

2022-24 Aging Plan

MILWAUKEE COUNTY COMMISSION ON AGING



By achieving racial equity, Milwaukee
is the **healthiest county in Wisconsin.**

November 2021

MILWAUKEE COUNTY DHHS AGING UNIT | 1220 W. VLIET ST., MILWAUKEE 53205

Executive Summary

For decades the Milwaukee County Division on Aging has been affirming the dignity and value of older adults in our county through advocacy, leadership, and service. This past year, Milwaukee County adopted a new strategic vision: “By achieving racial equity, Milwaukee County is the healthiest county in Wisconsin.” This ambitious vision along with the integration of the Department on Aging into the Department of Health and Human Services caused the Milwaukee County Commission on Aging, acting as the Area Agency on Aging for Milwaukee County, to reconsider its own mission and vision.

The Milwaukee County Department of Health and Human Services (DHHS) itself has undertaken a strategic initiative that focuses on providing easily accessible, timely, integrated, high quality, and person-centered services across its many service lines. Often expressed as “no-wrong-door” this philosophy of care places the resident’s interests’ first, reviews the many services from which the resident may benefit, and addresses not only the immediate need presented, but also considers the root cause of that need, investing “upstream” in preventative care, culturally appropriate asset-based support, and systemic change. Thus, DHHS seeks to put into practice its values of Partnership, Respect, Integrity, Diversity, and Excellence, through the lens of resident-centered support and health equity.

After reflection on the input gathered through an extensive community engagement process, the Commission on Aging similarly affirmed a newly expansive vision as the Area Agency on Aging 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.

Under this vision, the Commission on Aging set forth broad Aging Network goals focusing on health equity, coordination and communication, and the dimensions of wellness.

Today, with the approval of the Commission on Aging and the Aging and Disability Resource Center Governing Board, the Aging Unit is situated within the Milwaukee County Department of Health and Human Services. Under the guidance and direction of the Commission on Aging, and in close coordination with the Aging Resource Center, the unit continues to offer a wide range of responsive social services, nutrition programs, management of five county-owned senior centers, community outreach, evidence-based

preventative health programs, caregiver support, specialized transportation, elder benefit and legal services, and public policy advocacy. This year, the County aging unit added two positions to better meet the needs of older adults: An Elder Benefits Specialist focusing on Medicare counseling and outreach and a Transportation Coordinator, to increase access, coordination, and awareness of publicly funded transportation systems available to older adults.

As detailed below, the Aging Advisory Council engaged in an extensive community engagement process to gather public feedback on existing services, identify unmet needs, and discern which goals were most important to the public we serve. Through this process, the Aging Advisory Council learned that the COVID-19 pandemic had taken a significant toll on older residents, particularly upon those living in senior housing. The pandemic and the resultant closure of congregate programs, facilities, group transportation, and even visitation in care facilities increased isolation, loneliness, food insecurity, and ageism.

While residents still turned to the Aging Resource Center as their primary source for information about community programs for older adults, a perception that more should be done to raise awareness, connection, and collaboration of all the services available in the Aging Network persisted. Residents indicated a strong desire to connect with their peers who remained isolated. Despite the success of “take-out” meal delivery, many longed for the return of hot meals in congregate dining settings. The Advisory Council also learned that both the community and Aging Network providers wanted greater collaboration among providers and decentralized access points for service delivery. They expressed hope that the Aging Unit would provide leadership in convening Aging Network participants and increasing collaboration across the Network. Finally, the Council learned that older adult residents as a whole appear ready to acknowledge the harm structural racism has caused the community and are supportive of a new vision to achieve health equity.

In devising the Area Plan goals, the Advisory Council took seriously its responsibility to both current and future generations of older adults, the number and composition of whom is rapidly increasing and diversifying. Thus, the Council devised not only three-year goals for Older Americans Act programs and local needs, but also a long-term vision and broad *Aging Network goals* meant to endure well beyond the current Area Plan. The rich variety of feedback provided to the Council during plan development will continue to yield important insights well into the future.

Thus, the Council stated in its preamble to the Area Plan Goals:

In twenty years, the composition of society in Milwaukee County will be enriched by a greater number of older adults across a wide range of generations, perspectives, and experience. These older adults will enjoy broad knowledge of services, supports, and opportunities that easily connect them with their peers, are easy to access, and are coordinated among many different provider groups.

Despite the change from an independent Department on Aging to a unit within the Department of Health and Human Services, the leadership of the Aging Unit and its governing and advisory bodies remains strong. The leadership and commitment exhibited in this 2022-24 Area Aging Plan is a testament to the strength and resiliency of the Commission on Aging, its Aging Advisory Council, and the Aging Unit's leadership under Interim Executive Director Jon Janowski.

The Commission on Aging itself has diverse older adult leadership, including its chair, Bettie Rodgers, an elder law attorney with a master's degree in Social Work and its Advocacy Committee Chair, John Griffith, older adult advisory chair of the Milwaukee LGBT Community Center. Supervisor Jason Haas is the County Board's liaison. County leadership including County Executive David Crowley and DHHS Director Shakita LaGrant have supported the Commission's statutory role. The Commission and its standing committees: Advocacy, Wellness, Service Delivery, the Select Committee on Senior Centers, Nutrition Council, and the Aging Advisory Council not only continued to meet during the pandemic but also met more frequently. The Aging Advisory Council, led by Janice Wilberg, Ph.D., developed this Area Aging Plan and facilitated the community engagement process.

Thus, the 2022-24 Area Aging Plan marks a turning point in the Aging Network. Forward facing, it looks to overcome the racial inequities of the past. While strengthening Aging Unit programs, it promises better collaboration with public and private providers alike. Person centered, it recognizes the value of the whole person in all dimensions of wellness, as well as the importance of interconnectedness through engagement with the community at large. Situated once again within the Department of Health and Human Services, the Aging Unit promises to deliver seamless access not only to the programs it has traditionally coordinated, but to housing, behavioral health, public benefits, transportation, and veterans' services as well. We welcome you to read the ambitious goals set forth below and join us on a renewed journey to wellness with Milwaukee County's aging community.

Context

Based on the 2020 Census, Milwaukee County is home to 945,726 residents, making it the largest population center in Wisconsin with nearly sixteen percent of the state's populace. Encompassing nineteen municipalities including the City of Milwaukee, Milwaukee County's residents on average are slightly younger than the state population as a whole, but the population of adults sixty years of age and older is trending steadily upward.

Significantly, this trend is most pronounced among residents of color, particularly Black and Latino residents. Milwaukee County is home to the most diverse population in the state.

As illustrated by the charts and demographic information below, the population of residents 65 – 85 years of age will *increase* by approximately 30,000 in the next decade, while the number of residents age 85 and older will *double*, exceeding 30,000. As the County population as whole remains steady, a growing percentage of our populace will qualify for services and supports under the Older Americans Act.

Current population of older adults the aging unit serves.

Milwaukee County has 945,726 residents, of whom 185,400 are 60 years or older or 6.8%.

Race: 26.4% of all residents identify as Black, but only 19.3% of older adults, indicating a much older white populace; 2.1% of older adults are Asian, 0.4% are American Indian.

Ethnicity: 6% of older adults in Milwaukee County identify as Hispanic or Latino, compared to 15% of all Milwaukee County residents who identify as Hispanic or Latino.

Gender: Women make up 56% of the older adult population, slightly higher than the percentage of women among all Milwaukee County residents (51%).

Household composition: Older adults are more likely to live alone than the general population, with 51% of all older adults living alone. The remainder of households with an older adult are family households (46%) and non-family households (3%).

Poverty status: Older adults are less likely than the population overall to live below the poverty level. Approximately one in eight (12%) of adults over 60 live below the poverty level, while one in five (19%) residents of Milwaukee live below the poverty level.

Distribution of urban and rural areas.

Milwaukee County consists entirely of urban areas, as defined by the U.S. Census Bureau.

Population projections for age 60+ by 2030 and 2040.

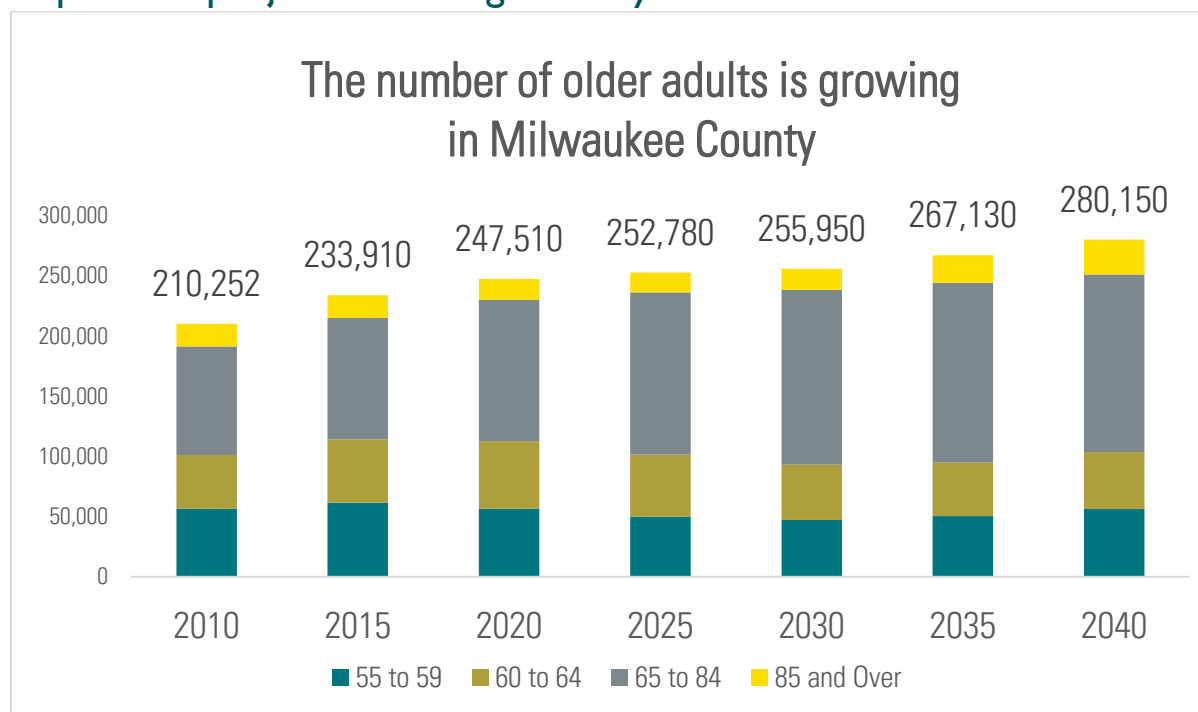


Chart 1: Population Projections for Older Adults

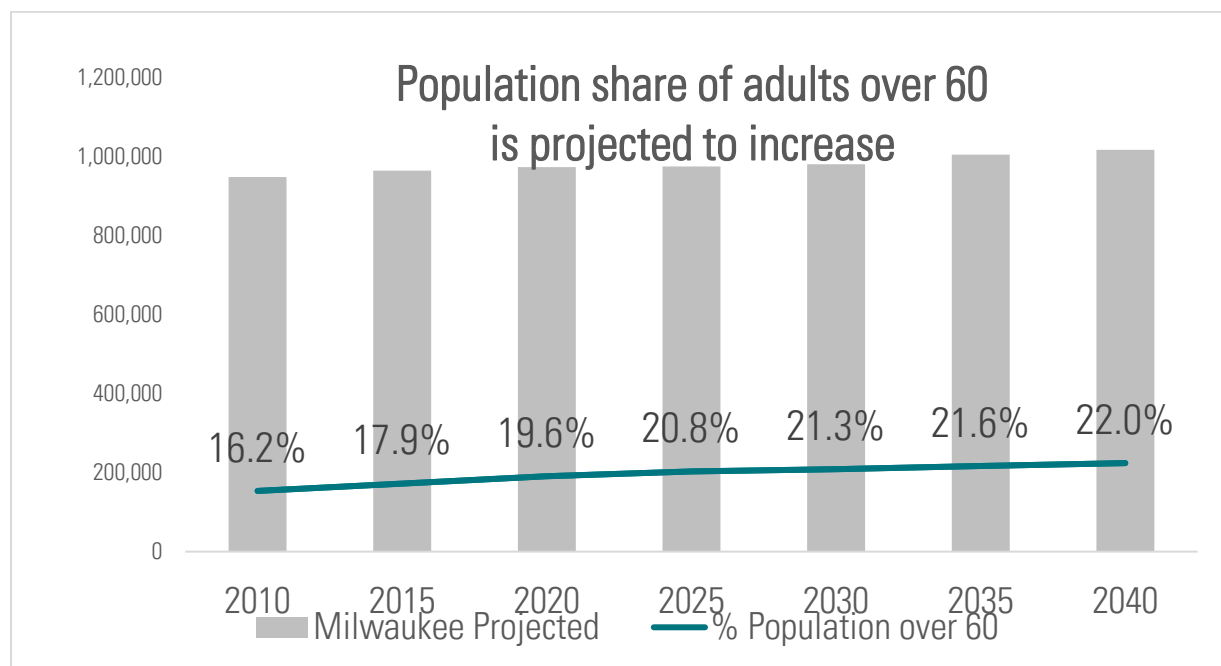
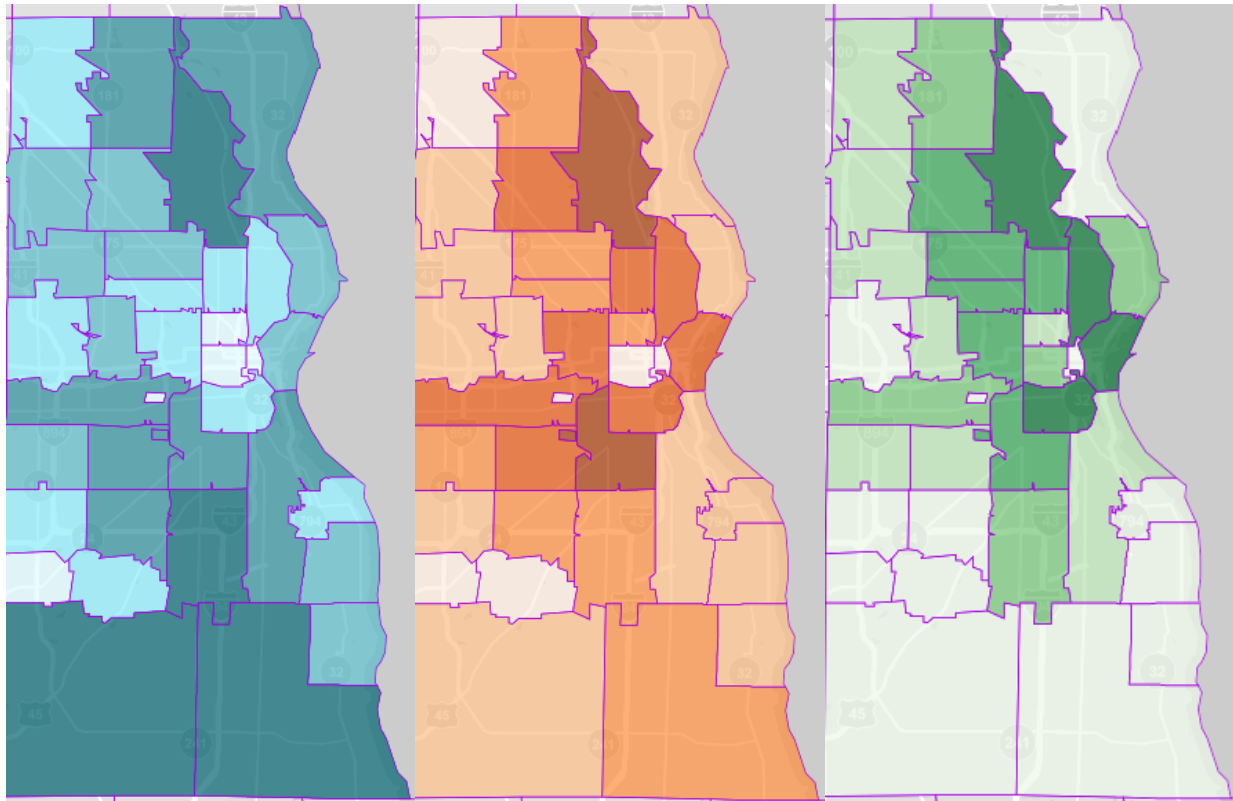


Chart 2: Older adult population growing faster than overall population



Number of Older Adults 60+ in MKE County (2019) Older Adults 60+ in Poverty in MKE County (2019) Older Adults 60+ w/o a vehicle in MKE County (2019)

Community Involvement in Development of the Aging Plan

Older adult residents of Milwaukee County prefer self determination when it comes to living situations. Almost all respondents indicated that it is important to **live independently** as they age, with 87.7% saying “Extremely” or “Very.”

Housing and Livability

3.69	Conveniently located health and emergency care
3.46	Convenient residential access to parks and recreational opportunities
3.34	Affordable to remain in my own home
3.15	Affordable rental housing options that meet my needs.
3.09	Well-maintained, safe, public senior housing
3.08	Affordable assisted living, or senior apartments

Nutrition access through the senior meal sites is a major activity of the Division on Aging in Milwaukee County. One in five respondents to the survey (21) said that they have difficulty preparing or cooking their meals.

Nearly half of respondents had eaten at a **community meal site** whether affiliated with Milwaukee County (32.2%) or another club or organization (7.2%). Just over a quarter (27.3%) have not eaten at a meal site, but would be interested in doing so and one third are not interested (33.3%).

Health and Wellness:

3.62	High quality social services for older adults
3.47	High quality healthcare for older adults
3.42	Affordable fitness activities for older adults
3.38	Affordable and accessible health and wellness classes such as nutrition, stopping smoking, and weight control
3.21	Affordable home care services including housekeeping
3.00	Buildings, and spaces accessible for all residents

Vendors to the Milwaukee County Division on Aging that continued to operate during the COVID-19 pandemic were positively perceived, including caterers, meal site managers, and ERAS. However, **loneliness and isolation**, a demonstrated concern for older adults, has accelerated during the COVID-19 pandemic. Communication about the breadth and availability of services to connect older adults in need of support is a priority.

When asked about **caregiving**, 17.0% of respondents said they are caregivers for another person. Overwhelmingly, this meant caring for another adult, including another older adult age 60 or over (46.7%), for a spouse or partner (30.6%), for another non-familial adult (21.1%), or for an adult child with a disability (15.6%). Under a quarter of respondents are caregivers to children, whether their own grandchildren (16.1%), or a minor who is not their child or grandchild (5.0%). Respondents were allowed to choose more than one category. Caregivers providing unpaid care said that the following would be the most helpful: Financial support (43.9%), Opportunities to take care of yourself while caregiving (42.9%), and Resource guide for caregivers (42.3%).¹

¹ Other categories of support to caregivers were given a helpful rating of under 30% and will be included in the full survey report.

When asked about **isolation**, one third of survey respondents indicated that they lack companionship. Specifically, respondents answered that they:

- Lack companionship: always (8.0%), often (29.1%); while 62.9% said rarely.
- Feel left out: always (6.2%), often (22.1%); while 67.2% said rarely
- Feel isolated from others: always (6.7%), often (20.9%), while 68.9% said rarely.

“As I age now in my seventies, I am losing friends to death and not making new... I'd like to see more dancing lessons for exercise mainly and social interaction. We need to concentrate more on bringing new members in.”

- Survey respondent

In the past year, nearly half (48.7%) of respondents had experienced a **traumatic event**, including: depression, anxiety, unresolved grief, and/or the unplanned loss of employment, housing, marriage, or volunteer engagement.

Respondents were most likely to reach out for social engagement opportunities, assistance, and general **information on services** for older adults to the Milwaukee County Aging Resource Center (63.4%). The rest of the top five most accessed resources were: their doctor or other healthcare professional (57.7%), Senior Centers (47.2%), the Internet (39.6%), and faith-based organizations, churches, mosques, or synagogues (26.2%).

Activities and engagement opportunities offered in Milwaukee County ranked well, especially those linked to faith communities and spiritual activities, but there is room for improvement in activities that cross generations.

3.48	Faith communities or spiritual activities
3.26	Activities that are specifically for older adults
3.24	Activities that are affordable or free
3.08	Cultural activities for diverse populations
3.00	Activities that involve both younger and older people
2.80	Local schools that involve older adults

In terms of **limited access** to services, one in ten respondents has faced a civil legal issue or challenge with a public benefit program for which they could not afford a private attorney. Nearly two in ten (17.9%) have been treated differently, been denied, or felt unable to access services. Ageism predominated among the reasons respondents indicated that they believed they were treated differently: age (50.8%), disability (43.0%), race or skin color (30.5%).²

Regarding **connectivity and online access**, 70.7% of respondents indicated that they have access to a computer, the internet, or a mobile phone. Another 10.9% responded that they have access, but are uncomfortable using it and 18.4% responded that they do not have access. One respondent said, “I would like to learn how to use computer”, while others referenced the costs associated with having technology and internet access in the home.

Continuing education and self-improvement classes had middling ranks from survey respondents:

3.12	Affordable adult education offerings
3.10	Continuing education, social or hobby clubs
2.89	Opportunities to travel or explore places and cultures

Senior centers were ranked as the most popular site to attend **educational or wellness classes**. Respondents indicated that they had attended sessions at the following locations, the percentage for each was:

- 63.8% Senior Center or Community center
- 37.3% City or Village Department of Health or Recreation Department or library
- 29.8% Faith community or congregation
- 25.3% Milwaukee County DHHS Division on Aging
- 12.8% University or Technical College or Public School

Older adults asked for “more opportunities for older adults to volunteer and engage.”

Support and opportunities for volunteerism in Milwaukee County ranked in the Good (3) and Fair (2) categories. A listening session attendee shared: “After I retired, I realized that for the years I worked in the community I thought I had some gifts I could share. I learned about Milwaukee County and the services that they’re providing, many more than I knew about.”

² Other categories were chosen by respondents at less than 10% and will be included in the full report.

3.34	A range of volunteer activities to choose from
3.09	Volunteer training opportunities
2.92	Easy to find info on volunteer opportunities
2.84	Opportunities to participate on public boards

Survey respondents ranked the category regarding **employment** the lowest of any topic, with no single question averaging a 3 for “Good”. Options that referenced opportunities ranked even lower. Very little discussion on employment in focus groups provided extra context.

2.86	Ability to get to work in a timely manner
2.80	Jobs adapted to meet the needs of people with disabilities
2.78	Flexible job opportunities for older adults
2.74	Jobs ensuring equal opportunity for older adults
2.66	Job training opportunities for older adults

Some respondents shared that a disability or chronic disease kept them from participating fully in work, school, housework and other activities, including cancer (2) and pain issues (3).

Transportation is necessary to run a household, access services, and have self-determination in an urban environment. Older adults rated most transportation options in Milwaukee County between Very Good and Good.

3.36	Transit Plus for people with disabilities
3.25	MCTS Public Transit System
3.16	MCDA Transportation for older adults
3.13	Accessible and affordable private transportation
2.96	Accessible sidewalks, walkways, and bike paths.
2.90	Volunteer driver programs

On the survey, respondents were asked to rank by importance a list of destinations for transportation. Access to a park, trail, or outdoor recreation site emerged as the most important destination, followed by visiting a friend/relative in a hospital or nursing home, going to the pharmacy, a healthcare appointment, and attending a social activity.

Goals for the Plan Period

Aging Network Vision Statement

In twenty years, the composition of society in Milwaukee County will be enriched by a greater number of older adults across a wide range of generations, perspectives, and experience. These older adults will enjoy broad knowledge of services, supports, and opportunities that easily connect them with their peers, are easy to access, and are coordinated among many different provider groups.

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.

Aging Network Goals

Topic A: Health Equity

Goal 1: In alignment with Milwaukee County Strategic plan, identify and eliminate barriers to service for people of color and intentionally create more inclusive, equitable, and culturally appropriate services.

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. Adopt the National Standards for Culturally and Linguistically Appropriate Services in Health (CLAS Standards).

Goal 3: Identify at least one social determinant of health that negatively affects older people of color and develop a Network-level strategy to reverse the inequity.

Topic B: Coordination and Communication

Goal 1: Create communication and outreach strategies that more effectively reach older adults, particularly discreet communities of color, tribal members, veterans, and individuals who are homeless or in temporary shelter. Leverage existing contracts to partner with agencies that work with these communities or develop new relationships.

Goal 2: Convene the Aging Network on a regular basis to provide opportunities for referral, collaboration, sharing of best practices, and mutual learning. Develop protocols that allow easier dissemination of information and referrals through a decentralized service delivery system.

Goal 3: Increase connections to older adults by leveraging increased collaboration within the Department of Health and Human Services (DHHS) and dedicate specific funding in the budget to communication and outreach strategies.

Topic C: Dimensions of Wellness

Goal 1: Address threats to mental health and loneliness experienced by older adults by attending to their Emotional, Spiritual and Social Wellness through readily accessible programs and services that enable them to cope with life's challenges, connect with other people, and improve their mental and emotional health. Ensure that DHHS Behavioral Health Division services are responsive to issues facing older adults. Partner with other healthcare entities in the Aging Network to improve the availability of services addressing mental health and loneliness.

Goal 2: Enrich the ability of older adults to pursue lifelong learning, engage in compensated or volunteer work that is meaningful to them, share their gifts and talents with others, and manage their financial resources. Ensure that opportunities are community-based, locally available, increase equity, respect personal choice and community culture, and promote personal growth. Develop or extend program opportunities in each of these areas: financial, vocational, and educational.

Goal 3: Promote wellness through the development of, and equitable access to programs, services, facilities, and recreational opportunities that improve older adults' ability to make healthy lifestyle choices and promote engagement with the natural world. Provide education on the relationship between sound nutrition, social engagement, regular exercise, and good health. Improve equitable access and utilization of Milwaukee County's parks and recreation assets for older adults. Expand access to healthy food and recreational opportunities throughout the Aging Network.

Older Americans Act [OAA] Title III Goals

Advocacy

The OAA provides that “the Area Agency on Aging serve as the advocate and focal point for older individuals within the community by monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older adults.”

2022-24 Goals
Health Equity
Build a base of advocates across the County to expand influence and ensure representative voice with all local and state representatives.
Identify and advocate for policy change that will advance racial equity and improve health and well-being among older adults at the federal, state, and local levels.
Collaboration & Communication
Expand our common cause on public policy issues with other nonpartisan older adult groups, such as labor unions, retirees, or AARP.
Dimension of Wellness
Hold the Senior Statesman program each year and convene all senior leaders on a regular basis to carry advocacy messages to their legislators and policymakers.

Social Support

OAA authorizes a wide range of Supportive Services to assist older individuals that promote or support social connectedness and reduce negative health effects associated with social isolation and any other services necessary for the general welfare of older individuals.

2022-24 Goals
Health Equity
Increase participation of Minority Business Enterprises in contracting with vendors for older adult services.
Encourage all vendors to attain representation in ownership, governing boards, management, and staff that reflects the diversity of the older adult population in Milwaukee County.
Implement Culturally and Linguistically Appropriate Services standard in all programs.
Collaboration & Communication
Expand telephone reassurance program/ maintain pandemic levels. Increase opportunities that foster peer-to-peer connections.

Provide programming that addresses access to and use of technology. Support the extension of broadband services and awareness of financial support for internet and wireless telecommunication services.
Dimension of Wellness
Increase access to financial counseling, preretirement, money management. Increase assets available to older adults of color.
Improve employment and volunteer opportunities for older adults. (Social, Vocational)

Senior Centers

The OAA provides for the provision of “multi-purpose senior centers” through which a wide range of supportive social services can be delivered to “secure and maintain maximum independence and dignity . . . for older individuals.”

2022-24 Goals
Health Equity
Provide periodic screening, testing, and preventative healthcare services (ensure care is culturally competent and addresses conditions for which black older adults are at greater risk) at senior centers in partnership with local healthcare providers.
Ensure that all senior centers are fully accessible to older adults with disabilities.
Communication & Collaboration
Explore the feasibility of public-private sector partnerships to create new senior centers combined with other uses such as housing.
Establish a dedicated presence on the Internet and social media by offering virtual & social media programming. Provide training, support, and access to computers and mobile devices to participants to ensure they can access enhanced programming.
Collaborate to ensure Senior Companions, Foster Grandparents, RSVP, and Senior Employment programs are available for MC senior center participants.
Expand access to Milwaukee County parks in which senior centers are located (Environmental, Physical).
Dimensions of Wellness
Lifelong learning programs address all dimensions of wellness s/a culinary, performing arts, financial mgt & intellectual pursuits (Intellectual, Vocational).
Modify the Milwaukee County senior centers to accommodate new programming.

Nutrition

The OAA Nutrition Programs include the Congregate Nutrition Program and the Home-Delivered Nutrition Program. These programs are meant to 1) reduce hunger and food insecurity, 2) promote socialization, 3) promote health and well-being, and 4) delay adverse health conditions. The OAA Nutrition Programs also provide a range of related services including nutrition screening, assessment, education, and counseling.

2022-24 Goals
Health Equity
Increase service to residents of color and increase opportunities for Minority Business Enterprises by partnering with locally owned restaurants and organizations in neighborhoods of color.
Understand the prevalence of malnutrition among participants within the home delivered meal program and provide in-home nutrition counseling to those determined at nutritional risk.
Reduce the prevalence of nutritional risk among congregate dining participants, with specific emphasis on communities of color, by developing new community partnerships or programs that will provide in-person or virtual nutritional education and demonstrations at meal sites (Physical, Intellectual).

Wellness

The OAA funds Health Promotion and Disease Prevention programs that promote health and wellness of older individuals by supporting healthy lifestyles and behaviors. OAA also funds activities that address disease management and preventive services to assist older adults to maintain their quality of life and potentially avoiding more costly medical interventions.

2022-24 Goals
Health Equity
Expand the reach of the Stepping-On Evidence- Based Falls Prevention Program within communities of color to decrease the risk of injury and death from falling for older adults.
Collaboration & Communication
Strengthen the network of agencies working toward better health for older adults. Increase connections among the network to expand the reach of Evidence-Based Prevention Programs.

In order to attract new and hard to reach audiences, expand the offering of Evidence Based Prevention Programs through virtual courses and mailed toolkits.

Dimension of Wellness

Rebuild the network of trained facilitators for the Stepping-On Falls Prevention program by partnering with the Milwaukee County Falls Prevention Coalition to reach past and new partners from organizations including health systems, public health, senior housing, or the community (Physical)

Caregiver Support

The OAA funds services and supports to assist family caregivers. These services and supports may include information and referral, individual counseling, support groups, training, and respite care. Caregiver assessments are also included to identify specific needs and barriers to caregiving, including support services to older relative caregivers of children and young adults with severe disabilities.

2022-24 Goals

Health Equity

Increase awareness of services available to support caregivers living in neighborhoods with residents who are predominantly people of color.

Expand caregiver support / respite provider network within communities of color.

Collaboration & Communication

Provide education to health care professionals and social service agencies, including all Federal Qualified Healthcare Centers, who work with older adults about the availability of caregiver support services and how to make a referral.

Establish a Caregiver Council through the Commission on Aging that advises and supports the Commission in providing caregiver support, particularly regarding OAA Title III E programs.

Dimension of Wellness

Assist families to identify and implement opportunities for self-care (Emotional).

Develop social engagement opportunities for caregivers (Emotional, Social, Spiritual).

Long Term Support

2022-24 Goals
Health Equity
Provide more options for low cost or sliding scale supportive home care services for older adults, particularly for those not eligible for publicly funded Long Term Care but who cannot afford private pay services long-term.
Collaboration & Communication
Provide housing assistance in the form of short-term case management for older adults with urgent affordable housing needs, particularly those who are at risk of homelessness.
Dimension of Wellness
Provide short term case management services for general needs that are not met through other services for older adults not enrolled in a publicly funded Long Term Care program, or prior to such enrollment (Physical, Emotional, Financial).

Transportation

2022-24 Goals
Health Equity
Expand access to cultural assets and recreation sites, particularly for residents of color who would not otherwise have an opportunity to travel to parks, cultural attractions, and recreational sites.
Collaboration & Communication
Establish an Inter-agency Transportation Coordination Council and Advisory Committee to coordinate transportation services for older adults, veterans, and residents with disabilities.
Increase education and communication regarding available transportation options for older adults, particularly for those without access to a vehicle.
Dimension of Wellness
Expand access to cultural assets and recreational opportunities (Physical, intellectual, spiritual).

Local Goals

2022-24 Goals
Health Equity
Provide assistance with home repair/modification for low-income older adult homeowners and renters with disabilities not enrolled in publicly funded Long-Term Care programs. Services could include building ramps, accessible entryways, installing bathroom grab bars, etc.
Collaboration & Communication
Create a stronger collaboration between Milwaukee County Parks, Milwaukee Public Libraries, Milwaukee Public Schools, UW-Extension, and UWM-OSHER, to extend more recreational, lifelong learning, and socialization opportunities.
Dimension of Wellness
Provide a network of volunteers or provide subsidized employment opportunities for individuals who would help older adults not enrolled in a publicly funded Long-Term Care program, particularly those living alone, with services such as simple maintenance, appliance and home repair, shoveling, yardwork, decluttering, packing, and moving (Social, Environmental, Financial).

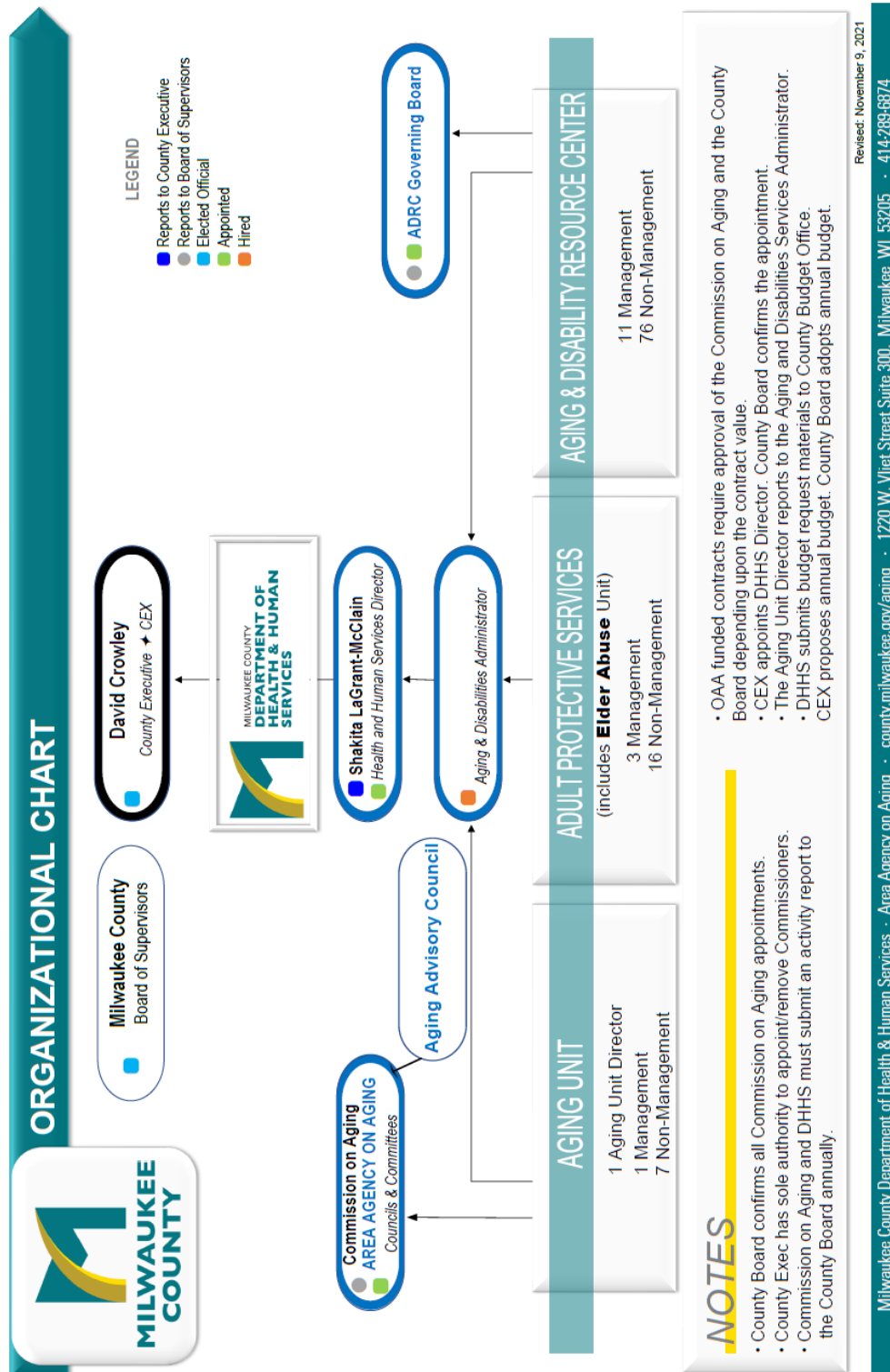
Coordination Between Title III and Title VI

The Milwaukee County Commission on Aging understands that the coordination of services between the county aging unit and tribal members is essential to maximize efforts toward health equity within our aging programs. The Older Americans Act (Sec. 306 (6)(G) and (11) (A)(B)(C)) requires aging agencies, to the maximum extent possible, to conduct outreach activities to inform Native Americans of programs and benefits under the OAA and to coordinate services provided under Title III with those services provided under Title VI.

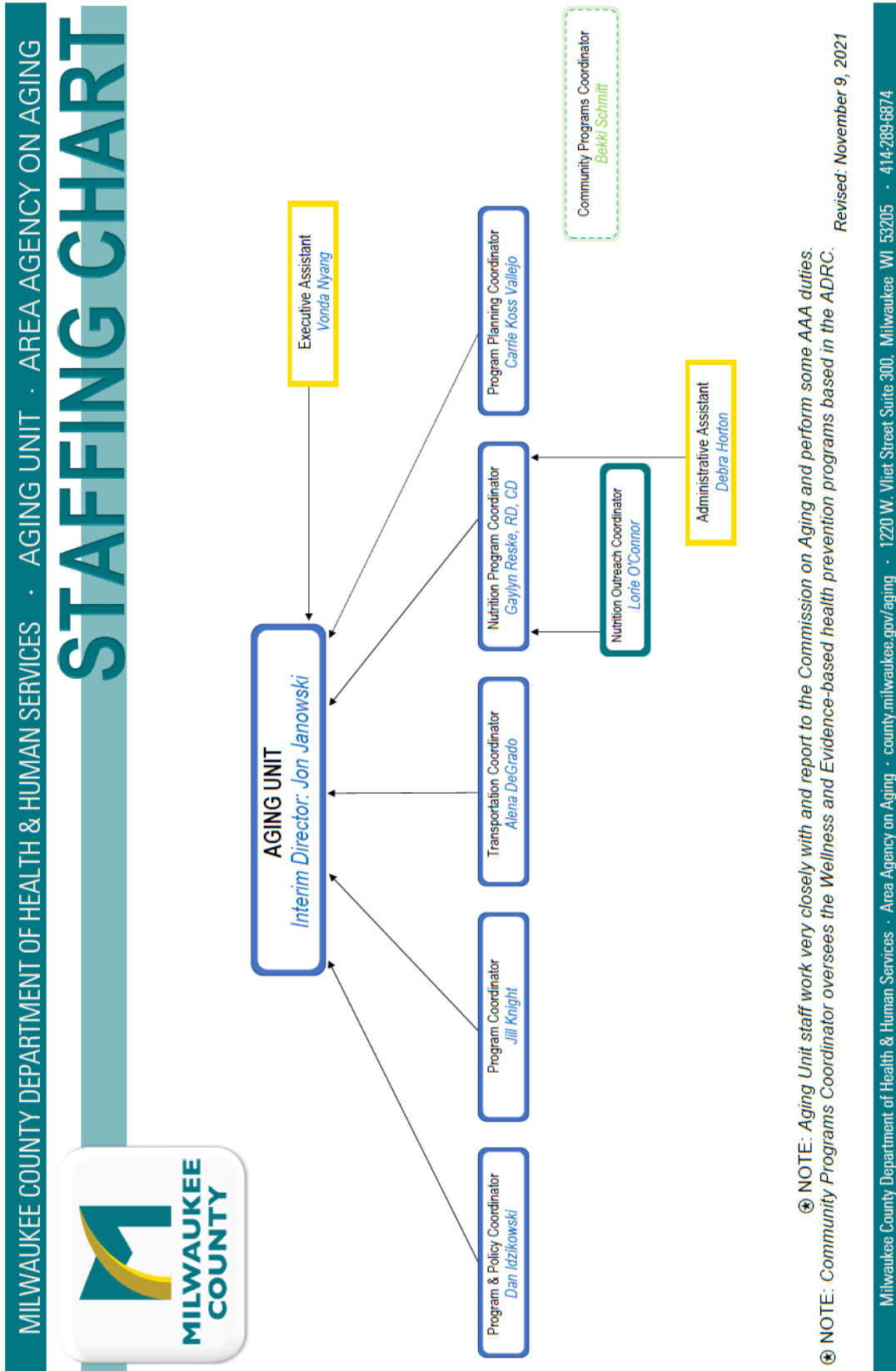
Although Milwaukee County is not home to any one tribe, there are more than 450 older Native Americans from many different tribes residing in the county. The Indian Council of the Elderly (ICE) was established to coordinate services for older tribal members. This Council has membership from the Apache, Choctaw, Menominee, Ojibwe, and Oneida/Stockbridge nations. The primary direct service of ICE is the All Nations Senior Center and congregate meal program for Indian elders at the Wgemas Campus of the Forest County Potawatomi in Milwaukee. The refractory was remodeled in 2019 as the meal site.

Organization, Structure and Leadership of the Aging Unit

Organizational Chart of the Area Agency on Aging and Aging Unit



Staff of the Aging Unit



Role of the Policy-Making Body

MILWAUKEE COUNTY COMMISSION ON AGING

The **Commission on Aging** is a 16-member governing and planning body. Its members are appointed by the County Executive and confirmed by the County Board of Supervisors. The Commission is responsible for developing and implementing a coordinated system of community-based services for Milwaukee County residents aged 60 and older. The Commission on Aging serves as the Area Agency on Aging for Milwaukee County.

The Commission has a number of committees, councils, and workgroups which are summarized below. Each Commissioner is encouraged to participate in at least one standing committee or council.

Committees

The **Executive Committee** consists of the Chairs of the standing committees and one "at large" member from the Commission on Aging. This committee may act in the name of the Commission.

The **Advocacy Committee** advocates on local, state, and federal issues concerning older adults.

The **Service Delivery Committee** reviews proposals for home and community-based service contracts and recommends funding awards. This committee also reviews program and service assessments.

The **Wellness Committee** serves to educate and promote health and wellness among older adults using the foundation of the eight dimensions of wellness.

The **Select Committee on Senior Centers** reviews past studies on senior centers and charts a path forward to envisioning the future for Milwaukee County senior centers and senior center programming in the County.

Councils

The **Advisory Council** develops and monitors the Area Aging Plan for Milwaukee County, conducts special studies, and holds public hearings on topics of concern to older adults.

The **Nutrition Council** functions as an advisory body providing recommendations and support and assistance and serves as a liaison between senior meal programs and the public.

Role of the Advisory Council

MILWAUKEE COUNTY AGING ADVISORY COUNCIL

The Commission on Aging, as the Area Agency on Aging, established an Advisory Council. The council carries out advisory functions which further the area agency's mission of developing and coordinating community-based systems of services for all older persons in the planning and service area. The council advises the Commission relative to:

- (1) Developing and administering the area plan;
- (2) Conducting public hearings;
- (3) Representing the interest of older persons; and
- (4) Reviewing and commenting on all community policies, programs and actions which affect older persons with the intent of assuring maximum coordination and responsiveness to older persons.

Composition of council. The council include individuals and representatives of community organizations who help to enhance the leadership role of the Commission in developing community-based systems of services.

As evidenced by the agenda minutes and timeline included in the appendices, the Advisory Council led the development and approval of this 2022-24 Area Aging Plan for Milwaukee County. The Advisory Council:

- Designed and approved an Area Plan survey;
- Facilitated three listening sessions;
- Met with discreet groups of residents;
- Interpreted demographic and survey data presented to it;
- Reviewed and approved the proposed goals submitted by all of the other committees and councils of the Commission on Aging;
- Developed a vision statement for the Aging Network with its own goal categories of Health Equity, Communication and Coordination, and the Dimensions of Wellness that will serve the Network well into the future; and
- Held four public hearings on the Proposed Area Aging Plan goals; and
- Recommended the Plan for Adoption by the Commission on Aging

At the same time, the Advisory Council continued to monitor the Aging Unit's progress in implementing the 2019-21 Area Aging Plan goals and will work in the coming years to align itself with Milwaukee County's strategic vision to become the healthiest county in Wisconsin by achieving racial equity.

Budget

Service / Expenditure Category	Title III Expenses	NSIP Expenses	Cash Match Expenses	In-Kind Match Expenses	Other Federal Expenses	Other State Expenses	Other Local Expenses	Program Income Expenses	Total Cash Expenses	Total Expenses - Including In-Kind
01-Administration	\$ 18,627.00	\$ -	\$ 107,228.00	\$ -	\$ 321,683.00	\$ -	\$ -	\$ -	\$ 447,538.00	\$ 447,538.00
02-Personal Care	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
03-Homemaker	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
04-Chore	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
05-Home-Delivered Meals	\$ 3,151,720.00	\$ 405,377.00	\$ -	\$ 350,191.00	\$ 1,496,820.00	\$ 400,000.00	\$ -	\$ 939,009.00	\$ 6,392,926.00	\$ 6,743,117.00
06-Adult Day Care/Health	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
07-Case Management	\$ 6,150.00	\$ -	\$ -	\$ 683.00	\$ -	\$ -	\$ -	\$ -	\$ 6,150.00	\$ 6,833.00
08-Congregate Meals	\$ 752,364.00	\$ -	\$ -	\$ 83,596.00	\$ -	\$ -	\$ -	\$ -	\$ 752,364.00	\$ 835,960.00
09s-Nutrition Counseling	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10p-Assisted Transportation	\$ 147,965.00	\$ -	\$ -	\$ 16,441.00	\$ -	\$ -	\$ -	\$ -	\$ 147,965.00	\$ 164,406.00
11p-Transportation	\$ 369,897.00	\$ -	\$ -	\$ 198,177.00	\$ 84,750.00	\$ 1,351,440.00	\$ -	\$ -	\$ 1,806,087.00	\$ 2,004,264.00
12-Legal Services	\$ 155,946.00	\$ -	\$ -	\$ 32,470.00	\$ 78,100.00	\$ 184,195.00	\$ -	\$ -	\$ 418,241.00	\$ 450,711.00
13s-Nutrition Education	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
14-Information and Assistance	\$ 62,383.00	\$ -	\$ 126,965.00	\$ 6,931.00	\$ -	\$ 30,000.00	\$ -	\$ -	\$ 219,348.00	\$ 226,279.00
23a-Health Promotion - Evidence-Based	\$ 87,282.00	\$ -	\$ 29,094.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 116,376.00	\$ 116,376.00
23b-Health Promotion - Non-Evidence-Based	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
15s-Outreach	\$ 86,953.00	\$ -	\$ -	\$ 13,298.00	\$ -	\$ 32,732.00	\$ -	\$ -	\$ 119,685.00	\$ 132,983.00
16a-Public Information	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17c-Counseling	\$ 19,778.00	\$ -	\$ -	\$ 3,334.00	\$ -	\$ 10,222.00	\$ -	\$ -	\$ 30,000.00	\$ 33,334.00
17t-Training	\$ 8,217.00	\$ -	\$ -	\$ 913.00	\$ -	\$ -	\$ -	\$ -	\$ 8,217.00	\$ 9,130.00

Expenditure Categories-Definitions

1. Administration - General management functions of the agency, which cannot be directly allocated to a cost center, related to the management and administration of funds from the Bureau of Aging and Disability Resources.
2. Personal Care - Providing personal assistance, stand-by assistance, supervision, or cues for people having difficulties with one or more of the following activities of daily living (ADLs) such as: bathing, dressing, toileting, getting in/out of a bed or chair, eating or walking.
3. Homemaker - Providing assistance with routine household tasks to people having difficulty with one or more of the following instrumental activities of daily living (IADLs): preparing meals, managing medications, managing money, doing light housework, shopping, traveling, or using a telephone.
4. Chore - Providing assistance with non-continual household tasks to people having difficulty with one or more of the following instrumental activities of daily living (IADLs): doing heavy housework and outside chores.
5. Home-delivered Meals – A meal provided to an eligible individual in his/her place of residence. The meal meets the requirements of the OAA and state policy.
6. Adult Day Care/Adult Day Health - Provision of care for functionally impaired older adults in a non-residential, supervised, protective, and congregate setting during some portion of a day (fewer than 24 hours). Services offered in conjunction with adult day care/adult day health typically include social and recreational activities, training, counseling, and services such as rehabilitation, medication assistance and home-health aide services for adult day health. Older adults served require supervision but do not require institutionalization.
7. Case Management - Person-centered approach to providing assistance with care coordination for older customers and/or their caregivers in circumstances where the older person is experiencing diminished functional capacities, personal conditions, or other characteristics which require the provision of services by formal service providers or informal caregivers. Activities of case management include learning the customer's strengths, assessing the customer's needs, developing care plan that ensure the safety and well-being of the customer, authorizing and coordinating services among providers that support the customer's needs, monitoring service provision and the customer's health and welfare, and providing ongoing reassessment of needs.

8. Congregate Meals - A meal provided to an eligible individual in a group setting which promotes socialization of older individuals. The meal meets the requirements of the OAA and state policy.
9. Nutrition Counseling - Provision of individualized guidance to older individuals or their caregivers who are at nutritional risk, because of their health or nutritional history, dietary intake, medications used or chronic illness. Counseling is provided on-on-one by a registered dietitian, in accordance with state policy, and addresses options and methods for improving nutritional status.
10. Assisted Transportation - Provision of assistance, including escort, to a non-ambulatory person who has difficulties (physical or cognitive) using regular vehicular transportation. Includes rides on predetermined routes and rides provided upon customer request.
11. Transportation - Provision of transportation for an ambulatory person from one location to another. Does not include any other activity. Includes rides on predetermined routes and rides provided upon customer request.
12. Legal/Benefit Assistance - Provision of legal or benefit advice, counseling and representation by an attorney or other person acting under the supervision of an attorney.
13. Nutrition Education - A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants, caregivers, or participants and caregivers in a group or individual setting overseen by a program nutritionist. May include cooking demonstrations, educational taste-testing, audio-visual presentations, lecture, or small group discussions. Printed materials may be used as the sole education component for home-delivered meal program participants, if necessary.
14. Information and Assistance - A service that provides current information on opportunities and services available; assesses the problems and capacities of the individuals; links the individuals to the opportunities and services available; to the maximum extent practicable, ensures that the individuals receive the services needed, and are aware of the opportunities available to the individuals by establishing adequate follow-up procedures.
15. Outreach - One-on-one contacts with older adults or their caregivers initiated by an agency or organization to encourage their use of existing services and benefits. Does not include a group activity that involves a contact with several current or potential customers/caregivers (see Public Information definition). Does not include

comprehensive assessment of need, development of a service plan, or arranging for service provision (see Case Management definition).

16. Public Information - Contacts with a group of older adults, their caregivers, or the general public, to inform them of service availability or provide general program information. Examples include but are not limited to health fairs, publications, newsletters, brochures, caregiver conferences, publicity or mass media campaigns, and other similar informational activities in accordance with state policy.
17. Counseling - Provision of professional advice, guidance, and instruction, either on a one-time or ongoing basis to an older individual and/or family members who are experiencing personal, social, or emotional problems. May be provided by telephone or in person by paid, donated and/or volunteer staff that has been professionally trained. Includes emotional support, problem identification and resolution, skill building, grief counseling, mental health counseling, etc. Does not include nutrition or legal counseling (See Nutrition Counseling and Legal Assistance definitions). Does not include support group activities (peer led) or training (See definitions for Support Groups and Training).

Training - Provision of formal or informal opportunities for individuals to acquire knowledge, experience, or skills. Includes individual or group events designed to increase awareness; promote personal enrichment, for example, through continuing education; to increase or gain skills in a specific craft, trade, job, or occupation. May include use of evidence-based programs, be conducted in-person or online, and be provided in individual or group settings. This does not include staff training. It does not include nutrition education, health promotion programs or activities, or information and assistance (see definitions for Nutrition Education, Health Promotion Programs, Health Promotion Activities, and Information and Assistance).
18. Temporary Respite Care - A service which provides a brief period of relief or rest for caregivers. May include in-home respite or facility-based respite (either during the day or overnight on a temporary basis).
20. Advocacy/Leadership Development - Contacts made to monitor, evaluate, and comment on all laws, policies, programs, taxes, and service systems which affect older individuals. Includes participation in hearings, contacts with national, state and/or local representatives, etc. to promote benefits and opportunities for older individuals. Includes contacts that enhance the ability of older people to advocate for themselves and for other older people. Does not include services provided by an attorney or person under the supervision of an attorney.

21. Other - All services other than those listed above. This category should be used on a limited basis as the National Aging Program Information System (NAPIS) does not recognize other services. Prior to using "Other" contact the AAA for technical assistance.
22. Not Available
23. Health Promotion (Evidence-Based) - Programs that meet ACL/AoA's definition for an evidence-based program. Evidence-based programs promote health and wellbeing; reduce disease, disability, and/or injury; and/or extend the length or quality of life for adults 60 years old or older.