WAUPACA COUNTY
AGING UNIT
2025-2027 AGING PLAN



Waupaca County Aging and Disability Resource Center

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EXECUTIVE SUMMARY

The Waupaca County Aging Unit is fully integrated with the Waupaca County Aging and Disability Resource Center (ADRC). The ADRC is a division of Waupaca County's Department of Human Services (DHS) and is a full participant in the overall vision and values of the department. The department's vision statement is as follows, "*We help the people of Waupaca County to be safe and connected. We ensure people's safety by attending to their basic needs. We engage and build people's natural support networks in the helping process because together we are stronger."* It is with this vision we conduct all services and supports for individuals who are aging and individuals with disabilities in Waupaca County.

Additionally, Waupaca County ADRC upholds the values of the county's department of human services which is inclusive of the following:

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

Waupaca County's Aging Unit provides programs for individuals age 60+ as established and directed by the Older American's Act. Aging Unit programs include; Title IIIB Supportive Services for Older Adults, Title IIIC Elderly Nutrition Programs, Title IIID Evidence-Based Health Promotion, Title IIIE National Family Caregiver Support Program, and Alzheimer Family Caregiver Support Program. The Waupaca County ADRC provides additional services to the community including transportation services for older adults, adult protective services, information and assistance services, options counseling, and dementia care outreach and education. As one integrated division Aging Unit programs collaborate and work side-by-side with ADRC programs, to best provide services and support to Waupaca County's older adults.

This aging plan summarizes the Waupaca County Aging Unit's strategies to improve services and address the needs expressed by older adults and their caregivers within the following programs and focus areas:

<u>Programs:</u>

- Title IIIB – Supportive Services for Older Adults
- Title IIIC – Elderly Nutrition Program
- Title IIID – Evidence-Based Health Promotion
- Title IIIE – Caregiver Supports

<u>Focus Areas (One or Multiples Goals must Address the following):</u>

- Providing Person-Centered Services
- Barriers to Equity
- Advancing Equity

Community input collected throughout 2024 indicated that Waupaca County communities are currently facing and are anticipating to face into the future a variety of challenges that affect older adults. These challenges include: social isolation and loneliness, need for in-home assistance/care, transportation barriers, lack of affordable housing and home repairs, and targeted fraud and scams. Additional input

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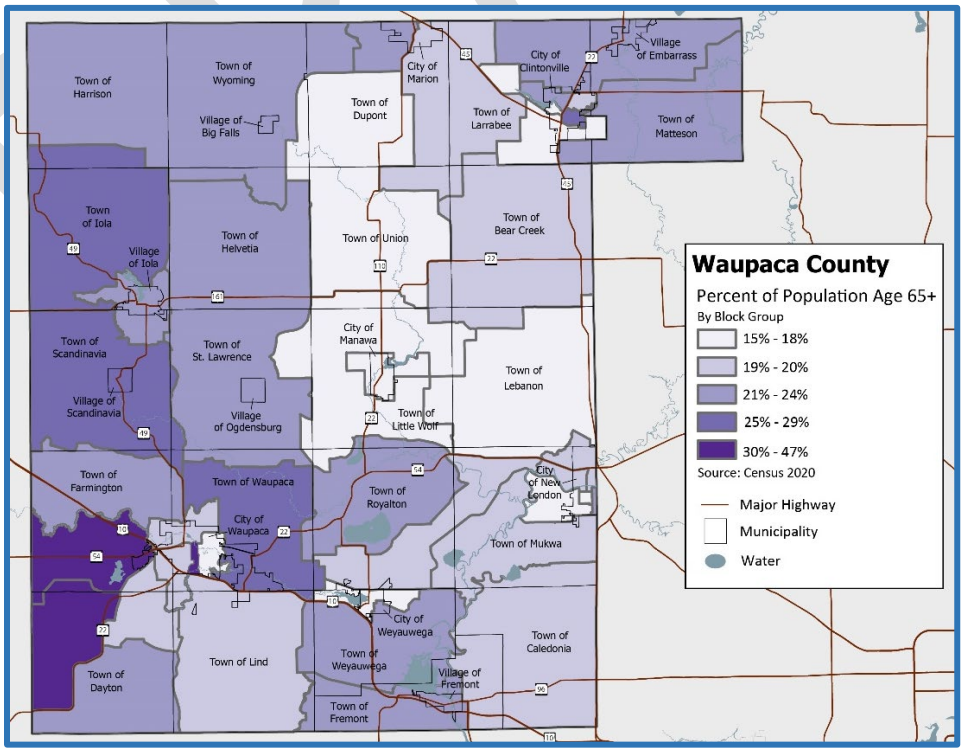
indicated the following topics as the top health concerns for our community's older adults; falls prevention, chronic pain, exercise and overall wellbeing, and brain health/dementia.

Guided by this community input goals and strategies have been developed for this plan's period (2025-2027) and are described in detail throughout this plan. These goals include the creation of a collaborative network for elevating unmet needs of the aging community amongst community partners, introduction of caregiver and dementia education and support programs, and provision of allergen and gluten free meals within the nutrition program to expand the program's support to older adults.

CONTEXT

To fully understand the needs of individuals who are aging in Waupaca County, one must take a look at the environment in which they reside. Waupaca County is located in east central Wisconsin approximately midway between Green Bay and Stevens Point. Waupaca County encompasses approximately 765 square miles of which about 17 square miles is surface water, including 240 lakes and 74 rivers and streams. The county features a combination of rural and small urban communities. The percentage of the county population living in rural areas is 64.9%. The county offers diverse employment opportunities ranging from agriculture, foundry, automotive, healthcare, business, and more. It is a destination for retirement and vacations. Individuals from around the state and even out of state come to Waupaca County to relax and enjoy the many year-round activities it has to offer. Many individuals have second homes in Waupaca County with plans to retire and age well here.

This map shows the percentage of the population aged 65 and older in different areas of Waupaca County, based on 2020 Census data. The color shading represents the proportion of seniors in each block group. This map highlights that some rural areas, particularly in the west and southwest, have a higher concentration of older adults compared to more central regions like the City of Waupaca and surrounding areas.

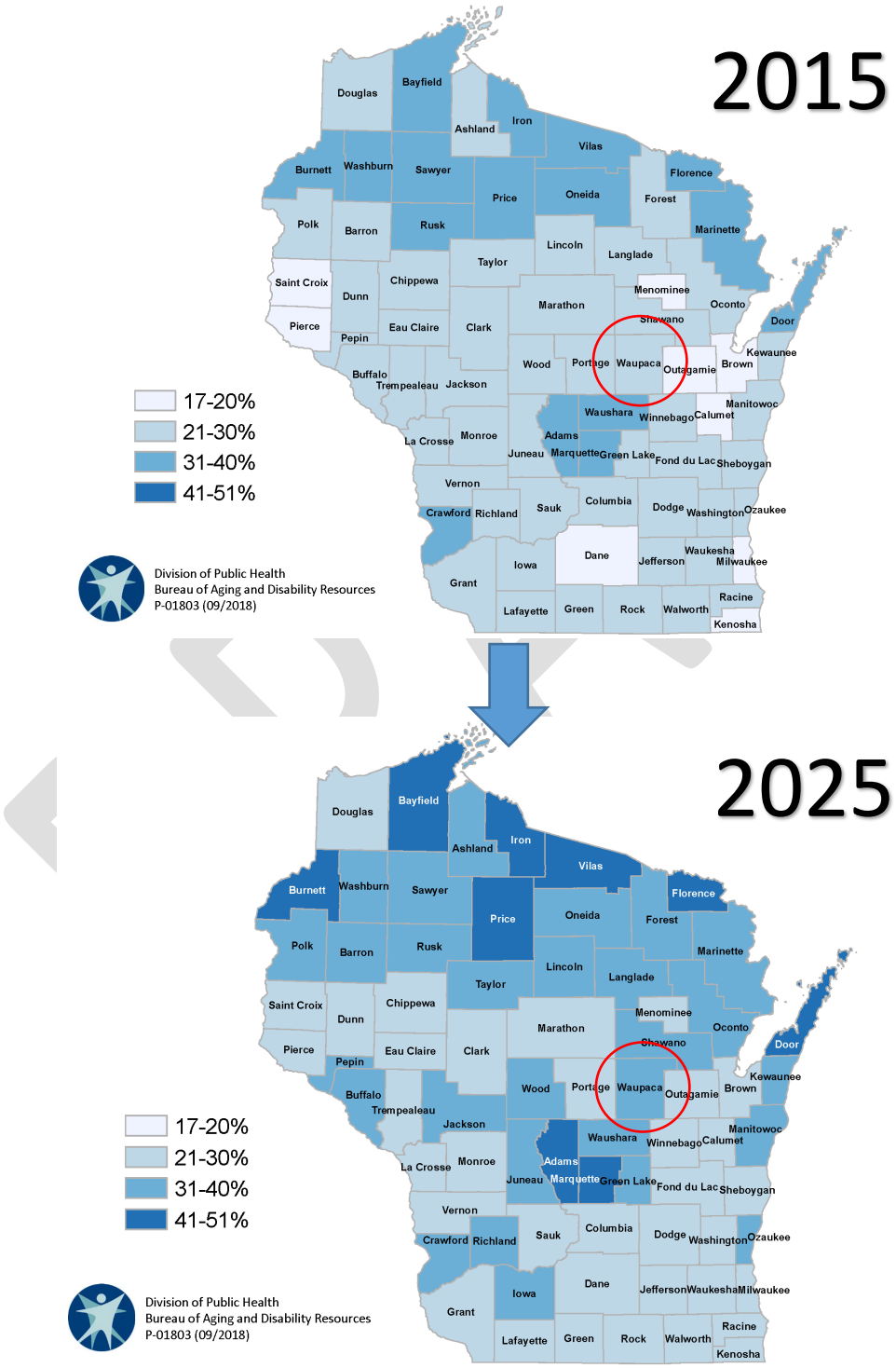


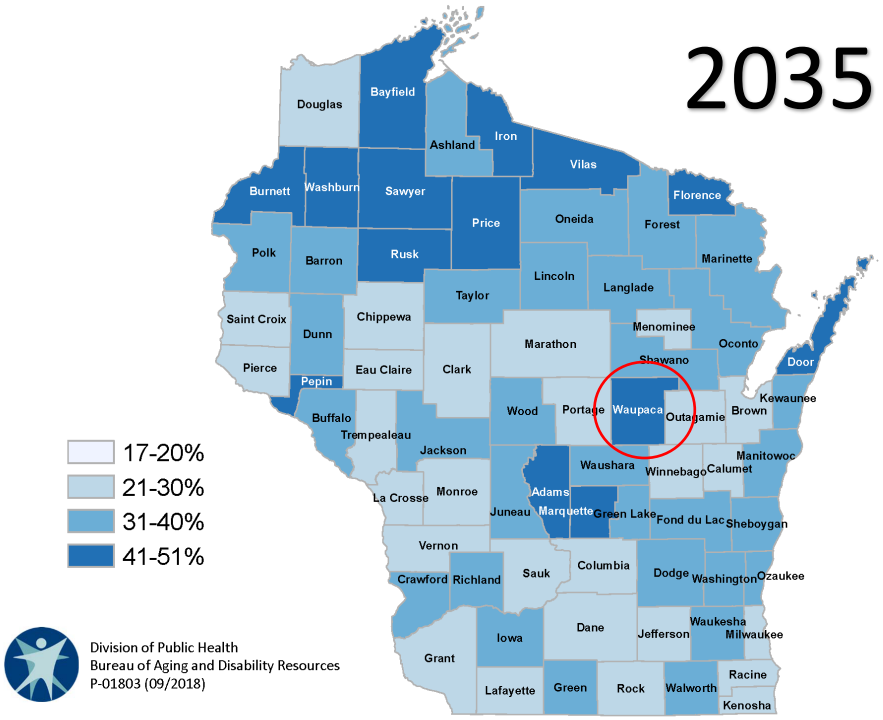
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WAUPACA COUNTY: AGING BY THE NUMBERS

Population Growth: Demonstrated by the maps below, the Projected Population of Ages 60 and Older is expected to increase in Waupaca County to 41-51% of the total county population by the year 2035.

Percent of the Projected Population Ages 60 and Older, 2015-2040





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

Age Group Estimates	Wisconsin	Waupaca County
Total Population - All Ages, All Races	**5,882,128**	**51,822**
% of total population ages 60+	24.6%	29.1%
% of total population ages 65+	17.7%	20.7%
% of total population ages 75+	7.2%	8.8%
% of total population ages 85+	2.2%	3.1%
% of Males, 65+ population	46.0%	48.4%
% of Females, 65+ population	54.0%	51.6%
Source: U.S. Bureau of the Census, American Community Survey, 2018-22 Five-year Estimates, Table B01001		

As the table above demonstrates Waupaca County has a higher proportion of older adults compared to the state of Wisconsin overall, with 29.1% of Waupaca's population aged 60 and over, compared to 24.6% statewide. The county also has a slightly more balanced gender distribution among residents aged 65+, with 48.4% being male and 51.6% female.

Households with Older Members	Wisconsin	Waupaca County
Total number of households	**2,425,488**	**22,355**
Percent with a member age 60+	40.9%	45.3%
Percent with a member age 65+	30.4%	33.3%
Source: U.S. Bureau of the Census, American Community Survey, 2018-22 Five-year Estimates, Tables B11006 and B11007		

As shown above in Waupaca County, a higher percentage of households that include older adults compared to the state overall, with 45.3% of households having a member aged 60 or older, versus 40.9% statewide.

Ages 65 and Older, Living Alone	Wisconsin	Waupaca County
Persons 65+	**1,038,620**	**10,722**
Persons, % living alone	29.3%	27.4%
Males age 65+	**478,089**	**5,188**
Males, % living alone	20.6%	19.5%
Females age 65+	**560,531**	**5,534**
Females, % living alone	36.6%	34.7%
Source: U.S. Bureau of the Census, American Community Survey, 2018-22 Five-year Estimates, Tables B01001 and B09020		

Data denotes that of county residents aged 65 and older 27.4% live alone, slightly lower than the 29.3% statewide. Women are more likely to live alone, with 34.7% of females 65+ in Waupaca County doing so, compared to 19.5% of males. Older adults living alone may face higher risks for social isolation, limited access to immediate help during emergencies, and difficulties managing health conditions or daily tasks without support.

Population by Race and Ethnicity, July 2022	Wisconsin	Waupaca County
Total Population Ages 65+	1,102,119	10,980
% of 65+ that is White/Caucasian, Not Hispanic	92.6%	97.7%
% of 65+ that is Black/African American, Not Hispanic	3.1%	0.2%
% of 65+ that is Native American/Alaska Native, Not Hispanic	0.6%	0.4%
% of 65+ that is Asian, Not Hispanic	1.2%	0.3%
% of 65+ that is Hawaiian/Pacific Islander, Not Hispanic	0.0%	0.0%
% of 65+ that is Two or More Races, Not Hispanic	0.5%	0.4%
% of 65+ that is Any Race with Ethnicity Hispanic/Latino	2.1%	1.0%
Source: U.S. Bureau of the Census, Annual Population Estimates, July 2022 released Summer 2023		

In Waupaca County, the population aged 65 and older is overwhelmingly White/Caucasian, with 97.7% identifying as such, compared to 92.6% statewide. The percentages of other racial and ethnic groups among older adults in Waupaca County are significantly smaller, with Black/African American, Asian, and Hispanic/Latino populations each making up less than 1% of the 65+ age group, and little representation of Hawaiian/Pacific Islanders. This reflects a less racially diverse older population in Waupaca County compared to Wisconsin as a whole.

Ratio of Income to Poverty: Ages 65 and Older*	Wisconsin	Waupaca County
% of total 65+ population below poverty	8.1%	10.2%
% of total 65+ population: 150% of poverty or less	15.1%	20.0%
% of total 65+ population: 185% of poverty or less	21.5%	27.0%
% of total 65+ population: 200% of poverty or less	25.2%	31.3%
% of total 65+ population: 300% of poverty or less	43.0%	49.5%
*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 B17024		

In Waupaca County, 10.2% of seniors aged 65 and older live below the poverty line, compared to 8.1% statewide. More seniors in Waupaca County live at or near poverty levels, with 31.3% at 200% of the

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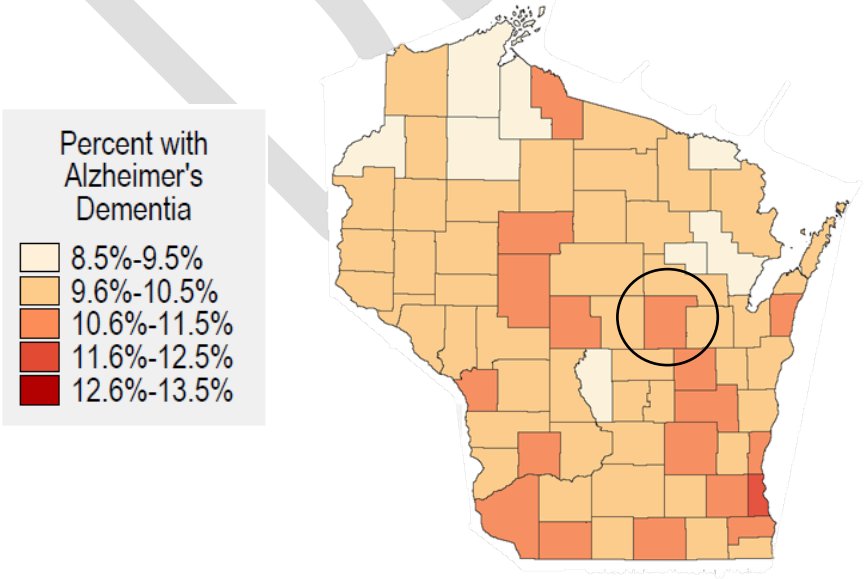
poverty level or less, compared to 25.2% statewide. For a single person in 2024, the federal poverty line is about $14,580 in annual income. Thus, 150% of poverty is approximately $21,870, 185% is about $26,973, 200% is $29,160, and 300% is around $43,740. These figures show a significant portion of Waupaca County seniors have limited incomes.

Housing Unit Tenure and Housing Costs	Wisconsin	Waupaca County
Housing units occupied by householders age 65+	**667,538**	**6,630**
Percent of units that are rentals	22.4%	22.1%
Rental costs less than 30% of income	36.8%	30.4%
Rental costs 30% of income or more	54.4%	57.3%
Percent of units that are owner-occupied	77.6%	77.9%
Monthly owner costs less than 30% of income	76.1%	75.8%
Monthly owner costs 30% of income or more	23.2%	23.6%
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		

In Waupaca County, 6,630 housing units are occupied by householders aged 65 and older, with 22.1% of these being rentals, similar to the state average of 22.4%. Of these renters, 57.3% spend 30% or more of their income on housing costs, slightly higher than the state average of 54.4%. For owner-occupied homes, which make up 77.9% of the senior housing, 23.6% spend 30% or more of their income on housing costs, close to the state average of 23.2%. Overall, housing affordability remains a challenge for a significant portion of senior renters and homeowners.

Alzheimer's Dementia Prevalence Estimates	Wisconsin	Waupaca
Total Population Age 65+ (Nearest 100)	1,047,900	10,900
Alzheimer's Dementia Cases Age 65+ (Nearest 100)	110,900	1,200
Alzheimer's Dementia Prevalence (Ages 65+)	10.6%	10.9%
Source: Dhana et al., Alzheimer's & Dementia, 2023		

Alzheimer's Dementia in Wisconsin (Ages 65+)



In Waupaca County, an estimated 10.9% of the population aged 65 and older has Alzheimer's/Dementia, slightly above the state average of 10.6%. As displayed in the map this is among the highest prevalence present in the state of Wisconsin. The prevalence of Alzheimer's and Dementia is predicted to increase with an estimated 2,893 persons affected by 2040.

As all of the data above indicates, Waupaca County's aging population faces several challenges. The county's aging population is growing faster than the state average. By 2035, the population aged 60 and older is expected to make up 41-51% of the total, compared to 29.1% today. Key challenges include:

- **Economic Strain:** A significant portion of seniors in Waupaca County face financial difficulties. About 10.2% live below the poverty line, and 31.3% have incomes at or below 200% of the poverty level, higher than the state average. This limited income can affect access to healthcare, transportation, and other essential services.
- **Housing Affordability:** Both renters and homeowners experience challenges with housing costs. Over half of senior renters (57.3%) and about 23.6% of homeowners spend 30% or more of their income on housing. This limits resources available for other necessities like healthcare, food, and transportation.
- **Living Alone:** Around 27.4% of seniors in Waupaca County live alone, with women more likely to do so. This can lead to increased risks of social isolation, limited access to help in emergencies, and greater challenges in managing daily tasks and health.
- **Healthcare Needs:** With an estimated 10.9% of seniors diagnosed with Alzheimer's dementia, there is a growing need for specialized care. By 2040, the number of people affected by dementia is expected to nearly triple, adding strain to families and healthcare services.
- **Rurality and Transportation:** As seen on the map, many older adults live in rural parts of the county, making access to healthcare, social services, and transportation more challenging. This rural distribution means that seniors in these areas may have limited access to necessary resources.
- **Increasing Health and Social Service Demands:** The higher-than-average proportion of seniors aged 85 and older (3.1% compared to 2.2% statewide) suggests that more older adults in Waupaca County will require advanced medical care and support services as they age.

These factors highlight the growing need for enhanced support systems for seniors, including affordable housing, healthcare, social services, and transportation options to meet the demands of Waupaca County's aging population.

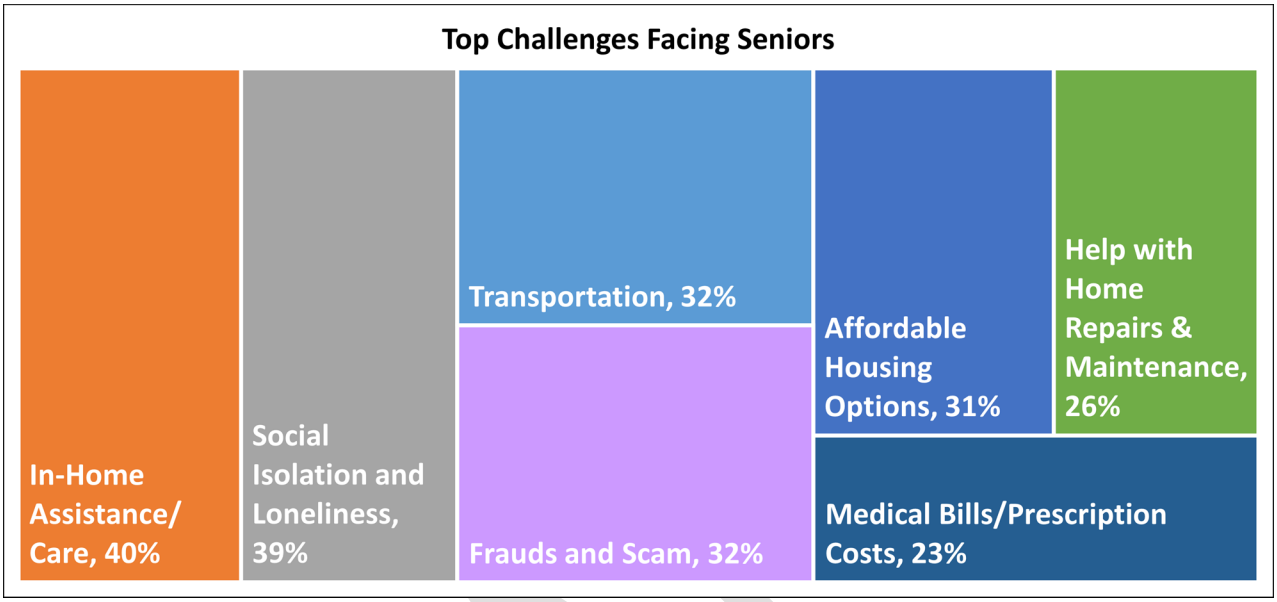
DEVELOPMENT OF THE AGING PLAN

COMMUNITY ENGAGEMENT

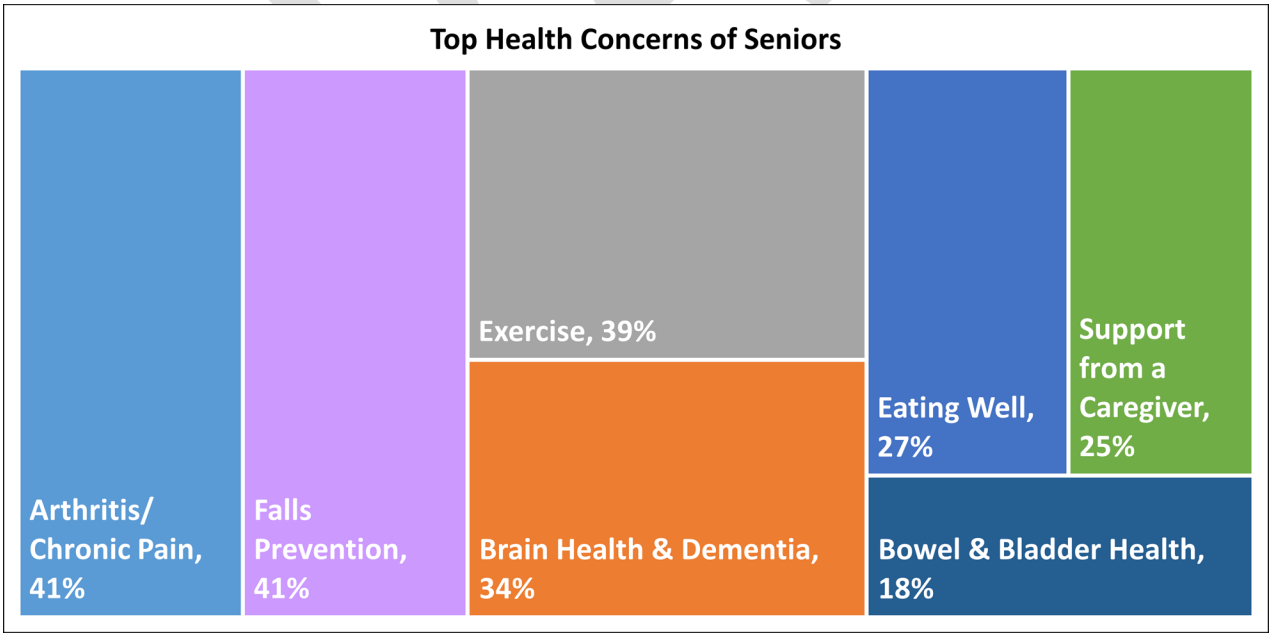
Engaging the community to learn more about the challenges and needs facing older adults is a key component of developing the aging plan. In addition to input from older adults, input from the community overall is critical to designing goals and program improvements that will be relevant now and into the future. For this Aging Plan development period the Waupaca County ADRC developed a short survey to be distributed widely amongst the community to gather input and feedback. The survey was made available both in an online and paper format and distributed widely by the ADRC and several community partners. The survey was distributed via social media pages, websites, at community and

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senior centers, newsletters, community events, and within staff interactions with clients. The survey was distributed for several months between March and July 2024. More details about this survey can be found in Appendix A, however the key findings of the surveys are summarized below.



Survey data suggests that these are the top seven challenges facing older adults in Waupaca County. The table indicates the percentage of respondents that specified this challenge when asked to identify their top three. These responses are consistent with the available data discussed within the context of this report.



The survey data collected suggests that these are the top seven health concerns weighing on the minds of Waupaca County's older adults. The table indicates the percentage of respondents that specified this concern when asked to identify their top three.

Additionally within the survey questions, respondents were asked to write in their thoughts on what people will need in the next three, five, or even ten years to remain independent as they age. All of the responses were reviewed and categorized via the overall theme. The top themes mentioned were home care services, affordable housing, social opportunities, and general help and support.

PARTNERS AND RESOURCES

While developing this aging plan, Waupaca County ADRC relied upon community partners to help disseminate the community input survey. Additionally, Waupaca County ADRC encouraged community partners to also complete the survey to share their input to the plan's goals and objectives. These community partners included the following entities; the cities of Waupaca, Clintonville, and New London, along with the Waupaca County Caregiving Alliance. Waupaca County ADRC also engaged their advisory committees throughout the process, by sharing the survey with committee members, asking committee members to encourage others to complete the survey, sharing updates at committee meetings as the plan was developed, and then ultimately sharing the plan's draft goals to solicit their feedback and approval.

PUBLIC HEARINGS

A Public Hearing is an essential component of ensuring community input is incorporated to the final aging plan. It is a venue to share with the public the goals and strategies that were developed as a result of their initial input and an opportunity to adjust the goals and strategies if needed. Waupaca County ADRC advertised the public hearing through the senior nutrition program newsletter, the local paper, and on social media. The public hearing was held at a community location that was accessible to the public and had received good interest and attendance for previous ADRC outreach. Attendees of the public hearing were provided a handout detailing the goals and strategies proposed for the aging plan and also educated about what the aging plan's purpose and procedures are. Attendees agreed that the goals identified aligned well with the needs expressed through the community input survey and provided some suggestions for the execution of the goals. A suggestion that was made for the Title IIID and Title IIIE goals included partnering with hospice providers to reach more caregivers. Other feedback provided was suggestions to engage the community to solicit more input in the future. More information about the public hearing for this aging plan can be found in the appendices. No additional changes were made to the proposed goals and strategies as a result of the public hearing.

GOALS AND STRATEGIES

GOAL ONE	
OLDER AMERICANS ACT PROGRAM	**FOCUS AREA (IF APPLICABLE)**
☒Title III-B Supportive Services ☐Title III-C Nutrition Program ☐Title III-D Evidence-Based Health Promotion ☐Title III-E National Family Caregiver Support Program	☐Person centeredness ☐Equity ☒Advocacy

GOAL STATEMENT:

Because Waupaca County ADRC has limited scope and capacity to address all issues that affect our consumer populations the ADRC will create and host a community collaborative network to elevate and address unmet needs affecting the senior population, advocate for senior issues collectively, and collaborate to create more comprehensive and robust community services.

PLAN OR STRATEGY:

Waupaca County ADRC will identify community stakeholders to invite to and create the collaborative network. This may include partners such as medical organizations, city or county officials, non-profits, cornerstone community organizations such as businesses, foundations, or service organizations. After the formation of the network a mission statement and priorities (based on community input) will be set forth for the following 1-2 year period. Following this ADRC will host at minimum 2 collaborative summits annually to discuss the priority issues and develop community action plans.

DOCUMENTING EFFORTS AND TOOLS:

Documenting **how much** has been done:

- Creation of a mission statement and priorities
- Agendas for the semi-annual collaborative summits

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

- Documentation of collaborative efforts as a result of the summit meetings

Assessing whether anyone is **better off**:

Completion of the next Aging Plan period of community input (reduction in respondents identifying the priority issues being worked on or addressed by the collaborative)

OPTIONAL QUESTIONS TO CONSIDER WHEN ESTABLISHING GOALS

1. Why are we choosing this thing to focus our efforts on?

   Because many issues that our clients face fall outside the scope of the ADRC or Aging Services – such as affordable housing.

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2. Why do we believe this particular effort will make things better?

   There is currently no avenue to have all parties who could make a difference at the table working to address these issues.

3. How do we think this leads to people being better off?

   This effort should result in services that are better coordinated or collaborative to address community issues.

4. How will we know that when we're done with this effort?

   This effort should be ongoing over multiple aging plan periods. Progress will be measured through community input.

5. How will we know whether anyone is better off because of this effort?

Through community input.

GOAL TWO	
OLDER AMERICANS ACT PROGRAM	**FOCUS AREA (IF APPLICABLE)**
☐Title III-B Supportive Services ☐Title III-C Nutrition Program ☐Title III-D Evidence-Based Health Promotion ☒Title III-E National Family Caregiver Support Program	☐Person centeredness ☐Equity ☐Advocacy

GOAL STATEMENT:

Waupaca County ADRC aims to expand and build up caregiver support programming within its service area to provide additional education and support to caregivers and individuals with or affected by dementia.

PLAN OR STRATEGY:

Waupaca County ADRC will introduce the evidence based course Stress Busters for Caregivers by the end of 2025, the non-evidence based program Dementia Live by the end of 2025, and the exploration/creation of a dementia-safe response program with local law enforcement by the end of 2027.

DOCUMENTING EFFORTS AND TOOLS:

Documenting **how much** has been done:

- Waupaca County ADRC will host a minimum of 4, but depending on community demand potentially more, sessions of Stress Busters for Caregivers over the course of the 3 year aging plan period.

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- Waupaca County will host 3 times annually the dementia education and simulation Dementia Live over the course of the three year Aging Plan Period.
- The dementia-safe response program, if feasible to create in partnership with law enforcement, will be measured by the amount of response plans on file.

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

- Collection of Satisfaction Data through feedback forms distributed to participants of Stress Busters for Caregivers and Dementia Live
- Collection of officer feedback or caregiver feedback on the effectiveness of the dementia-safe response plans

Assessing whether anyone is **better off**:

- Collection of Post Course Data through the Stress Busters for Caregivers curriculum
- Collection of officer feedback or caregiver feedback on the effectiveness of the dementia-safe response plans

OPTIONAL QUESTIONS TO CONSIDER WHEN ESTABLISHING GOALS

1. Why are we choosing this thing to focus our efforts on?

   The number of individuals and caregivers facing dementia is predicted to increase, and there are not well-developed resources within the community to support them.

2. Why do we believe this particular effort will make things better?

   The Stress Busters Course is evidence based to provide support and coping mechanisms to caregivers who participate. Dementia Live will help improve community awareness. The dementia-safe response program will help improve community infrastructure for these people and their caregivers.

3. How do we think this leads to people being better off?

   This is a multi-faceted approach to developing a dementia friendly community, by introducing awareness outreach, evidence-based education, and collaborative emergency planning.

4. How will we know that when we're done with this effort?

   This effort will be on-going over multiple aging plan periods.

5. How will we know whether anyone is better off because of this effort?

   Through the data collected and documentation efforts.

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GOAL THREE	
OLDER AMERICANS ACT PROGRAM	**FOCUS AREA (IF APPLICABLE)**
☐Title III-B Supportive Services ☐Title III-C Nutrition Program ☒Title III-D Evidence-Based Health Promotion ☐Title III-E National Family Caregiver Support Program	☐Person centeredness ☐Equity ☐Advocacy

GOAL STATEMENT:

Waupaca County ADRC aims to expand and build up evidence-based health promotions programming within its service area to provide additional education and support to caregivers and individuals with or affected chronic illness and pain.

PLAN OR STRATEGY:

Waupaca County ADRC will introduce the evidence based course Chronic Illness Stress-Busting Program by the end of 2025, and offer the program a minimum of once per year, more if community interest allows.

DOCUMENTING EFFORTS AND TOOLS:

Documenting **how much** has been done:

- Waupaca County ADRC will host a minimum of 4, but depending on community demand potentially more, sessions of Chronic Illness Stress-Busting over the course of the 3 year aging plan period.

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

- Collection of Satisfaction Data through feedback forms distributed to participants of Chronic Illness Stress Busting

Assessing whether anyone is **better off**:

- Collection of Post Course Data through the course curriculum

OPTIONAL QUESTIONS TO CONSIDER WHEN ESTABLISHING GOALS

1. Why are we choosing this thing to focus our efforts on?

   The number of individuals and caregivers dealing with a chronic illness is high, and there is a need for well-developed resources within the community to support them.

2. Why do we believe this particular effort will make things better?

   The Stress Busters Course is evidence based to provide support and coping mechanisms to caregivers and individuals who participate.

3. How do we think this leads to people being better off?

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This course provides participants with a skillset they can adopt in their daily life to manage symptoms and for caregivers prevent burnout.

4. How will we know that when we're done with this effort?

   This effort will be on-going over multiple aging plan periods.

5. How will we know whether anyone is better off because of this effort?

   Through the data collected and documentation efforts.

GOAL FOUR	
OLDER AMERICANS ACT PROGRAM	**FOCUS AREA (IF APPLICABLE)**
☐Title III-B Supportive Services ☒Title III-C Nutrition Program ☐Title III-D Evidence-Based Health Promotion ☐Title III-E National Family Caregiver Support Program	☒Person centeredness ☒Equity ☐Advocacy

GOAL STATEMENT:

Waupaca County ADRC aims to expand the nutrition program's support for older adults with food allergies and those who have a need for gluten free diet.

PLAN OR STRATEGY:

- Provide meal site staff and volunteer education for proper kitchen procedures for providing allergen and gluten free meals by December 31, 2025.
- Make food allergy and gluten free friendly meal options available for congregate meal participants by December 31, 2026.
- Work with contracted restaurant providers to ensure allergen and gluten free menu options are incorporated to the Bistro 60 program approved menus and available to participants by December 31, 2026.
- Provide staff and volunteer education for proper delivery procedures for providing allergen and gluten free meals by December 31, 2026.
- Make food allergy and gluten free friendly meal options available for home-delivered meal participants by December 31, 2027.

DOCUMENTING EFFORTS AND TOOLS:

Documenting **how much** has been done:

- Meals and staff/volunteer education provided

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

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- Participants identified with a need at the time of screening are provided meal alternatives for allergy and gluten free diets.

Assessing whether anyone is **better off**:

- Participant surveys will include questions about satisfaction with meal options and provision of the meal.

OPTIONAL QUESTIONS TO CONSIDER WHEN ESTABLISHING GOALS

1. Why are we choosing this thing to focus our efforts on?

   Historically nutrition program operations did not have the infrastructure to safely provide alternative meal options to individuals with food allergies or those who need a gluten free diet.

2. Why do we believe this particular effort will make things better?

   The Americans with Disabilities act considers some food allergies to be disabilities that require reasonable accommodation. We have been unable to provide such accommodation in the past and have at time had participants with unmet needs due to this.

3. How do we think this leads to people being better off?

   Participants who present with a need will have their needs met by the program.

4. How will we know that when we're done with this effort?

   When meal options are made available to all participants of the program.

5. How will we know whether anyone is better off because of this effort?

   Responses to participant satisfaction surveys.

PROGRAM ADVANCEMENT

COMMUNITY ENGAGEMENT AND PUBLIC INPUT

Engaging the community to learn more about the challenges and needs facing older adults is a key component of developing and successfully executing an aging plan. Engaging the community in a meaningful way can be quite challenging. Throughout recent years Waupaca County ADRC has attempted to gather community input through a variety of means and have had varying degrees of community responses dependent on the topic and method used. To continue to improve community engagement and input the Waupaca County ADRC plans to continue to use methods that they have had great success with and also try several other strategies. These are detailed below:

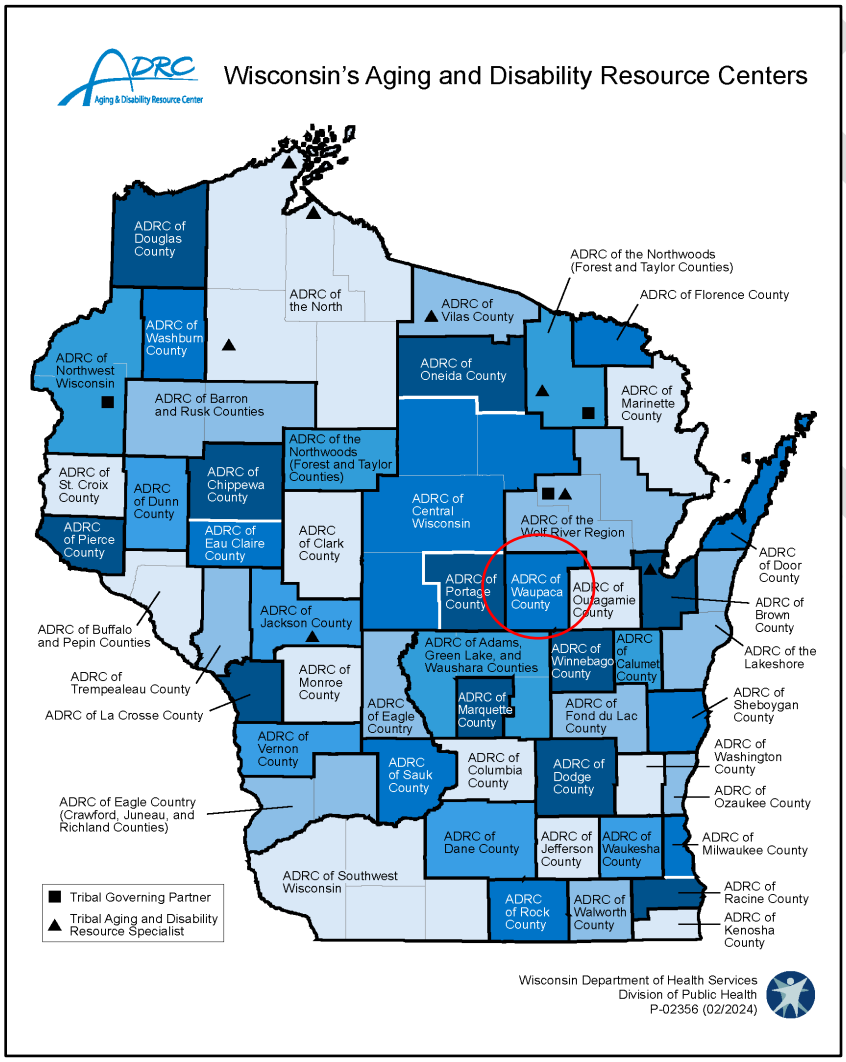
- Focus Groups with Existing Program Participants
- Short Community Surveys
- Gather Input at Events that have Good Attendance – this could be in partnership with other community groups or organizations

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- Eventize Public Hearings or Offer Incentives for Community Input
- Provide Consistent Reminders to the Public to when Collecting Input

TITLE III AND TITLE VI COORDINATION

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



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

Waupaca County does not contain any tribal lands. However, Wisconsin's tribal members live all over the state and therefore there are tribal members present within Waupaca County.

Throughout this Aging Plan period Waupaca County's Aging Unit will aim to improve its coordination with Title VI programs through the following strategies:

Partner with Neighboring Counties and Tribal Organizations: Since there are no tribal lands within Waupaca County, the Aging Unit will collaborate with neighboring counties that have Title VI programs or tribal representatives. Through this collaboration the Aging Unit will share information about the Aging Unit's services that might benefit tribal members living in or near Waupaca County, such as transportation, caregiving support, or nutrition programs.

Culturally Sensitive Materials: The Aging Unit will ensure that program materials are easy-to-understand and culturally sensitive for tribal members. The Aging Unit will ensure that these materials are distributed through local clinics, libraries, and community centers where tribal members may visit.

AGING UNIT INTEGRATION WITH THE LOCAL ADRC

Every aging unit has a connection to an aging and disability resource center (ADRC). For 25 years, Wisconsin has been working to create a No Wrong Door system to facilitate the coordination of aging services with ADRCs. Within Waupaca County the Aging Unit and ADRC are integrated into one agency and work together in tandem. Operations are integrated at every level possible to achieve a consistent and meaningful service provision to customers of any program. Please see the organizational chart in subsequent sections.

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

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ORGANIZATIONAL STRUCTURE AND LEADERSHIP OF AGING UNIT

PRIMARY CONTACT TO RESPOND TO QUESTIONS ABOUT THE AGING PLAN

NAME: Melissa Anderson
TITLE: Aging and Disability Resource Center Manager
COUNTY: Waupaca
ORGANIZATIONAL NAME: Waupaca County Aging and Disability Resource Center
ADDRESS: 811 Harding St.
CITY: Waupaca **STATE:** Wisconsin **ZIP CODE:** 54981
EMAIL ADDRESS: melissa.anderson@co.waupaca.wi.us **PHONE:** 715-258-6358

ORGANIZATIONAL CHART OF THE AGING PLAN

ORGANIZATIONAL STRUCTURE: Choose the option that represents the organizational structure of the aging unit.	**CHECK ONE**
(1) An agency of county/tribal government with the primary purpose of administering programs for older individuals of the county/tribe.	☐
(2) A unit, within a county/tribal department with the primary purpose of administering programs for older individuals of the county/tribe.	☒
(3) A private, nonprofit corporation, as defined in s. 181.0103 (17).	☐
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.	☒
For an aging unit that is described in (1) or (2) above, composed of individuals of recognized ability and demonstrated interest in services for older individuals. Older individuals shall constitute at least 50% of the membership of this commission and individuals who are elected to any office may not constitute 50% or more of the membership of this commission.	☐
For an aging unit that is described in (3) above, the board of directors of the private, nonprofit corporation. Older individuals shall constitute at least 50% of the membership of this commission and individuals who are elected to any office may not constitute 50% or more of the membership of this commission.	☐
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.	☒
The aging unit does not have a full-time aging director as required by law.	☐

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ORGANIZATIONAL CHART



POLICY-MAKING BODY

Official Name of the Policy-Making Body: Waupaca County Department of Human Services Board

Chairperson of the Policy-Making Body: Kevin Will, County Board Supervisor

ADVISORY COMMITTEE

Official Name of the Advisory Committee: ADRC & Aging Advisory Committee

Chairperson of the Advisory Committee: Tammy Strey-Hirt, County Board Supervisor

BUDGET SUMMARY

VERIFICATION OF INTENT

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

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

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

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

Signature and Title of the Authorized County Board Representative Date

APPENDICES

Appendix A: Assurance of Compliance with Federal and State Laws and Regulations

The assurances below often refer to requirements of area agencies on aging (AAAs) and is absent of references to aging units. Wisconsin's structure of AAAs and local county and tribal aging units differs from other states but is recognized in state statue 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

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tribal nations, in a binding contract with the AAA, must support and comply with requirements under the Older Americans Act (Public Law 89-73) [As Amended Through P.L. 116-131, Enacted March 25, 2020] Reference: 45 CFR Part 1321 – Grants to State and Community Programs on Aging as updated in March 2024.

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

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

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

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

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

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

On behalf of the county or tribal nation, we certify

_____

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

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

_____

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

_____

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

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The applicant certifies compliance with the following regulations:

1. Legal Authority of the Applicant

- The applicant must possess legal authority to apply for 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.

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• 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 confidentially 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.

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• 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

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• 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

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

15. Maintenance of Non-Federal Funding

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

16. Regulations of Grantor Agency

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

17. Older Americans Act

Aging units, through binding agreement/contract with an AAA must support and comply with following requirements under the Older Americans Act (Public Law 89-73) [As Amended Through P.L. 116-131, Enacted March 25, 2020]
Reference: 45 CFR Part 1321 – Grants to State and Community Programs on Aging as updated in March 2024.

Sec. 306. (a)

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

(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services
(A) services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);
(B) in home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
(C) legal assistance;
and assurances that the Area Agency on Aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

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

(4)(A)(i)(I) provide assurances that the Area Agency on Aging will—
(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and
(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);
(ii) provide assurances that the Area Agency on Aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—
(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;
(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
(III) meet specific objectives established by the Area Agency on Aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and
(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each Area Agency on Aging shall
(I) identify the number of low income minority older individuals and older individuals residing in rural areas in the planning and service area;
(II) describe the methods used to satisfy the service needs of such minority older individuals; and
(III) provide information on the extent to which the Area Agency on Aging met the objectives described in clause (a)(4)(A)(i).

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

(I) older individuals residing in rural areas;
(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(IV) older individuals with severe disabilities;
(V) older individuals with limited English proficiency;
(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and
(4)(C) Each area agency on agency shall provide assurance that the Area Agency on Aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low income minority older individuals and older individuals residing in rural areas.

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

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

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

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

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

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

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

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(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;

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

Wisconsin Elders Act
If the applicant is an aging unit, the aging unit must comply with the provisions of the Wisconsin Elders Act, the title given to Chapter 46.82

Appendix B: Community Engagement Report

Your County or Tribe: **Waupaca County**	**Date/s of Event or Effort:** **3/25/2024 – 7/31/2024**
Target audience(s): **Waupaca County Residents of All Ages**	**Number of Participants/ Respondents**: **43**
Describe the method used including partners and outreach done to solicit responses: Waupaca County ADRC developed and distributed a Digital/Online Aging Services Survey to solicit community feedback on the programmatic performance, goals, and provisions. Waupaca County shared a link to a digital version of the survey and guidelines for messaging to the community to partners – New London Parks and Recreation, Waupaca Senior Center, and Clintonville Parks and Recreation with the ask to assist in the distribution and raising awareness of the survey. In addition Waupaca County ADRC shared the survey link through a variety of other means including: Waupaca ADRC Facebook Page, Senior Nutrition Program Newsletter, Waupaca County Website, and Countywide Email Group.	
Describe how the information collected was used to develop the plan: The information collected was used to determine project focus areas. For example a variety of community concerns reported throughout this survey, such as housing availability and affordability, are not within the Aging or ADRC Scope of Services. However, the ADRC is a centralized place for aging resources and assistance. With this in mind one of the goals chosen was to develop an Aging Community Collaborative to then facilitate pathways to community partners to share and work towards addressing the concerns raised within this community input survey.	
What were the key takeaways/findings from the outreach? **Data from the Online Survey Distribution was combined with Data Collected from the Physical Survey Distribution for analysis (SEE NEXT Community Engagement Report)**	

Your County or Tribe: **Waupaca County**	**Date/s of Event or Effort:** **3/25/2024 – 7/31/2024**
Target audience(s): **Waupaca County Residents of All Ages**	**Number of Participants/ Respondents**: **45**

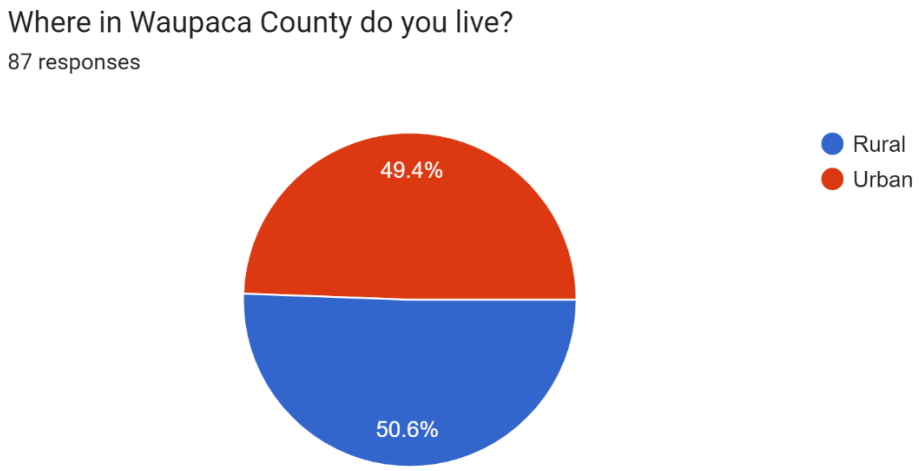
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Describe the method used including partners and outreach done to solicit responses:
Waupaca County ADRC developed and distributed an Aging Services Survey to solicit community feedback on the programmatic performance, goals, and provisions. Waupaca County shared the survey for printing and distribution with community partners – New London Parks and Recreation, Waupaca Senior Center, and Clintonville Parks and Recreation with the ask to assist in the distribution and raising awareness of the survey. In addition Waupaca County ADRC shared the survey through a variety of other means including: at Department Reception Desk, at Congregate Meal Sites, mailed copies to ADRC Class and Presentation Participants (such as Stepping up Your Nutrition or Dementia Care Specialist Presentations), as well as when staff interacted one-on-one with clients. Additionally, Waupaca County ADRC distributed the survey at community events including; Waupaca Caregiving Alliance's Senior Health Fair and Strawberry Fest.

Describe how the information collected was used to develop the plan:
The information collected was used to determine project focus areas. For example a variety of community concerns reported throughout this survey, such as housing availability and affordability, are not within the Aging or ADRC Scope of Services. However, the ADRC is a centralized place for aging resources and assistance. With this in mind one of the goals chosen was to develop an Aging Community Collaborative to then facilitate pathways to community partners to share and work towards addressing the concerns raised within this community input survey.

What were the key takeaways/findings from the outreach?

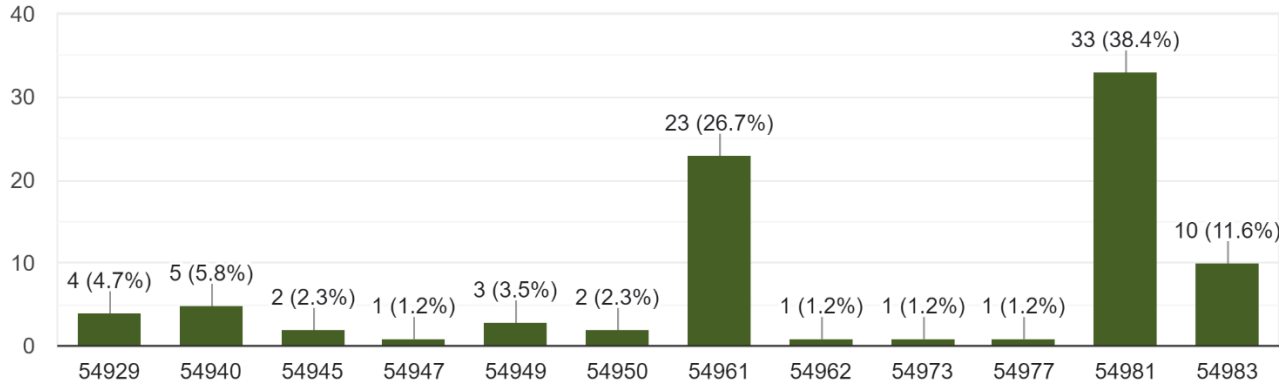
Data from the Online Survey Distribution was combined with Data Collected from the Physical Survey Distribution for analysis



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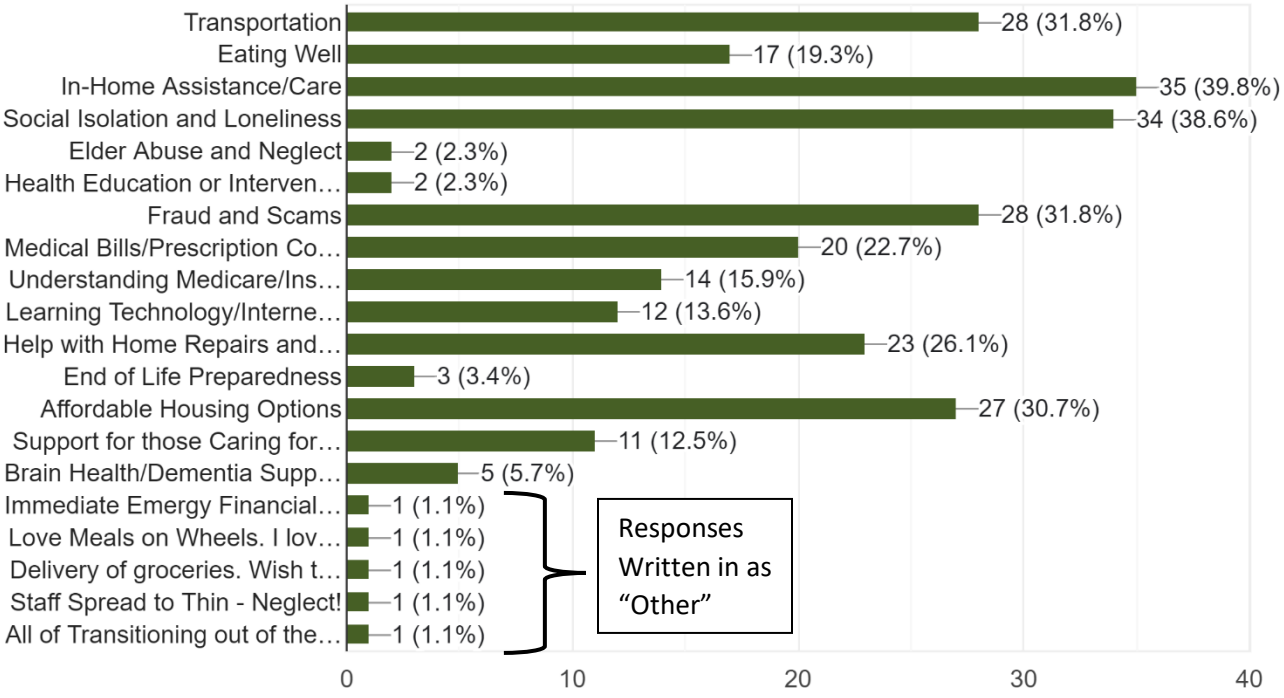
Please Provide your Zip Code:

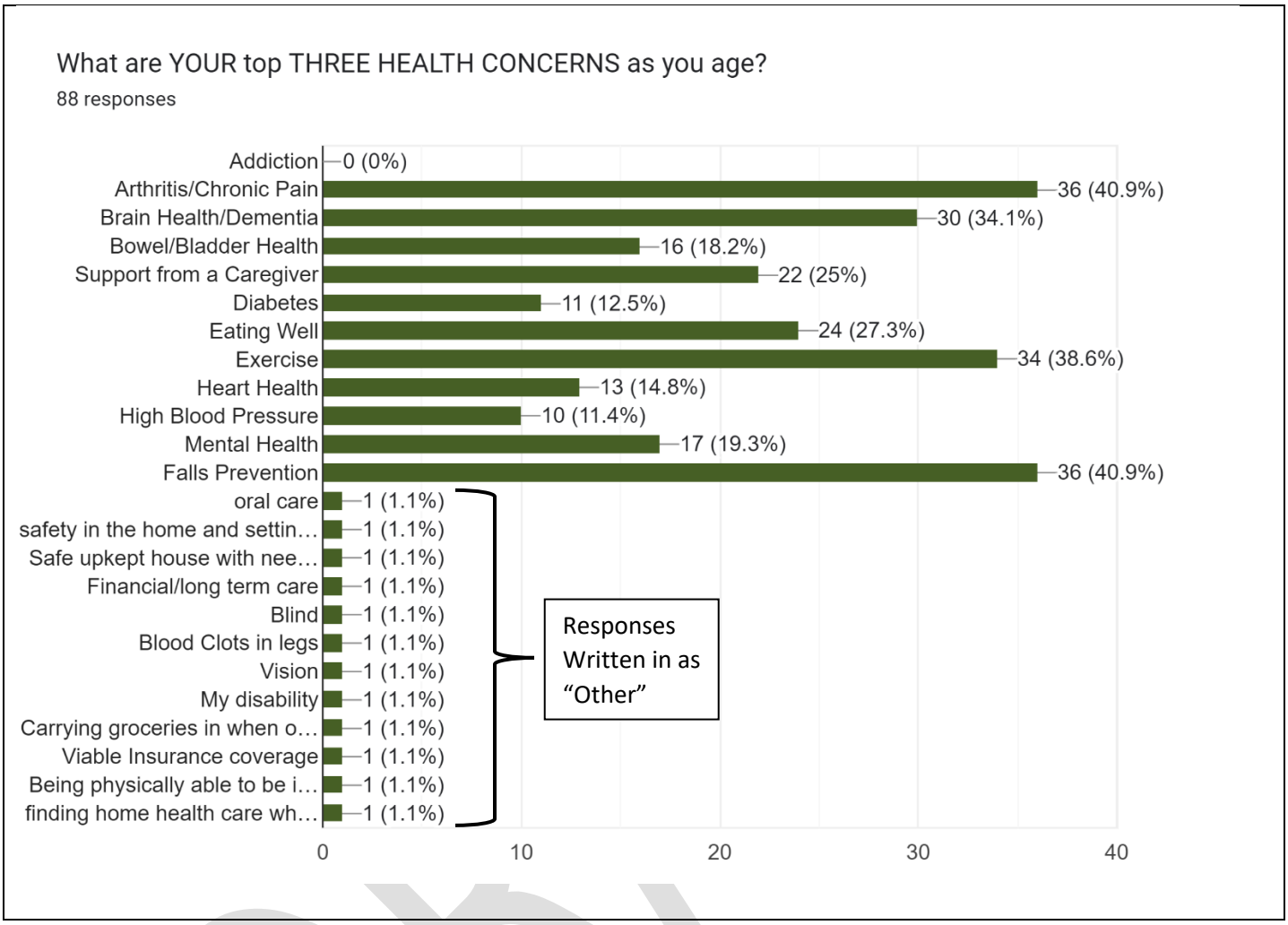
86 responses



What do you feel are the THREE MAIN CHALLENGES facing older adults in Waupaca County?

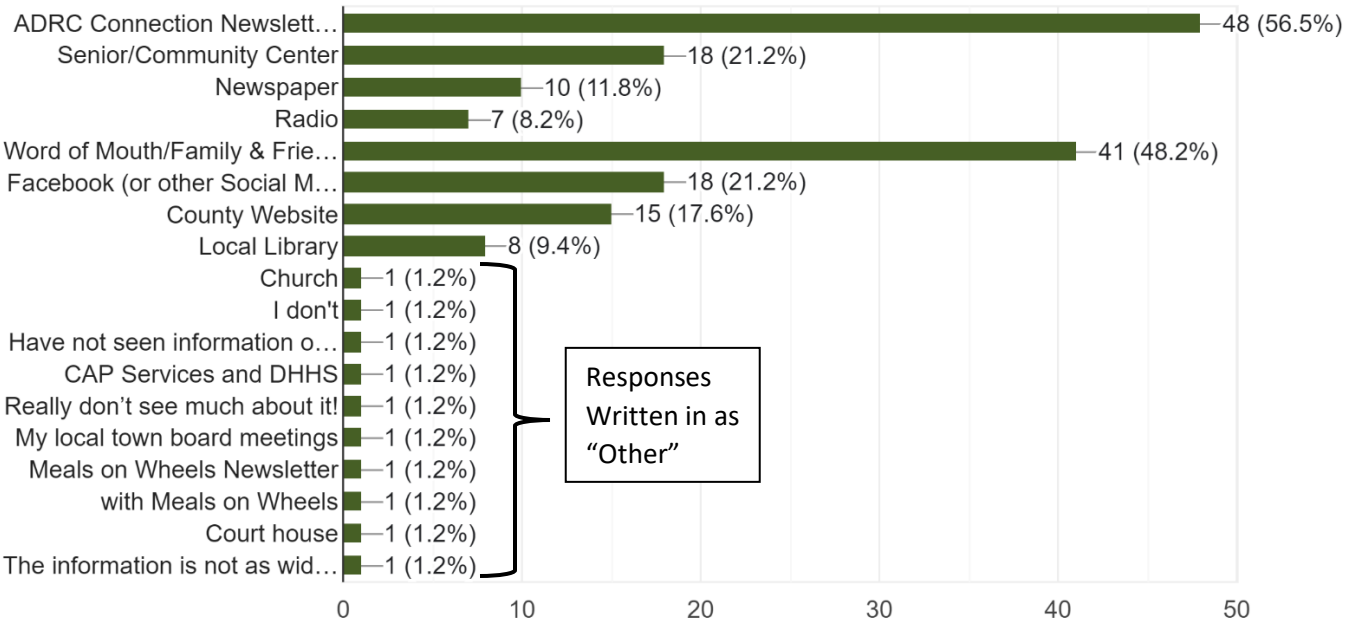
88 responses




What are YOUR top THREE HEALTH CONCERNS as you age?
88 responses
Addiction 0 (0%)
Arthritis/Chronic Pain 36 (40.9%)
Brain Health/Dementia 30 (34.1%)
Bowel/Bladder Health 16 (18.2%)
Support from a Caregiver 22 (25%)
Diabetes 11 (12.5%)
Eating Well 24 (27.3%)
Exercise 34 (38.6%)
Heart Health 13 (14.8%)
High Blood Pressure 10 (11.4%)
Mental Health 17 (19.3%)
Falls Prevention 36 (40.9%)
oral care 1 (1.1%)
safety in the home and settin… 1 (1.1%)
Safe upkept house with nee… 1 (1.1%)
Financial/long term care 1 (1.1%)
Blind 1 (1.1%)
Blood Clots in legs 1 (1.1%)
Vision 1 (1.1%)
My disability 1 (1.1%)
Carrying groceries in when o… 1 (1.1%)
Viable Insurance coverage 1 (1.1%)
Being physically able to be i… 1 (1.1%)
finding home health care wh… 1 (1.1%)
Responses Written in as "Other"
0
10
20
30
40

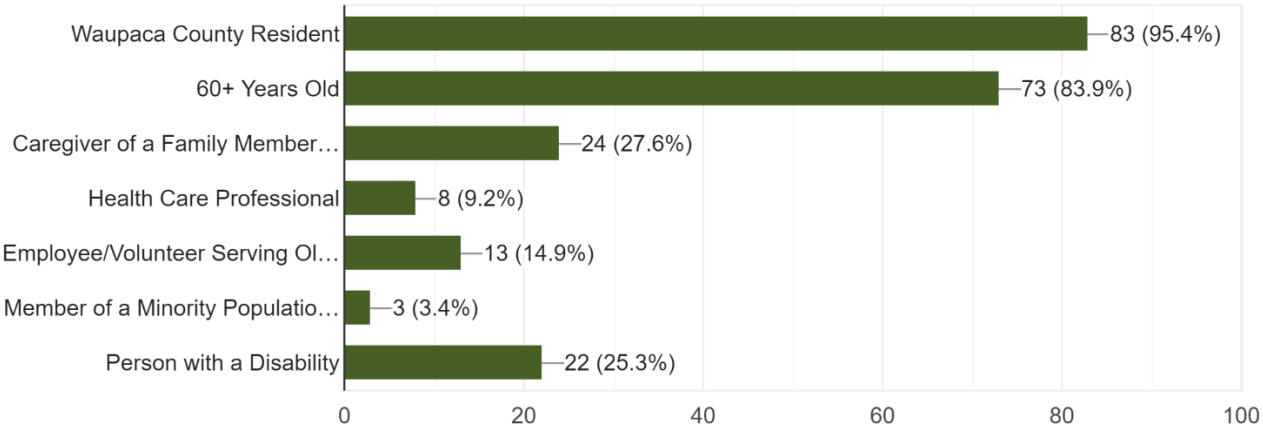
Where do you gather information about Waupaca County's programs and services? (Check all that Apply)

85 responses



If you are comfortable please select each option below that applies to you. Your response will help us determine if we have met our goal of getting feedback from a broad range of community members.

87 responses

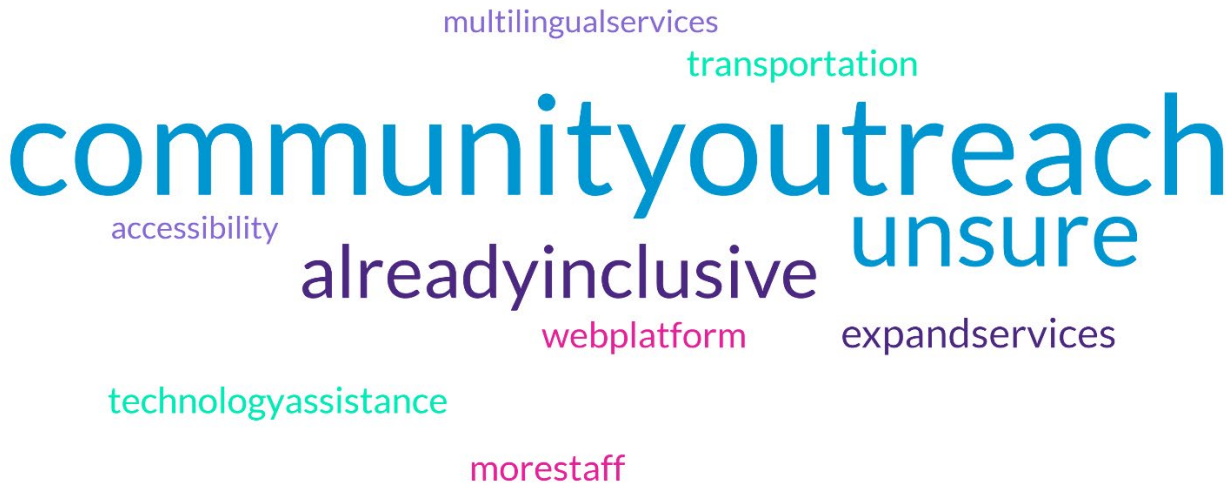


Short and Long Answer Survey Results

What do you think People will need in the next 3, 5, or even 10 years to help them remain independent as they age?
Answers written in were analyzed and grouped via theme to create a Word Cloud



How can the ADRC make services more inclusive and accessible?
Answers written in were analyzed and grouped via theme to create a Word Cloud



What is the ADRC doing well and should continue doing?
Answers written in were analyzed and grouped via theme to create a Word Cloud



Appendix C: Public Hearing Report

Date of Hearing: October 16, 2024	**County or Tribe:** Waupaca County
Location of Hearing: Caledonia Community Center	**Accessibility of Hearing:** ☒Location was convenient, accessible & large enough ☐Provisions were made for hearing/visual impairments (See Comments) ☐Provisions were made for those who do not speak English (See Comments) ☐Hearings were held in several locations (at least one in each county your agency serves) ☒Hearing was not held with board/committee meetings
Address of Hearing: E9181 State Road 96 Readfield WI	
Number of Attendees: 2	

Public Notice:

☒Official public notification began at least 2 weeks prior? Date: October 1st, 2024

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

- ☒***Print/online newspaper** _____
- ☒***Nutrition sites**
- ☒***Senior centers**
- ☒Newsletter, radio, TV, social media
- ☐Sent to partner agencies/individuals
- ☐Other_____

☒Notifications include

- ☒Date
- ☒Time

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☒Location
☒Subject of hearing
☒Location and hours that the plan is available for examination

☐Where appropriate, notice was made available in languages other than English (See Comments)

☒A copy of the notice is included with this report

Summary of Comments:

- Language, hearing, and visual accommodations were available upon request – none were requested
- Attendees agreed that the goals identified aligned well with the needs expressed through the community input survey.
- A suggestion that was made for the Title IIID and Title IIIE goals included partnering with hospice providers to reach more caregivers.
- Other feedback provided was suggestions in to engage the community to solicit more input in the future and included:
    - Provide multiple reminders of events or input requests – people often forget
    - Offer food or snacks at gatherings
    - Hold events in conjunction with something that will catch people's attention such as a speaker on an interesting topic

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

- No changes were made as a result of the feedback provided given that the feedback was in support of the proposed plan, goals, and strategies

Public Hearing Notice:

PUBLIC HEARING NOTICE
Waupaca County Aging & Disability Resource Center (ADRC)
Review of 2025-2027 Proposed Aging Plan

The Waupaca County ADRC invites the public to attend a hearing for the review of the proposed 2025-2027 Aging Plan. This plan outlines our goals, services, and initiatives for supporting the aging population in Waupaca County over the next three years.

Hearing Details:

Date: October 16, 2024
Time: 2:00 PM

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Location: Readfield/Caledonia Town Hall
E9181 State Rd 96, Readfield, WI 54969

We encourage feedback and community participation in shaping the future of aging services in our county. The plan will be available for review at the hearing, and there will be an opportunity for public comments.

For more information or to request accommodations, please contact the ADRC at 715-258-6278.

Your voice matters. Help us build a better future for our aging community.

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