

**Wednesday, July 10th 2024 meeting of
the Advisory Council to the
Commission on Aging**



Survey Distribution Update

- 306 Online Survey responses; over 110 paper
- Outreach by vendors and paper copies delivered to Senior Centers throughout Milwaukee County
 - Distribution to Meals on Wheels participants
- Mailing of survey to 2,000 clients of AAA services
- Door knocking survey distribution through partnership with Empower



New on the survey this year

- Home Repair and Modification question
- Awareness of Senior Centers
- Expanded memory questions
- Heart Health
- Expanded demographics including LGBTQ+ and Disability status



Preliminary Data update- these will change

- Respondents indicated what they like best about living in Milwaukee County includes: robust community events, specific mentions of parks, cultural events and ease of access/transportation
- We are reaching folk with the survey that are unconnected to AAA services- 20% of online survey respondents are unaware of the network of senior centers
- Nearly half of respondents indicated that they live alone
- 60% have contact with family, friends and neighbors who do not live with them



Preliminary Data update- these will change

- Early observations on how survey responses dovetail (or don't) from focus groups/public hearings.
 - Importance of autonomy
 - Transportation is perceived as both a strength and a challenge by different respondents
 - LGBT dissonance between generations discussed at first focus group, and public hearings



Aging Plan Public Outreach Update

- Focus groups organized to get feedback from specific minority groups, and special interest groups
 - Commissioner Behar and Claire led the first focus group for LGBTQ+ older adults and had a strong showing and positive feedback for the structure
 - Faith groups, Latino, Nutrition still need a volunteer to lead the discussion



Commission on Aging vision for Milwaukee County

The Aging Network will improve the health and well-being for all older adult residents of Milwaukee County by acknowledging and overcoming structural racism, promoting health equity, improving communication and collaboration, and addressing all dimensions of wellness



Major Goal Area Topics from the most recent Area Plan

A. Health Equity

B. Coordination and Communication

C. Dimensions of Wellness



Health Equity

Goal 1: Eliminate barriers to service for people of color & create more inclusive, equitable, and culturally appropriate services.

Increased Outreach to communities of color; Refugees; workforce

Goal 2: Make information and services *dementia friendly and fully accessible* and available to older adults with disabilities and older adult residents with limited English language proficiency.

Dementia Training; Web Accessibility; Translation; Spanish lang.

Goal 3: Develop an Aging Network strategy to reverse one health inequity affecting older people of color.

Cardiovascular Health, COVID Immunization, Social Isolation



Coordination and Communication

Goal 1: Create communication and outreach strategies that reach communities of color, tribal members, veterans, and individuals who are homeless or in temporary shelter.

Increased interaction with faith communities; vets; others difficult.

Goal 2: Convene the Aging Network on a regular basis to provide opportunities for referral and collaboration. Facilitate flow of information/referrals through a decentralized system.

Aging Network Summits; ADRC presence at SC's; Vendor trainings

Goal 3: Increase collaboration among DHHS services and dedicate specific funding to communication and outreach strategies.

Virtual No Wrong Door project; New brochures; Some media.



Dimensions of Wellness

Goal 1: Address threats to mental health & loneliness experienced by older adults through readily accessible programs including DHHS Behavioral Health.

TF – join Coalition on Loneliness; Older Adult Suicide Prevention / Opioid.

Goal 2: Enrich the ability of older adults to pursue lifelong learning, engage in work that is meaningful to them, share talents, and manage their finances.

Some new programs for financial counseling & employment outreach.

Goal 3: Promote wellness with programs, services, facilities & recreation that improve the ability to make healthy choices & engage with the natural world.

Community Health as an over-arching theme. SC work to improve programs.



Advocacy

Health Equity Goal: Build grassroots aging advocacy network; Advocate for public policies that advance racial equity.

Challenge to build grassroots network. View policies through equity lens.

Collaboration Goal: Partner with another non-partisan advocacy group to host a reception for legislation.

Hosted first “meet & greet” with elected officials and Commission on Aging

Wellness Goal: Hold annual advocacy training program (Senior Advocates) and increase post-program action by attendees.

Senior Leadership program revived. Online 2022. In person 2023.



Social Support

Health Equity Goals: Increase MBE vendors; Promote diversification of vendor board/staff; Implement Culturally and Linguistically Appropriate Health Services standards.

Challenge to define for NP's, measure board/staff diversity. DHHS CLAS project. Translated all materials, including for vendors. Cultural review.

Collaboration Goals: Increase peer-to-peer connections & telephone reassurance program; programming to facilitate use of technology.

Tele reassurance < in person rebounds; volunteerism ; Tech-Connect

Wellness Goal: Develop financial counseling program; Improve employment & volunteer opportunities.

Riverworks Financial Counseling; Employ MKE; ERAS RSVP & Vol Driver.



Senior Centers

Health Equity Goals: Establish healthcare at senior centers that address health risks for residents of color; ensure all senior centers are accessible.

AHA BP Monitors; FQHCs; Ind. First review; Egress projects; Wilson clinic.

Collaboration Goals: Explore public-private partnerships to create new centers; develop a social media presence; Promote Senior Companions, RSVP and Senior Employment programs, and access to County parks.

Goals identified by Senior Center Committee. Employ MKE & SDC.

Wellness Goal: Develop new opportunities addressing dimensions of wellness not currently addressed.

Tracking non-EBPP programming on wellness. Spiritual programs.



Nutrition

Health Equity Goals: Increase participation of local minority owned restaurants and food vendors in senior nutrition programs.

Dine Out program – 5 MBE restaurants/caterers.

Collaboration Goals: Provide in-home nutritional counseling to participants determined to be at risk of malnutrition.

Added RD to conduct Advanced Determine screens & intervention

Wellness Goal: Develop in-person or virtual nutrition education and meal preparation demonstrations at senior meal sites.

Virtual meal prep demo's & some thru SC's; upgrading kitchens



Evidence Based Health Promotion

Health Equity Goals: Expand offerings of Stepping-On Falls Prevention program within communities of color.

Partner with churches & community orgs; increased facilitators.

Collaboration Goals: Hold a 2nd MKE Wellness Symposium; Rebuild network of trained facilitators for Stepping-On program by partnering with the Milwaukee County Falls Prevention Coalition.

2nd Wellness symposium held in 2023; MCFPC fairs; More facilitators.

Wellness Goals: Expand virtual/mailed Evidence Based Prevention programming.

Not as efficacious; difficult to support. Revitalize MKE OT Home Mod.



Caregiver Support

Health Equity Goals: Increase caregiver awareness, support, and respite provider network within communities of color.

Partnered with Wisconsin Alz. Institute; Local churches; St. Anne's.

Collaboration Goals: Provide education on available caregiver supports to all FQHCs; Establish a Caregiver Council.

In progress. Identifying best method for sustaining local council.

Wellness Goal: Offer two Powerful Tools for Caregivers annually; Identify gaps in social engagement for caregivers and partner with community groups to provide add'l opportunities.

Trained DCS to reintroduce PTCs; Black caregiver storytellers project thru Marquette.



Long Term Support

Health Equity Goals: Expand options for supportive home services for low-income older adults who are not functionally eligible for publicly funded LTC programs, particularly in communities of color.

ILSP

Collaboration Goals: Provide short-term case management services for older adults with urgent affordable housing needs or at risk of homelessness in collaboration w/ Housing Division.

Housing First Program; Street Outreach;

Wellness Goals: Develop short term case management services for unmet needs for older adults not enrolled in publicly funded LTC.

ILSP; Expansion of ADRC programming.



Transportation

Health Equity Goals: Expand access to cultural assets and recreation sites, particularly for residents of color.

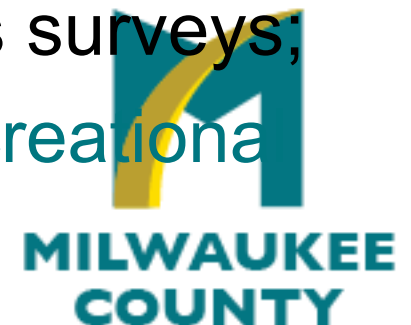
OATS Cultural Tours program.

Collaboration Goals: Establish a County Transportation Coordination Council to coordinate transportation services; more communication regarding available transportation options for those w/o a vehicle.

MKE CO On-Demand TF; IATCC stalled; Transport Coord established; Outreach materials & community fairs; Needs surveys;

Wellness Goals: Expand access to cultural assets and recreational opportunities.

OATS Cultural Tours program.



State Required Goal Area Topics

- At least one goal is required to address an emerging need, a quality issue, or a gap in the services system in III-B, III-C, III-D and III-E program areas
- One goal to address person-centered services
- One goal to address a barrier to equity within one or more program area
- One goal to increase participant skills related to advocacy



Older Americans Act Goals- 2025-2027 topics

- *Advocacy*
- *Nutrition*
- *Socialization*
- *Transportation*
- *Senior Centers*
- *Heart health*
- *Health and wellness
(including mental health)*
- *Caregiving and
Caregiver Support*
- *Evidence-Based Health
Programming*
- *Addressing a barrier to
equity*



Demographics- change since 2021 report

Aging trends are in line with expectations of change, and need to be top of mind

The share of Older adults as a percentage of the population is growing.

- 19.6% were 60 or over in 2021, current estimates put that at 19.9%

Milwaukee County's older adult population is becoming more diverse.

- White older adults made up over three quarters of the population- 77.5%, current estimates have them at 72.3%.

Poverty is increasing. 2021 Area Agency Plan 12% of adults over 60 live below the poverty level, now its 15%.

