan Act funds increased the reliance on grant funding for multi-year caregivers as it allowed for significantly larger grants from 2022 – 2024. Combining NFCSP grant funds with Alzheimer’s Family Caregiver Support Program (AFCSP) and Independent Living Support Pilot (ILSP) program, funds for a number of caregivers resulted in significant grant monies for a select few grant recipients.

By 2025, the Baby Boom cohort will all be age 60 or over, dramatically increasing the demand for service. In addition, the fastest growing segment of the US population is age 85 and above which increases the number of caregivers who are older adults themselves caring for even more fragile older adults. Providing a bridge to sustainability will allow us to serve a larger number of caregivers in Dane County.

Looking at Dane county’s data on grandparents caring for grandchildren, we know this cohort is on a growing trajectory. Working across silos and other programs like Kinship Care and Rainbow Project will help develop better systems to support this growing set of caregivers.

Choose an OAA Program Focus for this goal: ___ IIIB ___ IIIC ___ IIID _X_ IIIE Caregiver support	Choose at least one value that informs this goal (can choose more than one): _X_ Person centeredness _X_ Equity _X_ Advocacy
Goal statement: Increase the number of new caregivers served by the National Family Caregiver Support Program (NFCSP) by at least 5% each year during the plan period and enhance partnerships to provide better support for grandfamilies and expand resources, support and advocacy for family caregivers.	
Action Plan or Strategy: Prioritize new caregivers receiving caregiver grants <ul style="list-style-type: none">• Caregiver grants will be prioritized for caregivers who have not received this support in the past. Our goal is to increase the number of new caregivers served by 5% (2025-2027)• Outreach to communities that are not aware of caregiver grants to provide information and resources (2025-2027) Encourage developing a personal support plan	

- We will encourage caregivers to create a sustainable plan for support through assessment and follow-up process, enabling them to use grants as bridge to sustainability rather than a source of long-term support. We will provide mid-year check-ins for caregivers to make sure they are receiving needed support and discuss available resources for future sustainability (2025-2027).

Enhance partnerships to support grandfamilies and family caregivers

- We will explore opportunities to partner with Kinship Care program to help direct grants to grandparents in greatest need. Working across silos collaborating with other units (ex. Children, Youth and Families) within Dane County Human Services, will pave way for better coordination and support for grandfamilies (2025-2026).
- We will initiate conversations with RCAW, VA and academic partners (departments of Nursing Education, Kinesiology, Human Ecology, and UW-Extension) for collaborative opportunities to expand resources, support and advocacy for family caregivers (2026 – 2027).
- Participate in National Caregiver Champion Collaborative funded by the ACL and Generation United's national work group that develops action guide for grandfamilies to contribute and learn about innovative and sustainable programs for caregivers and grandfamilies (2025 – 2026).

These steps will provide a person-centered approach to caregiver support by helping tailor resources for sustainability to individual caregivers; will address equity by serving growing number of grandfamilies in greatest need; and will promote advocacy through partnerships.

Documenting efforts and tools

Documenting how much has been done:

- Internal planning meetings will document the move towards prioritizing caregivers on waitlist first.
- New caregivers will receive NFCSP grants for the first time, achieving 5% new recipients each year measured by data collection in PeerPlace/REDCap.
- Outreach to under-resourced communities will be documented and tracked internally
- Client satisfaction increases as measured in grant recipient post evaluations and surveys.
- Meetings with programs supporting grandfamilies will be initiated, maintained and tracked
- Referrals from programs such as Kinship care will increase and are recorded in AAA's tracking for the Caregiver Program.
- Meetings initiated and/or participated by AAA with RCAW/VA and other partners will be documented
- Partnerships and projects in collaboration for the first time reported in PeerPlace if applicable.

Documenting how well it is done:

- Caregivers express feeling better-connected to a wider range of resources, expressed in mid-year check ins and recorded in responses to questions added to the post evaluation for REDCap.
- Expanded partnerships and collaborations result in regular connections and resource-sharing.
- Coordination, collaboration, and support increases among the Caregiver Program, Kinship Care, and Rainbow Project including sharing via newsletters from each organization.
- Under-resourced communities are aware of the resources and referrals are made.

Assessing whether anyone is better off:

- Data analysis will reflect an increase in new grant awards and awards to target populations.
- REDCap Survey report of demographics served and client satisfaction.
- Caregivers participate in expanded offerings beyond Caregiver Grant Awards.
- Caregivers report less caregiver burden and stress when they are connected to more resources and have a plan in place.

Title III C: Senior Nutrition Program and Title III D: Disease Prevention and Health Promotion Program

Title IIIC Senior Nutrition Program: The Older Americans Act (OAA) Title III C Senior Nutrition Program (SNP) plays an important role in the health of older adults that participate in the program. The main purposes of the SNP are to: reduce hunger and food insecurity, promote socialization of older individuals and promote health and well-being of older individuals by helping them access services that encourage proper nutrition, prevent disease and promote health. The program provides meals, nutrition education, nutrition risk-screening and nutrition counseling to older adults.

Title IIID Disease Prevention and Health Promotion Program: The OAA Title III D Disease Prevention and Health Promotion Program provides evidence-based disease prevention and health promotion services. Title III D supports services that assist older adults in preventing illness and managing chronic conditions. Evidence-based health promotion services include programs focused on alcohol and substance abuse reduction, smoking cessation, weight loss and control, stress management, falls prevention, physical activity and improved nutrition.

Fifty percent of *Stepping Up Your Nutrition (SUYN)* attendees AND fifty percent of Senior Nutrition Program participants are found to be at risk for malnutrition. Malnutrition, dehydration, and falls are known to cause frequent emergency room visits and hospital admissions each year. Equipping older adults with information on how to best prevent all three risk factors can lead to better health outcomes. Awareness and information are powerful for prevention. This goal aims to combine two health promotion programs (*Stepping On and Stepping Up Your Nutrition*) so that older adults attending the classes benefit from receiving the information in a coordinated manner and is more efficient in terms of delivering these classes in the community.

Choose an OAA Program Focus for this goal: <input type="checkbox"/> IIIB <input checked="" type="checkbox"/> IIIC Nutrition <input checked="" type="checkbox"/> IIID Disease prevention and health promotion <input type="checkbox"/> IIIE	Choose at least one value that informs this goal (can choose more than one): <input checked="" type="checkbox"/> Person centeredness <input type="checkbox"/> Equity <input type="checkbox"/> Advocacy
Goal statement: Offer the evidence-based health promotion program, <i>Stepping On</i> , along with an evidence-informed nutrition education class, <i>Stepping Up Your Nutrition (SUYN)</i> , at least 75% of the time to reduce falls, dehydration, and malnutrition risks.	
Action Plan or Strategy: <ul style="list-style-type: none">• <i>Stepping On</i> consists of a 2-hour session per week, for 7 weeks. Add <i>SUYN</i>'s 2-hour session onto the tail-end of the 7-week series lengthening it to 8-weeks total. Plan at least 75% of Dane County <i>Stepping On</i> classes to include <i>SUYN</i> as the 8th week session. (2026 -2027).• Expand the reach of offering <i>SUYN +Stepping On</i> combination workshop by training <i>Stepping On</i> facilitators on the <i>SUYN</i> material - Train the trainer model (2027).	
Documenting efforts and tools: Documenting how much has been done: <ul style="list-style-type: none">• We will track in PeerPlace and have counts of participants attending the combination class.• Run WellSky/Peer Place report showing total amount of individuals impacted, comparing to participation in program years prior to the combined class offering. Documenting how well it has been done:	

- Combination classes are up and running and participation is higher compared to separate classes gathered via PeerPlace data.
- Trainers show interest in teaching the combination classes and a train the trainer model is implemented.

Assessing whether anyone is better off:

- We may anticipate doing a pre/post survey. Send a 3-month post workshop survey focusing on the changes or improvements they've made since attending the workshop: Eating more protein, drinking more fluid, eating more fruits and vegetables, eating at least 3 meals a day, talking with health professional about their nutrition, hydration, or fall concerns, etc.
- Better coordination and less time spent by the consumer end point = more education in less time. It's more efficient for all and a much better way to get all the needed falls and malnutrition prevention information in one place.

Title IIID: Disease Prevention and Health Promotion Program

The OAA Title III D Disease Prevention and Health Promotion Program provides evidence-based disease prevention and health promotion services. Title III D supports services that assist older adults in preventing illness and managing chronic conditions. Evidence-based health promotion services include programs focused on alcohol and substance abuse reduction, smoking cessation, weight loss and control, stress management, falls prevention, physical activity and improved nutrition.

Falls is the leading cause of death among older adults in Dane County and is a significant public health burden locally and nationally. The leading cause of injury-related hospitalization for older adults in Dane county is related to falls. Although, there is great evidence that Stepping On, an evidence-based falls prevention program has been widely studied and offered to the majority population, it's culturally and linguistically tailored version - *Pisando Fuerte (Stepping On - Spanish)* has not been offered to Hispanic older adults in Dane county. *Pisando Fuerte* is a multifaceted community-based program that is provided in a small-group learning environment to improve falls prevention self-efficacy, encourage adoption of preventive behaviors, and provide strength and balance exercises for older adults whose primary language is Spanish. We feel offering this program to the Hispanic community will improve health outcomes and awareness related to falls in older adults and is our commitment to provide culturally and linguistically appropriate services to older adults in our community.

Choose an OAA Program Focus for this goal: <input type="checkbox"/> IIIB <input type="checkbox"/> IIIC <input checked="" type="checkbox"/> IIID Disease prevention and health promotion <input type="checkbox"/> IIIE	Choose at least one value that informs this goal (can choose more than one): <input type="checkbox"/> Person centeredness <input checked="" type="checkbox"/> Equity <input type="checkbox"/> Advocacy
Goal statement: Offer the culturally and linguistically appropriate falls prevention workshop (<i>Pisando Fuerte</i>) to improve health outcomes and awareness, related to falls, in Hispanic older adults in Dane County by December 2027.	
Action Plan or Strategy: <ul style="list-style-type: none">• We will partner with Safer Communities to train 2 <i>Pisando Fuerte</i> instructors via WIHA (2026-2027).• The trained instructors will offer at least 3 classes by Dec 2027.	
Documenting efforts and tools Documenting how much has been done: <ul style="list-style-type: none">• Track the number of classes offered and the number of Hispanic older adults that have successfully completed (4 out of 6 sessions) the workshop in PeerPlace. Documenting how well it has been done: <ul style="list-style-type: none">• We were able to mitigate past issues that prevented holding the workshops with the Hispanic community. Being able to offer the workshop to Hispanic older adults AND also getting them to attend is a success! Better outreach and communication will help connect the participants with enrolling the minimum 10 people required to hold the workshop. Assessing whether is anyone is better off: <ul style="list-style-type: none">• Qualitative feedback via focus group or pre/post survey of the participants will reveal their health outcomes/awareness of the falls prevention strategies have improved. Older adults in the Hispanic community feel they were able to engage in a class that is meaningful and appropriate to improve their health and wellbeing.	

The following goals are Dane County AAA-identified goals based on quantitative and qualitative data gathered during the current aging plan development, gaps in our processes, programs and service delivery and proactive planning to address the changing needs of older adults in the future.

Advisory Council

A Standing Advisory Council (SAC) for an Area Agency on Aging (AAA) serves as a critical resource for guiding the agency's policies, program development, and community outreach efforts. Forming an inclusive and diverse council is vital to ensuring that Dane County AAA's services and initiatives reflect the diverse needs of the aging population and that all segments of our community are represented. This approach not only enhances the quality of decision-making and service delivery but also fosters community engagement and strengthens our agency's ability to advocate effectively for older adults. Dane County AAA does not have a standing advisory council and had utilized ad hoc councils in the past during the aging plan process. Ad hoc councils are not a sustainable method to engage with communities and build trust and relationship.

An inclusive and diverse advisory council is one that intentionally brings together individuals with varied perspectives, backgrounds, experiences, and expertise. This includes diversity in terms of race, ethnicity, gender, sexual orientation, socioeconomic status, disability status, and geographic location within the community.

This goal is our commitment to engage diverse member of our older adult community and bring their voices to the decision-making table and ensure there is ongoing community engagement with all older adults. This approach fosters a deep connection between AAA and the community, making the council a key partner in delivering effective aging services. This goal is informed by the two aging network values - equity and advocacy.

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

Action Plan or Strategy:

Foster Inclusive Representation and Shared Ownership

- Create a diverse Advisory Council that reflects the demographics, needs, and experiences of the older adult community, ensuring they have meaningful input and shared ownership of the aging plan (2025-2026).
- We will recruit members who represent the full spectrum of older adults served by Dane County AAA, including different abilities, racial, ethnic, socioeconomic, geographic, and linguistic backgrounds, as well as caregivers and professionals in aging services/professionals across sectors/academia/expertise (2025-2026).
- We will develop clear roles, responsibilities, and expectations and clarify the council's purpose, authority, and expectations to ensure they are actively engaged in shaping and/or implementing the aging plan/services, not just serving in an advisory capacity (2026-2027).

Empower the Council as Community Liaisons

- The council will act as a conduit between Dane County AAA and the community, facilitating communication, feedback, and engagement to ensure programs and services are responsive to local needs (2026-2027).

- We will work on equipping council members to take on active, meaningful roles by providing training and resources on the aging plan process, leadership, and community engagement (2026-2027).

Enhance Community Engagement and Responsiveness

- We will create formal mechanisms for collaboration and feedback by establishing processes for ongoing collaboration between the council, AAA, and the community, ensuring the council can effectively gather input and provide feedback on the aging plan/services (2027).

Documenting efforts and tools:

Documenting how much has been done:

- AAA team with AAA Board's guidance will meet internally to plan for recruitment strategies and formalize the application process.
- Intentional recruitment efforts will be underway, applications will be reviewed and appointments to the advisory council will be made.
- A new standing advisory council will be formed. Tracking the demographic diversity of the council (age, gender, race/ethnicity, socioeconomic status, geography, ability and or other intersectionality) will inform our inclusivity.
- Roles, responsibilities and expectations for the advisory council will be created.
- Ongoing meeting schedule will be established.
- Trainings will be in place to orient them to the Aging plan process, community engagement etc.
- Research on effective ways to build feedback and collaborative efforts will be done with recommendations to start implementing.

Documenting how well it is done:

- There will be diverse representation in the standing advisory council.
- Council will be more engaged in the Aging Plan development and community feedback as measured by council participation in the development and ongoing review of the aging plan through meeting attendance, contributions, and feedback integration. as well as their attendance in town halls, listening sessions, volume of feedback collected and reported back to AAA.
- Shared ownership may be evaluated by how actively the council is involved in decision-making and aging plan implementation, ensuring they have a genuine voice in guiding AAA's strategies.
- Tracking the number of community outreach events held by council members, as well as any increases in service utilization or awareness as a result of these efforts will inform the quality of engagement via their liaison role.

Assessing whether anyone is better off:

- Council members feel empowered to be engaged in the aging plan process and shaping aging services in Dane county as evidenced by the participation in the process and leading some of the efforts.
- Needs of older adults not served by AAA in the past are brought to attention on a regular basis and communities feel they are connected to resources and services offered by AAA and partners gathered via listening sessions or focus groups.

Housing and Homelessness in Older Adults

Dane county has been experiencing a housing shortage and affordable and accessible housing for older adult is scarce. Older adults experiencing homelessness is on the rise in Dane county according to the data provided by our housing access and affordability unit. Our community engagement sessions with housing/homelessness stakeholders and people experiencing homelessness have highlighted gaps in services that exist within these systems for older adults.

AAA staff have noted that there is little mention of the intersection of housing insecurity/homelessness and aging by organizations tasked with addressing these issues in Madison and Dane County. Older adults experiencing homelessness and housing insecurity face additional barriers due to exacerbated acute /chronic health and social needs that might not be addressed nor elevated within the systems providing services to these individuals. By establishing collaborations with the housing/homelessness systems and service providers, AAA can elevate the needs and barriers faced by older adults and be a part of the solution to prevent homelessness and/or enhance support services unique to older adults navigating this system.

This goal is informed by three aging network values – person centeredness, equity and advocacy.

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

Action Plan or Strategy:

Be a thought partner in implementing System-Level Solutions to Prevent and Address Homelessness in older adults

- Dane Area Agency on Aging will become a member of the Homelessness Service Consortium (HSC) and staff from AAA will regularly attend meetings in order to raise the need for planning and development of appropriate services for older adults who are homeless and to work in collaboration with HSC and other interested parties in Madison and Dane County to build partnerships for systems change (2025-2027).

Improve access to services and experiences for older adults navigating the homelessness service systems and supports

- Establish or participate in ongoing meetings between Dane Area Agency on Aging, ADRC, homeless service providers, homeless service funders, continuum of care staff, focal point staff and other county and city departments as needed to identify the biggest barriers to older adults receiving adequate services while homeless and to identify sustainable solutions (2025-2027).
- Be involved in a coordinated care network that allows for information sharing, streamlined referrals, and integrated case management for older adults experiencing or at risk of homelessness (2025-2027).
- Research and investigate the most impactful barriers to older adults' health, safety and well-being while in the homeless system and advocate for implementing age-friendly services and supports to improve experiences for older adults while they are involved in homelessness system (2025-2027).
- Work proactively to advocate the needs of older adults are prioritized during program/service planning within the shelter / homeless / housing system (2025-2027).

Documenting efforts and tools:

Documenting how much has been done:

- No. of meetings attended by AAA staff with HSC.

- Convening or participation in the meetings that brings HSC and aging partners/service providers together.
- Participation in joint advocacy and system-level efforts.

Documenting how well it has been done:

- Age-friendly supports are being considered/put in place within the shelter settings or other service systems to accommodate the unique needs of older adults.
- There is renewed hope and eagerness within partners/collaborators to work collectively to address the needs of older adults across multiple sectors/systems gathered via systems mapping/feedback loops.
- Dane AAA is considered a collaborator and thought partner in addressing homelessness in older adults and finding sustainable and equitable solutions gathered via feedback loops.
- Homeless service providers and housing partners are better informed of the needs of older adults entering their services and systems as evidenced via feedback loops.

Assessing whether anyone is better off:

- Older adults feel better supported within these systems gathered via focus group discussion with older adults navigating the system upon implementation of any age-friendly supports.

Justice-involved Population

Reintegrating justice-involved older adults into society presents unique challenges. Older adults returning from incarceration face a combination of age-related issues, such as physical and mental health needs, social isolation, and limited financial resources, in addition to the barriers and stigma associated with having a criminal record. Dane county AAA staff learned during our community engagement session with jail staff that they were not aware of resources and/or services for older adults provided by AAA and aging network partners. Our aging plan goal focuses on improving access to services for justice-involved older adults that will support reintegration of this population into the community. This goal is informed by the two aging network values: person centeredness and equity.

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

Action Plan or Strategy:

Establish collaborative relationships with jail staff

- Develop working relationships with Dane County jail personnel (e.g. social workers, custody staff, medical staff, parole officers) to facilitate communication and coordination regarding the needs of older adults preparing for release (2026-2027).
- AAA staff initiate meetings with jail staff to brainstorm ideas on effective meeting agenda items/potential partners to involve in conversations (2026-2027).
- AAA staff along with other aging network partners may schedule regular meetings with jail personnel to discuss the needs of older adults and explore opportunities for collaboration (2026-2027).

Enhance access to supportive services via knowledge/resource sharing

- Share knowledge/resources in an ongoing and timely manner so that older adults leaving jail have access to the information and essential services available via the AAA, ADRC and other aging network providers (2026-2027).
- Engage with local nonprofits, senior focal points, ADRC, advocacy groups that can provide support and resources for older adults leaving jail (2026-2027).
- Collaborate and distribute resource guides for jail staff, service providers and community supervision agents that include information on available services, referral processes, and best practices for supporting older adults reentering the community (2026-2027).

Documenting efforts and tools:

Documenting how much has been done:

- No. of meetings attended by AAA staff with jail staff/aging network partners/service providers.
- Work with jail staff to look at recidivism rates in older adults leaving jail.
- Periodically review the effectiveness of the collaboration efforts and support services by seeking feedback from jail staff, aging network partners and other service providers via qualitative methods.
- Use data and feedback to address any identified gaps and challenges.

Documenting how well it has been done:

- Jail staff feel they have the information and resources regarding aging services that can be shared with older adults leaving the jail that would help them reintegrate in the community via feedback loops.
- Aging service providers feel they have a good grasp of the needs of older adults leaving the justice system and how best to help them reintegrate with the community via feedback loops.

Assessing whether anyone is better off:

- Recidivism rates may be reduced in the longer run.

Program Advancement

Community Engagement and Public Input

Community engagement is a cornerstone for developing and sustaining effective social programs, as it ensures that initiatives address real needs, foster trust and build local capacity. Public input ensures that Dane County AAA's aging services, programs and our plan are not only data-driven but also community-centered, thus improving both the quality and reach of our services. We are committed to establishing ongoing community engagement strategies as well as strengthen and streamline our feedback mechanisms. Our commitment is reflected in our goals and strategies to create an inclusive and diverse advisory council to foster trust and build relationships with historically marginalized and intentionally excluded communities; gather data on needs and barriers in an ongoing manner so our programs are tailored to the most pressing issues; break down barriers and create better outcomes via continuous quality improvement.

Title III and Title VI Coordination

Dane County AAA has not established relationship with Tribal Nation in the past. Dane AAA recognizes the need to establish trust and working relationship with HoChunk Tribal Nation and Great Lakes Inter-Tribal Connection (GLITC) to serve older adults who identify as indigenous and/or Native American in a coordinated and efficient way. To learn more about the Title VI program managed by the HoChunk Nation, we reached out to GLITC to help us connect with HoChunk Nation Title VI Director/coordinators. During the 2025-2027 plan period, we will plan on further engaging with GLITC and HoChunk Nation leaders to learn about the unique needs of our tribal elders, their practices/programs and explore opportunities to collaborate in a meaningful way. We will also seek guidance of other organizations/agencies such as UW-Madison/Extension that work closely with tribal members to learn best ways to engage and build trusting relationship. We will plan for several meet and greet at the HoChunk Nation to gauge interest and readiness to partner and begin planning for a collaboration.

Aging Unit Integration and Collaboration with the Local Aging and Disability Resource Center

In Dane County, the Area Agency on Aging and the Aging and Disability Resource Center (ADRC) are not an integrated agency but are placed within the Division of Disability and Aging Services in the Department of Human Services. Although, the two agencies are not an integrated unit, we are co-located in the same building offering opportunities for communication and collaboration. ADRC Information and Assistance staff conducts intake for the AAA Elder Benefit Specialist program and also refer older adults to the AAA Senior Nutrition and Caregiver programs. AAA and ADRC work together as a one-stop shop bringing calls into the ADRC call center and triaging to the appropriate programs within AAA and AAA's contracted providers. AAA contracted agencies provide outreach opportunities at sites and through Dane County Focal Point newsletters for ADRC services and programs. During the pandemic AAA and ADRC worked together with partners (new and existing) to continue to provide essential services to older adults and are continuing to meet with some resources on an ongoing basis to share information and keep the

collaboration going. AAA and ADRC manager connect on a regular basis to discuss potential opportunities to collaborate and advocate jointly to improve services, identify solutions and improve the lives of our older adults. The caregiver specialist (AAA) who manages the National Family Caregiver Support Program collaborates as applicable with the Dementia Care specialists (ADRC) that manage the Alzheimer's Family Caregiver Support Program (AFCSP) to support caregivers in a coordinated way. The Elder Benefit Specialists (AAA) and Disability Benefit Specialists (ADRC) also meet regularly to discuss and problem solve issues that impact both programs. AAA EBS staff provide Medicare refresher training for ADRC staff and provide consultation concerning consumer issues. AAA staff are invited to attend ADRC all-staff meetings when there are joint learning opportunities and invited speakers. ADRC supervisor co-leads the Dane County Falls Free prevention coalition with Safe Communities that is contracted by AAA to provide evidence-based fall prevention program to older adults in Dane County.

Emergency Preparedness

The COVID-19 pandemic dramatically changed the way Dane County AAA and our aging network partners provided services to older adults in Dane County. The pandemic highlighted both the vulnerabilities and resilience of older adults, responsiveness of our Aging network partners and the power of collaboration to address this crisis. Aging network partners quickly pivoted and responded tirelessly with guidance from Public Health to meet the needs of older adults during the pandemic. Collaborative planning and information-sharing between agencies became crucial for a timely and coordinated response. It also revealed the fragmentation and inadequate preparedness planning across many systems/sectors that supported older adults and other vulnerable population. Significant challenges included combatting social isolation and the continuation of services without the older adult volunteers we relied so heavily on for meals, transportation, and program operations. AAA staff worked closely with the Dane County Aging Network to leverage additional resources, establish new partnerships, and create innovative programs to rapidly respond to challenges that arose with COVID-19. We distributed via our home-delivered meal drivers social isolation backpacks that had activity for older adults. Along with ADRC, new partnerships were formed with Public Health, home health agency and pharmacists to deliver COVID-19 vaccines to home bound older adults. Efforts to sustain this partnership beyond the pandemic required funding, collaboration and resources. Although, this program could not be continued beyond the pandemic, the partnerships formed has highlighted there are opportunities to come together and plan proactively for future crises. It also resulted in two community pharmacies continuing to provide in-home vaccinations to residents of Dane County. The ADRC manager is part of Dane County Emergency management's planning team that develops weather-related responses for county residents and shares the information and planning efforts to AAA and partners.

We are aware of the Older Americans Act's proposed regulations that AAA must develop comprehensive emergency preparedness plans and response policies utilizing an all-hazards approach and lessons learned during the Public Health Emergency. We agree that having such policies and procedures at all levels of the aging network will ensure minimal disruptions to our services. Currently, AAA does collect a very basic emergency preparedness plan from our service providers that provide essential services. Nutrition program has a list of vendors who can provide bulk shelf-stable meals in case of emergencies that could be distributed to older adults in need and on our meal programs. Lessons learned during the pandemic has highlighted the need to develop a robust, well-documented emergency preparedness plan including continuity of operations plan (COOP) for aging services. Periodic updates need to be made so the information is current and relevant. It is important for Dane AAA to have its own emergency preparedness plan/COOP

and after-action reports with the help of other departments (Public Health, Emergency Management, ADRC etc.). During this plan period, we will be exploring opportunities to strengthen our connection with Public health, Emergency Management and other partners to work on our own plan. We will explore opportunities to leverage resources and data from other sectors/systems to help identify most vulnerable older adults in Dane County before a crisis identifies them for us. Proactive planning and sustained collaboration will go a long way in addressing future emergencies with compassion, effectiveness and flexibility. If needed, we may amend our plan goals to incorporate emergency preparedness as a priority based on the new OAA regulation.

Organizational Structure and Leadership of the Aging Unit

Primary contact to respond to questions about the aging plan

Name: Sridevi Mohan

Title: AAA Manager

County: Dane

Organizational Name: Area Agency on Aging Dane County (AAA)

Address: 2865 N Sherman Avenue

City: Madison State: WI Zip Code: 53562

Email Address: Mohan.Sridevi2@danecounty.gov Phone: 608-261-9789

AAA Leadership

Aging Unit Director



Sridevi Mohan joined the AAA as the Manager in March 2022. In this role, she provides leadership and direction for the Dane County AAA and is responsible for the planning, development and implementation of programs and services for older adults in Dane County. She has a Master's in Public Health and in Biological Sciences from Wayne State University, MI. Her 15+ year career can be split between academia, public health and human services. She has a broad background in research, epidemiology, evaluation, aging, community engagement, health & racial equity, and strategic planning.

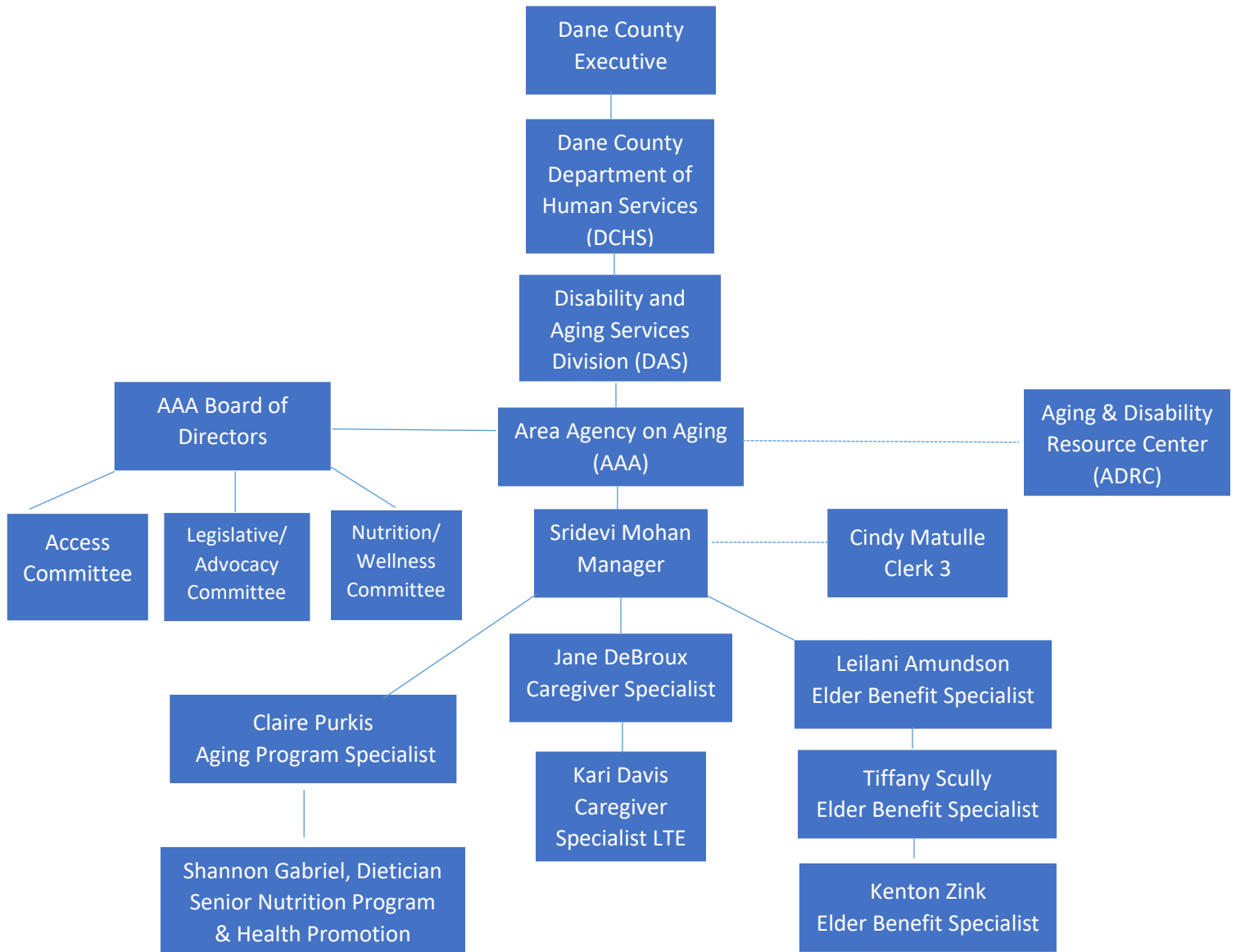
Policy-making body (Board on Aging) Chairperson



Diane Farsetta is the outreach specialist for the School of Nursing's Center for Aging Research and Education (CARE). In this role, she facilitates communication and collaboration among researchers, clinicians, students, organizations, and community members with an interest in older adult health and well-being. She leads CARE's efforts to develop an app for family caregivers of older adults and to engage students with dementia-friendly communities. Diane holds a PhD in biology and has research, teaching, and communications experience. Diane is the AAA Board Chair.

Organizational Chart of the Aging Unit

Dane County Area Agency on Aging (AAA) Organizational Chart



Aging Unit Coordination with the Aging and Disability Resource Center

Dane County opened an Aging and Disability Resource Center (ADRC) in November 2012 to become a single entry point where older adults and people with disabilities and their families can obtain unbiased information and advice about a wide range of resources available in their local communities. Dane County's ADRC provides options counseling and enrollment for long-term care services, both public and private. Dane County's transition to Family Care started in February 2018 and reached full entitlement in February 2021. We are extremely fortunate to have both an ADRC and 12 Senior Focal Points—enabling continuity of care from short-term information & assistance to long-term case management.

In Dane County, the Area Agency on Aging (AAA) and the Aging and Disability Resource Center (ADRC) are not an integrated agency. They are stand-alone agencies under the Division of Disability and Aging Services in the Department of Human Services. We are co-located in the same office and Dane County ADRC serves a single county.

Statutory Requirements for the Structure of the AAA/Aging Unit

Organizational structure: Choose the option that represents the organizational structure of the AAA/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 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.	<input checked="" type="checkbox"/>
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

Dane County Area Agency on Aging (AAA) Board of Directors (appointed by the Dane County Board of Supervisors): Mandated by the State of Wisconsin in December 1972, the Area Agency on Aging (AAA) of Dane County Board of Directors serves in an advisory capacity to the Dane County Executive and Dane County Health and Human Needs Committee. The AAA Board is designated as the planning, policy, and advocacy body of AAA. It also provides technical assistance to county departments and agencies, other governmental agencies, business and community groups, and the general public related to issues of aging and the needs of senior adults. The purpose of the AAA Board is to enhance the well-being of older adult residents of Dane County and to promote the independence and involvement of older persons in their community. The Board also advocates for older people in order to enable them to maintain their full potential and enhance their quality of life.

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: AAA BOARD

Chairperson of the policy-making body: DIANE FARSETTA Di Riva

Advisory committee

For the 2025-2027 Aging Plan, Dane County AAA did not form an ad-hoc advisory council. Our AAA Board served in that capacity to provide input on the plan goals and the Aging plan. This is a pivot from the previous plan cycles as we recognized the need to create a standing advisory council that is inclusive and diverse with varied perspectives, backgrounds, experiences, and expertise to inform our service provision and future programming in an ongoing manner. Upon review of prior plan's ad-hoc council's representation, it was evident we needed to step back and refocus our engagement with our broader community going forward. Ad-hoc councils are also not a sustainable method to engage with the community, build trust and forge authentic relationship. We took a pause and decided to embed in our plan, an intentional effort to create a standing advisory council that is inclusive and diverse so we can co-create services and programs that serves the needs of our older adults in an equitable manner.

List the official name of the advisory committee and chairperson in this section of the aging plan.

Official name of the advisory committee: AAA BOARD

Chairperson of the advisory committee: DIANE FARSETTA Di Riva

Budget

Older Americans Act Award Allocations												
Select Name of AAA Below	III-B - Supportive Services	III-C1 - Congregate Dining	III-C2 - Home-Delivered Meals	III-D - Preventive Health	III-E - National Family Caregiver Support	Senior Community Services	Alzheimer's Family Caregiver Support	State Elder Abuse	Nutrition Services Incentive Program	ARPA III-B - Supportive Services	ARPA III-D - Preventive Health	ARPA III-E - National Family Caregiver Support
Dane	\$368,621	\$706,325	\$405,378	\$22,225	\$188,580	\$13,702	\$199,558	\$114,904	\$113,393	\$1,619	\$0	\$0

Transfer Calculation		Note: If transfer information is entered here, it will reflect in the allocated program budget on each program tab.										
AAA:	Dane											
Title	Full Allotment	B/C Transfers*	C1/C2 Transfers**	Total Net Transfers	Adjusted Allotment							
III-B	\$ 368,621		\$ (36,862)	\$ (36,862)	\$ 331,759							
III-C1	\$ 706,325		\$ 15,299	\$ 15,299	\$ 721,624							
III-C2	\$ 405,378		\$ 21,563	\$ 21,563	\$ 426,941							
Total	\$ 1,480,324	\$ -	\$ -	\$ -	\$ 1,480,324							
	Allotment	Transferred B/C	%	Transferred C-1/C-2	%							
III-B	\$ 368,621	\$ -	0.00%									
III-C	\$ 1,111,703	\$ -	0.00%									
III-C-1	\$ 706,325			\$ 15,299	-2.17%							
III-C-2	\$ 405,378			\$ 21,563	-5.32%							

Title III-B Services	Award Amount								
Dane	\$331,759.00	*If transfers are made in the Transfer Calculation Worksheet, they will adjust Award Amount here*							
Remaining Award Uncategorized	\$36,455.00								
ARPA Title III-B Services									
Dane	\$1,619.00								
Remaining Award Uncategorized	\$0.00								
Service / Expenditure Category	III-B	ARPA-B	Cash Match	In-Kind Match	Other Fed. (list below)	Other State (list below)	Other Local (list below)	Program Income	Total
Adult Day Care									\$0.00
Assisted Transportation									\$0.00
Assistive Devices / Technology									\$0.00
Carryout Meals									\$0.00
Case Management									\$0.00
CG NFCSP Case Management									\$0.00
CG NFCSP Counseling									\$0.00
CG NFCSP Information and Assistance									\$0.00
CG NFCSP Public Information									\$0.00
CG NFCSP Respite, Facility-Based Adult Day Care									\$0.00
CG NFCSP Respite, Facility-Based Child Day Care									\$0.00
CG NFCSP Respite, Facility-Based Overnight Care									\$0.00
CG NFCSP Respite, In-Home General									\$0.00
CG NFCSP Supplemental Services, Assisted Transportation									\$0.00
CG NFCSP Supplemental Services, Assistive Devices/Technology									\$0.00
CG NFCSP Supplemental Services, Chore									\$0.00
CG NFCSP Supplemental Services, Consumable Supplies									\$0.00
CG NFCSP Supplemental Services, Health Promotion - Non-Ev									\$0.00
CG NFCSP Supplemental Services, Home Repair / Modifications									\$0.00
CG NFCSP Supplemental Services, Home Security and Safety									\$0.00
CG NFCSP Supplemental Services, Homemaker									\$0.00
CG NFCSP Supplemental Services, Legal/Financial Services									\$0.00
CG NFCSP Supplemental Services, Meals									\$0.00
CG NFCSP Supplemental Services, Medication Management									\$0.00
CG NFCSP Supplemental Services, Nutrition Counseling									\$0.00
CG NFCSP Supplemental Services, Nutrition Education									\$0.00
CG NFCSP Supplemental Services, Personal Care									\$0.00
CG NFCSP Supplemental Services, Professional Visit									\$0.00
CG NFCSP Supplemental Services, Transportation									\$0.00
CG NFCSP Support Groups									\$0.00
CG NFCSP Training									\$0.00
Chore		\$1,619.00							\$1,619.00
Congregate Meals									\$0.00
Consumable Supplies									\$0.00
Counseling									\$0.00
Forms / Correspondence									\$0.00
Health Promotion (Evidence-Based)									\$0.00
Health Promotion (Non-Evidence-Based)	\$59,994.00								\$59,994.00
Home Delivered Meals									\$0.00
Home Repair and Modifications									\$0.00
Home Security and Safety									\$0.00
Homemaker									\$0.00
Information and Assistance									\$0.00
Interpreting/Translating									\$0.00
Legal Assistance	\$115,756.00								\$115,756.00
Medication Management									\$0.00
Nutrition Counseling									\$0.00
Nutrition Education									\$0.00
Outreach									\$0.00
Personal Care									\$0.00
Public Information									\$0.00
Recreation / Socialization									\$0.00
Social Events									\$0.00
Support Groups									\$0.00
Temporary Respite									\$0.00
Training									\$0.00
Transportation	\$94,554.00		\$37,042.00					\$24,126.00	\$155,722.00
Visiting									\$0.00
Volunteer Guardianship	\$25,000.00								\$25,000.00
Total:	\$295,304.00	\$1,619.00	\$37,042.00	\$0.00	\$0.00	\$0.00	\$0.00	\$24,126.00	\$358,091.00

Title III-C1 Services	Award Amount								
Dane	\$721,624.00	*If transfers are made in the Transfer Calculation Worksheet, they will adjust Award Amount here*							
Remaining Award Uncategorized	\$0.00								
Nutrition Service Incentive Program									
Dane	\$113,393.00								
Remaining Award Uncategorized	\$0.00	*This calculation includes NSIP funds reported on C2 tab*							
Service / Expenditure Category	III-C1	NSIP	Cash Match	In-Kind Match	Other Fed. (list below)	Other State (list below)	Other Local (list below)	Program Income	Total
Adult Day Care									\$0.00
Assisted Transportation									\$0.00
Assistive Devices / Technology									\$0.00
Carryout Meals									\$0.00
Case Management									\$0.00
CG NFCSP Case Management									\$0.00
CG NFCSP Counseling									\$0.00
CG NFCSP Information and Assistance									\$0.00
CG NFCSP Public Information									\$0.00
CG NFCSP Respite, Facility-Based Adult Day Care									\$0.00
CG NFCSP Respite, Facility-Based Child Day Care									\$0.00
CG NFCSP Respite, Facility-Based Overnight Care									\$0.00
CG NFCSP Respite, In-Home General									\$0.00
CG NFCSP Supplemental Services, Assisted Transportation									\$0.00
CG NFCSP Supplemental Services, Assistive Devices/Technology									\$0.00
CG NFCSP Supplemental Services, Chore									\$0.00
CG NFCSP Supplemental Services, Consumable Supplies									\$0.00
CG NFCSP Supplemental Services, Health Promotion - Non-Ev									\$0.00
CG NFCSP Supplemental Services, Home Repair / Modifications									\$0.00
CG NFCSP Supplemental Services, Home Security and Safety									\$0.00
CG NFCSP Supplemental Services, Homemaker									\$0.00
CG NFCSP Supplemental Services, Legal/Financial Services									\$0.00
CG NFCSP Supplemental Services, Meals									\$0.00
CG NFCSP Supplemental Services, Medication Management									\$0.00
CG NFCSP Supplemental Services, Nutrition Counseling									\$0.00
CG NFCSP Supplemental Services, Nutrition Education									\$0.00
CG NFCSP Supplemental Services, Personal Care									\$0.00
CG NFCSP Supplemental Services, Professional Visit									\$0.00
CG NFCSP Supplemental Services, Transportation									\$0.00
CG NFCSP Support Groups									\$0.00
CG NFCSP Training									\$0.00
Chore									\$0.00
Congregate Meals	\$698,197.00	\$25,220.00	\$80,180.00						\$803,597.00
Consumable Supplies									\$0.00
Counseling									\$0.00
Forms / Correspondence									\$0.00
Health Promotion (Evidence-Based)									\$0.00
Health Promotion (Non-Evidence-Based)									\$0.00
Home Delivered Meals									\$0.00
Home Repair and Modifications									\$0.00
Home Security and Safety									\$0.00
Homemaker									\$0.00
Information and Assistance									\$0.00
Interpreting/Translating									\$0.00
Legal Assistance									\$0.00
Medication Management									\$0.00
Nutrition Counseling	\$7,028.00							\$29,028.00	\$36,056.00
Nutrition Education	\$16,399.00								\$16,399.00
Outreach									\$0.00
Personal Care									\$0.00
Public Information									\$0.00
Recreation / Socialization									\$0.00
Social Events									\$0.00
Support Groups									\$0.00
Temporary Respite									\$0.00
Training									\$0.00
Transportation									\$0.00
Visiting									\$0.00
Volunteer Guardianship									\$0.00
Total:	\$721,624.00	\$25,220.00	\$80,180.00	\$0.00	\$0.00	\$0.00	\$0.00	\$29,028.00	\$856,052.00

Title III-C2 Services									
Dane	\$426,941.00	*If transfers are made in the Transfer Calculation Worksheet, they will adjust Award Amount here*							
Remaining Award Uncategorized	\$0.00								
Nutrition Service Incentive Program									
Dane	\$113,393.00								
Remaining Award Uncategorized	\$0.00	*This calculation includes NSIP funds reported on C2 tab*							
Service / Expenditure Category	III-C2	NSIP	Cash Match	In-Kind Match	Other Fed. (list below)	Other State (list below)	Other Local (list below)	Program Income	Total
Adult Day Care									\$0.00
Assisted Transportation									\$0.00
Assistive Devices / Technology									\$0.00
Carryout Meals									\$0.00
Case Management									\$0.00
CG NFCSP Case Management									\$0.00
CG NFCSP Counseling									\$0.00
CG NFCSP Information and Assistance									\$0.00
CG NFCSP Public Information									\$0.00
CG NFCSP Respite, Facility-Based Adult Day Care									\$0.00
CG NFCSP Respite, Facility-Based Child Day Care									\$0.00
CG NFCSP Respite, Facility-Based Overnight Care									\$0.00
CG NFCSP Respite, In-Home General									\$0.00
CG NFCSP Supplemental Services, Assisted Transportation									\$0.00
CG NFCSP Supplemental Services, Assistive Devices/Technology									\$0.00
CG NFCSP Supplemental Services, Chore									\$0.00
CG NFCSP Supplemental Services, Consumable Supplies									\$0.00
CG NFCSP Supplemental Services, Health Promotion - Non-Ev									\$0.00
CG NFCSP Supplemental Services, Home Repair / Modifications									\$0.00
CG NFCSP Supplemental Services, Home Security and Safety									\$0.00
CG NFCSP Supplemental Services, Homemaker									\$0.00
CG NFCSP Supplemental Services, Legal/Financial Services									\$0.00
CG NFCSP Supplemental Services, Meals									\$0.00
CG NFCSP Supplemental Services, Medication Management									\$0.00
CG NFCSP Supplemental Services, Nutrition Counseling									\$0.00
CG NFCSP Supplemental Services, Nutrition Education									\$0.00
CG NFCSP Supplemental Services, Personal Care									\$0.00
CG NFCSP Supplemental Services, Professional Visit									\$0.00
CG NFCSP Supplemental Services, Transportation									\$0.00
CG NFCSP Support Groups									\$0.00
CG NFCSP Training									\$0.00
Chore									\$0.00
Congregate Meals									\$0.00
Consumable Supplies									\$0.00
Counseling									\$0.00
Forms / Correspondence									\$0.00
Health Promotion (Evidence-Based)									\$0.00
Health Promotion (Non-Evidence-Based)									\$0.00
Home Delivered Meals	\$403,391.00	\$88,173.00	\$47,438.00					\$142,043.00	\$681,045.00
Home Repair and Modifications									\$0.00
Home Security and Safety									\$0.00
Homemaker									\$0.00
Information and Assistance									\$0.00
Interpreting/Translating									\$0.00
Legal Assistance									\$0.00
Medication Management									\$0.00
Nutrition Counseling	\$7,065.00								\$7,065.00
Nutrition Education	\$16,485.00								\$16,485.00
Outreach									\$0.00
Personal Care									\$0.00
Public Information									\$0.00
Recreation / Socialization									\$0.00
Social Events									\$0.00
Support Groups									\$0.00
Temporary Respite									\$0.00
Training									\$0.00
Transportation									\$0.00
Visiting									\$0.00
Volunteer Guardianship									\$0.00
Total:	\$426,941.00	\$88,173.00	\$47,438.00	\$0.00	\$0.00	\$0.00	\$0.00	\$142,043.00	\$704,595.00

Title III-D Services									
Dane	\$22,225.00								
Remaining Award Uncategorized	\$0.00								
ARPA Title III-D Services									
Dane	\$0.00								
Remaining Award Uncategorized	\$0.00								
Service / Expenditure Category	III-D	ARPA-D	Cash Match	In-Kind Match	Other Fed. (list below)	Other State (list below)	Other Local (list below)	Program Income	Total
Adult Day Care									\$0.00
Assisted Transportation									\$0.00
Assistive Devices / Technology									\$0.00
Carryout Meals									\$0.00
Case Management									\$0.00
CG NFCSP Case Management									\$0.00
CG NFCSP Counseling									\$0.00
CG NFCSP Information and Assistance									\$0.00
CG NFCSP Public Information									\$0.00
CG NFCSP Respite, Facility-Based Adult Day Care									\$0.00
CG NFCSP Respite, Facility-Based Child Day Care									\$0.00
CG NFCSP Respite, Facility-Based Overnight Care									\$0.00
CG NFCSP Respite, In-Home General									\$0.00
CG NFCSP Supplemental Services, Assisted Transportation									\$0.00
CG NFCSP Supplemental Services, Assistive Devices/Technology									\$0.00
CG NFCSP Supplemental Services, Chore									\$0.00
CG NFCSP Supplemental Services, Consumable Supplies									\$0.00
CG NFCSP Supplemental Services, Health Promotion - Non-Ev									\$0.00
CG NFCSP Supplemental Services, Home Repair / Modifications									\$0.00
CG NFCSP Supplemental Services, Home Security and Safety									\$0.00
CG NFCSP Supplemental Services, Homemaker									\$0.00
CG NFCSP Supplemental Services, Legal/Financial Services									\$0.00
CG NFCSP Supplemental Services, Meals									\$0.00
CG NFCSP Supplemental Services, Medication Management									\$0.00
CG NFCSP Supplemental Services, Nutrition Counseling									\$0.00
CG NFCSP Supplemental Services, Nutrition Education									\$0.00
CG NFCSP Supplemental Services, Personal Care									\$0.00
CG NFCSP Supplemental Services, Professional Visit									\$0.00
CG NFCSP Supplemental Services, Transportation									\$0.00
CG NFCSP Support Groups									\$0.00
CG NFCSP Training									\$0.00
Chore									\$0.00
Congregate Meals									\$0.00
Consumable Supplies									\$0.00
Counseling									\$0.00
Forms / Correspondence									\$0.00
Health Promotion (Evidence-Based)	\$22,225.00		\$2,469.00						\$24,694.00
Health Promotion (Non-Evidence-Based)									\$0.00
Home Delivered Meals									\$0.00
Home Repair and Modifications									\$0.00
Home Security and Safety									\$0.00
Homemaker									\$0.00
Information and Assistance									\$0.00
Interpreting/Translating									\$0.00
Legal Assistance									\$0.00
Medication Management									\$0.00
Nutrition Counseling									\$0.00
Nutrition Education									\$0.00
Outreach									\$0.00
Personal Care									\$0.00
Public Information									\$0.00
Recreation / Socialization									\$0.00
Social Events									\$0.00
Support Groups									\$0.00
Temporary Respite									\$0.00
Training									\$0.00
Transportation									\$0.00
Visiting									\$0.00
Volunteer Guardianship									\$0.00
Total:	\$22,225.00	\$0.00	\$2,469.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$24,694.00

Title III-E - Caregivers serving older people									
Dane	\$188,580.00								
Remaining Award Uncategorized	\$0.00	*This includes amount allocated in E-Older Relative Caregivers*							
ARPA Title III-E - Caregivers serving older people									
Dane	\$0.00								
Remaining Award Uncategorized	\$0.00	*This includes amount allocated in E-Older Relative Caregivers*							
Service / Expenditure Category	III-E	ARPA-E	Cash Match	In-Kind Match	Other Fed. (list below)	Other State (list below)	Other Local (list below)	Program Income	Total
Adult Day Care									\$0.00
Assisted Transportation									\$0.00
Assistive Devices / Technology									\$0.00
Carryout Meals									\$0.00
Case Management									\$0.00
CG NFCSP Case Management	\$41,103.00		\$32,164.00						\$73,267.00
CG NFCSP Counseling									\$0.00
CG NFCSP Information and Assistance	\$37,499.00		\$28,120.00						\$65,619.00
CG NFCSP Public Information	\$1,243.00								\$1,243.00
CG NFCSP Respite, Facility-Based Adult Day Care	\$8,000.00								\$8,000.00
CG NFCSP Respite, Facility-Based Child Day Care									\$0.00
CG NFCSP Respite, Facility-Based Overnight Care									\$0.00
CG NFCSP Respite, In-Home General	\$53,974.00								\$53,974.00
CG NFCSP Supplemental Services, Assisted Transportation									\$0.00
CG NFCSP Supplemental Services, Assistive Devices/Technology									\$0.00
CG NFCSP Supplemental Services, Chore									\$0.00
CG NFCSP Supplemental Services, Consumable Supplies									\$0.00
CG NFCSP Supplemental Services, Health Promotion - Non-Ev	\$1,500.00								\$1,500.00
CG NFCSP Supplemental Services, Home Repair / Modifications									\$0.00
CG NFCSP Supplemental Services, Home Security and Safety									\$0.00
CG NFCSP Supplemental Services, Homemaker									\$0.00
CG NFCSP Supplemental Services, Legal/Financial Services									\$0.00
CG NFCSP Supplemental Services, Meals									\$0.00
CG NFCSP Supplemental Services, Medication Management									\$0.00
CG NFCSP Supplemental Services, Nutrition Counseling									\$0.00
CG NFCSP Supplemental Services, Nutrition Education									\$0.00
CG NFCSP Supplemental Services, Personal Care									\$0.00
CG NFCSP Supplemental Services, Professional Visit									\$0.00
CG NFCSP Supplemental Services, Transportation									\$0.00
CG NFCSP Support Groups									\$0.00
CG NFCSP Training									\$0.00
Chore									\$0.00
Congregate Meals									\$0.00
Consumable Supplies									\$0.00
Counseling									\$0.00
Forms / Correspondence									\$0.00
Health Promotion (Evidence-Based)									\$0.00
Health Promotion (Non-Evidence-Based)									\$0.00
Home Delivered Meals									\$0.00
Home Repair and Modifications									\$0.00
Home Security and Safety									\$0.00
Homemaker									\$0.00
Information and Assistance									\$0.00
Interpreting/Translating									\$0.00
Legal Assistance									\$0.00
Medication Management									\$0.00
Nutrition Counseling									\$0.00
Nutrition Education									\$0.00
Outreach									\$0.00
Personal Care									\$0.00
Public Information									\$0.00
Recreation / Socialization									\$0.00
Social Events									\$0.00
Support Groups									\$0.00
Temporary Respite									\$0.00
Training									\$0.00
Transportation									\$0.00
Visiting									\$0.00
Volunteer Guardianship									\$0.00
Total:	\$143,319.00	\$0.00	\$60,284.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$203,603.00

Title III-E - Grandparents and other older caregivers serving children or disabled adults									
Dane	\$188,580.00								
Remaining Award Uncategorized	\$0.00	*This includes amount allocated in E-Caregivers of Older Adults*							
ARPA Title III-E - Grandparents and other older caregivers serving children or disabled adults									
Dane	\$0.00								
Remaining Award Uncategorized	\$0.00	*This includes amount allocated in E-Caregivers of Older Adults*							
Service / Expenditure Category	III-E	ARPA-E	Cash Match	In-Kind Match	Other Fed. (list below)	Other State (list below)	Other Local (list below)	Program Income	Total
Adult Day Care									\$0.00
Assisted Transportation									\$0.00
Assistive Devices / Technology									\$0.00
Carryout Meals									\$0.00
Case Management									\$0.00
CG NFCSP Case Management	\$22,931.00		\$2,293.00						\$25,224.00
CG NFCSP Counseling									\$0.00
CG NFCSP Information and Assistance	\$2,830.00		\$283.00						\$3,113.00
CG NFCSP Public Information									\$0.00
CG NFCSP Respite, Facility-Based Adult Day Care	\$2,000.00								\$2,000.00
CG NFCSP Respite, Facility-Based Child Day Care									\$0.00
CG NFCSP Respite, Facility-Based Overnight Care									\$0.00
CG NFCSP Respite, In-Home General	\$10,000.00								\$10,000.00
CG NFCSP Supplemental Services, Assisted Transportation									\$0.00
CG NFCSP Supplemental Services, Assistive Devices/Technology									\$0.00
CG NFCSP Supplemental Services, Chore									\$0.00
CG NFCSP Supplemental Services, Consumable Supplies	\$1,000.00								\$1,000.00
CG NFCSP Supplemental Services, Health Promotion - Non-Ev	\$500.00								\$500.00
CG NFCSP Supplemental Services, Home Repair / Modifications									\$0.00
CG NFCSP Supplemental Services, Home Security and Safety									\$0.00
CG NFCSP Supplemental Services, Homemaker									\$0.00
CG NFCSP Supplemental Services, Legal/Financial Services									\$0.00
CG NFCSP Supplemental Services, Meals									\$0.00
CG NFCSP Supplemental Services, Medication Management									\$0.00
CG NFCSP Supplemental Services, Nutrition Counseling									\$0.00
CG NFCSP Supplemental Services, Nutrition Education									\$0.00
CG NFCSP Supplemental Services, Personal Care									\$0.00
CG NFCSP Supplemental Services, Professional Visit									\$0.00
CG NFCSP Supplemental Services, Transportation									\$0.00
CG NFCSP Support Groups	\$6,000.00								\$6,000.00
CG NFCSP Training									\$0.00
Chore									\$0.00
Congregate Meals									\$0.00
Consumable Supplies									\$0.00
Counseling									\$0.00
Forms / Correspondence									\$0.00
Health Promotion (Evidence-Based)									\$0.00
Health Promotion (Non-Evidence-Based)									\$0.00
Home Delivered Meals									\$0.00
Home Repair and Modifications									\$0.00
Home Security and Safety									\$0.00
Homemaker									\$0.00
Information and Assistance									\$0.00
Interpreting/Translating									\$0.00
Legal Assistance									\$0.00
Medication Management									\$0.00
Nutrition Counseling									\$0.00
Nutrition Education									\$0.00
Outreach									\$0.00
Personal Care									\$0.00
Public Information									\$0.00
Recreation / Socialization									\$0.00
Social Events									\$0.00
Support Groups									\$0.00
Temporary Respite									\$0.00
Training									\$0.00
Transportation									\$0.00
Visiting									\$0.00
Volunteer Guardianship									\$0.00
Total:	\$45,261.00	\$0.00	\$2,576.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$47,837.00

Senior Community Services	Award Amount							
Dane	\$13,702.00	*If transfers are made in the Transfer Calculation Worksheet, they will adjust Award Amount here*						
Remaining Award Uncategorized	\$0.00							
Service / Expenditure Category	SCS	Cash Match	In-Kind Match	Other Fed. (list below)	Other State (list below)	Other Local (list below)	Program Income	Total
Adult Day Care								\$0.00
Assisted Transportation								\$0.00
Assistive Devices / Technology								\$0.00
Carryout Meals								\$0.00
Case Management								\$0.00
CG NFCSP Case Management								\$0.00
CG NFCSP Counseling								\$0.00
CG NFCSP Information and Assistance								\$0.00
CG NFCSP Public Information								\$0.00
CG NFCSP Respite, Facility-Based Adult Day Care								\$0.00
CG NFCSP Respite, Facility-Based Child Day Care								\$0.00
CG NFCSP Respite, Facility-Based Overnight Care								\$0.00
CG NFCSP Respite, In-Home General								\$0.00
CG NFCSP Supplemental Services, Assisted Transportation								\$0.00
CG NFCSP Supplemental Services, Assistive Devices/Technology								\$0.00
CG NFCSP Supplemental Services, Chore								\$0.00
CG NFCSP Supplemental Services, Consumable Supplies								\$0.00
CG NFCSP Supplemental Services, Health Promotion - Non-Ev								\$0.00
CG NFCSP Supplemental Services, Home Repair / Modifications								\$0.00
CG NFCSP Supplemental Services, Home Security and Safety								\$0.00
CG NFCSP Supplemental Services, Homemaker								\$0.00
CG NFCSP Supplemental Services, Legal/Financial Services								\$0.00
CG NFCSP Supplemental Services, Meals								\$0.00
CG NFCSP Supplemental Services, Medication Management								\$0.00
CG NFCSP Supplemental Services, Nutrition Counseling								\$0.00
CG NFCSP Supplemental Services, Nutrition Education								\$0.00
CG NFCSP Supplemental Services, Personal Care								\$0.00
CG NFCSP Supplemental Services, Professional Visit								\$0.00
CG NFCSP Supplemental Services, Transportation								\$0.00
CG NFCSP Support Groups								\$0.00
CG NFCSP Training								\$0.00
Chore								\$0.00
Congregate Meals								\$0.00
Consumable Supplies								\$0.00
Counseling								\$0.00
Forms / Correspondence								\$0.00
Health Promotion (Evidence-Based)								\$0.00
Health Promotion (Non-Evidence-Based)								\$0.00
Home Delivered Meals	\$13,702.00							\$13,702.00
Home Repair and Modifications								\$0.00
Home Security and Safety								\$0.00
Homemaker								\$0.00
Information and Assistance								\$0.00
Interpreting/Translating								\$0.00
Legal Assistance								\$0.00
Medication Management								\$0.00
Nutrition Counseling								\$0.00
Nutrition Education								\$0.00
Outreach								\$0.00
Personal Care								\$0.00
Public Information								\$0.00
Recreation / Socialization								\$0.00
Social Events								\$0.00
Support Groups								\$0.00
Temporary Respite								\$0.00
Training								\$0.00
Transportation								\$0.00
Visiting								\$0.00
Volunteer Guardianship								\$0.00
Total:	\$13,702.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13,702.00

Alzheimer's Family Caregiver Support Program								
Dane	\$199,558.00							
Remaining Award Uncategorized	\$0.00							
Service / Expenditure Category	AFCSP	Cash Match	In-Kind Match	Other Fed. (list below)	Other State (list below)	Other Local (list below)	Program Income	Total
Adult Day Care								\$0.00
Assisted Transportation								\$0.00
Assistive Devices / Technology								\$0.00
Carryout Meals								\$0.00
Case Management								\$0.00
CG NFCSP Case Management								\$0.00
CG NFCSP Counseling								\$0.00
CG NFCSP Information and Assistance								\$0.00
CG NFCSP Public Information								\$0.00
CG NFCSP Respite, Facility-Based Adult Day Care								\$0.00
CG NFCSP Respite, Facility-Based Child Day Care								\$0.00
CG NFCSP Respite, Facility-Based Overnight Care								\$0.00
CG NFCSP Respite, In-Home General								\$0.00
CG NFCSP Supplemental Services, Assisted Transportation								\$0.00
CG NFCSP Supplemental Services, Assistive Devices/Technology								\$0.00
CG NFCSP Supplemental Services, Chore								\$0.00
CG NFCSP Supplemental Services, Consumable Supplies								\$0.00
CG NFCSP Supplemental Services, Health Promotion - Non-Ev								\$0.00
CG NFCSP Supplemental Services, Home Repair / Modifications								\$0.00
CG NFCSP Supplemental Services, Home Security and Safety								\$0.00
CG NFCSP Supplemental Services, Homemaker								\$0.00
CG NFCSP Supplemental Services, Legal/Financial Services								\$0.00
CG NFCSP Supplemental Services, Meals								\$0.00
CG NFCSP Supplemental Services, Medication Management								\$0.00
CG NFCSP Supplemental Services, Nutrition Counseling								\$0.00
CG NFCSP Supplemental Services, Nutrition Education								\$0.00
CG NFCSP Supplemental Services, Personal Care								\$0.00
CG NFCSP Supplemental Services, Professional Visit								\$0.00
CG NFCSP Supplemental Services, Transportation								\$0.00
CG NFCSP Support Groups								\$0.00
CG NFCSP Training								\$0.00
Chore								\$0.00
Congregate Meals								\$0.00
Consumable Supplies								\$0.00
Counseling								\$0.00
Forms / Correspondence								\$0.00
Health Promotion (Evidence-Based)								\$0.00
Health Promotion (Non-Evidence-Based)								\$0.00
Home Delivered Meals								\$0.00
Home Repair and Modifications								\$0.00
Home Security and Safety								\$0.00
Homemaker								\$0.00
Information and Assistance								\$0.00
Interpreting/Translating								\$0.00
Legal Assistance								\$0.00
Medication Management								\$0.00
Nutrition Counseling								\$0.00
Nutrition Education								\$0.00
Outreach								\$0.00
Personal Care								\$0.00
Public Information								\$0.00
Recreation / Socialization								\$0.00
Social Events								\$0.00
Support Groups								\$0.00
Temporary Respite								\$0.00
Training								\$0.00
Transportation								\$0.00
Visiting								\$0.00
Volunteer Guardianship								\$0.00
CG AFCSP Case Management	\$50,200.00							\$50,200.00
CG AFCSP Goods and Services								\$0.00
CG AFCSP Individual Care								\$0.00
CG AFCSP Individual Care, Adult Day								\$0.00
CG AFCSP Individual Care, In-Home								\$0.00
CG AFCSP Individual Care, Overnight								\$0.00
CG AFCSP Memory Screening								\$0.00
CG AFCSP Outreach								\$0.00
CG AFCSP Public Awareness								\$0.00
CG AFCSP Respite	\$28,941.00							\$28,941.00
CG AFCSP Respite, Adult Day	\$21,740.00							\$21,740.00
CG AFCSP Respite, General	\$33,534.00							\$33,534.00
CG AFCSP Respite, In-Home	\$62,873.00							\$62,873.00
CG AFCSP Respite, Overnight	\$2,270.00							\$2,270.00
CG AFCSP Support Groups								\$0.00
Total:	\$199,558.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$199,558.00

Verification of Intent

This Plan represents intent of the Area Agency on Aging of Dane County to ensure older people have the opportunity to realize their full potential and to participate in all areas of community life.

On behalf of the Area Agency on Aging of Dane County, we certify we have reviewed the Plan and have authorized submittal of this Plan which outlines activities to be undertaken on behalf of older people during 2025-2027.

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

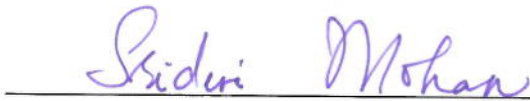
We verify all information contained in this plan is correct.



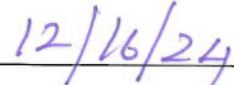
Diane Farsetta, AAA Board Chair



Date



Sridevi Mohan, AAA Manager



Date

Appendices

Appendix A. Assurances

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

The structure of AAAs in Wisconsin are as follows:

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

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

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

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

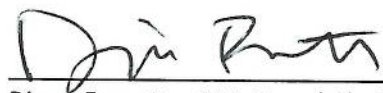
Use the template provided below and include as an appendix to the aging plan.

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

On behalf of the county or tribal nation, we certify

Area Agency of Dane County

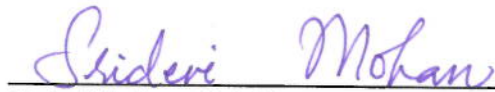
has reviewed the appendix to the county or tribal aging plan entitled Assurances of Compliance with Federal and State Laws and Regulations for 2025–2027. We assure that the activities identified in this plan will be carried out to the best of the ability of the county or tribal nation in compliance with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



Diane Farsetta, AAA Board Chair

12/16/24

Date



Sridevi Mohan, AAA Manager

12/16/24

Date

The applicant certifies compliance with the following regulations:

1. Legal Authority of the Applicant

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

2. Outreach, Training, Coordination & Public Information

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

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

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

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

4. Advisory Role to Service Providers of Older Persons

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

5. Contributions for Services

- Agencies providing services supported with Older Americans Act and state aging funds shall give older adults the opportunity to voluntarily contribute to the costs of services consistent with the Older Americans Act regulations.
- Each older recipient shall determine what he/she is able to contribute toward the cost of the service. No older adult shall be denied a service because he/she will not or cannot contribute to the cost of such service.
- The methods of receiving contributions from individuals by the agencies providing services under the county or tribal plan shall be handled in a manner that assures the confidentiality of the individual's contributions.

- Each service provider establishes appropriate procedures to safeguard and account for all contributions.
- Each service provider considers and reports the contributions made by older people as program income. All program income must be used to expand the size or scope of the funded program that generated the income. Nutrition service providers must use all contributions to expand the nutrition services. Program income must be spent within the contract period that it is generated.

6. Confidentiality

- No information about or obtained from an individual and in possession of an agency providing services to such individual under the county, tribal or area plan, shall be disclosed in a form identifiable with the individual, unless the individual provides his/her written informed consent to such disclosure.
 - Lists of older adults compiled in establishing and maintaining information and referral sources shall be used solely for the purpose of providing social services and only with the informed consent of each person on the list.
 - In order that the privacy of each participant in aging programs is in no way abridged, the confidentiality of all participant data gathered and maintained by the state agency, the AAA, the county or tribal aging unit, and any other agency, organization, or individual providing services under the state, area, county, or tribal plan, shall be safeguarded by specific policies.
 - Each participant from whom personal information is obtained shall be made aware of his or her rights to:
 - (a) Have full access to any information about one's self which is being kept on file;
 - (b) Be informed about the uses made of the information about him or her, including the identity of all persons and agencies involved and any known consequences for providing such data; and,
 - (c) Be able to contest the accuracy, completeness, pertinence, and necessity of information being retained about one's self and be assured that such information, when incorrect, will be corrected or amended on request.
 - All information gathered and maintained on participants under the area, county or tribal plan shall be accurate, complete, and timely and shall be legitimately necessary for determining an individual's need and/or eligibility for services and other benefits.
 - No information about, or obtained from, an individual participant shall be disclosed in any form identifiable with the individual to any person outside the agency or program involved without the informed consent of the participant or his/her legal representative, except:
 - (a) By court order; or,
 - (b) When securing client-requested services, benefits, or rights.
 - The lists of older persons receiving services under any programs funded through the state agency shall be used solely for the purpose of providing said services and can only be released with the informed consent of each individual on the list.
 - All paid and volunteer staff members providing services or conducting other activities under the area plan and aging unit shall be informed of and agree to:
 - (a) Their responsibility to maintain the confidentiality of any client-related information learned through the execution of their duties. Such information shall not be discussed except in a professional setting as required for the delivery of service or the conduct of other essential activities under the area plan; and,
 - (b) All policies and procedures adopted by the state and AAA to safeguard confidentiality of participant information, including those delineated in these rules.

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

7. Records and Reports

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

8. Licensure and Standards Requirements

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

9. Civil Rights

- The applicant shall comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and in accordance with that act, no person shall on the basis of race, color, or national origin, be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination under any program or activity under this plan.
- All grants, sub-grants, contracts or other agents receiving funds under this plan are subject to compliance with the regulation stated in 9 above.
- The applicant shall develop and continue to maintain written procedures which specify how the agency will conduct the activities under its plan to assure compliance with Title VI of the Civil Rights Act.
- The applicant shall comply with Title VI of the Civil Rights Act (42 USC 2000d) prohibiting employment discrimination where (1) the primary purpose of a grant is to provide employment or (2) discriminatory employment practices will result in unequal treatment of persons who are or should be benefiting from the service funded by the grant.
- All recipients of funds through the county, tribal, or area plan shall operate each program or activity so that, when viewed in its entirety, the program or activity is accessible to and usable by handicapped adults as required in the Architectural Barriers Act of 1968.

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

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

11. Political Activity of Employees

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

12. Fair Labor Standards Act

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

13. Private Gain

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

14. Assessment and Examination of Records

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

15. Maintenance of Non-Federal Funding

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

16. Regulations of Grantor Agency

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

17. Older Americans Act

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

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

Sec. 306. (a)

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

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

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

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

(C) legal assistance;

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

(3)(A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such

focal point; and (B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

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

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

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

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

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

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

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

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

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

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

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

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

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

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

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

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

(6)(F) Each area agency will:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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: Focus groups and key informant interviews

Your County or Tribe: Dane County Area Agency on Aging	Date/s of Event or Effort: January 2024 – August 2024
Target audience(s): Older adults in the community (BIPOC, LGBTQIA+, Rural residents, caregivers, people experiencing homelessness) Community leaders serving BIPOC older adults Aging service providers (community-based agencies) ADRC I&A specialists, Focal point case managers, Dementia care team Housing and Homelessness service providers	Number of Participants/ Respondents: 222 people who were either older adults, ranging from 50 - 90 years of age, or who provided services, volunteered with or provided funding for older adult services 108 of the people interviewed were older adults receiving services, are eligible for services and included those from under-resourced communities such as BIPOC, LGBTQ+, immigrants.
<p>Describe the method used including partners and outreach done to solicit responses:</p> <p>In the very early stages of conceptualizing the 2025-2027 Aging Plan, during the end of 2023 and much of 2024, AAA staff decided to use the community engagement and outreach via focus groups/key informant interviews process as a springboard for new and meaningful engagement of communities and populations that the Area Agency on Aging had only reached in very small numbers in the past.</p> <p>While we were thinking about how to engage individuals that traditionally had not been invited to the table, we made lists of communities of color as well as people whose experience could inform our goal setting, such as care-givers, providers who were working in the field and understood the main barriers faced by all older adults - especially those working with older adults.</p> <p>We framed all of our focus groups with questions that spoke to participants strengths: for the providers and those working in the field we asked them what brought them to this field and what made them passionate about their work; and how kept on going despite discouragement or upsets. We asked older adult clients what made their lives meaningful and what gave them purpose and joy in their lives. We learned that despite hardships, all of the participants in our focus groups and key informants were able to glean something positive from their life experience, whether it was the community they lived in, the culture and traditions that gave their lives meaning, their family members, or their shared history. Where possible interviews were recorded via zoom and notes were taken on responses and then the key themes were transcribed into a spreadsheet so AAA could identify issues of most importance.</p> <p>(See appendix G, F for questionnaires)</p> <p>We offered each participant with lived experience a Kwik Trip gift card for \$25. We did not offer a gift card to professionals who were participating in these groups as part of the usual tasks of their jobs or positions, such as social workers, Senior Focal Point Directors, not for profit staff, etc.</p> <p>Agencies connected included Madison Area Chinese Community organization, Southeast Asian Healing Center, Cairasu Home Care, Jewish Social Services, Bayview Foundation, The Beacon Day</p>	

Center, Rural Dykes Association, WI Council for Blind and Visually Impaired, Outreach LGBTQ+ center, Triangle Community Ministry, Solace Friends Adult Family Home, RSVP, AgeBetter, Inc., Safe Communities, Madison Senior Center, Waunakee Senior Center, NW Dane Senior Services, SW Dane Senior Center, Cornerstone Community Center (DeForest), UW Health Latino Outreach team, Unity Point Meriter, Madison Street Medicine, Salvation Army, City of Verona Senior Center, Monona Senior Center, Porchlight, Salvation Army, Veteran's Administration, Dane County ADRC, Dane County Housing Affordability and Access Division, Senior Focal Point directors/case managers, City of Madison CDD (homeless services), Verona Senior Center, Dane County Jail, Dane County Dementia care staff.

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

From these experiences, inquiries and research we built goals that very much reflected our commitment to equity, advocacy and person-centered care. Some of these goals are ambitious in that they are addressing huge systemic inequity, like homelessness and the industrial prison complex. But we recognize that these are all a work in progress, and we are starting somewhere, which is preferable to not starting at all. The information collected was used to develop Dane AAA's Aging Plan goals and strategies as well as paved the way for us to chart our work beyond the plan years.

Details of these are in "Development of the Aging Plan" section of the plan.

What were the key takeaways/findings from the outreach?

Some of the key takeaways were:

Affordable and accessible housing
 Affordable and accessible transportation. Language access in transportation services
 Aging supports and programs to help older adults age in place
 Culturally and linguistically appropriate services
 Gathering spaces for older adults in the BIPOC and immigrant communities
 Safe space and supports for LGBTQ+ older adults
 Rise in homelessness among older adults
 Age-friendly systems and supports in the homelessness service system
 Isolation and loneliness in BIPOC/LGBTQ+ individuals and immigrants
 Better coordination and support for caregivers. Alignment of health and social services
 Mental health support
 Language access in programs and services and access to knowledge and information for older adults not connected to aging services

Details of these are in the "Development of Aging Plan" section of the plan

Appendix C

Community Engagement Report: AAA Board outreach

Your County or Tribe: Dane County Area Agency on Aging	Date/s of Event or Effort: July 2024 – August 2024
Target audience(s): Older adults in the community	Number of Participants/ Respondents: 12 participants (62 to 82 years of age)
Describe the method used including partners and outreach done to solicit responses: AAA staff sent out a modified questionnaire to the AAA Board and Committees – Access Committee, Nutrition and Wellness Committee, Legislative Advocacy Committee and the AAA Board and asked them to interview their peers, elders and community members. Many of the members of these committees and the Board are also older adults, and for those who were not, their charge was to find older adults that they were affiliated with and ask them these questions and then send them back in. (See appendix H for questionnaire)	
Describe how the information collected was used to develop the plan: The information collected was used to develop Dane AAA's Aging Plan goals and strategies as well as paved the way for us to chart our work beyond the plan years. Details of these are in "Development of the Aging Plan" section of the plan.	
What were the key takeaways/findings from the outreach? Some of the key takeaways were: Aging supports and programs to help older adults age in place, reduce isolation Access to green spaces and safer neighborhoods Accessible and affordable transportation Affordable medical/healthcare Maintain health and wellbeing Details of these are in the "Development of Aging Plan" section of the plan	

Appendix D

Community Engagement Report: Outreach event at Henry Vilas Zoo, Dane County

Your County or Tribe: Dane County Area Agency on Aging	Date/s of Event or Effort: August 6, 2024
Target audience(s): Adults in the community	Number of Participants/ Respondents: 20 respondents
Describe the method used including partners and outreach done to solicit responses: During an outreach event called “Dane County DHS Takes Over the Zoo”, AAA staffed two tables in the morning and afternoon as part of this large event. The question that AAA staff asked visitors to their information table was as follows: 1. What are the needs and issues facing older adults in Dane County; and 2. Have you ever used our services or heard of us before? We talked to 20 people over the period of the outreach event and they had a wide variety of answers – almost all of them had been mentioned in our previous outreach events. Interestingly the issue of ageism came up during these conversations.	
Describe how the information collected was used to develop the plan: The information collected was used to develop Dane AAA’s Aging Plan goals and strategies as well as paved the way for us to chart our work beyond the plan years.	
What were the key takeaways/findings from the outreach? Some of the key takeaways were: Aging supports and programs to help older adults age in place, reduce isolation Access to green spaces and safer neighborhoods Accessible and affordable transportation Affordable medical/healthcare & dental care Ability to maintain health and wellbeing Ageism	

Appendix E

Questionnaire for connecting with leaders from under-resourced communities

Thank you for meeting with me today. Dane County Area Agency on Aging is getting ready to create a plan that will guide our work from 2025-2027. That's a big reason of why I am meeting with you today. So that I can better understand the needs of adults 60 and older in Dane County. Through our interview, I would like to identify themes and areas where adults 60 and older may need extra assistance through our interview. Those areas and themes will play a role in driving the plan my agency makes for 2025-2027.

I am very excited to hear more about your work. I am aware you work for [ORGANIZATION]. Can you tell me some of the things that excite you about your work?

1. In your experience, what are the most significant needs facing older adults in your community? (You might need prompts –affordable and accessible housing, transportation, linguistically/culturally tailored programs, caregiver support services, nutrition services, access to services, green spaces for exercise, less community violence, ability to maintain physical activities (i.e., bathing, dressing), ability to maintain social activities, affordable/accessible health care, employment, financial planning/budgeting/income/savings, health & wellness activities, heavy chores, legal Issues/assistance, managing Medication etc.)
 - a. Can you share any specific examples or scenarios regarding the needs?
2. How do you currently access information about available services and resources that could be of help to your community members?
3. What do you know about the Senior Centers/Focal Points in your city/town/municipality/village?
There are 12 Senior Focal Points in Dane county that provide services to older adults.
 - a. If not, where do you congregate and gather often? Other community/cultural centers etc.
4. What do you know about the Dane County Area Agency on Aging?
5. Have you or your community members utilized any services or programs from our agency in the past? If so, what feedback do you have?
6. How do you think that the Area Agency on Aging could increase its visibility in your community and increase awareness with your constituents about our programs for older adults?
7. If we have the chance to connect with community members after speaking with the community leader:

What cultural or linguistic considerations should we be aware of when meeting with older adults in your community?
8. We are nearing the end of our conversation. I would like to wrap up with a few quick questions about you. I ask these questions for two purposes – first to make sure I am talking to a variety of people so that we have breadth in the voice we represent and two so I can try to identify if there are areas of need specific to groups of people with similar backgrounds. This will allow us to consider customizing solutions to those particular group, you may have heard this called “culturally relevant services”.

- b. What is your age?
- c. What communities/people do you represent or work on behalf of?
- d. What drove you this work? Do you have a personal connection through your racial, ethnic, cultural or other identities? Does it have to with how you were raised or where you live currently?)

Appendix F

Questionnaire for connecting with members of under-resourced communities

Hi, my name is [...]. I work for Dane County's Area Agency on Aging. I am so glad we were able to connect through [ORGANIZATION]. I am going to ask you a lot about yourself today and I want you to feel comfortable answering my questions without fear, shame, or hesitation.

I will be asking you questions about your life and identity because it is my job to understand the needs of adults 60 and older in Dane County. My agency is getting ready to create a plan that will guide our work from 2025-2027. That's a big reason of why I am meeting with you today - so that I can better understand your life, your pain points, and your struggles. This conversation is totally confidential. I will not share your answers directly but I will compare notes from multiple interviews to identify themes and areas where adults 60 and older may need extra assistance. Those areas and themes will play a role in driving 2025-2027 Dane County AAA's Aging Plan.

Do you have questions or concerns before we begin?

1. Please tell me about your daily life.
 - a. PROBES:
 - i. What brings you joy? What are things that you do that give you a sense of accomplishment?
 - ii. What makes your day-to-day life more difficult? Help me understand how it creates a burden or inconvenience.
2. Are you a caregiver to anyone else?
 - a. IF YES: How many years of caregiving have you provided?
 - b. Are there support systems in place to help you with your caregiving? If so, what are they?
Prompts - (joint family system, live in close knit community/neighborhood, friends/family/neighbors help out from time to time, funds available to get help etc.)
 - c. INFORMAL - What about a more informal arrangement? For instance, do you have older friends you check on? IF YES: What does that look like? How often are you in touch?
3. In your life experience, what are the most significant needs facing you? (You might need prompts – affordable and accessible housing, transportation, linguistically/culturally tailored programs, caregiver support services, nutrition services, access to services, green spaces for exercise, less community violence, ability to maintain physical activities (i.e., bathing, dressing), ability to maintain social activities, affordable/accessible health care, employment, financial planning/budgeting/income/savings, health & wellness activities, heavy chores, legal issues/assistance, managing medication etc.)
 - a. IF APPLICABLE PROBE: do you have significant needs as a caregiver or helper?
 - b. Can you share any specific examples or scenarios regarding your needs?
4. Are there specific areas where community agencies or resources could expand services/programming to better meet your needs? Please think about needs you have that no one seems to be addressing for you. Tell me about what would be helpful for you in those areas.

5. We just talked briefly about resources missing from the community. How do you find out about services and resources that are available to help you?
6. What do you know about the Senior Centers/Focal Points in your city/town/municipality/village? There are 12 Senior Focal Points in Dane county that provide services to older adults.
 - a. If not, where do you congregate and gather often? Other community/cultural centers etc.
7. What do you know about the Dane County Area Agency on Aging?
 - a. Have you ever used any of our services or programs before? Do you know anyone else who has?
 - b. IF PERSONAL USER: what feedback, if any, do you have about the services you have used from my agency? IF ALL POSITIVE, PROBE FOR CONSTRUCTIVE CRITICISM.
8. We are nearing the end of our conversation. I would like to ask a few rapid-fire questions about you. I ask these questions for two purposes: first, to make sure I am talking to a variety of people so that we have breadth in the voice we represent and second, so I can try to identify if there are areas of need specific to people with similar backgrounds. This will allow us to consider customizing solutions to a particular group. You may have heard it called “culturally relevant services”. ASK EVERYONE:
 - a. Where in Dane County do you live?
 - b. What is your racial or ethnic and cultural background?
 - c. What is your age?
9. Thank you for your time. Is there anything you haven’t gotten a chance to share but want to make sure I hear? Or maybe there is something you want to emphasize one more time before we close this conversation?

Appendix G

Questionnaire for Board and Committee members engaging with older adults in their communities

Hi, my name is [.....]. I am on the Board/Committee of the Board for Dane County Area Agency on Aging. I am so glad we are able to connect. I am going to ask you a lot about yourself today and I want you to feel comfortable answering my questions without fear, shame, or hesitation.

I will be asking you questions about your life and identity because I want to understand the needs of adults 60 and older in Dane County. Dane County Area Agency on Aging is getting ready to create a plan that will guide their work from 2025-2027. That's the reason I am meeting with you today - so that I can better understand your life, your pain points, and your struggles. This conversation is totally confidential. I won't share the details directly with anyone except for AAA staff, who will compare notes from multiple interviews to identify themes and areas where adults 60 and older may need extra assistance. Those areas and themes will play a role in driving the Area Aging Plan for Dane County 2025-2027.

1. Please tell me about your daily life.

a. PROBES:

- i. What brings you joy? What are things that you do that give you a sense of accomplishment?

- ii. What makes your day-to-day life more difficult? Help me understand how it creates a burden or inconvenience.

2. Are you a caregiver to anyone else?

- a. IF YES: How many years of caregiving have you provided?

- b. Are there support systems in place to help you with your caregiving? If so, what are they?

- c. INFORMAL - What about a more informal arrangement? For instance do you have older friends you check on? IF YES: What does that look like? How often are you in touch?

3. In your life experience, what are the most significant needs facing you? E.G. affordable and accessible housing, transportation, linguistically/culturally-tailored programs, caregiver support services, nutrition services, access to services, green spaces for exercise, less community violence, ability to maintain physical activities (i.e., bathing, dressing), ability to maintain social activities, affordable/accessible health care, employment, financial planning/budgeting/income/savings, health & wellness activities, heavy chores, legal issues/assistance, managing medication etc.

a. Can you share any specific examples or scenarios regarding your needs?

4. Are there specific areas where community agencies or resources could expand to better meet your needs? Please think about needs you have need but no one is addressing for you. Tell me about what would be helpful for you in those areas.

5. How do you find out about services and resources that are available to help you?

6. What do you know about the Senior Centers/Focal Points in your city/town/municipality/village? There are 12 focal points in Dane county that provide services to older adults.

a. If not, where do you congregate and gather often? Other community/cultural centers etc.

7. What do you know about the Dane County Area Agency on Aging?

a. Have you ever used any of our services or programs before? Do you know anyone else who has?

IF PERSONAL USER: what feedback, if any, do you have about the services you have used from Dane County AAA? IF ALL POSITIVE, PROBE FOR CONSTRUCTIVE CRITICISM.

8. We are nearing the end of our conversation. I would like to wrap up with a few questions about you. I am asking these questions for two purposes: first, to make sure I am talking to a variety of people so that we have breadth in the voice we are representing and second, so I can try to identify if there are areas of need specific to people with similar backgrounds. This will allow us to consider customizing solutions to those particular group, you may have heard this called “culturally relevant services”. ASK EVERYONE: (they can refuse to answer if they wish but it would be great to have this information)

- a. Where in Dane County do you live? _____
- b. What is your racial or ethnic and cultural background? _____
- c. What is your age? _____

9. Thank you for your time. Is there anything you haven’t gotten a chance to share but want to make sure I hear?

Appendix H

Public hearing report

Public Hearing 11.22.2024 12 noon – 1.30pm

Attendees:

In Person:

Anna Lezotte (AAA Legislative/Advocacy committee member)

Holly M Hafner

Caroline Werner (AAA Board member)

Graham Smith

Rory Ward

Joseph Galey

Claire Purkis (AAA staff)

Cindy Matulle (AAA staff)

Sridevi Mohan (AAA staff)

On Zoom:

Candice Duffek

Barb Clark

Cindy Grady

Diana Jost

Diane Turner

Garrett Tusler

Jane DeBroux (AAA Staff)

Jim Krueger

Katie Breitzman

Laura Hunt

Mary Klinger

Maureen Quinlan

Nathanael Brown

Shannon Gabriel (AAA Staff)

Angela Velasquez (DAS administrator)

Sorcha Marron

Patrick Downing (AAA Board member)

Diana Farsetta (AAA Board Chair)

Kayleigh Coloso

Jodie Castaneda

Total attending: 29

Comments:

Anna Lezotte: Thank you to all the people for all the engagement. Loves the energy of the people who are participating. The Area Agency on Aging board and committees have vacancies and people who are interested can get in touch or talk to their local aging center to get involved.

Holly M Hafner: The concept of ageism needs to be talked about. The growing population of older adults is an issue. There are a lot of people who are retired and have a lot of skills and interests to help and contribute. She is looking for a part time job. Is interested in breaking down silos. It is important to focus on educating and connecting different groups of people. For the LGBTQ+ community there is a big piece of biology and genetics and we have been here since the beginning of humanity - LGBTQ+ folks are everywhere – in all societies and in all walks of life. It is important to educate and collaborate and socialize with a variety of people. We all have a lot of skills; we have lots of work and life experience and we have a lot to offer to older adults and society in general. Holly is an artist, has a lot of experience in social services and social justice over the years. It is important to have conversations and communicate about our life experiences to break down barriers.

Caroline Werner: Her comment was on the language in the Aging Plan - she approved of the language.

Graham Smith: Graham identified himself as being a part the group representing the LGBTQ+ folks - wants to find out where he and others can go to find out about all the resources. He was a director of a community health center in Florida. Graham has time and he can do things and be effective - he knows a lot about case management and he would like to volunteer to be a part of some kind of effort to help people. He also would like to know more about how to learn about and access resources and Sri Mohan told him that he would be welcome to call the ADRC about any of the issues he is interested in finding out about and asking for information.

Rory Ward: Rory identified as being with the group of LGBTQ seniors and they had been focusing on the idea of the digital divide - for example, MyChart for medical appointments, smart phones, texting, etc. the main mode of communication is electronic. How to bring people up to speed – especially those who are older adults. The idea of having younger people help with this and make it an intergenerational project. Discussion of use of zoom - can be helpful and a lot of older adults are able to use it now. Housing is also an issue for LGBTQ+ folks who are often living alone because it is expensive and lonely. Rory suggested

that it could be important to use social media and social networks to find community and to potentially find housemates to share housing with. There could be a small program that would give seniors a stipend to learn how to use these programs and/or for young people/students to teach these older adults how to use technology and to build community. It would also be of value because it is intergenerational.

Joseph Galey: Joe works at Madison Street Medicine - but he is speaking as an individual in his own right. Madison Street Medicine provide medical and health services to people sleeping in places not meant for human habitation. They provide services through street outreach as well as going to the Beacon and Porchlight. They run the campground at Dairy Drive. He is a certified peer support specialist. His staff identified the following unmet needs for seniors who are houseless. There is no medical respite for folks leaving the hospital and in relation to this, shelter workers are not caregivers and client needs exceed their capabilities. Many houseless clients cannot navigate the ADRC process in order to get help – and they cannot make and receive phone calls or make it to the ADRC for appointments, which means they are not able to access much needed services like long term care applications etc. Single houseless clients who are older are often vulnerable to being taken advantage of by younger and stronger folks, and often these clients have dementia or cognitive impairments and they are not getting the care or the support that they need. Older adults often use walkers and wheelchairs which are hard to get on the bus and they are not allowed to bring them into the Beacon Day Shelter. If older adults at the Day Shelter or any other place leave them outside, they are at the mercy of the elements and they break and rust fast or they get stolen. Most seniors can only get a walker or wheelchair every five years from insurance - so not being able to bring their mobility devices into program sites hurts the folks who need these devices for balance or strengthening, and then they often lose them or they break down. Substance abuse is an issue for older houseless adults - there is a necessity for harm reduction for these folks. People need help with medication management. If you lose your meds, it is so hard to replace them. Folks suffer from depression. Self-care and hygiene- some guests struggle with this because of mobility issues, not being able to bend down, etc. Some folks need help after showering and with personal care but there is no-one to provide it. He endorses AAA wanting to collaborate with other community partners especially the homeless consortium and appreciates the work that went into the Aging Plan regarding supporting older adults who are houseless.

Diana Jost: Diana is from RSVP and she announced that she is going to be starting technology classes in 2025 for seniors and she can share these classes with the folks at the Public Hearing as well as other clients who need this.

Sridevi Mohan: Sri spoke about how AAA has the need for people to join our committees and that the folks who are attending the meeting are welcome to apply for these positions. Staff will follow up and send them information about these opportunities.

Diane Turner: Diane Works with Age Better which has two branches - nonprofit - SAIL - Sharing Active Independent Lives and Safe at Home - a free fall prevention program out of Oakwood Village. She said she is hopeful about making connections with folks on the call today and working together. Diane is the coordinator at Safe at Home and they provide free home safety assessments. Contact information is: 608-230-4445 diane.turner@agebettertoday.org

Garrett Tusler: The Aging Plan is "very much aligned with what we are doing at the City". Great work, everybody.

Jim Krueger: “Good work” - The plan seems to cover the major areas in the community today. Applauds the idea of serving more clients and especially the underserved. The challenge is that there are not enough resources or finances to serve everyone. He sees that is what is missing - how is the plan to get more funding and to get more resources. He applauds the collaboration with others but based on his observations over the last decade or so there are not enough resources to make that happen. If we want to make services more equitable, we need more detail about what the plan is and getting more dollars from the county or the state. We might be setting ourselves up for failure. If we don't have the resources, are we going to end up shifting funding - how does that effect the people currently receiving services. As we expand our reach there aren't enough resources for the people we currently serve, let alone the ones we have yet to serve. Jim said that the funding processes and procedures have created silos as everything is sectioned off into funding streams and you can't use one type of funding for something else, etc. He knows that a lot of this is governed by laws, etc. but especially for Not for Profits in Dane County, it makes it hard to do what we do. Newbridge has two volunteers trained in Pisando Fuerte and they will be starting classes next year.

From UW – Madison: Comments specific to the re-entry after incarceration goal:

- Connect with community corrections officers. Would suggest considering adding someone from custody staff as they generally spend the most time with the incarcerated persons and have the greatest familiarity with them.
- Learn from nonprofits experienced in supporting re-entry (Just Dane, EXPO, Nehemiah)
- Explore whether judges might make connecting with aging services a requirement for older people.
- Additionally, it may be interesting to investigate the types of incarceration/detainment the older adults are held under (e.g., how many OA are being held on parole violations, sanctions, new crime). This may also influence who would be best to include in the brainstorming.
- Explore how Medicare info is shared with older people leaving incarceration and if there can be connections with aging services.
- May suggest considering including resources that can be shared with community supervision agents.

- One thing that I thought may be helpful some of the goals was the mention of families. They may be important to bring to the table, especially for older adults who are independent but the family is involved or will need to be involved in caregiving at a later point. This was something I felt was missing especially in the section on reintegration of incarcerated older adults as sometimes family members are most involved in this transition but aren't necessarily described as/describing themselves as caregivers

- I also thought in the section on incarcerated older adults that involving parole officers would be crucial as they (from my understanding and experience) are working closely with the people while they are acclimating to a halfway house or new living situation.

12/3/24

To: Cindy Matulle, Clerk III
Sridevi Mohan, AAA Manager
Claire Purkis, Aging Program Specialist
Fr: Rory Ward, Graham Smith, Holly Hafner, Caroline Werner
Re: **Public Hearing Dane County AAA 2025-2027 Aging Plan (Written Comment)**

SENIORS AGAINST AGEISM

Our goal is to collaborate with Madison & Dane County's Area Agency on Aging to ensure "EQUITY" for all Seniors living within our "silo" communities.

What is AGEISM?

- Stereotyping older adults as frail, less capable or irrelevant leads to discrimination in employment, health care, and social interactions.
- Making assumptions about cognitive decline without proper assessment, impacting decision-making power.
- Lack of representation of older adults in the media, perpetuating negative stereotypes.

What would Anti-AGEISM look like?

- Social Justice and Social Change Initiatives are needed to ensure Equity for Seniors.
- Policies, education and training developed for everyone to combat ageist attitudes and behaviors within our community and workplaces.
- See cartoon of "What Would the World Without Ageism Look Like?"

SENIORS AGAINST AGEISM suggestions for addressing Senior DEI Issues.

- Examples of programs to be designed that will address issues facing seniors.

Social isolation and lack of community engagement due to "SILOS": Create opportunities for social and educational interaction and participation for seniors from diverse backgrounds.

Digital divide: Providing accessible technology in digital literacy training for older adults in their places of residence by younger "digital natives" receiving some compensation. The digital divide hinders participation in online activities and access to information. Digital inclusion efforts can provide accessible technology and digital literacy for older adults.

Affordable housing and transportation: Increasing access to affordable, age-friendly, accessible housing. Reliable transportation which promotes access to health care, groceries and social events.



WHAT WOULD A WORLD WITHOUT AGEISM LOOK LIKE?" NHCOA "Aging Matters" Oct. 2024

(**Aging Matters** – New Hampshire State Commission on Aging To view their monthly Newsletter: Copy and paste the following "pdf" into the URL (link) at the top of your computer page. Lots of issues and activities for people to consider.

chrome-

extension://efaidnbmninnbpcjpcglclefindmkaj/https://www.nhcoa.nh.gov/documents/newsletters/2024_10_AGING_MATTERS.pdf)

Thanks to all who provided thoughtful and meaningful comments. All feedback received were reviewed and the comments received did not require us to amend any of our plan goals. Some feedback received regarding improving access to services for justice-involved older adults will be taken into consideration while developing the work plan for that particular goal area. We will continue to engage with "Seniors Against Ageism" and connect them with other advocacy opportunities and services to enhance the lives of LGBTQIA+ older adults in Dane County. We are committed to forging relationship with housing and homelessness service providers to elevate the voice of older adults navigating this complex system. We continually strive to provide sustainable programs and services and shall advocate for the needs of older adults based on gaps in service delivery, data and inequities in an ever-changing funding environment.

Appendix I

Public hearing affidavit

WISCONSIN STATE JOURNAL

AFFIDAVIT OF PUBLICATION

Wisconsin State Journal
1901 Fish Hatchery Rd, Madison, WI 53713
(800) 362-8333

State of Texas, County of Bexar, ss:

I, Marco Coppola, of lawful age, being duly sworn upon oath depose and say that I am an agent of Column Software, PBC, duly appointed and authorized agent of the Publisher of Wisconsin State Journal, a newspaper at Madison, County of Dane, State of Wisconsin, and that an advertisement of which the annexed is a true copy, taken from said paper, was published therein on the dates listed below:

Publication Dates:
Nov 5, 2024, Nov 12, 2024

Notice ID: bLgSj0gl1w4USSHHbftA
Notice Name: Public Hearing for Dane County Aging Plan

Section: Legals

Category: 0100 LEGAL NOTICE

Publication Fee: \$197.72

Marco Coppola
Agent

VERIFICATION

State of Texas
County of Bexar

Signed or attested before me on this: 11/12/2024

[Signature]

Notary Public

Electronically signed and notarized online using the Proof platform.



Robert Holte II

ID NUMBER:
13582196
COMMISSION EXPIRES:
February 18, 2028

Dane County Human Services
Public Hearing for 2025-2027
Aging Plan
NOTICE OF PUBLIC HEARING FOR
2025-2027 AGING PLAN BY THE
DANE COUNTY HUMAN SERVICES
AREA AGENCY ON AGING UNIT

Notice is hereby given that the Dane County Area Agency on Aging (AAA) Unit will hold a public hearing on the item listed on Friday, November 22, 2024 at 12:00pm. The meeting will be held in a hybrid format at the ADRC office, 2855 N Sherman Ave, Madison, WI. All persons wishing to speak on the agenda item must pre-register for the meeting. In order to register, please go to <https://dane.legistar.com/Calendar.aspx> and select Area Agency on Aging Board meeting. Follow the directions on the agenda to register online. You may also call 608-261-5530 and provide your name, 10-digit phone number, email address and your request to register for this public hearing. Online registration will be taken up to 30 minutes prior to the meeting. If you would like to attend the meeting remotely and not speak, the meeting can be accessed by calling 1-833-548-0276 and entering access code: 947 1883 7940.

The purpose of the public hearing is to provide an opportunity for citizens of Dane County to hear about Dane County AAA's draft Aging Plan and provide input/comments during the public comment period. A draft of the 2025-2027 Dane County Aging Plan will be available after the public hearing for examination by calling (608) 261-5530 to schedule an appointment for pickup or at <https://dane.com/AgingPlanDevelopment>. Public comment period will be open from November 22, 2024-December 6, 2024.

Input received by members of the public at the hearing and during the public comment period shall be considered in the development of the final draft of this plan. The final draft will be presented for approval at the Dane County Area Agency on Aging Board meeting scheduled for December 16, 2024 at 3:45 pm via Zoom.

Written comments may be mailed to the Dane County Area Agency on Aging, 2855 N Sherman Ave, Madison, WI 53704, Attn: Sridevi Mohan or emailed to Mohan.Sridevi@danecounty.gov during the public comment period.

Wisconsin State Journal publication dates: November 5, 2024 and November 12, 2024
WSJ: November 5, 12, 2024
COL-WI-12002042 WNA&LP

Appendix J:

Public hearing announcement

PUBLIC HEARING
2025-2027 Dane
County Aging Plan DRAFT
Friday, November 22, 2024
12 pm via Remote/Zoom

Pre-registration required for persons wishing to speak Go to
<https://dane.legistar.com/Calendar.aspx>
& select "Area Agency on Aging Board Meeting"
or call (608) 261-9930 for assistance.

For those wishing to attend but not speak
Call (833) 548-0276 (access code: 947 1883 7940)

The Aging Plan draft will be available after November 22, 2024 at
<https://dcdhs.com/Aging-Plan-Development> or call (608) 261-9930.
Written comments may be mailed to: Area Agency on Aging, Attn:
Sridevi Mohan, 2865 N Sherman Ave, Madison, WI 53704 or emailed
to Mohan.Sridevi2@danecounty.gov by December 6, 2024.