2025-2027 Area Aging Plan

MILWAUKEE COUNTY COMMISSION ON AGING

ONE COUNTY
ONE VISION

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

MILWAUKEE COUNTY AREA AGENCY ON AGING | 1220 W VLIET ST, MILWAUKEE, WI 53205

Executive Summary

The Older Americans Act (OAA) states the role of an Area Agency on Aging (AAA) is to "be the lead on all aging issues on behalf of all older individuals and family caregivers" and to develop a comprehensive system of community-based services that "assist older individuals and family caregivers in leading independent, meaningful, healthy, and dignified lives in their own homes and communities." For decades, the Milwaukee County Aging Unit has affirmed the dignity and value of older adults in our county through advocacy, leadership, and service. It is our intent that this 2025-2027 Aging Area Plan not only meets, but surpasses the principles laid out in the Older Americans Act.

To aid older adults in living meaningful and dignified lives, it is important to understand the context in which Milwaukee County residents live compared to their peers across the state. In 2019, Milwaukee County declared racism a public health crisis. Race is a key predictor of the quality and length of life, where on average a White person in Milwaukee County will live 13 years longer than a Black person. The Older Americans Act asks Area Agencies on Aging to identify aging populations in greatest social and economic need. Discussed in greater detail later in this plan, we find that the population in greatest social and economic need in our community is people of color living at or below the Federal Poverty Line. We have been successful in matching those residents with our programs and services but know there are even more individuals that meet that definition that we have not yet served.

As a response to this public health crisis, Milwaukee County adopted a new strategic vision: "By achieving racial equity, Milwaukee County is the healthiest county in Wisconsin." This ambitious vision led the Milwaukee County Commission on Aging, leading the Area Agency on Aging for Milwaukee County, to reconsider its own mission and vision. A new vision was developed through an extensive community engagement process. The 2022-2024 Aging Area Plan, this 2025-2027 Aging Area Plan, and routine decision-making by the Commission on Aging are guided by this vision.

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.

The Aging Unit sits within the Aging and Disabilities Services section of the Milwaukee County Department of Health and Human Services (DHHS) alongside the Aging and Disability Resource Center, and Adult Protective Services. This integration into DHHS also provides the opportunity for close consultation with other service areas like Housing, Veteran's, and Behavioral Health Services that help advance the "no wrong door" model of service delivery. This model focuses on providing easily accessible, timely, integrated, and person-centered services across all areas. As we focus on promoting health equity, overcoming structural racism, improving communication and collaboration, and addressing all dimensions of wellness, this integration and no wrong door model have provided access to broader services for older adults, increased collaboration within DHHS and across Milwaukee County, and improved service delivery.

Under the guidance and direction of the Commission on Aging, and in close coordination with the Aging and Disability Resource Center, the Aging 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.

As we enter the 2025-2027 plan period, the Aging Unit brings increased capacity with additional positions that support the needs of older adults. In 2024, we fully transitioned our Caregiver Support (Title IIIE) program from an outside vendor to an in-house operated program. With that transition, we added two Caregiver Support Specialist positions for a total of three professionals working to ensure Milwaukee County's family caregivers can access available resources. We also created a Community Health Coordinator position focusing on Social Isolation and Loneliness projects, vaccine initiatives, oversight of evidence-based preventative health programs, and other public health priorities.

As detailed below, throughout 2024 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. From April to October, the Council conducted seven public hearings and eight focus groups. Through this process, the Aging Advisory Council learned that older adults were still feeling the impacts of the COVID-19 pandemic, particularly with respect to social isolation and loneliness. Participants also expressed feeling an increase in ageist attitudes in media, from other generations, and even amongst one another. These attitudes made them feel insecure, reluctant to seek help, and drove them deeper into social isolation and loneliness.

Residents familiar with the Aging and Disability Resource Center (ADRC) turned to it as their primary source for information about community programs for older adults. However, a perception that more could 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. Many were unfamiliar with the ADRC or reluctant to use it due to negative perceptions about wait times. Residents expressed distrust of programs and services due to difficulties with this primary entry point.

In devising the Area Plan goals, the Aging 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. The Milwaukee County Commission on Aging has a strong network of Committees and Councils. To help develop strong and measurable goals, the Aging Advisory Council assigned goal topics to each of these Committees and Councils. After preliminary goals were developed, the public had the opportunity to weigh in. The Aging Advisory Council then took this public feedback and crafted the final goals and metrics, which the Commission on Aging approved.

The Commission on Aging itself has diverse older adult leadership, including its chair, Janice Wilberg, a Ph.D. in Urban Studies and resolute advocate for older adults, experienced in working with homeless individuals, on community planning, and in the non-profit sector. Our Aging Advisory Council Chair, Denise Callaway, led the robust area plan process and is a community leader and journalist with a long history of public sector work at Milwaukee Public Schools. Supervisor Sequanna Taylor is the Commission liaison with the Milwaukee County Board of Supervisors. County leadership, including County Executive David

Crowley, DHHS Executive Director Shakita LaGrant-McLain, and Aging and Disabilities Services Administrator Tina Anderson have supported the Commission's statutory role and this planning process.

The 2022-24 Area Aging Plan marked a turning point in the Aging Network and with respect to the Milwaukee County Area Agency on Aging's placement within the Milwaukee County Department of Health and Human Services (DHHS). The 2025-2027 Area Aging Plan draws upon this strengthened connection with disability, housing, behavioral health, and veteran services and addresses ambitious goals that seek to help older adults in our community thrive. While strengthening Aging programs, the 2025-2027 Area Aging Plan provides for 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.

At the same time, the 2025-2027 Area Aging Plan builds upon the previous plan's Aging Network Vision and areas of focus (health equity, coordination and collaboration, and the dimensions of wellness) while providing expanded context and definition in each of these focus areas.

Aging Network Areas of Focus

Milwaukee County is committed to achieving racial equity and driving change to becoming the healthiest county in Wisconsin. Given that Milwaukee County is experiencing rapidly changing demographics within the aging community, the following aging network goals have been adopted by the Commission on Aging.

Health Equity

Create and promote health programs, informational materials, and educational opportunities that eliminate barriers to health equity.

Coordination, Communication and Education

Develop and implement effective communication mechanisms and outreach strategies to engage all older adults through collaboration with Milwaukee County's older adult services and other community partners.

Wellness

Address key wellness issues facing older adults including mental health, social isolation, and loneliness as well as other areas that promote the well-being of older adults.

We look forward to the work ahead – to improving the lives of those in greatest social and economic need, and to accomplishing the principle that older adults deserve to lead independent, meaningful, healthy, and dignified lives in their own homes and communities.

Progress and Continuity with the 2022-2024 Area Aging Plan

The development of the 2022–2024 Milwaukee County Area Aging Plan was a watershed moment. At the time, we were in the grip of a global pandemic. Older adult services had been shifted away from core principles of social engagement and community inclusion. Senior centers were closed. Transportation was limited to individual rides. Senior Meals were only provided through take-out or home delivery. At the same time, facing uncertain financial sustainability, the county had begun to consolidate services. Aging Services, including the Area Agency on Aging, Aging Resource Center, and Elder Abuse unit – long components of a separate Department on Aging – were merged into a newly formed Aging and Disabilities Services section within the Department of Health and Human Services. A "No Wrong Door" service model emerged as human service areas previously disparate were brought together under one Department.

The time was ripe for reflecting on the vision of the Aging Network for the 21st century. For reimagining senior centers. For innovation in the delivery of Older Americans Act services. The Aging Advisory Council and Commission on Aging thought deeply about a long-term vision for older adults in Milwaukee County. The County itself had elected new Executive leadership and set out a bold vision to become the healthiest county in Wisconsin by achieving racial equity. The Commission in turn set out its vision for older adults:

> 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.*

With that vision in place, the Commission went on to adopt three broad goal areas:

- Health Equity
- Communication & Collaboration
- Dimensions of Wellness

Based upon a careful review of data and public input including a comprehensive survey, and utilizing this goal framework, the Commission set fifty new goals for the Aging Network in its 2022-2024 Area Plan. The Commission also adopted and supported many of the emerging innovations in service delivery that had been instituted in response to the pandemic, such as the "Dine Out" program sustaining ethnically diverse restaurants and an expansion of telephone reassurance services. Over the plan period the Area Agency on Aging made remarkable progress, if not outright goal achievement, on almost all fifty goals. Many new and re-envisioned services were developed in response to these 2022-24 Area Aging Plan goals, and we would be remiss if we did not discuss the fruit of this work over the past three years. Indeed, this new Area Aging Plan for 2025-27 builds upon many of the goals of the previous plan and extends its overarching vision.

During these intervening years the Aging Advisory Council set to work examining particular issues of concern that would guide the implementation of the Plan's Aging Network goals. During 2022, the Council focused on improving communication to engage new and diverse audiences and better publicize the availability of Older Americans Act funded programs. During 2023, the Council selected areas that significantly impacted the health of all older adults and had a disproportionate effect on the health of older adults with the greatest socio-economic need: Social Isolation and Loneliness and Cardiovascular Health.

A summary of the high-level *Aging Network and Local goals* accomplishments from the 2022-24 Area Aging Plan follows. This list does not discuss the many individual goals and achievements during 2022-2024 under the various subtitles of the Older Americans Act. While the 2025-2027 plan provides a detailed set of subject specific and local goals, it does not include specific *Aging Network* level goals as were detailed in the previous Area Aging Plan. Referencing these higher-level goals and the work that has been accomplished to implement them during the past three years provides an important background for the goal development that followed in the 2025-2027 Area Aging Plan.

2022-2024 Aging Network Goals

Topic A: Health Equity

Goal I: 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.

- Significantly increased outreach to communities of color.
- Revised two social support programs to reflect increased diversity in services: Services to Older Refugees and Multi-Cultural senior center programming.

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 Proficiency.

- Continued dementia awareness training for Older Adult Transportation Service (OATS) drivers and AAA staff and increased collaboration between Caregiver Support and Dementia Care Specialists.
- Sponsored a systematic accessibility review and upgrade of all DHHS webpages and Milwaukee County's website architecture to Rehabilitation Act Section 508 compliance.
- Translated all principal Aging and Disabilities Services (ADS) service brochures into five additional languages and added an instant interpreter kiosk at the Marcia Coggs Human Services building.

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.

- Partnered with the American Heart Association to launch a blood pressure monitoring and preventative heart health program at Clinton Rose Senior Center.
- Conducted COVID immunization outreach focused on older adults in communities of color and partnered with Black-owned marketing and public health firms to increase vaccination uptake.
- Launched a project with the Medical College of Wisconsin and community pharmacists in minority neighborhoods to identify lonely older adults and connect them to supportive services and socialization.

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.

- A concerted effort was made to reach communities of color including:
  - Expansion of Dine Out program to ethnic restaurants attracted hundreds of new Black and Latino senior diners.
  - Employed Impower marketing campaigns focused on attracting participants of color to evidence-based wellness & vaccination efforts.
  - Partnered with Baptist churches, the University of Wisconsin Alzheimer's Institute and hired bilingual staff to expand caregiver programming.
- ADRC Options Counselors now staff the County Veterans Services Office and senior centers, while the Aging Unit partnered with Gerald Ignace Indian Health Center for wellness activities.
- The AAA partnered with the Homeless Outreach team and our Adult Protective Services unit was awarded a grant to address increased homelessness among the older adult population.

Goal 2: Convene the Aging Network on a regular basis to provide opportunities for referral, collaboration, sharing of best practices, and mutual learning.

- Held an Aging Network Summit in each plan year that brought together a diverse network of aging service providers for encouragement, goal alignment, networking, and collaboration.
- Annual vendor trainings provide opportunity for networking and information among vendors.

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.

- Partnered with Milwaukee County Housing Services on a Senior Home Repair for Falls Prevention program and with Milwaukee County Behavioral Health for older adult suicide prevention.
- Designed new AAA brochures for Social Support, Nutrition, and Caregiver Support services, which were each translated into ten languages.

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.

- Initiated Rx Social Connection project with community pharmacies and expanded Tech Connect program to provide digital access to older adults in senior low-income housing.
- Partnered with Behavioral Health Services on Older Adult Suicide Prevention task force and Adult Protective Services on Older Adult Opioid task force.

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.

- Developed new financial counseling program for seniors in life transitions with Riverworks.
- New home chore and expanded volunteer driver programs with ERAS Senior Network.
- Expanded employment outreach to older adults through Employ MKE.

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.

- Expanded Older Adult Transportation System (OATS) offerings by partnering with the Milwaukee County Parks Department for free transportation and tours of the Horticultural Conservatory, Botanical Gardens, Zoo, museums, nature centers, and other County cultural sites.
- Increased access to healthy food through Dine Out program, transportation to farmers markets, and Market Match at Fondy Market.
- Partnered with Office for Persons with Disabilities to expand sailing and recreational opportunities for seniors; added Community Health Coordinator to address public health as over-arching theme.

2022-2024 Local Aging Goals

Health Equity Goal: Home Repair and Modification program.

- Launched Home Repair for Falls Prevention Program with DHHS Housing Services.

Collaboration Goal: Connect with federal aging programs.

- Acquired the Senior Companions Program from the Social Development Commission; Invited a wide range of aging partners to Aging Network convenings.

Wellness Goal: Household Chore Volunteer Network.

- Established volunteer Household Chore program through ERAS Senior Network.

In almost all cases, the policies, partnerships, and programs initiated during the 2022-2024 Aging Plan will continue during the 2025-2027 Aging Plan period. This includes:

- increased access for Limited English Proficient (LEP) and older residents with disabilities,
- the development of financial counseling,
- expanding supportive case management to new refugee and immigrant groups,
- facilitating home repairs for falls prevention,
- dedicating specific program funding to chore services,
- initiating malnutrition risk interventions,
- formalizing the Dine-Out restaurant option, and
- re-imagining the delivery of services through our multipurpose senior centers.

Apart from funding for Senior Employment Training and Outreach and a few time-limited grant projects, the programs funded through the Older Americans Act in 2024 as illustrated in the table on page nine will continue into the 2025-2027 plan period.

With the goals and accomplishments from the 2022-2024 plan period in mind, we now turn to examine the context for the development of the 2025-27 Area Aging Plan. To the extent that goals in the 2025-2027 plan are extensions or expansions of 2022-2024 plan goals these are noted in the Goals section.

2024 Area Agency on Aging Service Contracts		
OAA IIIB Supportive Social Services		**IIIB**
Employ Milwaukee	Senior Employment Training	$40,000
ERAS Senior Network	HOME Chore Services*	$101,232
ERAS Senior Network	Volunteer Driver*	$180,000
Hmong American Friendship Association	Services to Older Refugees	$50,000
Indian Council of the Elderly	Socialization for Native Americans	$30,000
Jewish Family Services	Late Life Counseling*	$30,000
Legal Action of Wisconsin	Legal Services & Elder Benefits*	$405,292
Life Navigators, Inc.	Support for Persons with IDD	$30,150
Milwaukee Christian Center	Multicultural Senior Center	$108,550
Milwaukee County Housing Services	Home Repair for Falls Prevention*	$90,000
Milwaukee LGBT Community Center	Socialization for LGBTQ Elders	$30,000
Riverworks Development Corp	Financial Counseling	$60,000
Serving Older Adults of Southeast Wisconsin	Programs in MC Senior Centers*	$922,867
TransDev	Specialized Transportation*	$1,510,940
United Community Center	Socialization for Latino Elders*	$77,189
United Community Center	Transportation to UCC	$129,000
Vital Voices for Mental Health	Telephone Reassurance	$22,662
OAA IIIC Nutrition Services		**IIIC**
Davians Food Service	Catering for Senior Nutrition	$2,680,000
Dine Out Restaurants (Antigua, Daddy's, Ruby J's, Orenda, Rise and Grind)	Senior Dining & Meal Preparation	$164,600
Goodwill Industries of Southeastern Wisconsin	Home Delivered Meals Program*	$1,427,903
Jimbo's Elk's Lodge Catering	Senior Dining & Meal Preparation	$162,500
Indian Council of the Elderly	Senior Dining & Meal Preparation	$52,572
Milwaukee Christian Center, Inc.	Nutrition Site Supervision	$250,000
Milwaukee Christian Center, Inc.	Dine Out Program Supervision	$48,000
Muslim Community & Health Center	Dining Site Supervision	$20,000
Muslim Community & Health Center Caterers	Meal Preparation & Catering	$58,000
Serving Older Adults of Southeast Wisconsin	Meal Site Supervision	$110,000
United Community Center, Inc.	Senior Dining & Meal Preparation	$187,000
OAA IIID Evidence Based Health Promotion		**IIID**
Jennifer Lefeber	Coordinate Evidence Based Health	$78,000
OAA IIIE Caregiver Support		**IIIE**
Alzheimer's Association of Southeastern Wisconsin	Dementia Support & Counseling	$58,000
Milwaukee County Aging Unit	Alzheimer's Caregiver Support*	$397,584
Milwaukee County Aging Unit	Family Caregiver Support	$311,204
* Funding supplemented by non-OAA sources. Small OAA ARPA funded initiatives not included.		

Table 1

Local Demographic and Data Context for the Aging Plan

As has been the case for the past decade, the population of older adults in Milwaukee County continues to grow, both in absolute terms and as a percentage of the overall population. There are an estimated 916,205 residents living in Milwaukee County. Of those, 190,241 (20.7 percent) are considered older adults (aged 60 or older). Data shows that the total population of Milwaukee County is 50 percent White, while the older adult population is 70 percent White, largely due to historical discrimination, racial policies, and health inequities that resulted in both hypersegregation and lower life expectancy among the Black population.

In the older adult population, seventy percent (70%) are White, nineteen percent (19%) are Black, six percent (6%) two or more races, three percent (3%) some other race, and two percent (2%) are Asian. Eight percent (8%) of older adults are Hispanic or Latino, of any race, while nearly four percent (3.8%) of Wisconsin residents identify as a member of the Lesbian Gay Bisexual and Transgender community.[1] Older adults live throughout Milwaukee County, but areas with the highest number of older adults tend to be on the boundaries of the County with a higher concentration in the southwest quadrant. Milwaukee County is hyper-segregated by race and this segregation is pronounced in the older adult population. Poverty is highly correlated with race as demonstrated by the maps that follow.

As the population ages, the balance between males and females shifts to become more female oriented, which is in keeping with the longer estimates of life expectancy for females.

Population by Gender		
	Female	Male
Milwaukee County	51.3%	48.7%
Older Adults	55.2%	44.5%

Table 2

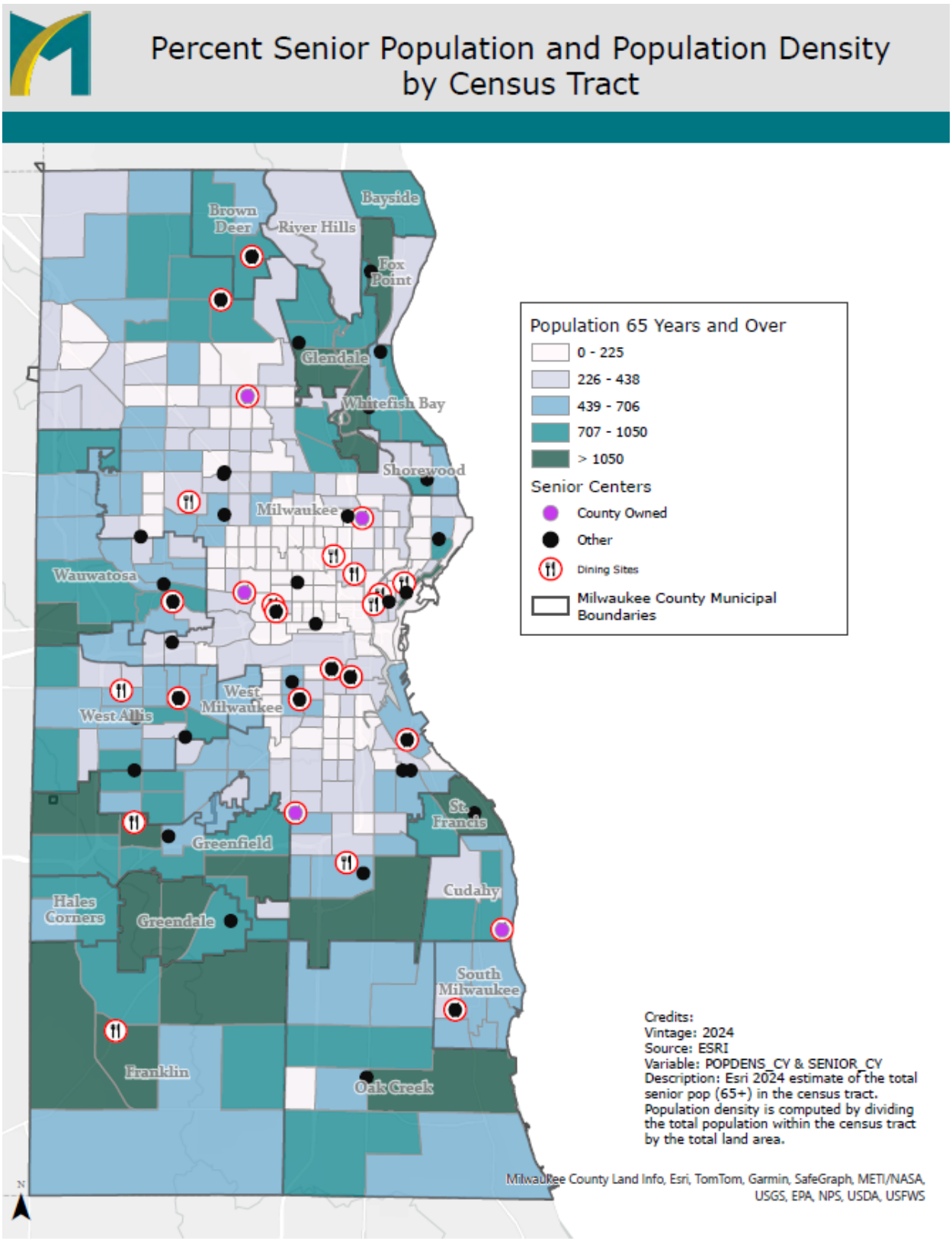
Compared to all Milwaukee County residents, older adult residents of Milwaukee County are:

- Slightly less likely to live in poverty than the general population of Milwaukee County, at a rate of 14.1 percent compared to 17.8 percent.
- More likely to live alone, at a rate of 50 percent (50%) compared to 37 percent (37%) of the general population.
- More likely to be married, forty-eight percent (48%), compared to thirty-eight percent (38%).
- More likely to be veterans, ten percent (10%) compared to four percent (4%).
- More than twice as likely to be a person with a disability, twenty-nine percent (29%) compared to thirteen percent (13%).[2]
- More likely to be a non-driver with approximately forty percent (40%) of older adults in Milwaukee County no longer driving.[3]

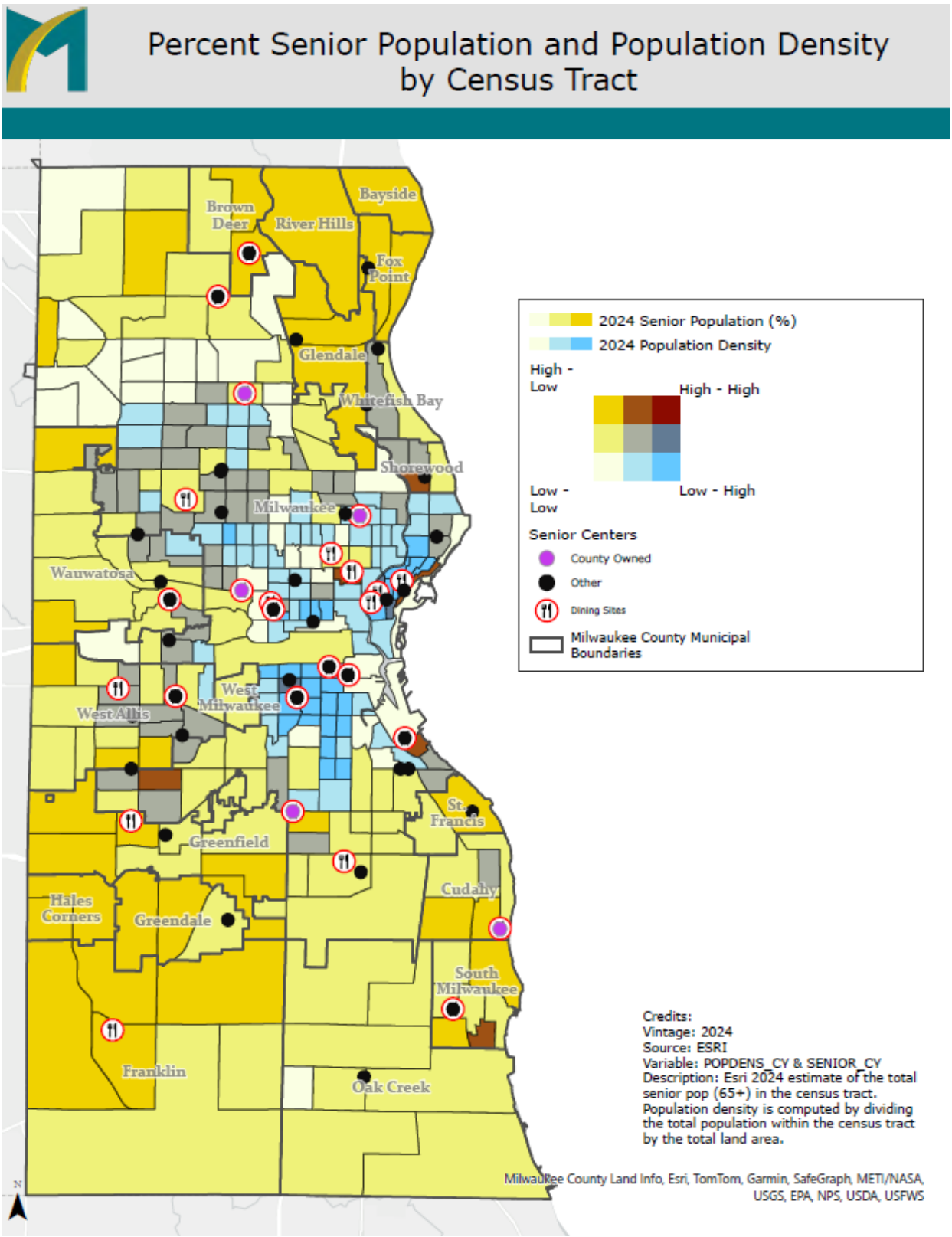
[1] The Williams Institute, UCLA School of Law. Retrieved from https://williamsinstitute.law.ucla.edu/

[2] 2023 ACS 1 Year Estimates S0102

[3] Wisconsin Department of Transportation, Non-Driver Interactive Mapping Tool.


Percent Senior Population and Population Density by Census Tract
Brown Deer
River Hills
Bayside
Fox Point
Glendale
Whitefish Bay
Shorewood
Milwaukee
Wauwatosa
West Milwaukee
West Allis
St. Francis
Greenfield
Cudahy
Hales Corners
Greendale
South Milwaukee
Franklin
Oak Creek
Population 65 Years and Over
0 - 225
226 - 438
439 - 706
707 - 1050
> 1050
Senior Centers
County Owned
Other
Dining Sites
Milwaukee County Municipal Boundaries
Credits:
Vintage: 2024
Source: ESRI
Variable: POPDENS_CY & SENIOR_CY
Description: Esri 2024 estimate of the total senior pop (65+) in the census tract. Population density is computed by dividing the total population within the census tract by the total land area.
Milwaukee County Land Info, Esri, TomTom, Garmin, SafeGraph, METI/NASA, USGS, EPA, NPS, USDA, USFWS
N

Map 1


Percent Senior Population and Population Density by Census Tract
Brown Deer
River Hills
Bayside
Fox Point
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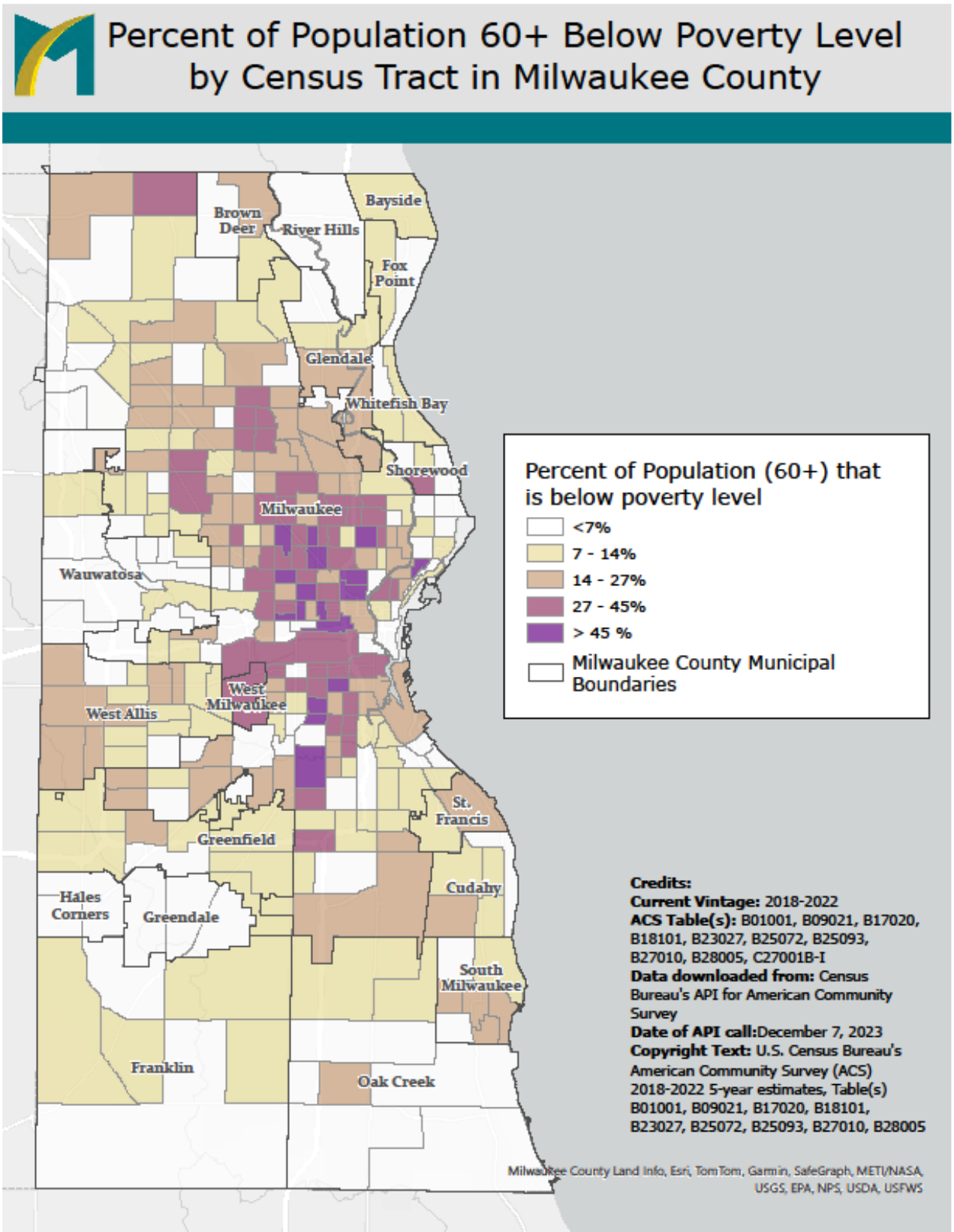
Shorewood
Milwaukee
Wauwatosa
West Milwaukee
West Allis
St. Francis
Greenfield
Cudahy
Hales Corners
Greendale
South Milwaukee
Franklin
Oak Creek
2024 Senior Population (%)
2024 Population Density
High - Low
High - High
Low - Low
Low - High
Senior Centers
County Owned
Other
Dining Sites
Milwaukee County Municipal Boundaries
Credits:
Vintage: 2024
Source: ESRI
Variable: POPDENS_CV & SENIOR_CY
Description: Esri 2024 estimate of the total senior pop (65+) in the census tract. Population density is computed by dividing the total population within the census tract by the total land area.
Milwaukee County Land Info, Esri, TomTom, Garmin, SafeGraph, METI/NASA, USGS, EPA, NPS, USDA, USFWS
N

Map 2


Percent of Population 60+ Below Poverty Level by Census Tract in Milwaukee County
Bayside
Brown Deer
River Hills
Fox Point
Glendale
Whitefish Bay
Shorewood
Milwaukee
Wauwatosa
West Milwaukee
West Allis
St. Francis
Greenfield
Cudahy
Hales Corners
Greendale
South Milwaukee
Franklin
Oak Creek
Percent of Population (60+) that is below poverty level
<7%
7 - 14%
14 - 27%
27 - 45%
> 45 %
Milwaukee County Municipal Boundaries
Credits:
Current Vintage: 2018-2022
ACS Table(s): B01001, B09021, B17020, B18101, B23027, B25072, B25093, B27010, B28005, C27001B-I
Data downloaded from: Census Bureau's API for American Community Survey
Date of API call:December 7, 2023
Copyright Text: U.S. Census Bureau's American Community Survey (ACS) 2018-2022 5-year estimates, Table(s) B01001, B09021, B17020, B18101, B23027, B25072, B25093, B27010, B28005
Milwaukee County Land Info, Esri, TomTom, Garmin, SafeGraph, METI/NASA, USGS, EPA, NPS, USDA, USFWS

Map 3

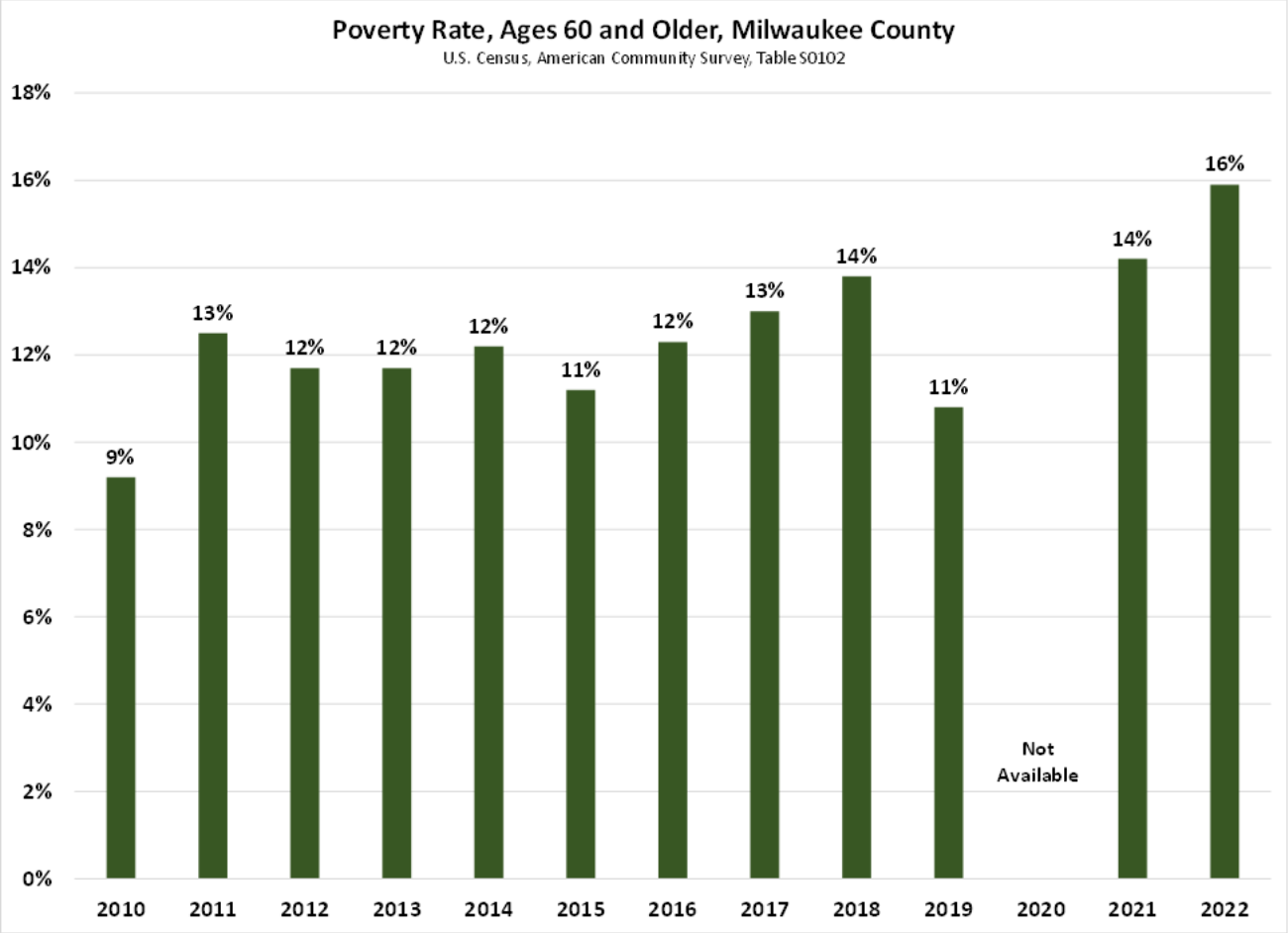
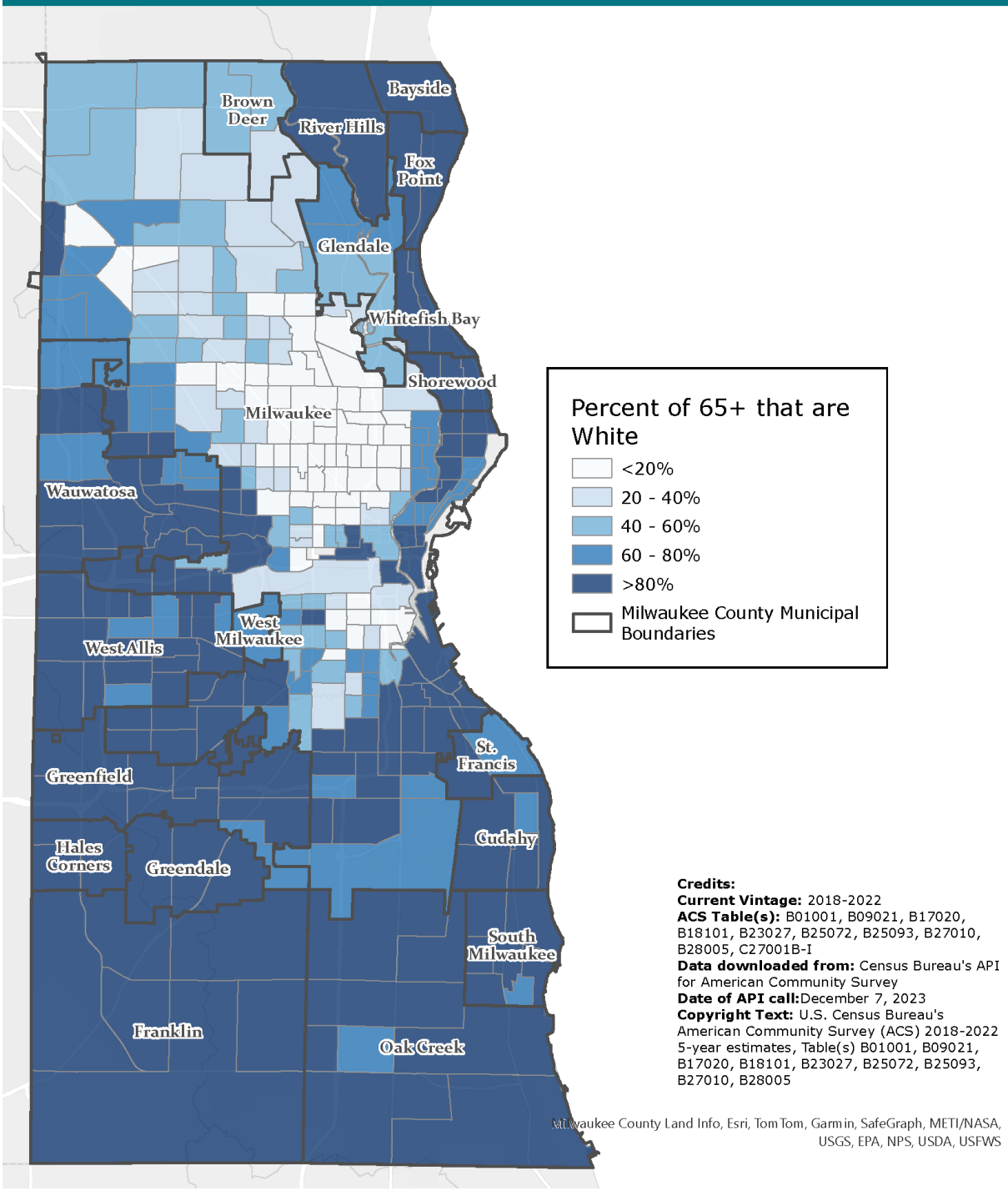

Poverty Rate, Ages 60 and Older, Milwaukee County
U.S. Census, American Community Survey, Table S0102
18%
16%
14%
12%
10%
8%
6%
4%
2%
0%
9%
13%
12%
12%
12%
11%
12%
13%
14%
11%
Not Available
14%
16%
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022

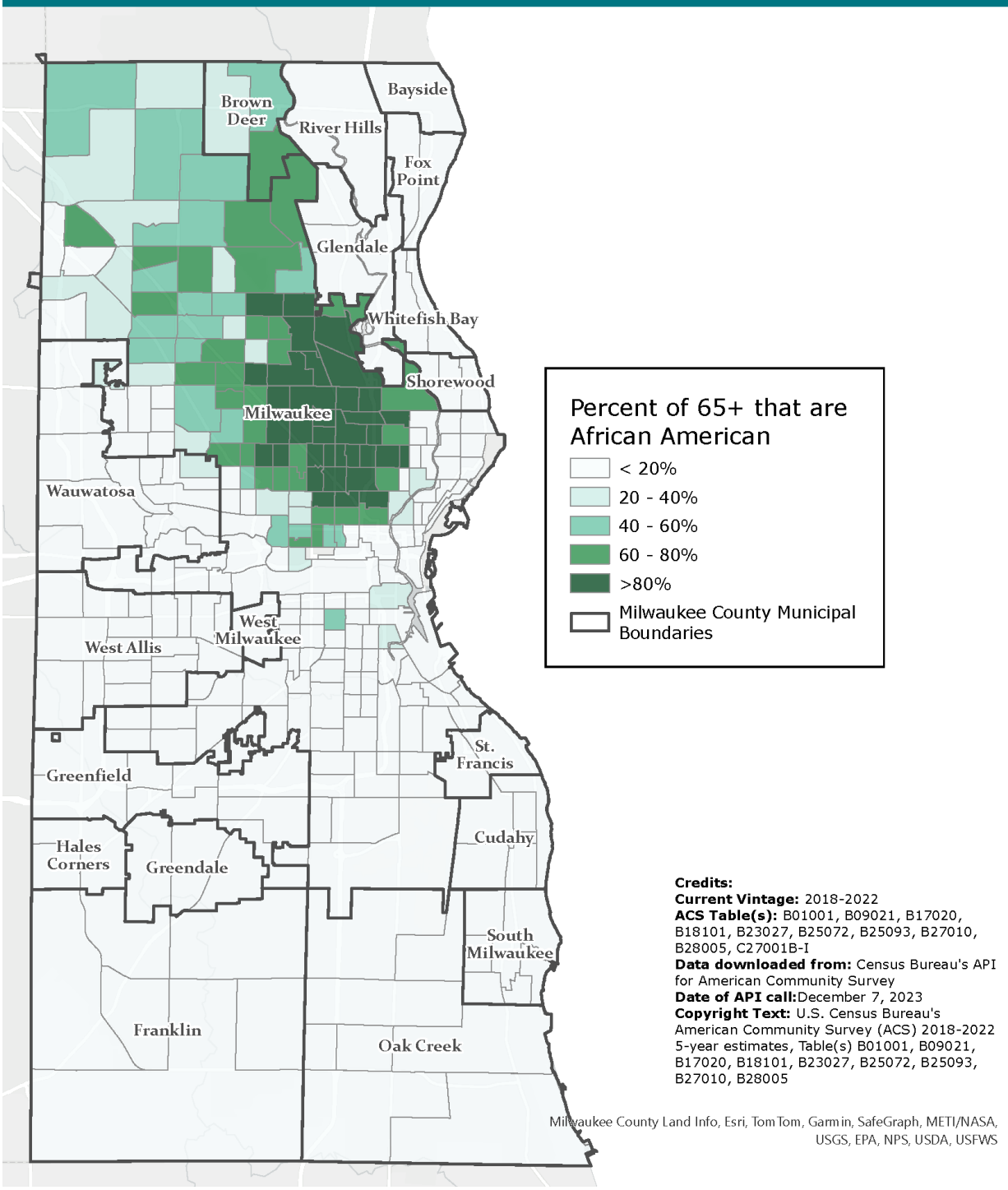
Chart 1

Race & Ethnicity 65+ by Census Tract



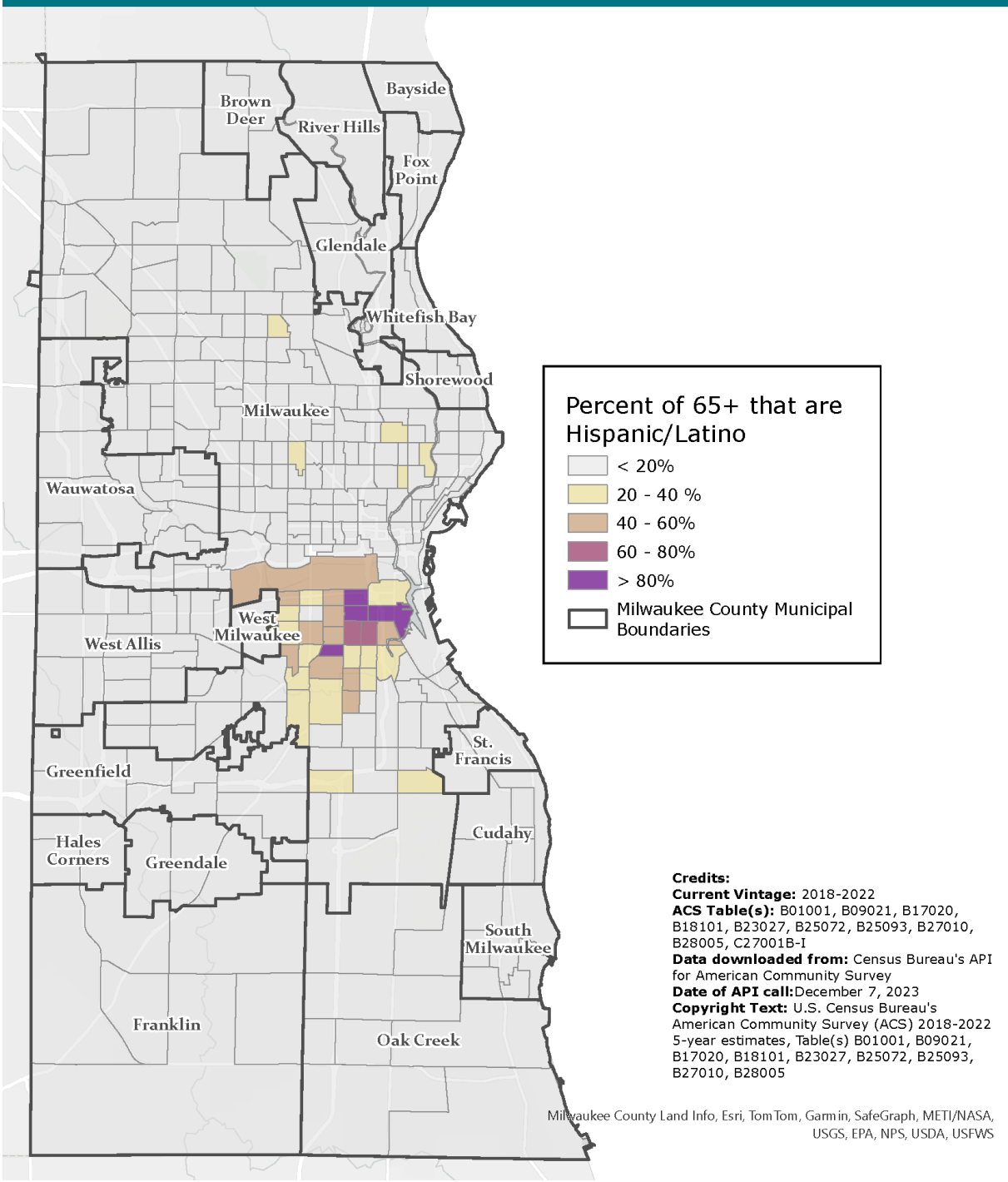
Map 4

Race & Ethnicity 65+ by Census Tract



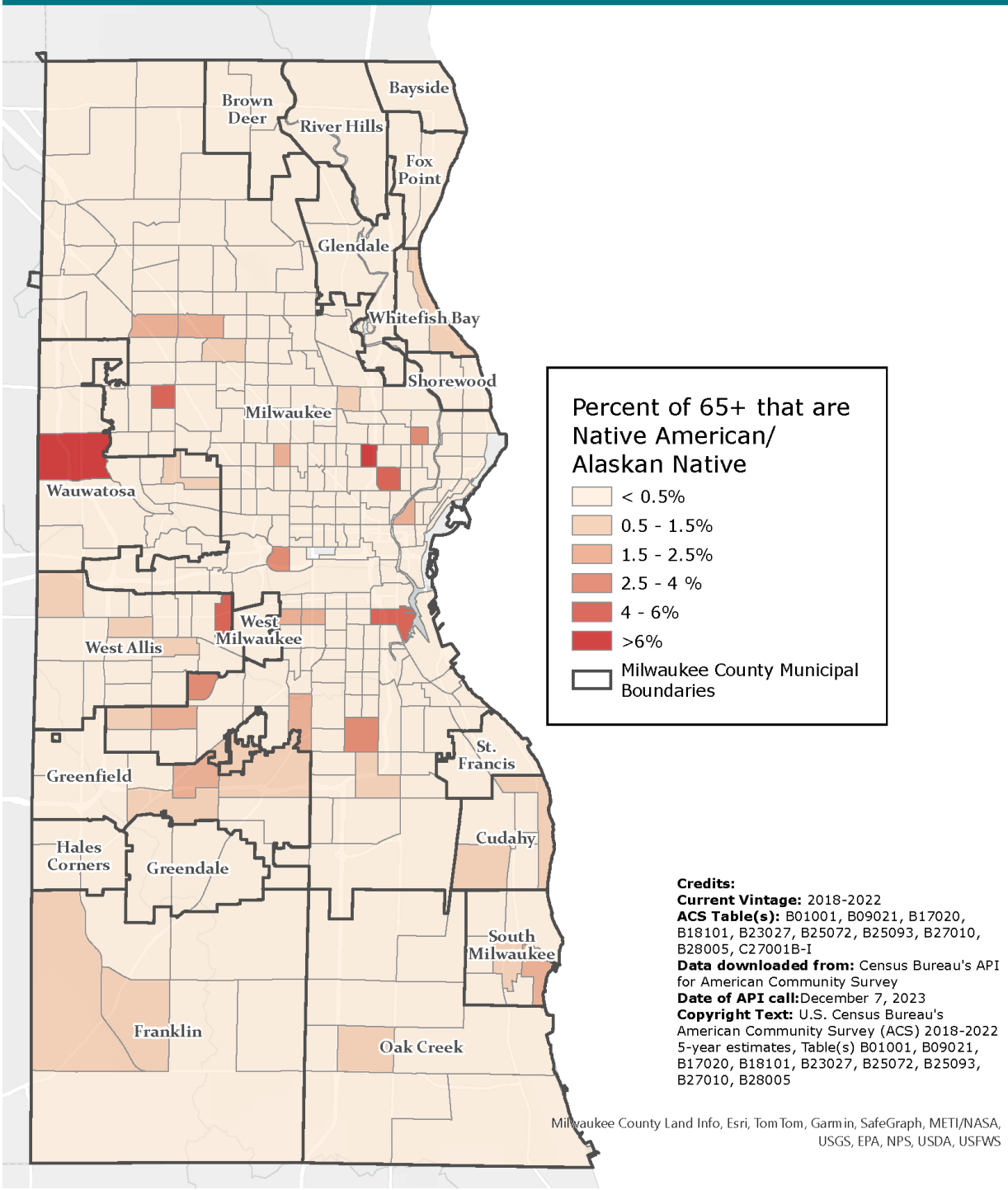
Map 5

Race & Ethnicity 65+ by Census Tract



Map 6

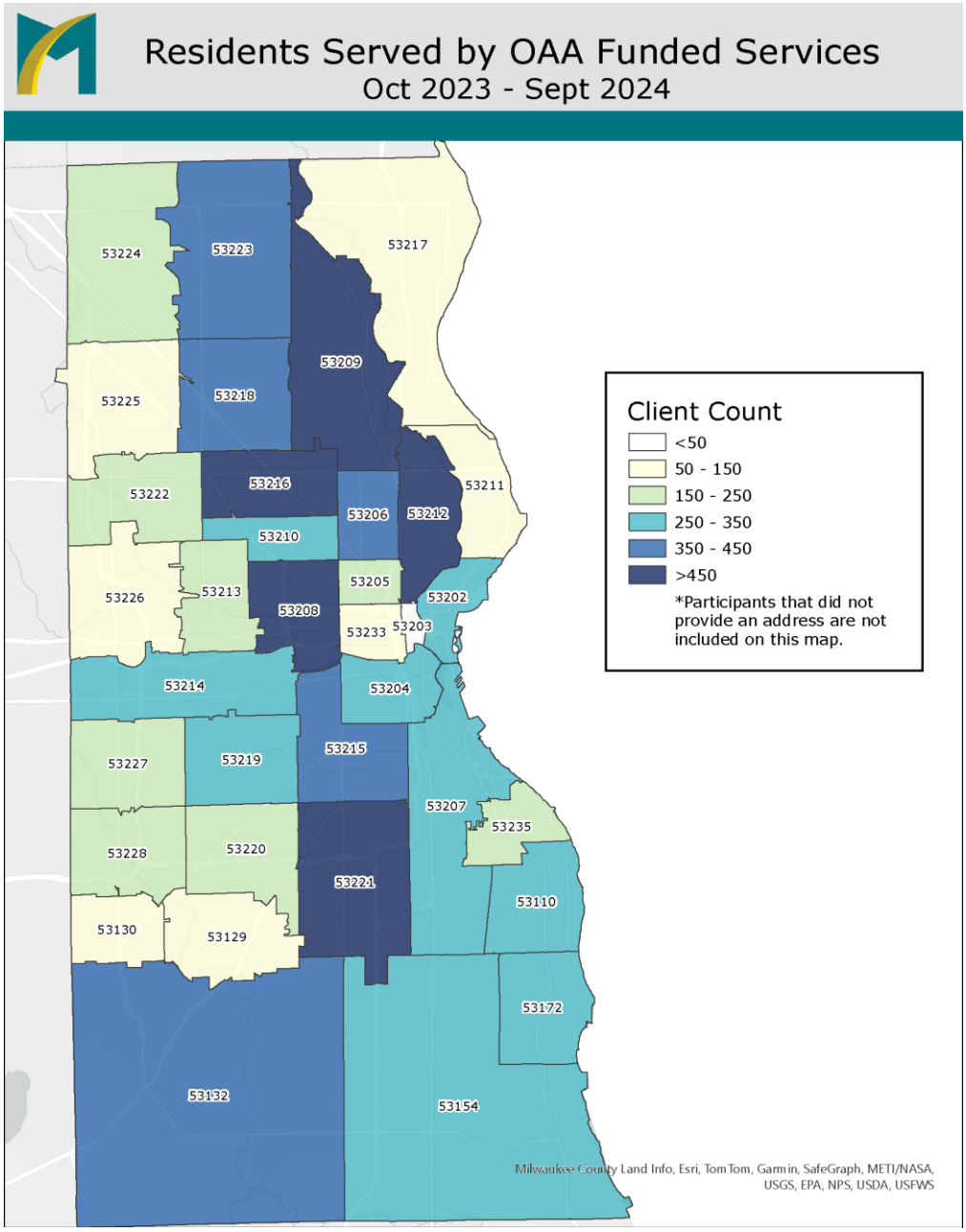
Race & Ethnicity 65+ by Census Tract



Map 7

Current population of older adults served by the Area Agency on Aging

Most services supported by the Area Agency on Aging are available to any older adult. During the past four years, data collection has become more complete as we have worked with our vendor network to properly categorize services in accord with the Older Americans Program Performance Survey. Because of the change in data collection and the intervening pandemic, it is difficult to compare service levels prior to the 2022-24 Aging Plan with current levels. Overall, service levels have increased, but in some important areas such as congregate dining and transportation, participation has rebounded more slowly.



Map 6

At the same time, the Area Agency on Aging must identify populations within the planning and service area at greatest economic need and greatest social need, including the populations as set forth in the 45 CFR § 1321.3 definitions of greatest economic need and greatest social need:

"Greatest economic need" means the need resulting from an income level at or below the federal poverty level and as further defined by State and area plans based on local and individual factors."[4]

"Greatest social need" means the need caused by non-economic factors which include:

1. Physical and mental disabilities;
2. Language barriers
3. Cultural, social, or geographical isolation, including that caused by:
    a. Racial or ethnic status;
    b. Native American identity;
    c. Religious affiliation;
    d. Sexual orientation, gender identity, or sex characteristics;
    e. HIV status;
    f. Chronic conditions;
    g. Housing instability, food insecurity, lack of access to reliable and clean water supply, lack of transportation, or utility assistance needs;
    h. Interpersonal safety concerns;
    i. Rural location; or any other status that:
        (i) restricts the ability of an individual to perform routine daily tasks; or
        (ii) threatens the capacity of the individual to live independently;
4. Other needs as further defined by State and area plans based on local and individual factors."[5]

In Milwaukee County as of 2020, White residents' average age of death was 74.7 years compared to 62.0 for Black residents, resulting in a life expectancy gap of 12.7 years.[6] A similar gap exists between the White and Latino populations. Thus, on average, White older adults can expect to benefit from Older Americans Act programs, services, and supports for nearly fifteen (15) years, while Black and Latino older adults only benefit from these same programs, services, and supports for two (2) years. This metric represents perhaps the starkest indicator of the social and health inequities that exist in our county.

Approximately one thousand more Black adults than White adults die before age 60 each year in Milwaukee County due to racial health inequities. For example, cardiovascular disease is the leading cause of death for all adults, but it effects minority groups more than others: 47 percent of Black adults have been diagnosed with cardiovascular disease, compared with 36 percent of White adults. Minority groups also carry a heavier burden of heart disease risk factors. Hispanic women are more than twice as likely as White women to have diabetes. American Indians are three times more likely than Whites to have diabetes.

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[4] The poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2). In 2024 $15,060 for a single and $5,380 for each additional individual in the household."

[5] 45 C.F.R. Section § 1321.3 (February 14, 2024).

[6] Milwaukee County Medical Examiner Mortality data; https://county.milwaukee.gov/EN/Strategy-Budget-and-Performance/Vision/Strategy-Dashboard/Medical-Examiner-Mortality-Data.

At the same time, while the older adult population is disproportionately composed of residents who are White, residents who are Black were far more likely to be living in poverty (26 percent) compared to residents who are White (10 percent). This socio-economic data drove decision-making to ensure that residents of color, particular in the Black community, had knowledge of and access to the programs and supports funded through the Older Americans Act. Several specific health and wellness campaigns focused on communities of color, including evidence-based health promotion classes and immunization initiatives.

Programming changes were also made to support increased access to Older Americans Act programming in communities of color, including the introduction and expansion of the Dine Out program that supported minority restaurants with ethnically diverse food offerings which attracted 1,380 new diners of whom 83 percent were Black and 88 percent were people of color. Outreach efforts and subsidized training resulted in the recruitment of a dozen new persons of color to serve as Evidence-Based Health Program facilitators. Partnership with the UW Alzheimer's Institute and local churches expanded the reach of the Caregiver Support program and increased program engagement with caregivers supporting older adults of color.

Another example of a new intervention addressing socio-economic need addressed the high malnutrition risk among participants in the Home Delivered Meal Program. Enhanced malnutrition screening, coupled with the offer of person-centered nutrition counseling resulted in significant decreases in malnutrition risk, with benefits greater among participants of color. For Meals on Wheels participants who accepted enhanced one-on-one nutrition counseling from a Milwaukee County dietician:

- White diners: 14% decrease in Nutritional Risk score and 48% decrease in Malnutrition Risk.
- Diners of Color: 36% decrease in Nutritional Risk score and 90% decrease in Malnutrition Risk.

Thus, the chart below demonstrates a higher percentage of residents of color served overall through the AAA in keeping with the intent to serve those in the greatest economic need.

Percentage of Older Residents Served through AAA vs. Total Older Residents			
Race	Percentage of Service Recipients[7]	Milwaukee County 60 and older[8] (N=186,358)	
American Indian/Native Alaskan	1.3%	0.4%	745
Asian	2.4%	2.1%	3,914
Black/African American	38.2%	19.3%	35,967
One other race alone	0.7%	5.7%	5,218
Two or more races	0.3%	3.1%	5,777
White	57.5%	72.3%	134,737

Table 3

The estimated number of older residents of Hispanic or Latino origin is 5,777, or 3.1% of the older adult population, identifying primarily as White-Latino. The 2025-2027 Aging Plan continues this emphasis on serving older adults of color as the communities in greatest socio-economic need, with added attention to Limited English Proficient and Latino populations.

[7] SAMS Demographics for All Clients, Federal Fiscal Year 2024. Imputed data.
[8] U.S. Census Bureau (2022, S0102 5 Year Estimates) Population Estimates, Milwaukee County (2022 and 2018) Retrieved from http://data.census.gov

Population projections for age 60+ by 2030 and 2040.

As is the case for all counties in Wisconsin, the population of older adults will continue to grow, both in absolute terms and relative to the County's population overall. Currently, Milwaukee County is home to 916,205 residents, of whom 190,241 (20.7 percent) are considered older adults, aged 60 and older.
The most recent estimates of county-level population projections were generated by the Wisconsin Department of Human Services based on 2010 census data.[9] While comparing the actual population numbers to the projected numbers for 2020 indicates that Milwaukee County did not grow as predicted, the trend of a static total population for Milwaukee County and a steadily increasing older adult population is holding accurate. The population of older adults aged 60+ has increased by twenty-five percent (25%) from 152,120 in 2010 to 190,241 in 2023 – the fastest of any age cohort – and this trend will continue until 2040.

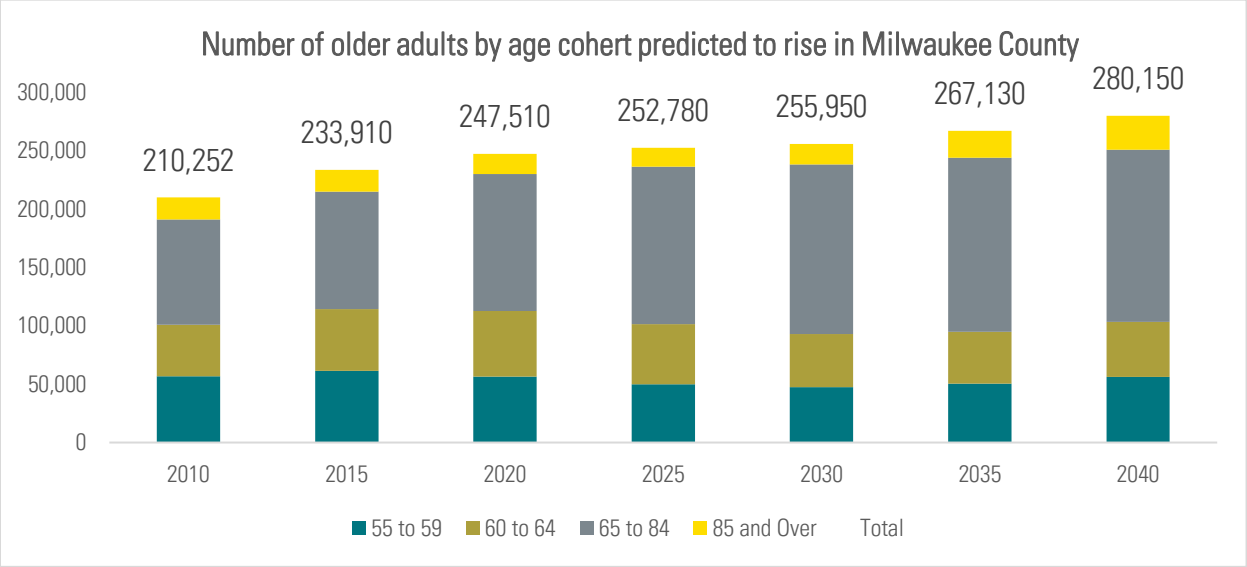


Chart 2

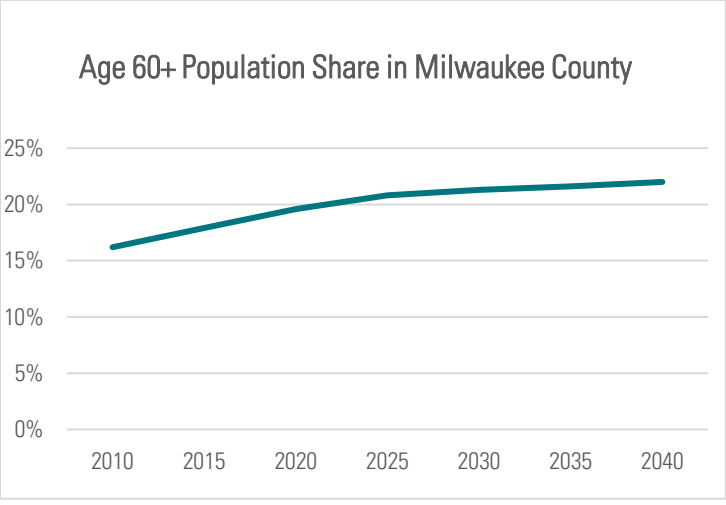


Chart 3

[9] Wisconsin Department of Administration Updated Population Projections for Counties by Age: 2010 - 2040; Vintage 2013

Older Adults with Disabilities

The incidence of disability tends to increase as we age. A third of all older adults in Milwaukee County indicated they had a disability, with more than twenty percent identifying difficulty with mobility. A goal of the 2025-2027 Area Aging Plan is to partner with other community stakeholders through the AARP Age-Friendly Network to create an environment that is accessible regardless of disability. A principal goal of the Older Americans Act is to provide services and supports so that older residents live healthy, engaged lives in their community without the need for institutional care. Specialized home and community-based services are available through Area Agency on Aging (AAA) program to serve older adults with dementia and their caregivers, older adults caring for adult children with intellectual and developmental disabilities, home repair to address mobility and accessibility within the home, and caregiver supports for older adults who have difficulty with self-care. The AAA partners with the County Office for Persons with Disabilities to ensure access for meetings, events, and program materials.

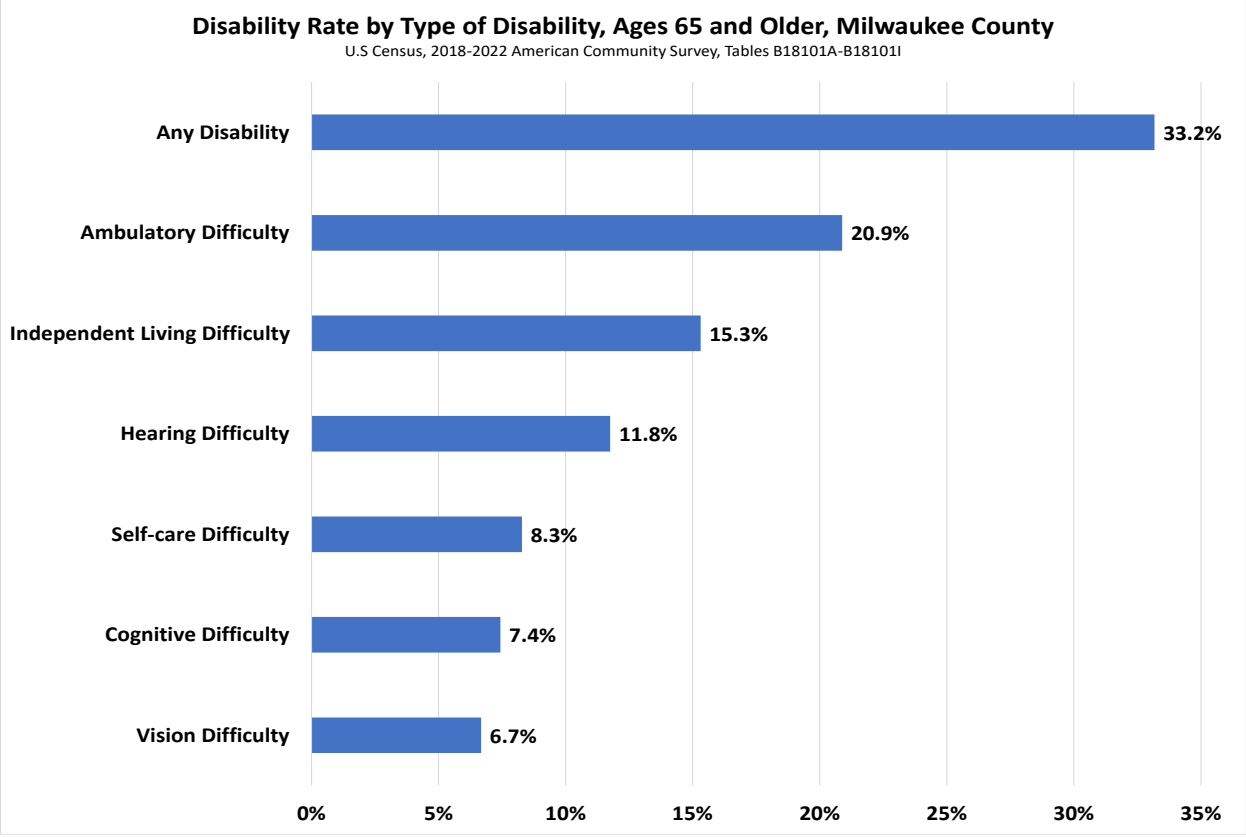


Chart 4

For older adults with significant deficits in their ability to carry out activities of daily living and who need additional support, the Milwaukee County Aging and Disability Resource Center (ADRC) provides Long Term Care Options Counseling. ADRC staff can also perform in-home functional assessments to determine qualification for Wisconsin's Medicaid Home and Community Based Long Term Care programs: Family Care, Partnership, PACE and IRIS. Income and asset qualification for these programs is conducted by the Wisconsin DHS Forward Health Milwaukee Enrollment Center. If enrolled, residents can access a wide range of long-term care services, delivered through providers in a Managed Care network, or through

providers hired by the participant in the self-directed IRIS program. Nearly seven percent (7%) of Milwaukee County's older adult population is enrolled in a Medicaid Home and Community Based Services Long Term Care program. Milwaukee County enrolls a disproportionate number of older adults in Medicaid HCBS Long Term Care programs compared to other counties, likely due to a higher incidence of qualifying disability, coupled with a higher rate of poverty.

Milwaukee County 65+ Enrollment in Medicaid Funded Long-Term Care Programs[10]			
	Milwaukee County	Wisconsin	Percentage of enrollees from Milwaukee County
Family Care (Managed LTC)	5,129	24,073	21.3%
Partnership (Managed Health & LTC)	435	1,515	28.7%
PACE (All Inclusive Care for the Elderly)	301	443	67.9%
IRIS (Include Respect I Self Direct) (Frail Elderly)[11]	3,652	6,453	56.6%
Total Long Term Care Enrollment	**9,517**	**32,484**	**29.3%**
65+ Population	139,263		15.2%

Table 4

Due to the design and regulation of the Medicaid HCBS long-term care system in Wisconsin, the Area Agency on Aging has limited interaction and ability to serve this population of older adults, even though they meet the definition of older adults living in the community in greatest need. Through agreements with Managed Care Organizations (MCOs) and IRIS Consulting Agencies (ICAs) some participants have access to home delivered meals, congregate dining, and transportation services, if the MCO's and ICA's pay the full cost of these services. We do not fund adult day care, but long-term care participants may benefit from programming at one of the many senior centers supported through the Older Americans Act. The AAA is prohibited from functioning as an MCO or ICA in Wisconsin.

[10] Wisconsin DHS Family Care, Family Care Partnership, and PACE Enrollment Data Monthly Snapshot as of September 1, 2024.
[11] Wisconsin DHS IRIS Enrollment Data Monthly Snapshot as of October 1, 2024.

Social Isolation & Loneliness Among Older Adults

Significantly, 36.8 percent of all residents ages 60 and older live alone in Milwaukee County. As noted in the Aging Plan survey data, 93.4 percent of respondents said that it was extremely (74.6%) or very (18.8%) important to live in their own homes as they age. In Milwaukee County sixty-five percent (65%) of older adults live in owner occupied homes. Yet only an estimated twenty percent (27%) of these homes[12] are age ready.[13] As adults live longer, more years may pass without spouses or other companionship. One-person households have doubled over the past half-century leading to increased risk for social isolation. The United States Surgeon General has declared the epidemic of loneliness and isolation an underappreciated public health crisis.[14]

Percent of adults in Wisconsin who rarely or never get the social and emotional support they need by age group, 2015, 2017, and 2020 combined

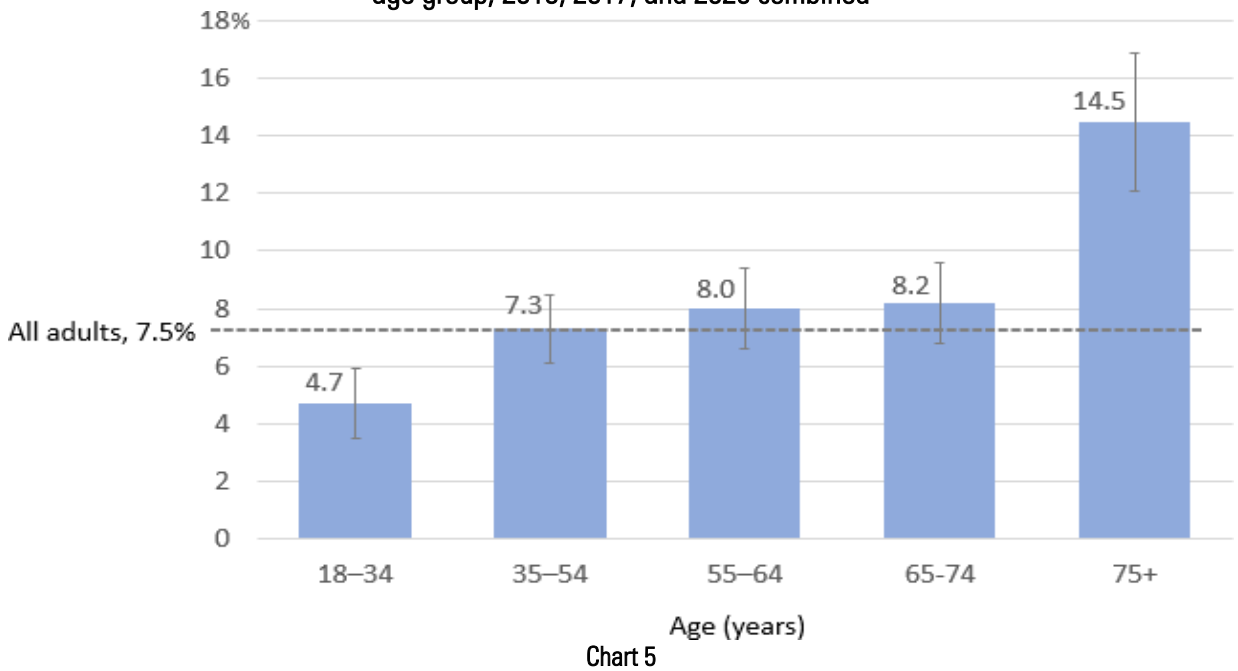


Chart 5

As indicated, older adults, particularly those over age 75 report the highest level of social and emotional support need.[15] Survey results published in the Centers for Disease Control and Prevention's (CDC) Morbidity and Mortality Report found that social isolation or loneliness and lack of social and emotional support were the most reported social determinants of health for adults living in the United States. Sixty-one percent (61%) of adults reported feeling alone post pandemic. Individuals 60 years or older who self-report feelings of loneliness had a 45 percent increased risk of death.

[12] U.S. Census Bureau, Current Population Reports, Aging-Ready Homes in the United States—Perception Versus Reality of Aging Accessibility Needs: 2019, U.S. Government Publishing Office, Washington, DC, October 2023.

[13] An aging-ready home is defined as a housing unit that has a step-free entryway and both a bedroom and full bathroom on the first floor. Source: U.S. Census Bureau, 2019 American Housing Survey.

[14] Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community, United States Public Health Service, 2023.

[15] Wisconsin DHS: Social and Emotional Support Data in Wisconsin Older Adults and People with Disabilities, P-03418 (04/2023).

Loneliness, when chronically persistent, causes inflammation and risk of chronic conditions[16], while mortality increases by six percent from 26 percent to 32 percent among people who are isolated.[17]

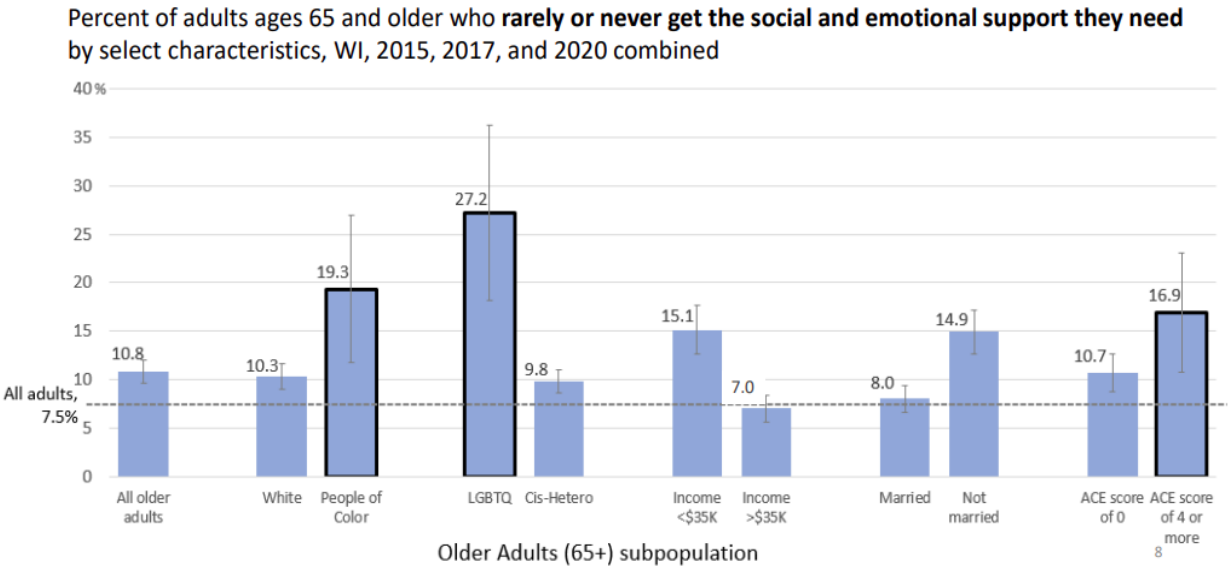


Chart 6

Like other health disparities, social isolation and loneliness among the older adult population have a disproportionate effect on people of color, individuals with lower income, and the LGBTQ community. 2025-2027 Area Aging Plan goals have included a focus on addressing social isolation and loneliness among Milwaukee County's older adult population.

[16] Chronic loneliness can drive up cortisol levels in the body. Over time, higher cortisol levels can lead to high blood pressure, weight gain, muscle weakness, and problems concentrating. https://www.cigna.com/knowledge-center/chronic-loneliness

[17] Carla M Perissinotto, Irena Stijacic Cenzer, Kenneth E Covinsky. Loneliness in older persons: a predictor of functional decline and death. Archives of Internal Medicine (2012 Jul 23;172(14):1078-83).

Development of the Area Aging Plan

Partners and Resources

The Aging Advisory Council (the "Council") led the development of the 2025-27 Area Aging Plan, in alignment with the requirements of the Older Americans Act. This year-long process included developing a survey instrument, planning public hearings, focus groups, analyzing demographic data, and providing relevant information to the respective committees and councils of the Commission on Aging for goal development. Throughout the process, the Council provided updates to the Commission on Aging at their monthly meetings. The Council also asked the Commission on Aging to develop a list of affiliated partners that could help distribute the survey, marketing materials, and raise awareness of the planning process. This helped us move beyond our standard network of partners and vendors and reach diverse participants throughout the community.

Our partner network also helped with our area plan outreach. We relied on them to help distribute our survey. For example, staff at Goodwill, our Meals on Wheels vendor, analyzed routes to determine which meal recipients would meet our demographic needs and then drivers handed the survey to those individuals while delivering meals. They collected the survey back from individuals the next time they were on the route and returned them to staff. We partnered with all our vendors to ensure they had copies of our survey and flyers to access the online survey so that they could share it with the older adults they serve.

Our partners also acted as host for many of our focus groups. We hosted one focus group at the Milwaukee LGBT Community Center. The Center hosted us at their facility and helped to promote the focus group to their participants and at community events including the annual PrideFest celebration. Several other partners helped us host and market focus groups including Milwaukee Christian Center, Independence First, St. Ann's Intergenerational Center, Indian Council of the Elderly, and our senior centers.

AAA staff work with regional and statewide collaborative bodies that discuss important aging issues and share resources. These opportunities allow us to develop our knowledge base on trending aging topics and learn of additional resources where we can direct residents in need. A listing is below:

Committee	Staff
Wisconsin NEMT Transportation Advisory Council	Claire Enders, Transportation Coordinator
Governor's Committee for People with Disabilities	Daniel Idzikowski, Aging Services Director
Wisconsin Heart Health Alliance	Kaisa Kerrigan, Community Health Coordinator
Disability Vote Coalition	Emily Petersen, Advocacy & Policy Manager
Wisconsin Aging Advocacy Network	Emily Petersen, Advocacy & Policy Manager
Wisconsin Family and Caregiver Support Alliance	Kayla Steinke, Caregiver Support Coordinator
WisDOT Non-Driver Advisory Committee	Claire Enders, Transportation Coordinator
Wisconsin State Dementia Plan	Kayla Steinke, Caregiver Support Coordinator
Milwaukee Coalition for African American Caregivers	Kayla Steinke, Caregiver Support Coordinator
Wisconsin Coalition for Social Connection	Kaisa Kerrigan, Community Health Coordinator
American Society on Aging Health Equity Council	Emily Petersen, Advocacy & Policy Manager

Table 5

Community Engagement

The Administration for Community Living, which is the federal administrator of Older Americans Act programming maintains, "the fundamental principle that all people, regardless of age or disability, should be able to live independently and participate fully in their communities."[18] To that end, community involvement in the development of this Area Plan is not only mandatory but was enthusiastically pursued. In this iteration of the plan, in addition to the leadership of the Commission on Aging and its committees, community engagement was pursued to inform this plan through the following methods:

1. Resident Survey
2. Public Hearings
3. Focus Groups
4. Public Listening Sessions
5. Aging Network Summit

Resident Survey

A resident survey[19] was available online, mailed to a sampling of clients served by Older Americans Act funded agencies, and actively distributed to populations of interest less likely to respond in a representative manner. After two months of survey collection a demographic analysis was conducted, and the survey was further distributed to reach populations underrepresented in survey responses. Specific outreach methods included:

1. Surveys in English, Spanish, Arabic, Burmese, Lao, Amharic, and Russian were available online and on paper. These surveys were linked in many communications from Milwaukee County and available on the Aging Services page of the Milwaukee County website.
2. The vendor network of the Area Agency on Aging distributed surveys to their clientele.
3. Surveys were distributed to a variety of senior living spaces and community locations.
4. Impower Solutions included copies of the survey in an extensive door-to-door outreach campaign.
5. Surveys were provided on tablets and handed out by DHHS staff at many events, particularly those that catered to populations of interest, including but not limited to events for: people with disabilities, events focused on healthy aging, and for Native American residents.

Public Hearings and Focus Groups

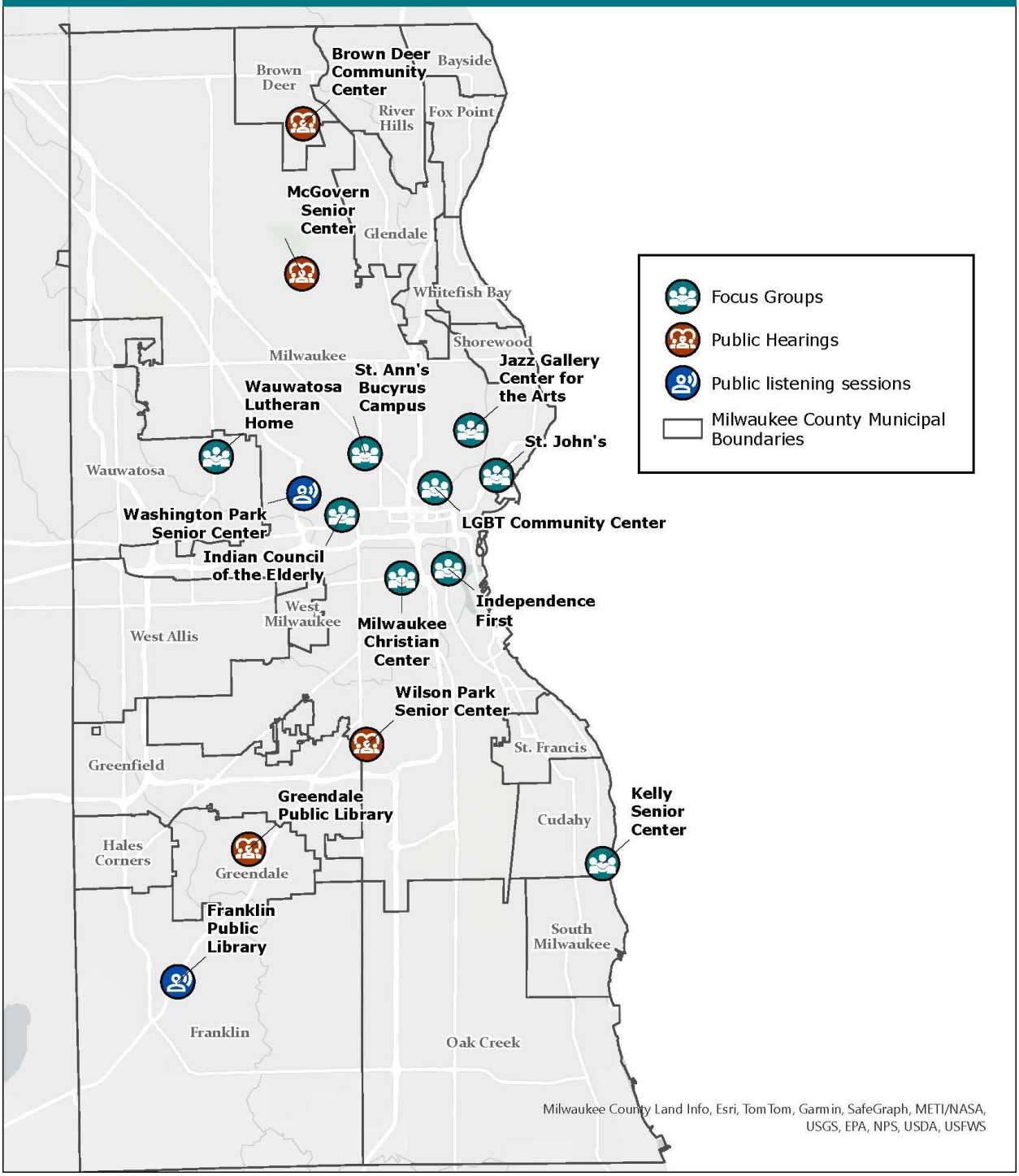
In addition to survey distribution, community input informing the Plan included: public hearings to garner input at the beginning of the process, focus groups to collect input from specific populations of interest, and public listening sessions to present findings from the community research and the drafted Area Plan goals and garner community feedback. Locations for these events were planned throughout Milwaukee County.

In April, four public hearings were held across Milwaukee County: Wilson Park Senior Center, McGovern Park Senior Center, the Brown Deer Community Center, and Greenfield Public Library. Public hearings featured a short presentation about the purpose of the area aging plan, small group discussion time for attendees to identify and discuss key issues of concern, and a report back period to gather community feedback. Results from these hearings helped shape the design and questions at the focus group sessions.

[18] Administration of Community Living Website. https://acl.gov/about-acl/history

[19] See Appendix B

Sites for Area Plan Community Events



Map 9

Eight focus groups followed to speak with distinct communities about their aging experiences and to better understand their needs. The following focus groups were held:

Group	Location/Partner	Date	Number of Participants
LGBTQIA+ Older Adults	Milwaukee LGBT Community Center	June 18, 2024	12
Native American Older Adults	Kelly Senior Center	June 24, 2024	2
Older Adults with Disabilities	Independence First	July 1, 2024	3
Native American Older Adults	Indian Council of the Elderly	July 1, 2024	13
Older, Wiser, Local (a location-based socialization group for older adults)	Jazz Gallery of the Arts/Older, Wiser, Local	July 12, 2024	10
Caregivers of Older Adults	Wauwatosa Lutheran Home	July 15, 2024	5
Southeast Asian Older Adults/multi-cultural Older Adults	Milwaukee Christian Center	July 17, 2024	13
East Side Senior Services participants and volunteers	East Side Senior Services/St. John's on the Lake	July 31, 2024	15

Table 6

Focus groups were facilitated using a standard introduction and list of questions that solicited feedback about current programming, desired program and service offerings, unmet needs of older adults living in Milwaukee County, and whether they would recommend our services to other older adults in their community.[20]

Although attendance at these focus groups was varied, the feedback provided was valuable and consistent across all groups. These primary themes emerged across most of the focus groups:

- *Communication and outreach*—Residents want to access our programs and services easily and readily in a variety of formats (online, in-person, and through written materials).
- *Social isolation and loneliness*—Many feel that society has moved away from being focused on community and neighborliness. Older adults are looking for deep social connection and not surface level interaction.
- *Safety*—Older adults are concerned about safety. There is concern for physical safety, such as crime and reckless driving, but also safety online and with their finances. They feel susceptible to fraud and scams and don't know who or what to trust in these spaces.

Public feedback from the survey, public hearings, and focus groups was broad ranging. Themes from this input are characterized below and were used to inform the 2025-27 Area Aging Plan goals.

[20] See Appendix B for a list of questions used at the public hearings and focus groups.

Community Feedback Themes and Priorities

The first questions on the Area Plan survey asked respondents to share whether they think Milwaukee County is a good place to age. Three quarters (77.7 percent) of respondents had a positive response to aging in Milwaukee County. Respondents shared that some of their favorite things about Milwaukee County are that it is like a small city with a strong variety of accessible amenities, which allows residents to retain connections to family and friends, as well as a recognition of the special spaces for older adults. One respondent summed up the feedback by saying: "It's small enough to get everywhere but there are so many different events and communities to explore."

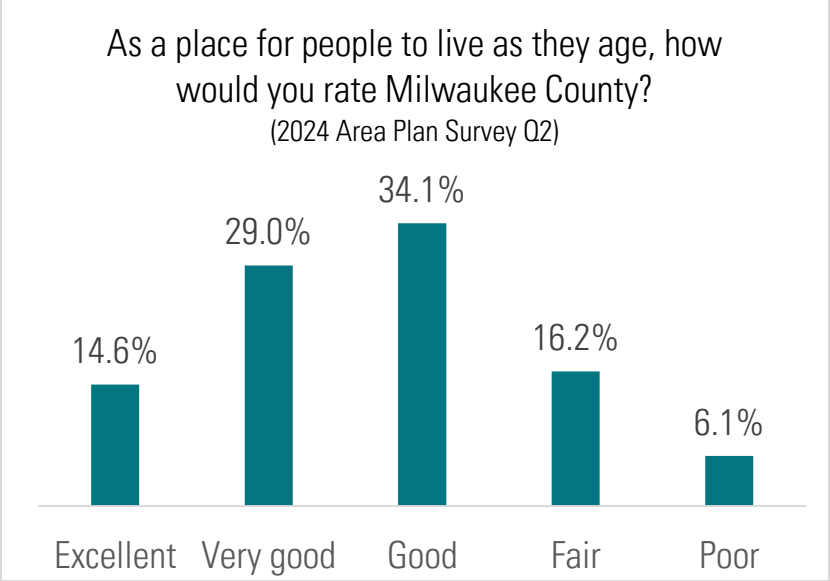


Chart 7

Socialization

The most common topic in the focus groups was the need for increased opportunities for socialization in senior-friendly spaces, with emphasis on offering support groups and activities that support health and fitness. This isolation is a concern especially for "people who are homebound and have limited mobility." Older adults don't want to feel as though society is ignoring them or pushing them out, and activities and spaces that prioritize older adults can help alleviate that perception. As people enter the older adult stage of life, maintaining relationships was cited as a challenge.When asked to rank the services, supports and opportunities available to older adults, all of the rankings for activity types were above 3 (Good),

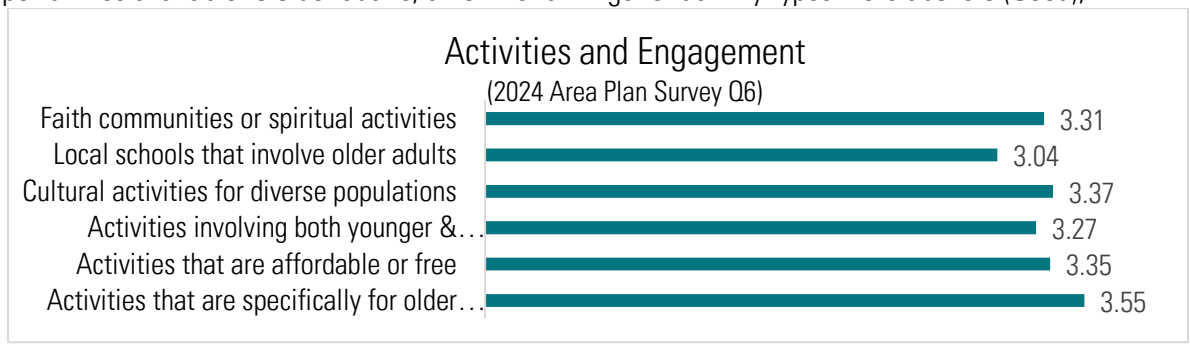


Chart 8

Lack of family support has compounded the dearth of intergenerational connections within the LGBTQ+ community. Barriers to intergenerational mixing include siloing by age group, generational differences in lived experiences, and a perceived lack of respect and awareness from the younger generation for older LGBTQ+ adults and the advocacy that they did for the community. Further contributing to these challenges is the loss of familial ties that many LGBTQ+ older adults experienced as a result of coming out during eras of less LGBTQ+ acceptance. These factors contribute to greater social isolation and loneliness among community members, with four out of five LGBTQ+ older adults concerned about having enough social support as they get older according to the AARP Dignity 2024 survey.

The change in breadth and availability of programming before and after the COVID pandemic was discussed by multiple groups. Attendees indicated that more opportunities were available pre-pandemic but, "they haven't come back as strong since then." Residents identified special programming needs as well as a desire for more robust opportunities. As one attendee said, "Once you retire, it is hard to get out there and stay in a routine."

Ideas from residents to develop socialization programming included:

- If smaller community centers and local senior centers can't rebuild programming "on their own," why not build a stronger connection with the Aging Unit?
- Culturally specific activities, ex: drum circles, ethnic cooking classes, and locations would help attract people from diverse communities; and partnering between senior centers would build the number of sites that people feel comfortable entering on their own.
- Increased opportunities for "accessible, free outdoor recreation opportunities."
- A survey respondent shared that, transportation services, "got me out of the house and is broadening my world by getting me to a class for learning and helps me meet other people."
- Pairing younger members of the community with elders could be a beneficial way to provide practical support, such as help with grocery shopping and phone calls to check in and increase intergenerational connections.

Advocacy

Participants reported an interest in training to learn self-advocacy skills. As one participant stated, it feels as though they "are being pushed out of society because people do not want to deal with them or that they are too difficult to deal with. In the absence of formal support, it is up to the community and neighborhood to step up." Several attendees of these public sessions had ideas and concerns about the capacity and willingness of older adults to advocate for themselves. Beyond self-advocacy skills development, it is crucial for the Area Agency on Aging to continue to play a role in opposing age discrimination, ageism, and stereotyping by reframing the way we view aging, supporting the older adults we work with, and serving as the public advocate for older adults at every level of government.

> *"There should be more help developing self-advocacy skills. They [older adults] do not how or when to speak up when they feel something is not right, especially in medical situations."*

"An unmet need is the lack of advocates for people who have had a life changing incident. It can be difficult to hear what healthcare professionals are saying when in an escalated mental and emotional state. Valuable to have a system of advocates to attend medical appointments."

"Old people are the butt of every joke. Stereotypes about seniors are so pervasive that it is done without any thought."

"Sharing that they need help and being vulnerable because they do not want to face institutionalization and think that asking for help will lead to that."

"Although elders are considered, "the greatest strength" in the native American community," the transition in becoming one has been hard for one attendee who said, "I have always been a helper, but now that I need help, it's hard for me to ask".

Isolation & Loneliness

In addition to the broad spectrum of low and mid-level interventions to address socialization, there is increasing attention paid to loneliness and social isolation. These have long been of concern in the older adult population, but the COVID pandemic exacerbated these issues. Even after the COVID pandemic subsided, and although loneliness levels have decreased to near pre-pandemic levels, older adults with poorer mental and physical health, and individuals with disabilities that limit their daily activities, have

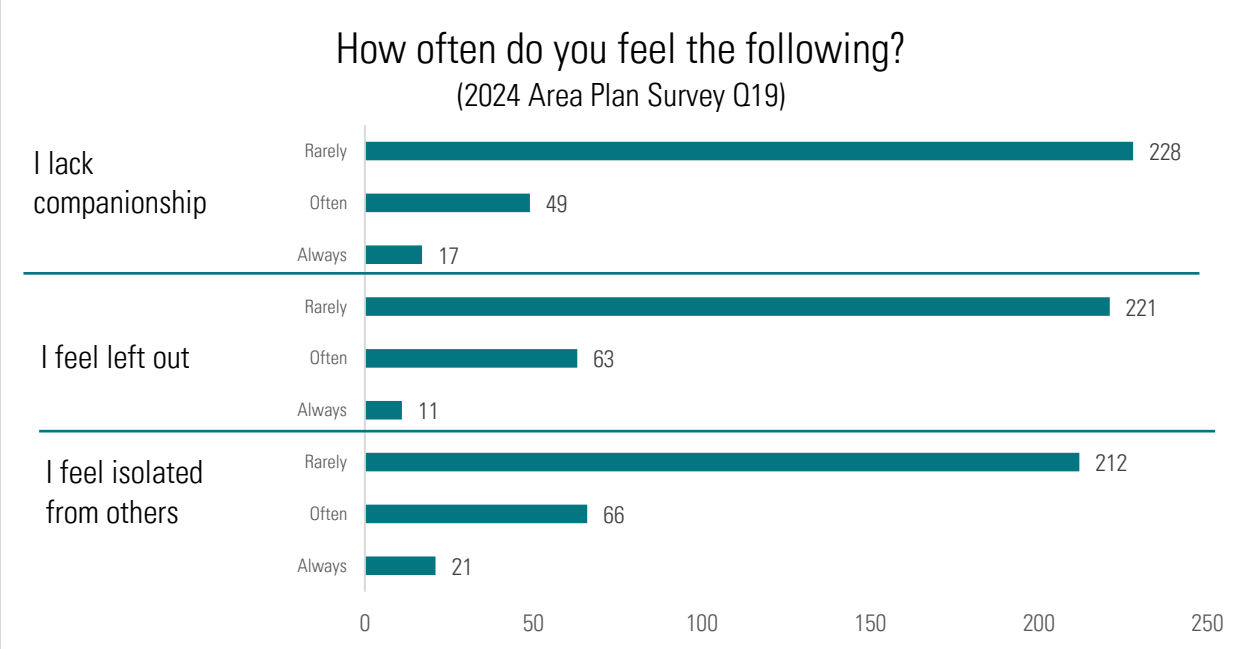


Chart 9

retained high levels of social isolation and loneliness.[21] In order to gauge this issue in Milwaukee County, questions from the UCLA Loneliness Scale were incorporated into the survey for the 2025-2027 Area Plan.

[21] [1] Malani P, Singer D, Kirch M, Solway E, Roberts S, Smith E, Hutchens L, Kullgren J. *Trends in Loneliness Among Older Adults from 2018-2023*. University of Michigan National Poll on Healthy Aging. March 2023. Available at: https://dx.doi.org/10.7302/7011

Senior Centers

Milwaukee County's network of senior centers serve as the socialization hub and location for much of the programming supported by the Area Agency on Aging. Centers are distributed geographically, and include the five County-owned Senior Centers, as well as other community centers that serve distinct populations, including the Indian Council of the Elderly, Milwaukee Christian Center, the Milwaukee LGBT Community Center, Muslim Community & Health Center, and the United Community Center. Senior centers are an established community resource and new arrivals to Milwaukee can reach out to these centers because of the well-established relationship with the Aging and Disability Resource Center. More than three quarters of respondents to the survey were aware of the network of senior centers throughout Milwaukee County.

> *"I immediately checked with the ADRC to find a senior center. I go to Wilson Senior Center, and I'm really impressed with what they have to offer. I attend the crafting groups and I would like to go on the day trips, but it costs money for the transportation and that's not including the cost for lunch. I participated in the OATS tour at the Milwaukee Art Museum, and that was wonderful. I haven't attended the restaurant programs yet, but I would really like to."*

Attendees generally were very positive on the senior centers, and complimentary towards specific programming but there were some concerns and improvements that were identified:

> *"I don't attend the senior centers because I don't view myself as a senior, even though my age says I am. Plus I work, so I'm not able to attend the senior centers [because of their hours of operation]."*

> *It can be uncomfortable to enter senior centers for the first time. "I only felt comfortable coming to Kelly Senior Center today because I had been here before for World Elder Abuse Awareness Day."*

> *Variety of Senior Center and geographic spacing is important. "Outward appearance of centers makes a difference".*

Caregiving and Caregiver Support

Caregiving is a major concern for older adult residents of Milwaukee County. The most frequently cited concern was the cost of caregiving and the salaries offered to professional caregivers. This was of specific concern at the focus group for people with disabilities, although the cost and lack of community support for in-home services was very broad. Caregivers as a profession are underpaid, and there is a recognized crisis coming as the need increases with the growing older adult population.

> *"These younger generations that will be providing care for us do not have an understanding of whom we are and what we have experienced."*

> *"My daughter who helps take care of me, and has given up time working to do so, she can't get any compensation. And it can be difficult to find dedicated caregivers. And I've tried to access caregiver support but have been told that the programs are no longer available."*

"Places greater workload on me, "remembering" for someone else."

Family caregivers, who increasingly are older adults themselves, noted the lack of inclusion in services like meals and transportation. In the caregiver-specific focus group, caregivers lamented the suddenness with which many of them had taken on the caregiving role, and the challenge of finding resources and help for caregivers while assuming new responsibilities and learning new skills. A resource that was especially prized by this group was the support groups for caregivers, although they specifically indicated that the facilitators need to be paid because the population of caregivers is already overburdened.

LGBTQ+ residents noted they are less likely to have family connections to rely on due to both policy-based and personal reasons. Policies that denied adoptions to LGBTQ+ individuals and couples have resulted in today's LGBTQ+ older adults being less likely to have children or grandchildren who can act as caregivers. One focus group participant stated, "People our age weren't allowed to have families. But now that we're older, we're lacking some of the things that a family could provide us." Similarly, policies that prevented LGBTQ+ couples from marrying have exacerbated the difficulties of estate planning, caregiver support, and medical decision-making for a partner who is not a legal spouse.

LGBTQ+ Focus group participants expressed concerns that culturally appropriate care is not taught to staff at transitional and residential living facilities. This concern is supported by a 2021 literature review that found that senior living facility staffers were "often unfamiliar with the specific history, challenges and stigma faced by gay Americans, and the centers typically lacked care plans tailored to ensure their safety". One participant observed that they are "…amazed at the number of people that when they have to go into the assisted living facilities, they go back into the closet out of fear. It's terribly, terribly sad."

Older adults also identified that they felt it was hard to access support due to ageism and stereotyping. Several felt that the public discourse surrounding aging had become more negative in recent years. This has included frequent remarks in the media, in the community, and in casual conversation that degrade older adults' mental acuity, physical ability, and value to society. This makes older adults feel like a burden, reluctant to seek help when needed, and causes deep-seeded feelings of insecurity and vulnerability.

Housing

Access to senior housing was also a frequent discussion point in our community outreach. The availability of affordable senior housing is minimal. Many don't know where it is located, how to apply, or do not fall within the financial eligibility criteria. There has been recent news about new affordable housing for seniors in Milwaukee County, but never any follow-up about how to access it or outreach to seniors who could use it. This concern is even higher for older adults who are disabled and may require additional accommodations. It is especially hard to find affordable housing for older adults with a disability.

For people who remain in their own homes or live with family there are home repair needs of all kinds: some require assistance with big projects and others find that small, routine maintenance needs are a challenge. For many older adults, home repair and maintenance is unaffordable and/or the person is unable to do it on their own. Included in this is the need to repair or replace expensive appliances. The existing programs to address this need are underfunded or already full.

One attendee framed the link between assistance with maintenance and supporting residents to stay in their homes for as long as possible by saying, "help with home chores, including little things like moving furniture and other basic household chores that become difficult with age. This would be something like a basic handyman service that could be provided via volunteers. The benefit of this is that it would help older adults stay living in their homes longer."

Transportation

Safe, timely, affordable transportation is necessary for access to programming and socialization needs. This continues to be a concern for older adults. One focus group attendee stated the issue succinctly, "If you have a car, you can access anything that you need. If you don't have a car, you face difficulties."

Survey responses on the ranking of transportation concerns (a response of one indicated a poor rating and a response of five indicated an excellent rating) were generally acceptable. The items with the lowest scores related to concerns for pedestrians, which is in keeping with concerns regarding safety and access for transportation options outside of driving a car.

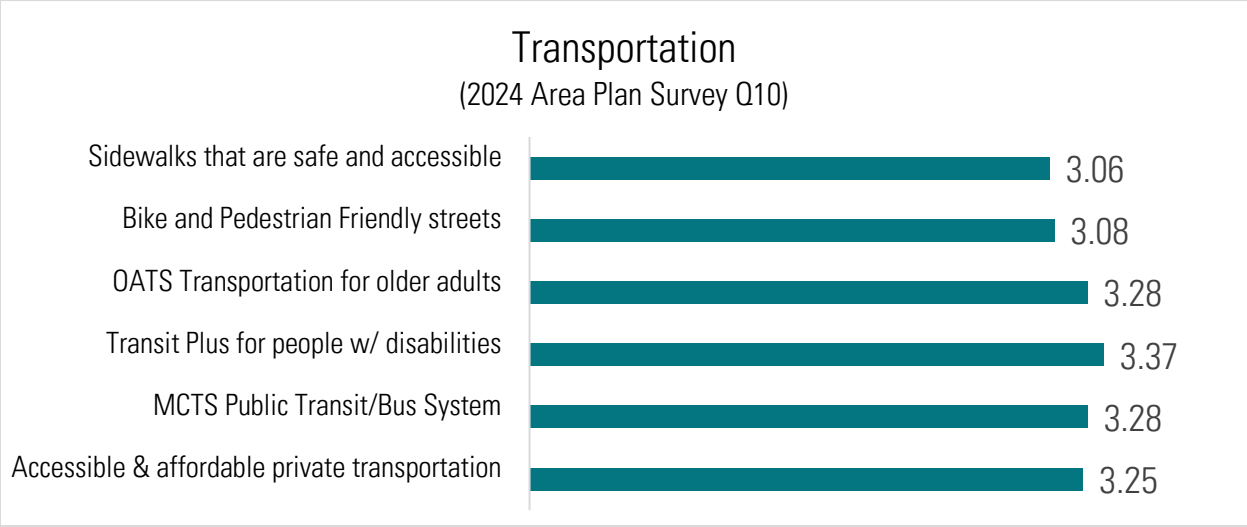


Chart 10

It is increasingly expensive to own your own vehicle and there is no support for those on fixed incomes to do so. These costs include rising wheel-tax and vehicle registration fees, but many seniors are on limited incomes.

> *"If you have to give up your car, you have to use public transportation, which forces you into greater social isolation and loneliness."*

Public transportation options were discussed at several sessions, but residents expressed concerns. The bus routes are not convenient, and the specialized programs do not have broad enough coverage. One attendee suggested support for those new to public transportation, such as "programs to help people transition from driving to non-driving stage of life," as these would be helpful to address people who think public transportation is difficult to use.

The Area Agency on Aging surveys riders of our Specialized Transportation program. This program is known as OATS, the Older Adult Transportation System. In the 2023 annual satisfaction survey of OATS riders, 86 percent of respondents indicated that they are satisfied with the overall experience. The OATS program is available to Milwaukee County residents aged 60 or older, who do not have easy access to other means of transportation and are not enrolled in a long-term care program. Rides under this program are provided during working hours on weekdays, and limited to rides that allow older adults to access services provided by the AAA, access nutrition, medical appointments and cultural sites. This service is in alignment with the most important rides as identified by OATS riders, who shared that access to healthcare, grocery stores and senior centers were their priorities.

"I actually feel like I've been set free."

-OATS 2023 survey respondent

Nutrition

Nearly one in five (19 percent) of survey respondents indicated that they have difficulty preparing their main meals. While availability of nutrition programs did not arise as a frequent concern during our community engagement process, quality of those meals was a concern for participants. The overarching theme was that older adults deserve to not only have healthy food, but tasty food. Food should be enjoyed! It should be seasoned, varied, and appetizing. Many felt that the current quality of food offered through our home-delivered meal program (and in some instances, the congregate program) did not meet those standards. This is in stark contrast to our dine-out meal program, which provides older adults with meals at local restaurants. These meals are highly regarded in the community and participation in this program has grown.

Other feedback arising from the focus groups related to nutrition was the lack of a congregate meal site to serve the City of Milwaukee's east side residents. Residents at both the Older, Wiser Local and East Side Senior Services focus groups highlighted this request. Residents at a different focus group stated they traveled to that location because it was the closest congregate site to the east side of Milwaukee. Locations selected for congregate meal sites have ebbed and flowed over the years based on demand, available partners, and the COVID-19 pandemic. Residents still like the in-person connection that congregate dining provides and are more apt to go to a site closest to them.

Safety

Personal safety is a major concern for older adults, with one attendee sharing that many of their colleagues feel they are not in control of their own safety. Safety was referenced by older adults in a variety of ways during these discussions. Protection from scams was of concern, with one person saying that seniors, "know that scams are getting more and more advanced, complex, and confusing, but still don't know how to deal with and combat them." Safety concerns mentioned included transportation safety.

> *"Reckless driving and speeding are issues that older adults face. They need safe streets and safe transportation options. We can see law enforcement let these issues go by without any consequences for those who break the law. Seniors are more likely than other groups to be pedestrians as they age out of driving."*

Feeling unsafe also can have an impact on social isolation. One attendee mentioned that they, "always stay in [their] comfort zones… because it feels safe and I will not explore other areas."

Financial exploitation was also a frequent topic. There was a perception that insurance companies, including those offering Medicare Advantage plans, take advantage of older adults who do not understand their plan parameters, which results in high bills, confusing statements, and bad financial situations.

Health, Wellness, and Mental Health

Participants noted that healthcare and prescriptions are often unaffordable, so people go without, and it leads to poor health outcomes that end up more costly down the road as opposed to if they were dealt with on the front end. As one attendee stated, we need to develop more opportunities for, "preventative health care. Too many people wait until there is a problem before seeking medical care"

There is a lack of access to medical resources that are not covered by Medicare like vision services and dental care. Many seniors deal with unaffordability and do not know what resources are available to help.

> *"There is a fear in asking for help", particularly in Native American communities, "Because in the past when they asked for help, people came in and took over. Fearful of that reoccurring."*

Community members who shared their opinions at public hearings and focus groups noted the need for mental health support that would go beyond socialization, while acknowledging a reticence in the population to discuss these issues. There is also a recognized need for mental health supports that would help deal with the psychological effects of aging. On the Area Plan Survey, 42 percent of respondents indicated that they had experienced Depression or Anxiety within the last year. People who have lost a spouse or their friend groups over time may become more introverted with age. Aging itself can a difficult process to deal with and many would like emotional support or a support group of peers to help them navigate the physical, mental, intellectual, emotional, and spiritual changes that come with age.

> *"Mental health has really come to the forefront for us to look at it a little bit more than we did in the past. It has been and I still think it carries a negative feeling. Some people don't want anyone to know that they have gone to a psychologist or a psychiatrist."*

Memory concerns become more common as people age. On the survey, 46 percent of respondents indicated that they have concerns about their own memory, or someone that they care for. Memory issues that respondents shared included "Forgot to do things like pay bills, so causes undue last-minute stress."

On the survey under prompts for the Health and Wellness topic, feedback indicates that most of the prompts on the table below received accessible ratings of three or greater (scores of one indicated a poor ranking and scores of five indicated an excellent ranking), except for the prompt asking for feedback on the availability of affordable home care.

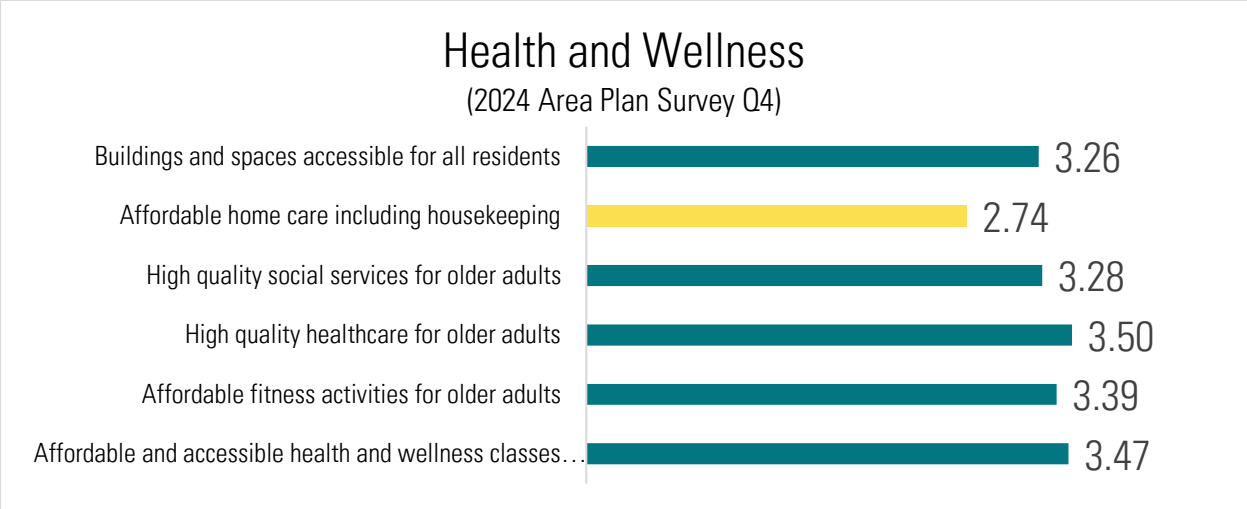


Chart 11

For this Area Aging Plan process, the Aging Advisory Council requested that attention be brought to the issue of heart health. According to the CDC, heart disease is the leading cause of death in the United States, crossing racial and ethnic boundaries.[22] Results from the Area Aging Plan survey found that 87 percent of respondents are aware that heart disease is the number one cause of death in the United States. To expand efforts in this area, the Area Agency on Aging will continue to install blood pressure monitors in senior centers after piloting them at Clinton Rose Senior Center, expand the partnership with the American Heart Association, and increase the connections between programming and heart health.

Communication

"You can't find help if you don't know where to go."

In several of the focus groups and public hearings, increased knowledge of community assets and who to contact for support was cited as the most important need. Leveraging personal connections for direct assistance and links to available supports remained the most important connection for many attendees. There is a strong sense that the community supports one another with their needs and will try to meet the needs of the community within the community instead of seeking outside support.

"Asking a friend/community member is much better than using a service because we know everybody."

Many attendees at public hearings and focus groups indicated that they struggled to identify programs or services that they wanted the Area Agency on Aging to provide in the upcoming plan years because they were unfamiliar with the current array of programming. Lack of awareness of the Milwaukee County Aging Unit, Area Agency on Aging, Aging and Disability Resource Center, and affiliated programs was common among participants. Many were also unaware that programming they currently used, such as a meal site, was associated with Milwaukee County. Participants felt that the current slate of programs and services

[22] U.S. Centers for Disease Control and Prevention https://www.cdc.gov/heart-disease/data-research/facts-stats/index.html

were inaccessible because information on a full programming list, how to sign up, and eligibility was not readily available in multiple formats.

Many participants suggested a central phone line where residents could call in to get information on programs or sign up for services. When later informed that a call center does exist at the ADRC, the participants were surprised to learn that this was already something available. Lack of knowledge of programs and services also resulted in suggestions for programming already available to residents. In focus groups, many participants were interested in staying after the session's conclusion to be connected to programs and services that they learned about while giving feedback.

Participants also suggested that there be more variety in the way that information is disseminated and that there should be greater focus placed on ensuring brochures and pamphlets are available in locations that older adults are regularly present, such as grocery stores, and in commonly read publications. It was noted that information continues to be distributed through physical, non-Internet sources and that many older adults are either reticent to embrace social media or do not have the resources required to access these information channels. Some attendees suggested an in-person location to meet with Aging Unit employees and discuss available programs and services.

It was also indicated that communication should be geared towards specific communities, and through trusted sources including outreach social workers. Primary care physicians could be an especially useful referral source for family caregivers who are learning new skills and taking on new responsibilities and thus have less time than most to actively look for existing community resources.

- "Difficult to understand what the available resources are if you are not tech savvy, cannot use the internet, phone, etc."
- Tech literacy is a barrier to accessing information about services, especially as services move online.
- Technology continues to be a high-cost, high-barrier for some seniors, although seniors who attended were confident in their abilities.
- "My grandson helps me with technology. But that can be a barrier for other people who don't have that assistance. There are no paper applications for anything anymore, everything is online."

Area Aging Plan Goals Formation

Community Based Committees and Councils

Community feedback was summarized, along with relevant demographic data and presented to one of the committees or councils of the Commission on Aging to utilize in formulation of the Area Aging Plan goals. These committees and councils are themselves composed of interested community volunteers, many of whom are older adults with expertise in their area of interest. AAA Program Coordinators were charged with providing each committee or council a summary of goal progress from the current Area Aging Plan and suggestions for goal development in the 2025-2027 Plan.

2025-2027 Goal Assignments by Committee	
Committee	**Goal Topic**
Advocacy Committee	Advocacy
Nutrition Council	Nutrition
Senior Center Committee	Senior Centers
Service Delivery Committee	Socialization and Transportation
Wellness Committee	Evidence-Based Health Programming and Heart Health
Milwaukee Coalition for African American Caregivers & Wisconsin Family and Caregiver Support Alliance	Caregiving and Caregiver Support
Transit Plus Advisory Council & Independence First Transportation Advocacy Team	Transportation

Table 7

Each committee and council formulated preliminary goals and metrics that were then presented to the Aging Advisory Council for review.

Aging Network Summit

In September 2024, we hosted our second Aging Network Summit, which brought together community partners, vendors, government agencies, and other entities that serve the aging population to discuss how we can better serve our residents. One of the topics of discussion was the area plan process and a request for feedback from participants on our preliminary goal areas. We also used this forum as an opportunity to share ideas, learn what partners are working on, and exchange resources that we can deploy to residents all year. After the Summit, the Aging Advisory Council reviewed and revised all the preliminary goals and metrics and reported on the process and results to the Commission on Aging.

Public Listening Sessions on the Proposed Area Plan Goals

Following the formulation of the preliminary Area Aging Plan goals, the Aging Advisory Council presented the goals at three public listening sessions in early October for public consideration. Staff collected feedback on each goal topic area, the goals overall, and any missing goals. To reach the most people possible, we held these hearings at varied times including online. We also targeted in-person locations that

we did attend in our earlier public outreach efforts, including the west side of the City of Milwaukee and the southern portion of Milwaukee County. Below is the listing of those listening sessions:

Date	Time	Venue	Attendance
October 7th	5:30 PM	Online	10
October 8th	9:00 AM	Washington Park Senior Center	15
October 9th	5:00 PM	Franklin Public Library	4

Table 8

Aging Advisory Council and Commission on Aging Goal Approval

Upon the completion of the public listening sessions, the Aging Advisory Council met to review the public feedback received and to discuss final revisions to the goals and metrics. Then, the Advisory Council presented the revised goals for consideration and approval by the Commission on Aging at their September meeting. The Commission reviewed and approved the goals with minor revisions, and they were subsequently shared with the State of Wisconsin Office on Aging for comment before incorporation into the final Plan document. These final goals and metrics follow.

2025-2027 Area Aging Plan Goals

Aging Network Vision Statement

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 Areas of Focus

Milwaukee County is committed to achieving racial equity and driving change to becoming the healthiest county in Wisconsin. Given that Milwaukee County is experiencing rapidly changing demographics within the aging community, the following aging network goals have been adopted by the Commission on Aging.

Health Equity

Create and promote health programs, informational materials, and educational opportunities that eliminate barriers to health equity.

Wellness

Address key wellness issues facing older adults including mental health, social isolation, and loneliness as well as other areas that promote the well-being of older adults.

Coordination, Communication and Education

Develop and implement effective communication mechanisms and outreach strategies to engage all older adults through collaboration with Milwaukee County's older adult services and other community partners.

Older Americans Act Title Area 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 individuals."

2025-2027 Goal	SMART Measure
Expand the base of older adult advocates across Milwaukee County to grow influence and ensure representative voice with all local, state, and federal representatives.*	By 2027, we will have members on the Advocacy Committee from approximately 75 percent of all Milwaukee County state legislative districts, 90 percent of all Milwaukee County Supervisory districts, and 100 percent of all federal representative and senate districts.
Develop relationships with local, state, and federal legislators to impact positive policy change.	By 2027, we will have met with 80 percent of all Milwaukee County local, state, and federal legislators twice to discuss policy priorities adopted by the Advocacy Committee and Commission on Aging. These meetings can be individual meetings, at WAAN Aging Advocacy Day, at an In-District Event, or other Milwaukee County advocacy event.
Identify and advocate for three specific policy proposals with legislators that advance racial equity and the health and well-being of older adults.	In 2025, the Advocacy Committee and Commission on Aging will identify the three policy proposals to advance. In 2025 and 2026, we will create our action plan for advocating on our proposals. In 2027, we will have successfully advocated for enaction of at least one of the proposals.
Expand our common cause on public policy issues with other nonpartisan older adult groups, such as labor unions, retiree groups, or the AARP, and develop intentional relationships with media partners to bring awareness to older adult advocacy issues and policy positions.*	For each year of the plan period, we will partner with at least one older adult advocacy group to host twice per year advocacy events that bring together older adult residents, advocates, and Milwaukee County's local, state, and/or federal legislators. By 2027, we will work with media partners on three occasions to highlight the Advocacy Committee and/or Commission on Aging through featured articles, interviews with committee members, or by providing quotes in related articles.

Advocacy (Continued)

2025-2027 Goal	SMART Measure
Nurture and educate Seniors through hosting the Senior Leadership Program annually, instruct participants on effective communication with policymakers and leaders, and convene all Senior participants on a regular basis to carry advocacy messages to their legislators and policymakers.*	All participants in the Senior Leadership program demonstrate an increased understanding of the policymaking process and comfortability talking with policymakers and leaders. At least 50 percent engage in advocacy within six months of attending the program through attending WAAN Aging Advocacy Day, an In-District Aging Advocacy event, enrolling in a Commission committee/council, or another self-identified method.
Increase involvement of current Milwaukee County Area Agency on Aging program and service participants on the Advocacy Committee and in the Senior Leadership Program.	For each year of the plan period, we will recruit at least one participant of our programs/services to the Advocacy Committee. For each year of the plan period, we will aim to have 25 percent of Senior Leadership Program participants be current program/service participants.
Promote awareness of the Commission on Aging, Advocacy Committee, and advocacy opportunities and events through improved website accessibility and functionality.	By 2027, the Area Agency on Aging will have developed and implemented a full project plan and timeline for accessible website improvements for the Commission on Aging and Advocacy Committee, in compliance with Section 504 of the Rehabilitation Act of 1973.

Table 9

*2025-2027 Area Aging Goals that are extensions or expansions of goals in the 2022-2024 Area Aging Plan.

Socialization and Social Supports

The 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.

2025-2027 Goal	SMART Measure
Increase outreach to address isolation and loneliness to older adults at community sites outside of sites associated with Milwaukee County and the Area Agency on Aging.	During the grant period, 14 pharmacies will be recruited to administer an evidence-based loneliness scale. They will ask clients if they will accept a secondary direct contact (Social Isolation and Loneliness Project).
Maintain support and development of financial counseling programs.*	In 2025 maintain Financial Navigation contract after ARPA funding expires. 25 percent of program participants will increase their savings by at least one-weeks' worth of their total monthly net income, which will be tracked by the vendor and reported to AAA staff monthly. Assist 45 new senior clients annually.
Provide programming that addresses access to information technology for older adults, including building connections between existing partners to expand technology training programs.*	By 2026, reduce barriers to access programming by offering group transportation to technology classes held at Senior Centers. By 2027, develop two new partnerships that supports seniors access to technology, ex: Milwaukee Public Libraries.
Increase opportunities that foster peer-to-peer connections, including formal programs like the Senior Companionship Program and informal support groups, ex: Caregiver support group.*	By 2025, Milwaukee County operates Senior Companion Program to prevent disruption to 30 existing Senior Companions and extends Senior Companion Services to at least 80 older adults. By 2027, one new support group will have been maintained for a minimum of six months. By 2027, 50 percent of Senior Companions will connect their senior to AAA supported programming.

Table 10

*2025-2027 Area Aging Goals that are extensions or expansions of goals in the 2022-2024 Area Aging Plan.

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." The Area plan shall, where feasible, give special consideration to designating multipurpose senior centers as a focal point for comprehensive service delivery.

2025-2027 Goal	SMART Measure
Develop public-private sector partnerships to create new senior center facilities combined with other uses, such as housing.*	By 2027, establish at least one public-private partnership, leading to the creation of at least one mixed-use Milwaukee County senior center facility.
Develop public-private sector partnerships to create new programming in senior centers that expands offerings consistent with the MKE HUBS report.*	By 2027, pilot one new or enhanced service in each Milwaukee County senior center, which results in new attendees.
Rebrand senior centers and launch an enhanced promotional campaign using a variety of media sources, including culturally diverse outlets, to promote their use, availability, and resources contained within. Create partnerships to assist with rebranding, promotion, and social media marketing.	By 2027, develop marketing strategies and identify funding for professional marking on behalf of the senior centers. Generate 500 new, unique participants annually to County-owned senior centers.
Develop new partnerships with organizations such as faith-based groups, labor councils, retiree organizations, corporations, and academic institutions to recruit volunteers, add programming, and promote participation in senior centers.	By 2027, establish an ongoing relationship with five community organizations to promote participation in senior centers.
Expand County-led recreational offerings based at each senior center to include use of park grounds and recreational programming outside of standard programming hours.*	Sponsor at least two recreational events per year in the Milwaukee County Parks that are collocated with senior centers. By 2027, add one regularly scheduled offering during and outside of standard hours.
Receive and consider the Independence First accessibility and accommodation recommendations and prioritize infrastructure updates to implement recommendations.*	By 2027, successfully identify funding and prioritize completion of an accessibility project at each Milwaukee County senior center from the Independence First report.

Table 11

*2025-2027 Area Aging Goals that are extensions or expansions of goals in the 2022-2024 Area Aging Plan.

Transportation

There is no dedicated funding in the Older Americans Act for transportation. Instead, the OAA provides for the provision of transportation services under the umbrella category of Supportive Services because transportation helps older adults find social connection and reduces social isolation. It also helps promote healthy living by providing transit to medical appointments. Funding provided from the state's specialized transportation program helps sustain transportation program costs.

2025-2027 Goal	SMART Measure
Work with culturally specific senior centers' management to schedule tours for their clients to cultural assets and recreation sites.*	By 2027, we will have collaborated with 18 host locations beyond the five County-owned senior centers to provide residents of color and underserved populations access to cultural assets and recreation sites through group rides leaving from senior centers.
Provide accessible transportation services to older adults to facilitate access to County-sponsored services.	Maintain 2024 numbers of one-way rides and riders, including unduplicated riders, across all transportation services.
Rebuild group grocery program that ended during COVID pandemic to increase food access and independence.	By 2025, 24 new group grocery departure sites will be providing OATS riders the ability to shop for their own groceries. By 2026, 30 new group grocery departure sites will be providing services. By 2027, 36 new group grocery sites will provide services. For each year of the plan period, participant data will be collected to include how program activity impacted their level of independence.
Leverage vans received from 5310 grant program to expand connections with minority- and woman-owned businesses.	By 2027, at least three minority and/or woman-owned businesses will have leased an ADS-owned vehicle. Leases may be long-term for continuous service or short-term for one-time events.
Work with agencies throughout the region to identify and advocate for a transportation policy that will facilitate transportation coordination throughout Southeastern Wisconsin.	By 2027, we will have formed at least six new partnerships with agencies throughout SE Wisconsin and undertaken at least three advocacy efforts to advance the chosen transportation policy at the local and state levels.
Increase education and communication regarding available transportation options for older adults, particularly for those without access to a vehicle.*	By 2025, an Area Agency on Aging staff member will be trained as a travel trainer and pilot the program. By 2027, at least 36 residents will have received travel training on how to use MCTS service. At least half of trainees will have independently completed an MCTS fixed route trip
Develop improved partnership with MCTS to provide more direct bus access to County-owned senior centers and Senior Dining Sites.	By 2027, MCTS, the AAA, and the senior centers will develop a plan to provide improved fixed-route service to county-owned senior centers and senior dining site locations, including, but not limited to drop-off sites, bus shelters, and route schedules.

Table 12

**2025-2027 Area Aging Goals that are extensions or expansions of goals in the 2022-2024 Area Aging Plan.*

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 intent is to make community-based nutrition services available to older adults who may be at risk of losing their independence and their ability to remain in the community. The OAA Nutrition Programs also provide a range of related services including nutrition screening, assessment, education, and counseling.

2025-2027 Goal	SMART Measure
Increase service to Hispanic/Latino and Asian older adults by partnering with Hispanic and Asian-owned restaurants for the Dine Out program.*	By 2027, service to Hispanic/Latino and Asian older adults will increase by 10 percent.
Expand work in addressing malnutrition in Milwaukee County older adults by having a Registered Dietitian meet with participants in Milwaukee County-owned Senior Centers to address nutrition, food security, and other nutrition related concerns.*	By 2027, a RD will meet with participants in Milwaukee County-owned Senior Centers on a quarterly basis, at least, to address malnutrition. Participants will be administered a post-meeting survey to determine their likelihood of implementing the RD's recommended actions and whether they are interested in follow-up meetings to track success of interventions.
Increase awareness in nutritional health outcomes related to diet by providing nutrition education through the use of demonstration kitchens.*	By 2027, demonstration kitchens will be used, at minimum, once per quarter to provide nutrition education. Participants will be administered a pre- and post-demonstration survey. Pre-demonstration survey questions will assess current aptitude for cooking at home, familiarity with healthy recipes and varied cooking techniques, and interest in replicating recipes at home. Post-demonstration survey questions will include likelihood of implementing methods at home, interest in additional demonstrations, and understanding of nutrition education.

Table 13

**2025-2027 Area Aging Goals that are extensions or expansions of goals in the 2022-2024 Area Aging Plan.*

Evidence-Based Wellness & Heart Health

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.

2025-2027 Goal	SMART Measure
Increase the number of workshops and participation in evidence-based programs that focus on physical activity and exercise.	Provide five community, physical activity-based EBPP programs (Walk with Ease, Strong Bodies, Gente Fuerte, or other) in the first year, adding one additional program per year in subsequent years.
Enhance blood pressure monitoring program and heart health education to all Milwaukee County-owned senior centers.	Expand the blood pressure hubs to all five Milwaukee County-owned senior centers by 2027. Provide two heart health-focused programming opportunities per site per year that each hub is in operation.
Increase collaborative efforts to expand the network of organizations hosting EBP programs and recruiting new facilitators in communities of color.*	Identify and engage six agencies or organizations by 2027 within communities of color to recruit facilitators for the evidence-based prevention programs and/or host EBP workshops. Utilize findings from Impower's final report and participant quality surveys to develop new methods/materials to recruit new facilitators and host sites.
Conduct evidence-based wellness assessments with discreet minority demographic groups to understand how services and supports can meet particular needs in accord with the US DHHS Cultural and Linguistically Appropriate Standards for healthcare.	By 2025, determine which groups to include in the analysis and develop a process for surveying needs aligned with the CLAS standards. By 2027, conduct assessment process, analyze results, and prepare a report with recommendations for programming and process improvements to better serve these populations.

Table 14

**2025-2027 Area Aging Goals that are extensions or expansions of goals in the 2022-2024 Area Aging Plan.*

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. Beginning in 2024, this program is operated directly by the Milwaukee County Aging Unit rather than a vendor.

2025-2027 Goal	SMART Measure
Based on feedback from family caregivers and professionals, develop an interactive web platform to connect caregivers to education, resources, and supports.*	By 2026, create a caregiver-specific resource destination on the Milwaukee County website that will provide relevant and useful materials for caregivers seeking support at any time of day or night. By 2027, provide the opportunity for caregivers to directly communicate needs and questions outside of "regular business hours".
Educate health care professionals and social service agencies, including all Federally Qualified Healthcare Centers (FQHC), who work with older adults about the availability of publicly-funded caregiver support services and how to make a referral.*	By 2026, track data from referral sources to identify potential gaps in service connections. Use data to create a strategic communications plan to increase referral rate from health care professionals and social service agencies. By 2027, offer presentations to all FQHCs, four major healthcare systems in our service area, and three major family and children social service agencies.
Develop and implement four new educational and support opportunities for family caregivers by 2027. Opportunities will include education/trainings, peer support, and/or new support group options. These opportunities will align with goals of the National Family Caregiver Strategy and the work of the Wisconsin Family and Caregiver State Alliance.	Develop and implement four new educational and support opportunities for family caregivers by 2027. Opportunities will include education/trainings, peer support, and/or new support group options.
Based on feedback from caregivers, develop opportunities for flexible, low-cost respite options that create opportunities for caregivers to pursue activities to support their own health and wellness.	Partner with Senior Companion program to develop direct referral option for care partners to receive support through Senior Companions. Connect at least five families to Senior Companions by 2027. Explore models for providing volunteer-supported respite programs. Partner with at least one community partner or educational institution to pilot a volunteer respite model by 2027.

Caregiver Support (Continued)

2025-2027 Goal	SMART Measure
Use program data to target outreach and assessments strategies in ways that ensure caregiver support resources are provided to caregivers with the greatest social need and also reduce caregiver burden.	By the 2nd quarter of 2025, evaluate customer demographics and geographic location data to identify gaps in services or outreach. By the end of 2025, develop strategic plan for outreach with five new outreach opportunities planned to target the identified gaps in services by the end of 2026. By the end of 2026, pilot two new caregiver burden tools within the current Caregiver Support Assessment as an opportunity to ensure that services being provided to caregivers are having the intended effect of reducing caregiver burden.
Increase awareness of services available to support caregivers by developing culturally appropriate materials and interventions that will expand the knowledge and reach of Caregiver Support resources in Milwaukee County.*	In collaboration with Milwaukee Coalition for African American Caregivers, develop a Caregiver Roadpath tool by 2026 that will increase capacity of caregivers to self-identify and connect to best resources to meet their needs. By 2027, present the new Caregiver Roadpath tool to five partner agencies and distribute to all households participating in Caregiver Support grants. In collaboration with the Milwaukee Coalition for African American Caregivers, by 2027 develop a Caregiver Consultation tool that reflects the cultural and social identity of Milwaukee County caregivers. Utilize this tool in 100% of Aging Unit Caregiver Support of assessment visits and provide training to other Aging and Disabilities Services staff on how to use this tool.

Table 15

**2025-2027 Area Aging Goals that are extensions or expansions of goals in the 2022-2024 Area Aging Plan.*

Local Goals

The Wisconsin Office on Aging notes that, to the greatest extent possible, goals should address local needs as defined by the community, by program participants, or by stakeholder groups such as local aging commissions, advisory councils or boards. An area agency on aging may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—(A) health and human services; (B) land use; (C) housing; (D) transportation; (E) public safety; (F) workforce and economic development; (G) recreation; (H) education; (I) civic engagement; (J) emergency preparedness; (K) protection from elder abuse, neglect, and exploitation; (L) assistive technology devices and services; and (M) *any other service as determined by such agency.*

2025-2027 Goal	SMART Measure
Provide assistance with home repair/ modification for falls prevention to low-income older adult homeowners and renters not enrolled in publicly funded Long-Term Care programs.	Provide OT assessments and home modifications designed to prevent falls and increase mobility to 30 residents each year of the plan.
Join the Milwaukee County AARP Age Friendly Community Network advisory body. Participate with other Aging Network and community participants in identifying domains on which to focus to achieve a more livable and equitable community for older adults.	Adopt at least one goal in a chosen AARP domain of livability and lead efforts to implement that goal that improve Milwaukee County's livability index.
Advocate with local health care providers to maintain access to gerontology or other specialties for residents of Milwaukee County.	Work with the Milwaukee Health Care Collaborative to increase access to specialty care for older adults either by relocating specialty services, including mental health, for older adults within Milwaukee County, or create a sustainable fund to provide transportation services to shuttle nondriver older adult residents to specialty appointments in surrounding counties.
To improve the quality of life and increase the visibility of older adults in Milwaukee County, expand outreach efforts to older adults about Area Agency on Aging programs and services.	By 2025, identify funding to hire a vendor to develop a comprehensive communication plan. By 2026, vendor is hired and initial steps of plan are undertaken.

Table 16

**2025-2027 Area Aging Goals that are extensions or expansions of goals in the 2022-2024 Area Aging Plan.*

Program Advancement

Title III and Title VI Coordination

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. The Milwaukee County Commission on Aging seeks to coordinate services between the county aging unit and tribal members to maximize efforts toward health equity within our aging programs.

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 & Cultural 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.

The Commission on Aging provides funding to ICE to operate the senior center and to provide congregate meals. Additional programming and outreach are conducted at the Center on a regular basis, including routine attendance by an outreach social worker who helps with programs and services and Medicare counseling services from an Elder Benefits Specialist. Representative voice from the Native American community is also reflected in the Commission on Aging and its committees and councils. A member of the Native American community was appointed to serve on the Commission on Aging in 2024. The ICE meal program supervisor is a member of the Nutrition Advisory Council. Section 1321.63(b) states that an Area Agency's Advisory Council should consist of "representatives from Indian Tribes, Pueblos, or Tribal aging programs." We currently do not have this representation on our Advisory Council and are actively seeking individuals interested in serving in this role.

We also partner with the Gerald Ignace Indian Health Center, which offers evidence-based health promotion programs such as Healthy Living with Diabetes and Stepping On. Gerald Ignace Indian Health Center also coordinates services with ICE to ensure that individuals are directed to the congregate dining site and other aging programs and services. Southeastern Oneida Tribal Services (SEOTS), a satellite office serving Oneida Nation tribal members living in southeastern Wisconsin, is also a partner in sharing our programs and resources. We have coordinated to provide Elder Benefits and Medicare Counseling Services at SEOTS in previous years.

The 2025-27 Area Plan Survey instrument was distributed at both the ICE meal site and at the Gerald Ignace Indian Health Center. Staff coordinated two Native American focus groups on the area plan: one at the Kelly Senior Center and one at the ICE congregate meal site. Contacts at ICE, Gerald Ignace Health Center, SEOTS, and other partner organizations assisted in advertising these focus group sessions to their participants. While attendance at the Kelly Senior Center was limited, there was robust and active participation at the session at ICE. The Aging Unit will continue to make efforts to expand its reach to other organizations that serve older Native Americans and to coordinate our programs and services.

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

In 2021, Milwaukee County combined the Aging Resource Center and Disability Resource Center into one entity that serves both populations in the county: the Aging and Disability Resource Center. This change was supported by the Milwaukee County Commission on Aging.

In 2022, Milwaukee County created a new division within the Department of Health and Human Services. This division, Aging and Disabilities Services, houses the combined Aging and Disability Resource Center, Area Agency on Aging/Aging Unit, and Adult Protective Services. Under this structure, the Aging Unit and ADRC are separate units that collaborate to provide programs and services to residents in alignment with the Older Americans Act. Distinct areas of collaboration between the Aging Unit and ADRC include:

- Outreach– The ADRC contains a unit dedicated outreach, the Community Programs section. There are eight staff working under the Community Programs umbrella, including a three-person Dementia Care specialist unit. Solely dedicated to outreach are an Outreach Social Worker, Outreach Coordinator, Bilingual Outreach Advanced Worker, an Administrative Assistant, and Outreach Staff Supervisor. The dedicated outreach staff coordinate opportunities to bring awareness to Aging Unit and ADRC programs and services for older adults and individuals with disabilities. Therefore, close collaboration between the Aging Unit and this team is required as they routinely receive updates from Aging Unit staff on programmatic changes. We also work together to plan marketing and communication strategies aimed at promoting all aging services, resources, and events.

- Elder Benefit Specialists – Prior to 2024, in addition to the two Elder Benefit Specialists that are part of the OAA Title IIIB Legal Services program at SeniorLAW through Legal Action, there was one Elder Benefits Specialist (EBS) at Milwaukee County, who specialized in Medicare Counseling. Starting in September 2024, the ADRC grew their team of Elder Benefits Specialists to five total. This team also includes an Advanced Elder Benefits Specialist Worker and Supervisor, for a total of seven staff. There is no longer a dedicated Medicare Counselor position within the Elder Benefits Specialist team, but all EBS will be trained as Medicare Counselors. Because the SHIP and MIPPA grant programs are within the Aging Unit, Aging Unit staff and the EBS Program Supervisor will coordinate to ensure the SHIP and MIPPA programs proceed with support from the EBS.

- Information and Assistance (I&A) – ADRC staff will continue to be the first connection point to older adults and their families when they call for resource or service help. Staff from the Area Agency on Aging and ADRC I&A staff will continue working together so that customers have the latest information regarding eligibility for and scope of Area Agency on Aging contracted services and Aging Unit direct services.

The Aging Unit and ADRC staff will continue to collaborate on other projects such as:

- Community Health Workers—the ADRC is developing a unit of six Community Health Workers, including a Mental Healthcare Professional. The mission of this unit is still under development, but it is likely that this unit will collaborate with the Area Agency on Aging's Community Health

Coordinator. Our Community Health Coordinator oversees Title IIID programming, COVID-19 grants, Social Isolation and Loneliness programming, and other community health programs.

- Jointly sharing updates and resources with the ADRC Governing Board, Commission on Aging (including its standing committees), and other public boards and commissions to highlight aging issues and trends.

- PeerPlace—the State of Wisconsin Department of Health Services' roll-out of the new client management and I&A tool, PeerPlace, requires strong collaboration between the ADRC and Area Agency on Aging. We continue to work with the ADRC to ensure that staff are prepared for the transition, knowledgeable about appropriate referrals, and feel confident about this process change.

Collaboration between the Aging Unit and ADRC is critical to ensuring our older adult residents receive the support they need and embodies the No Wrong Door approach to service delivery. The Milwaukee County Department of Health and Human Services has embraced the No Wrong Door model and deployed it through its various service areas over the past several years; it is one of our key strategies in our strategic plan. "No Wrong Door" means that regardless of how an individual connects to the health and human services system of care, they will have access to all services and resources offered by DHHS and our countless community partners. The focus of this effort is to improve the customer experience by more efficiently connecting our residents with the programs or services they need. In Aging and Disabilities Services, the ADRC is the door through which residents are connected to the programs and services coordinated by the Aging Unit (and the other units within ADS and DHHS).

The Administration for Community Living was the catalyst for this No Wrong Door movement, to simplify access to Long-Term Services and Supports. Following their model, the ADRC acts as a portal "where anyone can be seamlessly connected to the full range of community-based options available. Through a network of agencies, NWD expands access to services and supports, helping individuals and their caregivers navigate resources they need with a person-centered approach." The Aging Unit supports the ADRC in effectuating this system by maintaining a system of community-based services and supports alongside the Commission on Aging, acting as the Area Agency on Aging.

We are committed to building and improving our collaborative relationship with the ADRC so that we can ensure that the high-quality programs and services we provide are available to our older adults that experience the greatest social and economic need.

Emergency Preparedness Plan

The Aging Unit collaborates with the Milwaukee County Office of Emergency Management (OEM) to plan for and respond to emergencies. Specifically, the Emergency Management Division of OEM helps develop the emergency management framework for the County to "readily adapt to manmade and natural shocks and to collaborate across government and private entities." The County maintains a robust catalogue of Administrative Manual of Operating Procedures (AMOPs), including those on emergency planning. According to the procedure titled "Emergency Action Plan," County department heads are responsible for having an Emergency Action Plan for their department, for reviewing it annually, and for disseminating and educating their staff on its procedures.

The Department of Health and Human Services maintains an Emergency Action Plan that pertains largely to our primary location, the Marcia Coggs Human Services Building. While this location mostly serves our employees, clients for all DHHS service areas may be in this space, and this procedure dictates what would be done in the case of natural disaster, weather emergency, or physical safety threat. It is attached in the appendices. In 2024 and 2025, we will work with OEM to develop Emergency Action Plans for all of our five County-owned Senior Center buildings.

Developed in 2020, the Aging Unit also has a Continuity of Operations Plan, which details:

- Alternate work locations for staff in the case of emergency.
- Telework policies.
- Mission Essential Functions.
- Staff notification processes.
- Pandemic situations.

The Continuity of Operations Plan is included in the appendices.

Although created in 2020, this plan still contains relevant and accurate information for how we would respond in an emergency, including if faced with another pandemic. We will update this plan in 2024 and 2025.

We also include language in our contracts with vendors regarding pandemic preparedness:

"PANDEMIC PREPAREDNESS

A. Contractor is responsible for compliance with all state, federal, and local orders, including Milwaukee County Administrative Orders, and all regulations and laws regarding the any declared Public Health Emergency. Further, Contractor will follow all relevant agency guidance, specifically issued by the United States Center for Disease Control, including, but not limited to, social distancing, hygiene, sanitation of work spaces, providing proper personal protective equipment to staff, proper staff screening methods and education of staff.

B. If determined applicable by the County, Contractor should have a written Pandemic Preparedness Plan that complies with all applicable laws, regulations, orders, and agency guidelines regarding COVID-19 and, at a minimum, meets the requirements in the Milwaukee County COVID-19 Response Preparedness Plan Checklist."

The COVID-19 pandemic highlighted the importance of communication and flexibility. It is imperative that in unprecedented or tenuous situations that we communicate efficiently with County and external partners about the latest updates. It is also crucial that we remain flexible and plan on adapting service delivery to meet the needs of current situation. In large part, the additional funds, and flexibility of funds, made this possible. Keeping the goal of getting services and programs to residents by prioritizing communication and flexibility is key to preparing for the next emergency.

Developing good relationships with partners in the community is also crucial. These are the relationships that we relied on, and will continue to rely on, when help is needed. Not only can they provide direct assistance but connect us with other groups that can assist. In 2023, an apartment fire at a senior housing facility displaced residents overnight. With assistance from internal and external partners, and the Red Cross, we were able to temporarily house these residents in one of our senior center buildings until a more permanent location could be found. They could also quickly access our congregate meal program. While it did not end up being necessary, we also quickly communicated with our Older Adult Transportation Services vendor to arrange for last-minute transportation to the permanent shelter location. This ended up being handled by the Red Cross but knowing that our partner was available to respond to this pressing need, even though it was last-minute and outside their scope of duties, highlights the importance of maintaining good relationships, while continuing our practice of good communication and flexibility.

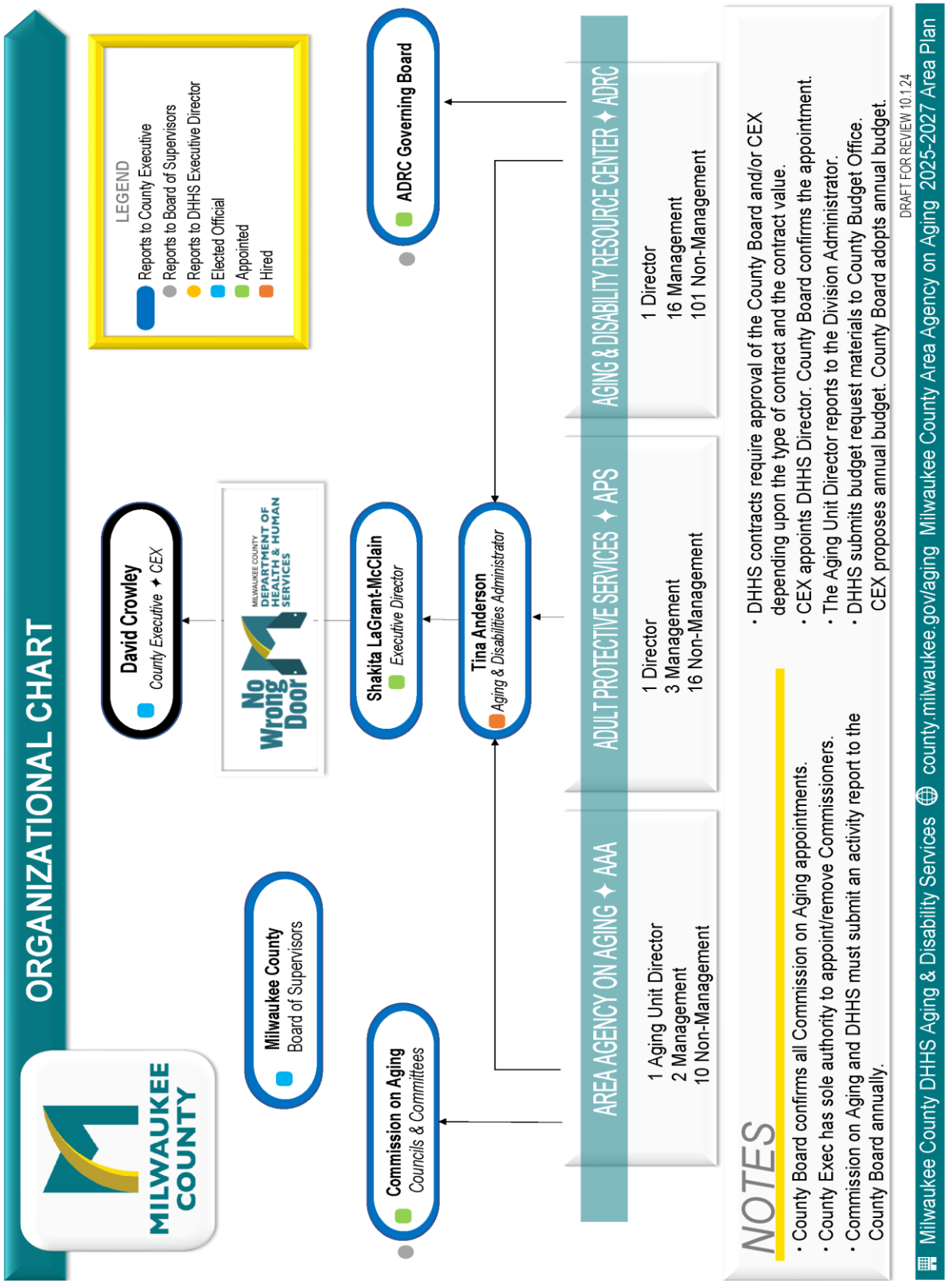
The 2024 regulations to the Older Americans Act require that AAAs "establish emergency plans" and "have policies and procedures in place for communicating and coordinating with state, tribal, and local emergency management." To comply with this requirement, we created a workgroup of Aging Unit and Office of Emergency Management staff that will update the plans we currently have so they are comprehensive and accurate and ensure that there are procedures in place for communicating with state, tribal, and other local emergency management operations.

Organizational Structure and Leadership of the Aging Unit

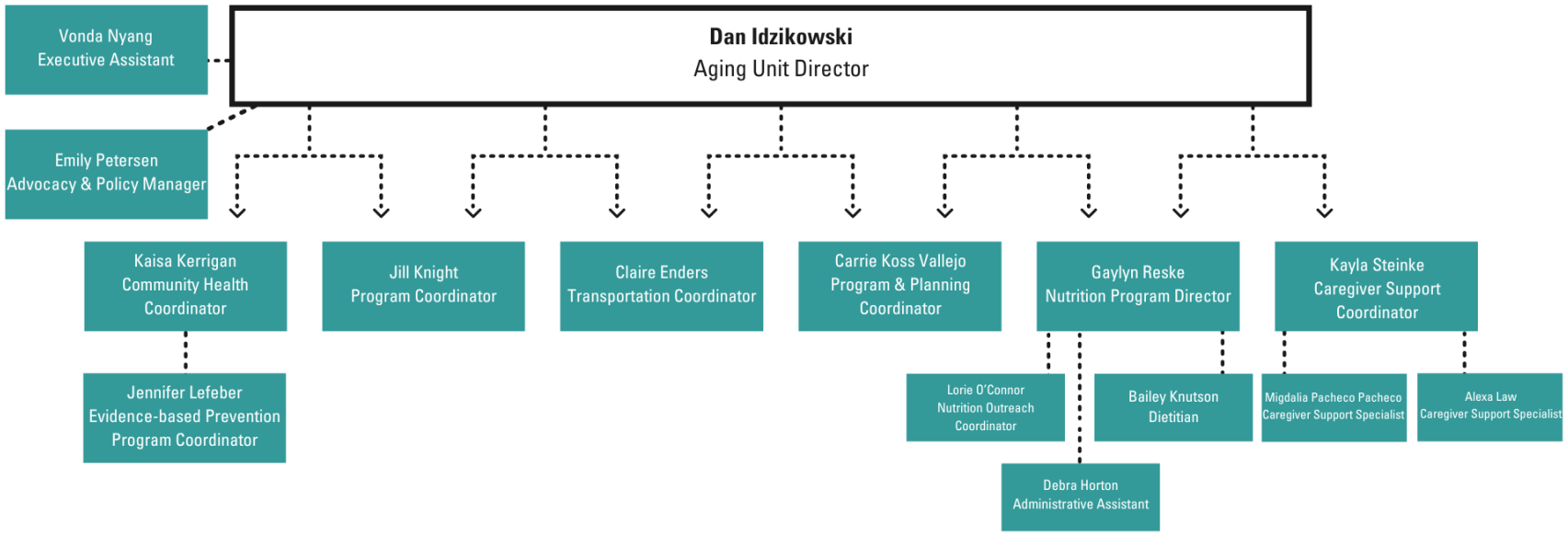
Primary Contact

Name: Daniel Idzikowski
Title: Aging Services Director
Organizational Name: Area Agency on Aging, Department of Health and Human Services, Milwaukee County
Address: 1220 W Vliet St, Ste 200, Milwaukee, WI 53205
Email Address: Daniel.Idzikowski@milwaukeecountywi.gov **Phone**: 414-639-5751

Organizational Charts



MILWAUKEE COUNTY AGING UNIT



Statutory Requirements for the Structure of the Aging Unit

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 fifty percent (50%) of the membership of the advisory committee and individuals who are elected to any office may not constitute fifty percent (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 fifty percent (50%) of the membership of this commission and individuals who are elected to any office may not constitute fifty (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 fifty percent (50%) of the membership of this commission and individuals who are elected to any office may not constitute fifty percent (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.	☐

Policy-making Body

Milwaukee County Commission on Aging

The Milwaukee County Commission on Aging (the "Commission") 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.

Summarized below are the Commission's committees and councils. Each Commissioner is required to participate in at least one standing committee or council.

Committees

The **Executive Committee** is composed of the Commission Chair, Vice-Chair, Secretary, Legislative Officer, and an "at-large" member. This committee may act in the name of the Commission.

The **Advocacy Committee** reviews local, state, and federal issues concerning older adults and proposes potential policy positions or actions.

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 or wellness.

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

Milwaukee County Ordinance states that, of the 16-member Commission, half must be older adults age 60 or older, four should reside in the County's suburbs, four should reside in the City of Milwaukee, one should be a County Board Supervisor, and one should represent the health community. Commissioners serve three-year terms and can serve a maximum of two consecutive terms.

2024 Milwaukee County Commission on Aging				
Name	Residence	Leadership Role	Committees/Councils	Adherence to Ordinance
Janice Wilberg, Ph.D.	Milwaukee	Chair	Executive Committee, Service Delivery Committee, Advocacy Committee	Older adult, resides in the City of Milwaukee
Terrence Moore	Milwaukee	Vice-Chair	Executive Committee, Service Delivery Committee, Senior Center Committee	Resides in the City of Milwaukee
Gloria Miller	Milwaukee	Secretary	Executive Committee, Wellness Committee (Chair)	Older adult, resides in the City of Milwaukee
Brian Peters	Greenfield	Legislative Officer	Executive Committee, Advocacy Committee (Chair)	Resides in a County suburb
Amber Miller	Franklin	At-Large Member	Executive Committee, Service Delivery Committee (Chair), Senior Center Committee	Resides in a County suburb
George Banda	Milwaukee		Advocacy Committee, Service Delivery Committee	Older adult, resides in the City of Milwaukee
Mark Behar, PA-C	Milwaukee		Advisory Council, Senior Center Committee, Service Delivery Committee	Older adult, resides in the City of Milwaukee, represents the health community
Denise Callaway	Greenfield		Advisory Council (Chair)	Older adult, resides in a County suburb
Eugene Guszkowski	Wauwatosa		Senior Center Committee (Chair), Advisory Council	Older adult, resides in a County suburb
Paula Penebaker	Milwaukee		Advisory Council	Older adult, resides in the City of Milwaukee
Marni King	Cudahy		**new appointee, awaiting Committee assignments*	Resides in a County suburb
County Supervisor Sequanna Taylor	Milwaukee		Advocacy Committee	Resides in the City of Milwaukee, represents the County Board
Cindy Van Vreede	Milwaukee		Nutrition Advisory Council (Chair), Wellness Committee	Older adult, resides in the City of Milwaukee
Jacqueline Smith	Milwaukee		Wellness Committee	Older adult, resides in the City of Milwaukee
Crocker Stephenson	Milwaukee		Senior Center Committee	Older adult, resides in the City of Milwaukee

Advisory Committee

The Advisory Council to the Milwaukee County Commission on Aging is charged with advising the Commission on Aging with respect to:

1) Developing and administering the area plan;
2) Ensuring the plan is available to older individuals, family caregivers, service providers and the general public;
3) Conducting public hearings;
4) Representing the interests of older individuals and family caregivers; and
5) Reviewing and commenting on community policies, programs and actions which affect older individuals and family caregivers with the intent of assuring maximum coordination and responsiveness to older individuals and family caregivers;

as outlined in §1321.63(a) of the Older Americans Act.

Composition of the Council is as follows:

1) More than fifty percent older persons, including minority individuals who are participants or who are eligible to participate in Older Americans Act programs and services;
2) Representatives of older persons;
3) Representatives of health care provider organizations, including providers of veterans' health care (if appropriate);
4) Representatives of supportive service provider organizations;
5) Persons with leadership experience in the private and voluntary sectors;
6) Local elected officials;
7) The general public; and
8) Family caregivers of older persons;

as outlined in the Older Americans Act and in the Commission on Aging bylaws. As of the writing of this plan, the Area Agency on Aging is currently undertaking revisions to the bylaws that conform Advisory Council membership requirements to the 2024 regulations of the Older Americans Act. Following those updates, Council membership will expand to include representatives of service provider from all sectors of OAA programs and services, representatives from our Native American partners, and older relative caregivers, including kin and grandparent caregivers of children or adults aged 18 to 59 with a disability.

The regulations also clarified that there can be no overlapping membership between an agency's governing body and advisory council to avoid any conflicts of interest. We are working to ensure that our Advisory Council is free of any perceived or actual conflicts of interest and will be updating our bylaws and membership in accordance.

As evidenced by the agenda minutes and timeline included in the appendices, the Advisory Council led the development and approval of this 2025-27 Area Aging Plan for Milwaukee County. The Advisory Council:

- Designed and approved an Area Plan survey;
- Facilitated four general public hearings in the Spring and three public hearings on the draft goals in the Fall;
- Hosted eight focus groups to gather feedback from 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;
- Recommended the Plan for Adoption by the Commission on Aging

The Advisory Council held open meetings at least monthly, as well as hosting and had a wide range of public participation in this process. The various other councils and committees of the Commission on Aging developed proposed goals in each of the required areas under Title III of the Older Americans Act:

- Advocacy (II Admin): Advocacy Committee (August 2, 2024 and September 6, 2024)
- Socialization and Social Supports (IIIB): Service Delivery Committee (September 19, 2024)
- Senior Centers (IIIB): Senior Center Committee (August 2, 2024, September 6, 2024, September 13, 2024, and October 11, 2024)
- Transportation (IIIB): MCTS Transit Plus Advisory Council (September 17, 2024) and Independence First Transportation Advocacy Team (September 25, 2024)
- Nutrition (IIIC): Nutrition Advisory Council (July 23, 2024 and September 11, 2024)
- Evidenced-Based Wellness and Heart Health (IIID): Wellness Committee (September 18, 2024)
- Caregiver Support (IIIE): Milwaukee Coalition for African American Caregivers and the Wisconsin Family and Caregiver Support Alliance (September 18, 2024 and multiple dates)

The Advisory Council approved a set of preliminary goals at its meeting on September 25, 2024. After the final round of public hearings in early October, the Advisory Council incorporated public feedback and made final revisions to the goals. The final goals were approved by the Advisory Council on October 16, 2024. The Advisory Council reviewed a draft plan at its meeting on November 13, 2024 and approved a final plan at its meeting on December 2, 2024.

These actions were ratified by the full Commission on Aging:

- OAA Title Area and Local Goals (October 25, 2024)
- Area Aging Plan (December 13, 2024)

At the same time, the Advisory Council continued to monitor the Area Agency on Aging's progress in implementing the 2022-24 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.

2024 Advisory Council Membership	
Name	Affiliation
Denise Callaway* (Chair)	Older adult, leadership experience in the private and voluntary sector
Paula Penebaker* (Vice-Chair)	Older adult, leadership experience in the private and voluntary sector
Mark Behar, PA-C*	Older adult, healthcare experience
Patricia Dunn*	Older adult, member of the State Council on Aging
John Griffith*	Older adult, family caregiver
Eugene Guszkowski	Older adult, leadership experience in the private sector
Sandra Janzer	Older adult, healthcare experience
James Kimble*	Older adult, program participant
Ann Laatsch	Representative from Elder Abuse & Legal Services sector
Deborah Lewis*	Older adult, program participant
Sally Lindner	Older adult, program participant
Kent Mayfield*	Older adult, leadership experience in the private and voluntary sector, representative from the ADRC Governing Board, family caregiver
Jim McLaughlin	Leadership experience in the private and voluntary sector, United Way representative
Gail Morgan*	Healthcare experience
Suzanne Ryer	Healthcare experience, representative of social support provider organization
George Schneider	Older adult, Healthcare experience
Nancy Simuel*	Older adult, program participant, social service experience
Barbara Wyatt-Sibley*	Older adult, leadership experience in the private and voluntary sector

*person of color or member of socio-economic minority group

Budget Summary

In preparing these budgets the Area Agency on Aging has assumed the same allocations from the Bureau of Aging and Disability Resources received in the final 2024 award. The actual allocations may differ. The budget for the first year of the plan is submitted as part of the appendices.

The budget pages follow the same general format. Expenditure categories are listed in the first column. Revenue categories are listed in the adjacent columns. Finally, the far-right column on each budget page ("Total Budget") consists of the sum of all the revenue category columns to the left of the "Total Budget" column. Include all revenue sources that support the activity/service. Rows blocked out indicate the service cannot be supported by the funding source.

Transfer Requests

The budget worksheet also serves the purpose of capturing allowable transfers of funds that agencies may request in order to tailor the operation of their programs.

- Agencies may transfer up to 20 percent of their Title III-C1 funds to Title III-C2.
- Agencies may transfer up to 20 percent of their Title III-C2 funds to Title III-C1.
- Agencies may transfer up to 15 percent of their Title III-C nutrition funds to Title III-B.

Agencies may request to transfer additional funds beyond the 20 percent limitation between Title III-C1 & C2, as well as beyond the 15 percent limitation from Title III-C to Title III-B. These transfer requests beyond the stated limitations will be allowed to the extent that the Bureau of Aging and Disability Resources can accommodate them within our statewide restrictions under the OAA.

Title III-C1 allocations may only be used to report expenses for: Congregate Meals, Nutrition Counseling, Nutrition Education, Evidence-Based Health Promotion and Self-Directed Care.

Title III-C2 allocations may only be used to report expenses for: Home Delivered Meals, Nutrition Counseling, Nutrition Education, Evidence-Based Health Promotion and Self-Directed Care.

The Title III-C1 tab will be used to designate funds an agency may wish to transfer to either Title III-B or Title III-C2 activities within the constraints outlined above, these amounts should be indicated on the relevant expenditure category line in the first column of the Title III-C1 worksheet tab. Similarly, the Title III-C2 tab will be used to designate funds an agency may wish to transfer to either Title III-B or Title III-C1 activities within the constraints outlined above, these amounts should be indicated on the relevant expenditure category line in the first column of the Title III-C2 worksheet tab.

Calculating Match

Use the examples below to calculate the local match requirement.

Most OAA programs require a matching share of one (1) dollar of cash or in-kind match for every nine (9) dollars of federal money. This means that ten percent of the combined sum of the Bureau of Aging and Disability Resources allocation and local funding allocation for the program must be in the form of match.

For example, if a grantee/provider has a program with a total cost of $10,000, the recipient would request $9,000 (ninety percent) in federal funds and the matching share would be $1,000 (ten percent).

Total costs of program	$ 10,000
Matching share (ten percent)	x .10
	$ 1,000 Matching share

Total costs of program	$ 10,000
Federal/state share (ninety percent)	x .90
	$ 9,000 Federal share

Matching share (ten percent)	$ 1,000
+ Federal share (ninety percent)	+ $ 9,000
Total program costs	$ 10,000

From a different perspective, if a grantee/provider knows the amount of federal money available to the project and is developing a budget using that figure, the following process is used to determine the amount of matching share needed:

$ 9,000 Federal funds	
÷ 9	Divided by 9
$ 1,000 Matching share	

The matching share may be cash, in-kind, or a combination of both. See below for specific match requirements for each program.

Note: Dollars are only listed once on each budget page. Dollars listed in any given budget cell on a budget cannot be also listed in another cell. The only exceptions are cells in the "Total Budget" column, which naturally represent the sum of funds listed elsewhere on the budget page.
Dollars listed in any given budget page may not be shown elsewhere on another budget page. The only exception is the Summary Budget, which summarizes all other budget pages.

Overall Grand Totals			Errors exist, see the Compliance Issues tab.							
Milwaukee	BUDGET		2025 Budget	$ 7,098,989.00						
			Remaining	$ 2,072,184.00						
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	$ 380,912.00	$ -	$ 129,511.00	$ -	$ -	$ -	$ -	$ -	$ 510,423.00	$ 510,423.00
02-Personal Care	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
03-Homemaker	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
04-Chore	$ 70,104.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 70,104.00	$ 70,104.00
05-Home-Delivered Meals	$ 1,145,695.00	$ 378,227.00	$ -	$ 263,068.00	$ -	$ -	$ 327,607.00	$ 115,744.00	$ 1,967,273.00	$ 2,230,341.00
06-Adult Day Care/Health	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
07-Case Management	$ 26,928.00	$ -	$ -	$ 683.00	$ -	$ -	$ -	$ -	$ 26,928.00	$ 27,611.00
08-Congregate Meals	$ 2,766,645.00	$ -	$ 34,363.00	$ 222,487.00	$ 14,589.00	$ -	$ -	$ 302,454.00	$ 3,118,051.00	$ 3,340,538.00
09s-Nutrition Counseling	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10p-Assisted Transportation	$ 50,000.00	$ -	$ 4,487.00	$ 150.00	$ -	$ -	$ -	$ -	$ 54,487.00	$ 54,637.00
11p-Transportation	$ 512,315.00	$ -	$ 365,654.00	$ 126,368.00	$ 603,351.00	$ 96,138.00	$ -	$ 16,422.00	$ 1,593,880.00	$ 1,720,248.00
12-Legal Services	$ 165,000.00	$ -	$ 127,561.00	$ 17,004.00	$ 74,487.00	$ 209,023.00	$ -	$ -	$ 576,071.00	$ 593,075.00
13s-Nutrition Education	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
14-Information and Assistance	$ -	$ -	$ 569.00	$ 1,493.00	$ -	$ 30,000.00	$ -	$ 849.00	$ 31,418.00	$ 32,911.00
23a-Health Promotion - Evidence-Based	$ 91,277.00	$ -	$ 12,473.00	$ -	$ -	$ -	$ -	$ -	$ 103,750.00	$ 103,750.00
23b-Health Promotion - Non-Evidence-Based	$ 29,918.00	$ -	$ 121,718.00	$ 179,899.00	$ -	$ -	$ -	$ 79,801.00	$ 231,437.00	$ 411,336.00
15s-Outreach	$ -	$ -	$ -	$ -	$ -	$ 32,732.00	$ -	$ -	$ 32,732.00	$ 32,732.00
16a-Public Information	$ 14,247.00	$ -	$ 2,024.00	$ -	$ -	$ 13,066.00	$ -	$ -	$ 29,337.00	$ 29,337.00
17c-Counseling	$ 34,138.00	$ -	$ 45,855.00	$ 10,051.00	$ -	$ 10,222.00	$ -	$ -	$ 90,215.00	$ 100,266.00
17t-Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
48-Support Groups	$ 37,079.00	$ -	$ 22,743.00	$ 24,399.00	$ -	$ -	$ -	$ 10,926.00	$ 70,748.00	$ 95,147.00
18-Temporary Respite Care (III-B)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
19s-Medication Management	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
20-Advocacy Leadership Development	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

21s-Insurance/Benefits	$ -	$ -	$ -	$ -	$ 69,000.00	$ -	$ -	$ -	$ 69,000.00	$ 69,000.00
24-Assistive Devices/Technology	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
31-Volunteer Guardianship - DANE ONLY	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
33-Consumable Supplies	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
38-Home Repair and Modifications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
40-Home Security and Safety	$ 121,192.00	$ -	$ 339,578.00	$ 551,557.00	$ -	$ 20,610.00	$ -	$ 201,152.00	$ 682,532.00	$ 1,234,089.00
42c-Recreation/ Socialization	$ 33,106.00	$ -	$ 27,581.00	$ 38,430.00	$ -	$ -	$ -	$ 17,451.00	$ 78,138.00	$ 116,568.00
50-Visiting	$ 13,961.00	$ -	$ 10,338.00	$ -	$ -	$ -	$ -	$ -	$ 24,299.00	$ 24,299.00
64-Caregiver Case Management	$ 247,844.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 247,844.00	$ 247,844.00
6501s-Caregiver Counseling	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6502s-Caregiver Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6503s-Caregiver Support Groups	$ 50,000.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 50,000.00	$ 50,000.00
66a-Respite Care, In Home	$ 24,844.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 24,844.00	$ 24,844.00
66b-Respite Care, Facility Based Day	$ 25,560.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 25,560.00	$ 25,560.00
66c-Respite Care, Facility Based Overnight	$ 69,699.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 69,699.00	$ 69,699.00
67-Supplemental Services	$ 4,500.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,500.00	$ 4,500.00
69-Information & Assistance (Access Assistance)	$ 50,000.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 50,000.00	$ 50,000.00
68-Information Services	$ 50,000.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 50,000.00	$ 50,000.00
7500-Administration	$ -	$ -	$ -	$ -	$ -	$ 54,944.00	$ -	$ -	$ 54,944.00	$ 54,944.00
7502-Adult Day Care	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7502-General Respite	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7502-Homemaker/Chores	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7502-In-Home General Care	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7502-In-Home Personal Care	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7502-Overnight Facility Care	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7504-Other Goods and Services	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7506-Outreach	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7508-Public Awareness	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7510-Support Group	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

7514-Case Management	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Elder Abuse	$ -	$ -	$ -	$ -	$ -	$ 377,271.00	$ 15,462.00	$ -	$ 392,733.00	$ 392,733.00
Total:	$ 6,014,964.00	$ 378,227.00	$ 1,244,455.00	$ 1,435,589.00	$ 761,427.00	$ 844,006.00	$ 343,069.00	$ 744,799.00	$ 10,330,947.00	$ 11,766,536.00

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).
18. 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).
19. 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.

Title III-B Supportive Services Budget

This budget represents the AAA's proposed budget for funds received from the Bureau of Aging and Disability Resources under Title III-B of the OAA. Also included are local matching resources, other federal, state, and local resources, as well as program income, which relate to Title III-B funds.

There is a 10% minimum non-federal matching share requirement. Unless you have received a waiver:

- There is a seven percent (7%) minimum for spending on Access to Services.
- There is a six percent (6%) minimum for spending on In-Home Services.
- There is a five percent (5%) minimum for spending on Legal/Benefit Assistance.

Title III-C1 Congregate Meals Budget

This budget represents the AAA's proposed budget for funds received from the Bureau of Aging and Disability Resources under Title III-C1 of the OAA. Also included are local matching resources, other federal, state, and local resources, as well as program income, which relate to Title III-C1 funds.
There is a 10% minimum non-federal matching share requirement.

Title III-C2 Home-Delivered Meals Budget

This budget represents the AAA's proposed budget for funds received from Bureau of Aging and Disability Resources under Title III-C2 of the OAA. Also included are local matching resources, other federal, state, and local resources, as well as program income, which relate to Title III-C2 funds.
There is a 10% minimum non-federal matching share requirement.

Title III-D Disease Prevention and Health Promotion Services Budget

This budget represents the AAA's proposed budget for funds received from the Bureau of Aging and Disability Resources under Title III-D of the OAA. Also included are local matching resources, other federal, state, and local resources, as well as program income, which relate to Title III-D funds. AAAs must support evidence-based health promotion disease prevention programs with these funds.

Note: This funding source includes a requirement that they be used only for health promotion and disease prevention programs that have been scientifically proven effective with the older adult population, with results published in a peer-reviewed journal; have been effectively implemented in a community setting; and have replication guidelines (protocols) available to the public.

There is a 10% minimum non-federal matching share requirement.

Title III-E Family Caregiver Support Program

This budget represents the AAA's proposed budget for funds received from the Bureau of Aging and Disability Resources under Title III-E of the OAA. Also included are local matching resources, other federal, state, and local resources, as well as program income, which relate to Title III-E funds.
There is a 25% minimum non-federal matching share requirement.

AFCSP-State Alzheimer's Family and Caregiver Support Budget

This budget represents the AAA's proposed budget for funds received from the Bureau of Aging and Disability under the State Alzheimer's Family and Caregiver Support Program (AFCSP). Also included are local matching resources, other federal, state, and local resources, as well as program income, which relate to the State AFCSP funds.

Note: AFCSP funds could be used as match for Title III-E Family Caregiver Support Program funds in previous years. A federal regulation change ruled that any program with a means-testing component cannot serve as a match for an Older Americans Act program. Because the AFCSP program has a means-testing component, it will no longer serve as match for the Title III-E Family Caregiver Support Program beginning in 2025. Match funds will be found using other local match resources, including other state and local funds and in-kind donations.

Note: This budget does not apply if the AAA is not the designated AFCSP agency.

State Elder Benefit Specialist Services Budget

This budget represents the AAA's proposed budget for funds received from the Bureau of Aging and Disability Resources under the State Elder Benefit Specialist (EBS) Program. Also included are local matching resources, other federal, state, and local resources, as well as program income, which relate to the State EBS Program funds.
There is a 10% minimum non-federal matching share requirement.

State Elder Abuse Direct Service Budget

This budget represents the AAA's proposed budget for funds received from the Bureau of Aging and Disability Resources under the State Elder Abuse Direct Service Program. Also included are local matching resources, other federal, state, and local resources, as well as program income, which relate to the State Elder Abuse Direct Service funds.

Note: State Elder Abuse Direct Service funds are placed in the "Other" expenditure category on the summary budget.

Note: This budget does not apply if the AAA is not the designated elder abuse agency.

State Senior Community Services Program Budget

This budget represents the AAA's proposed budget for funds received from Bureau of Aging and Disability Resources under the State Senior Community Services Program (SCSEP). Also included are local matching resources, other federal, state, and local resources, as well as program income, which relate to the State SCSEP funds.

There is a 10% minimum non-federal matching share requirement.

Other Budget

This budget represents the AAA's proposed budget for funds for aging services other than resources related to the federal and state funds received from the Bureau of Aging and Disability Resources. Examples of such funds might include Department of Transportation 85.21 (federal and state) funds, United Way funds (not used as match elsewhere), and other federal, state, and local funds.

Note: If any funds from Title III of the Older Americans Act are involved in the provision of a service, including supportive and administrative services, the non-Title III funds must be reported on the appropriate Title III budget page.

Summary Budget

This budget represents the overall budget of the AAA. It presents a concise picture of how the agency proposes to budget the state/federal funds it receives from the Bureau of Aging and Disability Resources - Office on Aging, as well as the match, program income, and other sources of funds available to the agency which relate to the state/federal funds from the Bureau of Aging and Disability Resources.

Also included are all other federal, state, and local funds, which flow through the agency's books and are used to serve older people.

Area Agency on Aging Administrative Operations Budget

This budget outlines the proposed administrative operations budget of the AAA. It does not include funds that the AAA proposes to use for special projects.

Priority Title III-B Federally Required Services Budget

Section 307 (a)(22) of the OAA requires that a minimum percentage of Title III-B funds be allocated within planning and service areas to provide certain federally required services.

The percentage for each category of service (access, in-home, and legal/benefit assistance) equals the amount of Title III-B funds budgeted for the service category divided by the total Title III-B funds available to the planning and service area.

Calculating Match

Refer to the specific match requirements for each program above.

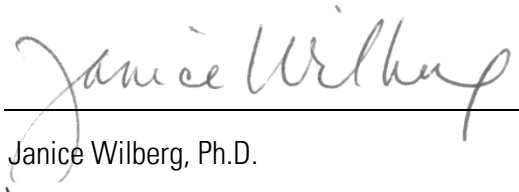
Note: Dollars are only listed once on each budget page. Dollars listed in any given budget cell on a budget cannot be also listed in another cell. The only exceptions are cells in the "Total Budget" column, which naturally represent the sum of funds listed elsewhere on the budget page.

Dollars listed in any given budget page may not be shown elsewhere on another budget page. The only exception is the Summary Budget, which summarizes all other budget pages.

Verification of Intent

The purpose of the Verification of Intent is to show that our governing body and county government approve of this plan. It further signifies the commitment of the governing body, county government, and Area Agency on Aging to carry out the plan.

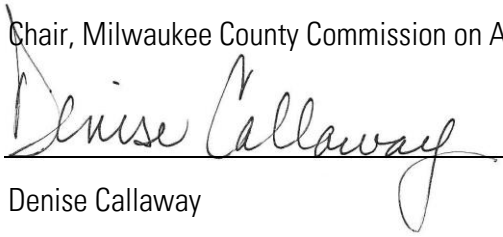
We verify that all information contained in this plan is correct.



12/13/2024

Janice Wilberg, Ph.D. — Date

Chair, Milwaukee County Commission on Aging



12/13/2024

Denise Callaway — Date

Chair, Advisory Council

Marcelia Nicholson — Date

Chair, Milwaukee County Board of Supervisors

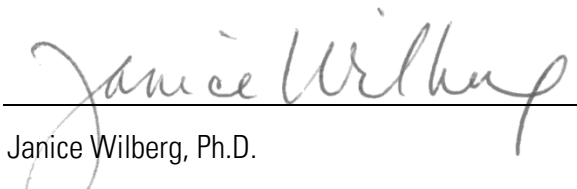
David Crowley — Date

Milwaukee County Executive

Assurances

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

On behalf of the county or tribal nation, we certify that the Milwaukee County Area Agency on Aging 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.



12/13/2024

Janice Wilberg, Ph.D. Date

Chair, Milwaukee County Commission on Aging

12/13/2024

Daniel Idzikowski Date

Area Agency on Aging Director, Milwaukee County

The applicant certifies compliance with the following regulations:

1. Legal Authority of the Applicant

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

2. Outreach, Training, Coordination & Public Information

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

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

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

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

4. Advisory Role to Service Providers of Older Persons

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

5. Contributions for Services

- Agencies providing services supported with Older Americans Act and state aging funds shall give older adults the opportunity to voluntarily contribute to the costs of services consistent with the Older Americans Act regulations.
- Each older recipient shall determine what he/she is able to contribute toward the cost of the service. No older adult shall be denied a service because he/she will not or cannot contribute to the cost of such service.

- The methods of receiving contributions from individuals by the agencies providing services under the county or tribal plan shall be handled in a manner that assures the 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.
- In order that the privacy of each participant in aging programs is in no way abridged, the confidentiality of all participant data gathered and maintained by the state agency, the AAA, the county or tribal aging unit, and any other agency, organization, or individual providing services under the state, area, county, or tribal plan, shall be safeguarded by specific policies.
- Each participant from whom personal information is obtained shall be made aware of his or her rights to:
  (a) Have full access to any information about one's self which is being kept on file;
  (b) Be informed about the uses made of the information about him or her, including the identity of all persons and agencies involved and any known consequences for providing such data; and,
  (c) Be able to contest the accuracy, completeness, pertinence, and necessity of information being retained about one's self and be assured that such information, when incorrect, will be corrected or amended on request.
- All information gathered and maintained on participants under the area, county or tribal plan shall be accurate, complete, and timely and shall be legitimately necessary for determining an individual's need and/or eligibility for services and other benefits.
- No information about, or obtained from, an individual participant shall be disclosed in any form identifiable with the individual to any person outside the agency or program involved without the informed consent of the participant or his/her legal representative, except:
  (a) By court order; or,
  (b) When securing client-requested services, benefits, or rights.
- The lists of older persons receiving services under any programs funded through the state agency shall be used solely for the purpose of providing said services and can only be released with the informed consent of each individual on the list.

- All paid and volunteer staff members providing services or conducting other activities under the area plan and aging unit shall be informed of and agree to:
  (a) Their responsibility to maintain the confidentiality of any client-related information learned through the execution of their duties. Such information shall not be discussed except in a professional setting as required for the delivery of service or the conduct of other essential activities under the area plan; and,
  (b) All policies and procedures adopted by the state and AAA to safeguard confidentiality of participant information, including those delineated in these rules.
- Appropriate precautions shall be taken to protect the safety of all files and records in any format or location which contain sensitive information on individuals receiving services under the state, area plan, and aging unit. This includes but is not limited to assuring registration forms containing personal information are stored in a secure, locked drawer when not in use.

7. Records and Reports

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

8. Licensure and Standards Requirements

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

9. Civil Rights

- The applicant shall comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and in accordance with that act, no person shall on the basis of race, color, or national origin, be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination under any program or activity under this plan.
- All grants, sub-grants, contracts or other agents receiving funds under this plan are subject to compliance with the regulation stated in 9 above.

- The applicant shall develop and continue to maintain written procedures which specify how the agency will conduct the activities under its plan to assure compliance with Title VI of the Civil Rights Act.
- The applicant shall comply with Title VI of the Civil Rights Act (42 USC 2000d) prohibiting employment discrimination where (1) the primary purpose of a grant is to provide employment or (2) discriminatory employment practices will result in unequal treatment of persons who are or should be benefiting from the service funded by the grant.
- All recipients of funds through the county, tribal, or area plan shall operate each program or activity so that, when viewed in its entirety, the program or activity is accessible to and usable by handicapped adults as required in the Architectural Barriers Act of 1968.

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

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

11. Political Activity of Employees

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

12. Fair Labor Standards Act

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

13. Private Gain

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

14. Assessment and Examination of Records

- The applicant shall give the federal agencies, state agencies, and the Bureau of Aging and Disability Resources' authorized AAAs access to and the right to examine all records, books, papers or documents related to the grant.
- The applicant must agree to cooperate and assist in any efforts undertaken by the grantor agency, or the Administration on Aging, to evaluate the effectiveness, feasibility, and costs of the project.

- The applicant must agree to conduct regular on-site assessments of each service provider receiving funds through a contract with the applicant under the county or tribal plan.

15. Maintenance of Non-Federal Funding

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

16. Regulations of Grantor Agency

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

17. Older Americans Act

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

Sec. 306. (a)

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

residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

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

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

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

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

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

(4)(A)(i)(I) provide assurances that the Area Agency on Aging will—
(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and
(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);
(ii) provide assurances that the Area Agency on Aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—
(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
(III) meet specific objectives established by the Area Agency on Aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and
(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each Area Agency on Aging shall--
(I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;
(II) describe the methods used to satisfy the service needs of such minority older individuals; and
(III) provide information on the extent to which the Area Agency on Aging met the objectives described in clause (a)(4)(A)(i).

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

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

(6)(F) Each area agency will:
in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided

with funds expended by the Area Agency on Aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

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

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

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

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

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

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the Area Agency on Aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
(B) an assurance that the Area Agency on Aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
(C) an assurance that the Area Agency on Aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

(13) provide assurances that the Area Agency on Aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

disclose to the Assistant Secretary and the State agency-

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

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

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

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

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

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

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

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

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

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

Wisconsin Elders Act

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

Appendices

A. 2025-2027 Milwaukee County AAA Budget
B. Document References
C. 2024 Aging Community Needs Assessment
    a. Milwaukee County Aging Plan Survey
    b. Area Plan Public Hearings
    c. Area Plan Focus Groups
    d. Area Plan Preliminary Goal Hearings
    e. Legal Services Needs Assessment
D. Area Plan Public Outreach & Notices
E. Aging Demographics & Aging Health Indices
F. Area Plan Goals Worksheets
G. Commission on Aging, Advisory Council, and Committee Agendas & Minutes

Appendix A
2025-2027 Milwaukee County AAA Budget

Appendix B
Document References

Appendix C
2024 Aging Community Needs Assessment

- Milwaukee County Aging Plan Survey (multiple languages)
- Area Plan Public Hearings
- Area Plan Focus Groups
- Area Plan Preliminary Goal Hearings
- Legal Services Needs Assessment

Appendix D
Area Plan Public Outreach & Notices

Appendix E
Aging Demographics & Aging Health Indices

Appendix F
Area Plan Goal Worksheets

Appendix G
Commission on Aging, Advisory Council, and Committee Agendas and Minutes