

Dodge County 2025 - 2027 Aging Plan



Wisconsin Department of Health Services
Division of Public Health
Bureau of Aging and Disability Resources
Office on Aging

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Executive Summary

The goal of the Aging and Disability Resource Center of Dodge County is to provide information, assistance and advocacy for older adults and adults with disabilities. It is our mission to link them with resources and services which help them live independently and with dignity.

Dodge County Aging programs and services are essential components of the foundation that support and are integrated with the Aging and Disability Resource Center. The Aging Services Unit provides resources and services surrounding caregiver/Alzheimer's support, senior dining, evidence-based health promotion classes, transportation, and the elder benefit specialist programs.

During the plan cycle of 2025-2027, the Aging and Disability Resource Center has actively engaged with older adults and their caregivers to identify needs and improve services within the community. Through community polls, surveys and public input sessions, the ADRC has gathered valuable insights that informed our initiatives. Key needs expressed by participants included access to affordable housing, access to transportation and concerns regarding loneliness and social isolation.

Based on the identified areas of focus in the aging plan, the collected information was utilized to establish consumer-driven objectives and results to the best of our ability. Our main objective is to uphold the existing standard of essential and top-notch services that our community has come to expect. Additionally, we aim to seek out community partners for collaboration in order to enhance programming and meet the evolving needs of our community. Through a commitment to collaboration, innovation, and advocacy, the ADRC aims to foster a community that empowers older adults to thrive, ensuring their voices are heard and their needs are met.

Context

Dodge County is a rural community, situated in Southcentral Wisconsin. Dodge County is considered Micropolitan, meaning that it is connected to an urban core of at least 10,000 but less than 50,000 population. Nearly half of the total population of Dodge County lives in a low population density area, consisting of 500 or fewer people per square miles and less than 2,500 people. (County Health Rankings & Roadmaps, n.d.) Dodge County boasts a population of 23, 069 residents aged 60 and older, accounting for over 25% of our total population. Among the 35, 615 households in Dodge County, 43.6% consist of individuals or families aged 60 and above. A large majority (97.2%) of Dodge County's 65+ population is white/Caucasian.

Age Group Estimates	Wisconsin	Dodge County
Total Population - All Ages, All Races	5,882,128	89,032
60+	1,449,786	23,069
65+	1,038,620	16,196
75+	420,624	6,832
85+	127,919	2,313
% 60+	24.6%	25.9%
% 65+	17.7%	18.2%
% 75+	7.2%	7.7%
% 85+	2.2%	2.6%
Males age 65+	478,089	7,477
<i>Males as percent of 65+ population</i>	46.0%	46.2%
Females age 65+	560,531	8,719
<i>Females as percent of 65+ population</i>	54.0%	53.8%
<i>Source: U.S. Bureau of the Census, American Community Survey, 2018-22 Five-year Estimates, Table B01001</i>		

Households with Older Members	Wisconsin	Dodge County
Total number of households	2,425,488	35,615
Households with one or more people 60 years and over:	990,971	15,535
<i>Percent with a member age 60+</i>	40.9%	43.6%
Households with one or more people 65 years and over:	736,807	11,020
<i>Percent with a member age 65+</i>	30.4%	30.9%
<i>Source: U.S. Bureau of the Census, American Community Survey, 2018-22 Five-year Estimates, Tables B11006 and B11007</i>		

The median income for the 65 and older age group is \$50,276. Approximately 8% of those over 65 live at or below the poverty level. 19.9% of those over the age of 65 are employed.

The populations of those age 60+ continues to increase at a rapid rate as the baby boomers grow older. Communities across the United States are experiencing this by some degree and Dodge County is no exception. According to Wisconsin Department of Health and Human Services statistics, by 2040 it is projected that those aged 60 and older will account for nearly 34% of our population.

County Population Projections Through 2040									
Population Ages 60 and Older									
	Ages 60 and Older	Ages 60 and Older	Ages 60 and Older	Ages 60 and Older	Ages 60 and Older	Ages 60 and Older	Ages 60 and Older	% Ages 60 and Older	% Ages 60 and Older
County	2010	2015	2020	2025	2030	2035	2040	2010	2040
Dodge	17,942	20,700	24,435	27,970	30,380	31,490	32,110	20.2%	33.6%

Many of these “baby boom” seniors do not identify themselves as seniors. It is a common refrain that the younger older individuals that we encounter do not recognize that the aging programs are designed for them. Engaging this generation in service delivery will prove to be a challenging task. Outreach efforts to reach these seniors will become increasingly difficult and demanding.

Ages 65 and Older, Living Alone	Wisconsin	Dodge County
Persons 65+	1,038,620	16,196
Persons 65+ living alone	303,872	4,581
<i>Persons, % living alone</i>	29.3%	28.3%
Males age 65+	478,089	7,477
Males age 65+ living alone	98,547	1,420
<i>Males, % living alone</i>	20.6%	19.0%
Females age 65+	560,531	8,719
Females age 65+ living alone	205,325	3,161
<i>Females, % living alone</i>	36.6%	36.3%
<small>Source: U.S. Bureau of the Census, American Community Survey, 2018-22 Five-year Estimates, Tables B01001 and B09020</small>		

28.3% of persons over the age of 65 are living alone, a higher proportion of those being females. The elderly populating desires to age in place, preferring to stay in their own home for as long as possible. As this demographic continues to grow at a rapid pace, coupled with the increasing prevalence of Alzheimer’s and other forms of dementia, there is a pressing need for expanded in-home supportive care and caregiver support

services. We may also continue to see a rise in social isolation and loneliness. Many face challenges with mobility as they grow older, limiting their ability to engage in meaningful engagement as they once had. This underscores the importance of providing adequate support and resources to ensure the well-being and quality of life of our aging population.

As the population ages the challenge will be to provide services to a growing aging population with increased service needs and insufficient funds to cover those needs.

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Community Involvement in the Development of the Aging Plan

Dodge County offered various ways to elicit community involvement in the development of our 2025-2027 Aging Plan.

1. We created a Facebook poll on our ADRC Facebook page, asking our audience “What do you feel are the top three concerns people face as they grow older?” We had a list of 15 options to choose from. This poll ran for 10 days from May 3-May 13, 2024. We received 701 votes or 233 responses. The key takeaway was that by far, older adults are concerned about affordable housing options as they grow older, likely due to inflation and living on a fixed income. Another key takeaway from the Facebook poll, that we didn’t see in our survey was that more people reported loneliness/social isolation as a concern as they age.
2. We created a survey that was published on the ADRC website. This survey was also distributed to all participants of the senior nutrition program and to members of the Commission on Aging & Disability Services. We received 46 completed surveys. The information collected from the survey helped us gain an understanding of how people rate Dodge County as a place to grow older, the challenges older adults face and what concerns they have as they age. The key takeaway from the survey was that overall people rated Dodge County as a good or very good place to grow older. Transportation needs were identified as the main challenge for older adults and preventing falls was identified as a top health concern people have as they age.
3. The survey was discussed on a local radio station where listeners were invited to visit the previously mentioned website to complete the survey or to contact the ADRC for more information.
4. We also hosted two in-person public input sessions in different communities in the county. The first was held in Beaver Dam at The Watermark, their community center, where 14 people were in attendance. The upcoming goals were presented where there were good questions asked and positive feedback shared. The second session was held at the Mayville Senior Center, where 2 people attended. The upcoming goals were presented, and positive feedback was shared as well as resources.

Partners and Resources

The ADRC of Dodge County has successfully established several resources and partnerships in our effort to support the aging community within this county. A few of these resources and partnerships include:

- Public Health Department- partnering to bring evidence-based health promotion classes to the community.
- Community and Senior Centers- offering educational programs, providing community office hours for our benefit specialists, distribution site for Senior Farmer's Market Vouchers, memory screens, communication through newsletters.
- UW-Extension- partnering to bring evidence-based health promotion classes and nutrition education to the community.
- Neighboring ADRC's- partnering to bring evidence- based health promotion classes and Medicare education to both communities.
- Libraries- Memory Café's, memory screens, offering various educational programs, advertising information.
- Community Businesses- Dementia Friendly Businesses.
- Local schools- Service learning projects through the Nutrition Program.
- Hospitals/Clinics- identifying individuals in need of services and making appropriate referrals.
- Local transportation providers- Coordinate with other local transportation providers to assure that community members are able to get where they need to go.

Public Hearings

Brittany Borchardt

ADRC/Aging Services Supervisor
Dodge County Human Services and Health Dept.
199 County Road DF, Third Floor
Juneau, WI 53039

FOR IMMEDIATE RELEASE;

Daily newspapers, for two days: November 5, 2024 and November 7, 2024.

Please print the attached article in its entirety for two days: Tuesday, November 5, 2024 and Thursday, November 7, 2024. If you have any questions, please phone Brittany Borchardt at 386-3582.

Thank you.

NOTICE OF PUBLIC HEARING

The 2025 section 85.21 Specialized Transportation Assistance Grant Application, as identified in the Dodge County 2024-2028 Transportation Coordination Plan, is scheduled for public hearing. The hearing will take place Tuesday, November 26, 2024, from 3:00PM to 4:00PM in the Henry Dodge Office Building, 199 County Road DF, Juneau, Wisconsin 53039, room G046. The public hearing will be held for the purpose of receiving comment for Dodge County's proposed plan for spending the allocation of \$229,890 authorized under section 85.21 of the Wisconsin Statutes to implement the elderly and disabled transportation program.

Those persons unable to attend the hearing and wishing to submit comments in advance may do so by mailing their comments prior to the hearing to:

Brittany Borchardt
ADRC/Aging Services Supervisor
199 County Road DF, 3rd floor
Juneau, WI 53039

Copies of the draft application will be available for public inspection prior to the hearing at the above address.

During this time public hearing will also be held for the purpose of receiving comment for Dodge County's 2025-2027 Aging Plan. The draft aging plan for 2025-2027 will be available for public review prior to the hearing at the above address.

Seniors and/or persons with disabilities which require special accommodations or transportation wishing to attend the hearing should contact the person listed above at (920) 386-3580 prior to November 18, 2024. The location of the hearing is accessible to persons with disabilities.

"This program is funded in part by the Federal Transit Administration (FTA) as authorized under 49 U.S.C. Section 5310 Mobility Options of Seniors and Individuals with Disabilities Program (CFDA 20.521)."

PUB. Daily Citizen 11/5 & 11/7

Goals for the Aging Plan

<p>Older Americans Act program area (Select a program area if applicable.)</p> <p><input type="checkbox"/> Title III-B Supportive Services</p> <p><input type="checkbox"/> Title III-C1 and/or III-C2 Nutrition Program</p> <p><input type="checkbox"/> Title III-D Evidence-Based Health Promotion</p> <p><input checked="" type="checkbox"/> Title III-E Caregiver Supports</p>
<p>Aging Network value (Select a value if applicable.)</p> <p><input type="checkbox"/> Person centeredness</p> <p><input type="checkbox"/> Equity</p> <p><input checked="" type="checkbox"/> Advocacy</p>
<p>Goal statement: Organize advocacy event(s) to raise awareness and support the expansion of caregiver services and funding for family/friend caregivers.</p>
<p>Plan or strategy: Reach out to local governing body and local legislature to coordinate a date for the advocacy event. Promote the event with family/friend caregivers, encouraging them to attend the event in person or offer them the ability to provide their experiences in writing. Promote the event by engaging the local radio station to discuss the need for expansion of caregiver services and funding. Additionally, post “Call to Action” opportunities on the ADRC Facebook page, engaging local partners via listserv and engaging caregivers through the quarterly Caregiver Newsletter. Also, encourage family/friend caregivers to reach out to their legislatures directly to share their personal stories, struggles, successes, and rewards. Educate family/friend caregivers through the Caregiver Newsletter by sharing advocacy events such as Wisconsin Aging Advocacy Day, running information from GWAAR’s Advocacy site, including practical tips/information such as How To Contact Your Legislatures.</p>
<p>Documenting efforts and tools:</p> <p>Documenting how much has been done:</p> <ul style="list-style-type: none">• Gather baseline data caregiver statistics from GWAAR and Wellsky/SAMS• Count current advocacy events.• Record current funding. <p>Documenting how well it has been done:</p>

- Implement a short survey as a follow-up for family/friend caregivers to complete following the advocacy event.

Assessing whether anyone is **better off**:

- Compare the number of advocacy events and actions during the Aging Plan cycle.
- Compare funding in years of the Aging Plan cycle to determine if there has been an increase.
-

OPTIONAL: Notes on considerations for framing goals

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

Offer a voice to family/friend caregivers to spread awareness specifically to policymakers surrounding the challenges faced by family/friend caregivers and the limitations of the ADRC, and influence change for the better on behalf of family/friend caregivers.

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

We know that currently, the National Family Caregiver Supports Program (NFCSP) has exhausted all its funding statewide in 2023. Typically, we have a waitlist for participants looking for support through this grant. We know that additional funding would support additional caregivers.

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

Establishing much-needed relief to family/friend caregivers such as respite, transportation, supplemental services, support groups, education, and even support specifically for working caregivers will allow more caregivers to continue in their vital roles. The better we can support caregivers, the better they will be, the longer they can sustain and ultimately the better off care recipients are because of the increased support and funding.

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

At least one advocacy event was planned and family/friend caregivers attended.

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

Quantitative → An increase in the number of events held, an increase in the number of caregivers in attendance, and a potential increase in funding would all suggest the goal has been accomplished and family/friend caregivers are better off because of the ADRC's effort. Qualitative → Caregivers will report a positive experience following the advocacy event(s), the ADRC has established a relationship with local policy-makers.

Older Americans Act program area (Select a program area if applicable.)

- Title III-B Supportive Services
- Title III-C1 and/or III-C2 Nutrition Program
- Title III-D Evidence-Based Health Promotion
- Title III-E Caregiver Supports

Aging Network value (Select a value if applicable.)

- Person centeredness
- Equity
- Advocacy

Goal statement:

Provide increased falls reduction programming through the evidenced based Stepping On program by increasing class offerings by 50% and participation by 20%. Form a robust Falls Free Coalition that can provide fall risk assessments to participants.

Plan or strategy:

Expand class marketing, ensuring that we are advertising to first responders and local health clinics. Partner with first responders to identify individuals at increased fall risk. Personally invite them to class. Make referral process easier for first responders. Work with community partners to form Falls Free Coalition and plan promotional events. Work Coalition members to provide in-home, person-centered, fall risk assessments and resources to prevent falls.

Documenting efforts and tools:

Documenting **how much** has been done:

Record in SAMS/Wellsky the number of Stepping On classes held and participants attending, record how many in-home fall risk assessments were completed. Keep minutes on Falls Free Coalition meetings and attendance.

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

We should see an increase in Stepping On participants. Through our collaboration with first responders, we can monitor their call volume responding to falls related calls, which we should see decrease over time.

Assessing whether anyone is **better off**:

Survey Stepping On participants at the beginning of class and at that end to gauge whether they've experienced improvements in their balance and feel their fall risk has decreased. First responders should experience less calls where they've responded multiple times for someone who has fallen. Follow up with the in-home assessments

on a three- and six-month basis to monitor the changes and potential improvements they've made.

OPTIONAL: Notes on considerations for framing goals

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

Wisconsin has one of the highest rates of unintentional fall-related deaths, particularly among older adults. Through our survey, fall prevention was identified as the main health concern of those in our county as they age.

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

Stepping On has been researched and proven to decrease falls by 31%, meaning fewer injuries, less falls related calls to EMS, less emergency room visits and less hospitalizations and even deaths.

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

Educating older adults on ways to maintain the physical strength and balance needed to walk confidently will improve their quality of life and help them maintain their independence.

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

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

Through the surveys at the beginning and end of Stepping On classes and through follow up after the in-home assessments, community partners should report less strain on their services due to decreased calls and visits from falls.

Older Americans Act program area (Select a program area if applicable.)

- Title III-B Supportive Services
- Title III-C1 and/or III-C2 Nutrition Program
- Title III-D Evidence-Based Health Promotion
- Title III-E Caregiver Supports

Aging Network value (Select a value if applicable.)

- Person centeredness
- Equity
- Advocacy

Goal statement:

Stabilize and maintain Dodge County's home delivered meal program to continue or expand upon meeting the needs of our homebound aging population.

Plan or strategy:

- Grow our volunteer pool by diversifying our target audiences, reaching out to local businesses that encourage staff volunteer opportunities.
- Utilize community partners such as local papers and radio stations to advertise current unfilled paid positions.
- Build relationships and partnerships with local catering businesses and restaurants to educate them on the importance of the senior nutrition program to garner more interest and competitive bids at time of RFP.
- Expand upon innovative partnerships to meet the nutritional needs of our aging population.
-

Documenting efforts and tools:

Documenting **how much** has been done:

Create a spreadsheet documenting where and how volunteer recruitment was done as well as advertising for current open positions. Continue to document how many meals are being provided monthly. Contracts will be drafted for any new partnerships.

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

Vacant paid positions will be filled. Document how many new volunteers have been recruited. Meal routes will be covered by volunteers. We will maintain participant numbers that we've seen in years prior or increase them.

Assessing whether anyone is **better off**:

Participant surveys will include questions about satisfaction with the home delivered meal program. Distribute surveys to participants at the 6-month mark and 1 year mark for any new partnerships.

OPTIONAL: Notes on considerations for framing goals

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

Currently our nutrition program has undergone staffing changes and has struggled to recruit volunteers. This program relies heavily on the support of our volunteers to meet the needs of participants. Putting in extra effort to build our volunteer pool and fill open paid positions will help strengthen our abilities to meet the ever-growing interests and needs of the home delivered meal program. Creating new partnerships with local caterers, restaurants and businesses will allow us to try innovative approaches to meet the needs of our consumers and provide alternative options.

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

Having stability in any program is key to success. Building a stable volunteer base will allow us to continue to meet the growing needs of our communities. Diversifying our options provides us with contingency plans should something catastrophic happen with our current caterer.

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

Good nutrition is a key factor in healthy aging and can help older adults maintain their independence and quality of life. By building a stable home delivered meal program we will be able to expand our services.

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

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

Older Americans Act program area (Select a program area if applicable.)

- Title III-B Supportive Services
- Title III-C1 and/or III-C2 Nutrition Program
- Title III-D Evidence-Based Health Promotion
- Title III-E Caregiver Supports

Aging Network value (Select a value if applicable.)

- Person centeredness
- Equity
- Advocacy

Goal statement:

Provide accessible transportation for 60+ community members living in three of our most isolated rural communities as part of a rural transport pilot project. The goal is to address social isolation and loneliness, food insecurity and equitable access to transportation services.

Plan or strategy:

Using our bus, we will offer rides on a donation basis to people 60+ for community shopping trips for the communities of Lowell/Reeseville, Horicon and Theresa twice a month. (Two trips for each community every month).

Documenting efforts and tools:

Documenting **how much** has been done:

Record the number of users in each community and the frequency of each rider using the service.

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

Distribute surveys to participants to gauge satisfaction of the service and receive feedback on how to improve the service. Generate a report of the results to share with staff and board members.

Assessing whether anyone is **better off**:

Include questions on the survey to measure whether the service has helped address feelings of loneliness and social isolation and whether the service has decreased food insecurities and nutritional risk for participants.

OPTIONAL: Notes on considerations for framing goals

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

We are choosing to focus on this effort as it will address issues of equity as other communities in the county have some level of transportation that these communities do not. We also believe that we may be able to address issues of social isolation and loneliness by creating a group outing. This will also address food insecurity among older adults in these communities. We've identified communities that do not have grocery stores.

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

Low costs accessible transportation is essential component to support livable communities for older adults. Transportation needs were identified as the main challenge for older adults within our county.

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

We hope to improve the following: access to basic food and household supplies and lower food insecurity while decreasing loneliness and social isolation. We also hope this will afford older adults a sense of independence and control in their daily lives.

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

The intent is to pilot this service. The hope is that the service is well received and we are able to maintain driver's to keep the program running for the foreseeable future.

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

Through surveys obtained from participants.

Coordination Between Title III and Title VI

This section does not apply to Dodge County.

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Primary Contact to Respond to Questions About the Aging Plan

Name: Brittany Borchardt

Title: ADRC/Aging Service Supervisor

County: Dodge

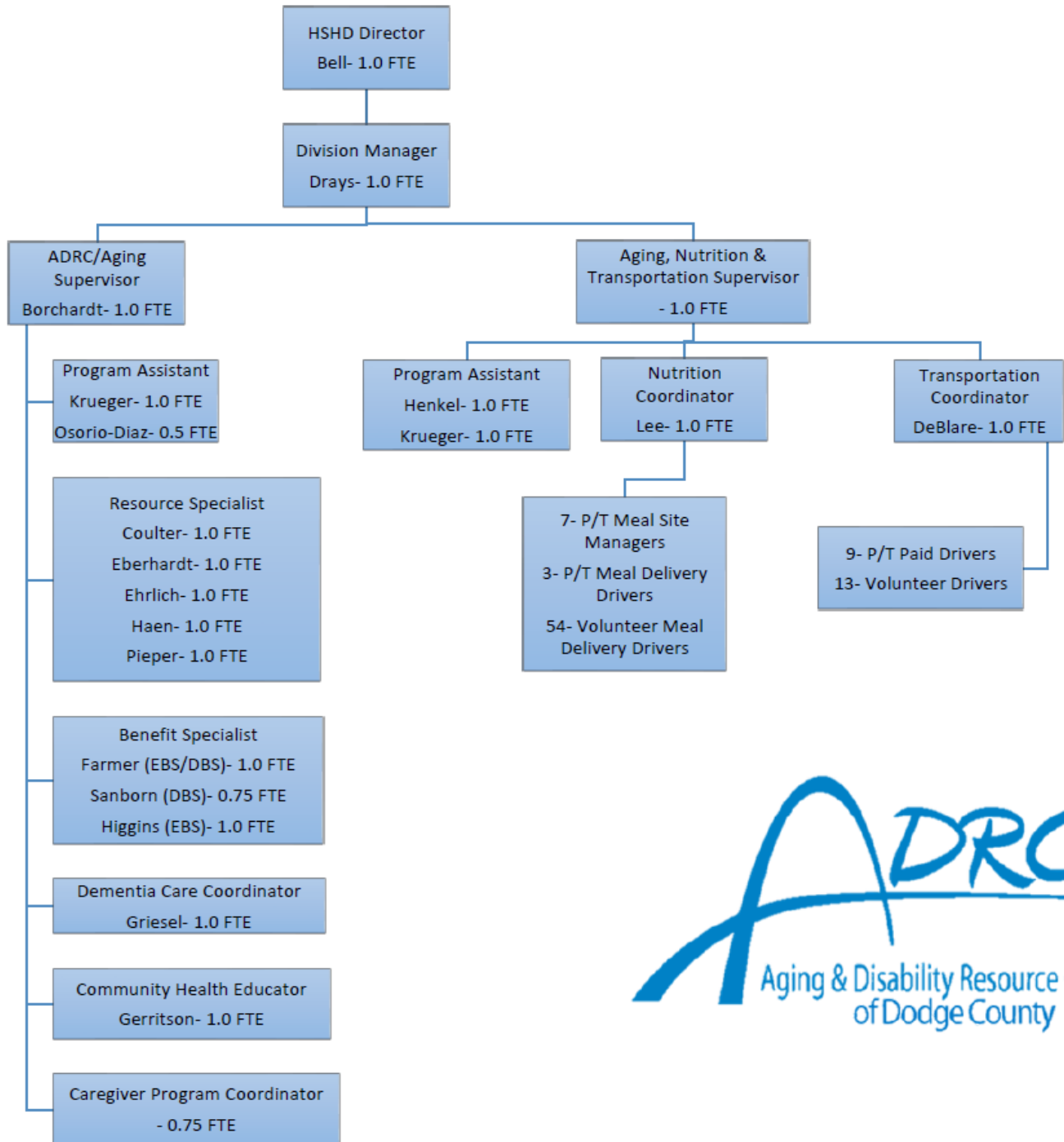
Organizational Name: Dodge County Human Services & Health

Address: 199 County Road DF

City: Juneau State: WI Zip Code: 53916

Email Address: bborchardt@co.dodge.wi.us Phone #: 920-386-3582

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Aging Unit Coordination with ADRC

As of May 1, 2023 Dodge County Human Services & Health Departments' Aging and Disability Resource Center (ADRC) reached their fifteen-year anniversary. At its inception, Dodge County organizationally integrated the existing Aging Programs within the ADRC giving them the opportunity to offer enhanced service to elders and adults with disabilities by coordinating service delivery and by providing convenient access to multiple programs. The Dodge County ADRC and Aging Programs only serve residents of Dodge County but occasionally find themselves working with consumers from other counties who either have just moved from or are moving to Dodge County. By being co-located, we can efficiently and effectively provide information, assistance, and referral to elderly people and people with disabilities seeking private or publicly funded services to meet their long-term care needs.

ADRC and Aging Programs collaboration takes on many different aspects. One of the aspects is in the ability to share referrals between the Information and Assistance staff and the Aging staff. This collaboration is not only a benefit to the staff, but more importantly to the consumer, giving staff the ability to provide more efficient customer service.

Outreach is another area where the ADRC and Aging staff work together, attending various local events throughout the county. These events include the Dodge County Fair, two Senior Expos, Employer health Fairs, bi monthly radio programs, and requests for presentations from various community businesses and programs.

The ADRC and Aging Unit provides a joint, quarterly newsletter that contains timely, information regarding programs, events, and other useful information such as news regarding Medicare, upcoming conferences, and Senior Dining Menus. Staff continue to receive overwhelming positive feedback on the newsletter from the community. We make a point to include articles from public health, adult protective services, our independent living center and other pertinent topics supporting advocacy and education in all of our outreach and publications.

Statutory Requirements for the Structure of the Aging Unit

Organization: The law permits one of three options. Which of the following permissible options has the county chosen?	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.	X
(3) A private, nonprofit corporation, as defined in s. 181.0103 (17).	
Organization of the Commission on Aging: The law permits one of three options. Which of the following permissible options has the county chosen?	Check One
For an aging unit that is described in (1) or (2) above, organized as a committee of the county board of supervisors/tribal council, composed of supervisors and, advised by an advisory committee, appointed by the county board/tribal council. Older individuals shall constitute at least 50% of the membership of the advisory committee and individuals who are elected to any office may not constitute 50% or more of the membership of the advisory committee.	X
For an aging unit that is described in (1) or (2) above, composed of individuals of recognized ability and demonstrated interest in services for older individuals. Older individuals shall constitute at least 50% of the membership of this commission and individuals who are elected to any office may not constitute 50% or more of the membership of this commission.	
For an aging unit that is described in (3) above, the board of directors of the private, nonprofit corporation. Older individuals shall constitute at least 50% of the membership of this commission and individuals who are elected to any office may not constitute 50% or more of the membership of this commission.	
Full-Time Aging Director: The law requires that the aging unit have a full-time director as described below. Does the county have a full-time aging director as required by law?	Circle One <input checked="" type="radio"/> Yes <input type="radio"/> No

Policy-Making Body

The policy-making body, also called the commission on aging, must approve the aging unit's aging plan. Evidence of review and approval of the draft and final version of the aging plan must be included as part of the plan. Attach evidence of this required involvement as an appendix to the aging plan. This may include descriptions of events, activities, or notes from meetings that provide evidence of involvement.

The commission is the policy making entity for aging services (46.82 (4) (a) (1)) and an aging advisory committee is not the commission. There are term limits for the membership of the policy-making body.

List the official name of the policy-making body and chairperson in this section of the aging plan.

Official name of the policy-making body: Dodge County Human Services & Health Board

Chairperson of the policy-making body: Jenifer Hedrick

Advisory Committee

An advisory committee, sometimes referred to as the advisory council, is required if the policy-making body does not follow the Wisconsin Elders Act requirements for elected officials, older adults, and terms, or if the policy-making body is a committee of the county board (46.82 (4) (b) (1)).

When an aging unit has both an advisory committee and a policy-making body, a key role of the advisory committee is to advise the policy-making body in the development of the aging plan and to advocate for older adults. Attach evidence of this involvement as an appendix to the aging plan. This may include descriptions of events, activities, or notes from meetings that provide evidence of involvement.

Chapter 46.82 (4) (b) (1) of the Wisconsin Statutes requires that the membership of the aging advisory committee (where applicable) must consist of at least 50% older people, and individuals who are elected to office may not constitute 50% or more of the membership. There are no term limit requirements for the membership of advisory committees.

Some aging units have combined their aging advisory committees and ADRC boards. This is acceptable if the county follows the membership requirements of the advisory committee 46.82 (4) (b) (1) and the ADRC scope of services. Seek additional guidance from GWAAR regarding combined ADRC boards and advisory committees if desired.

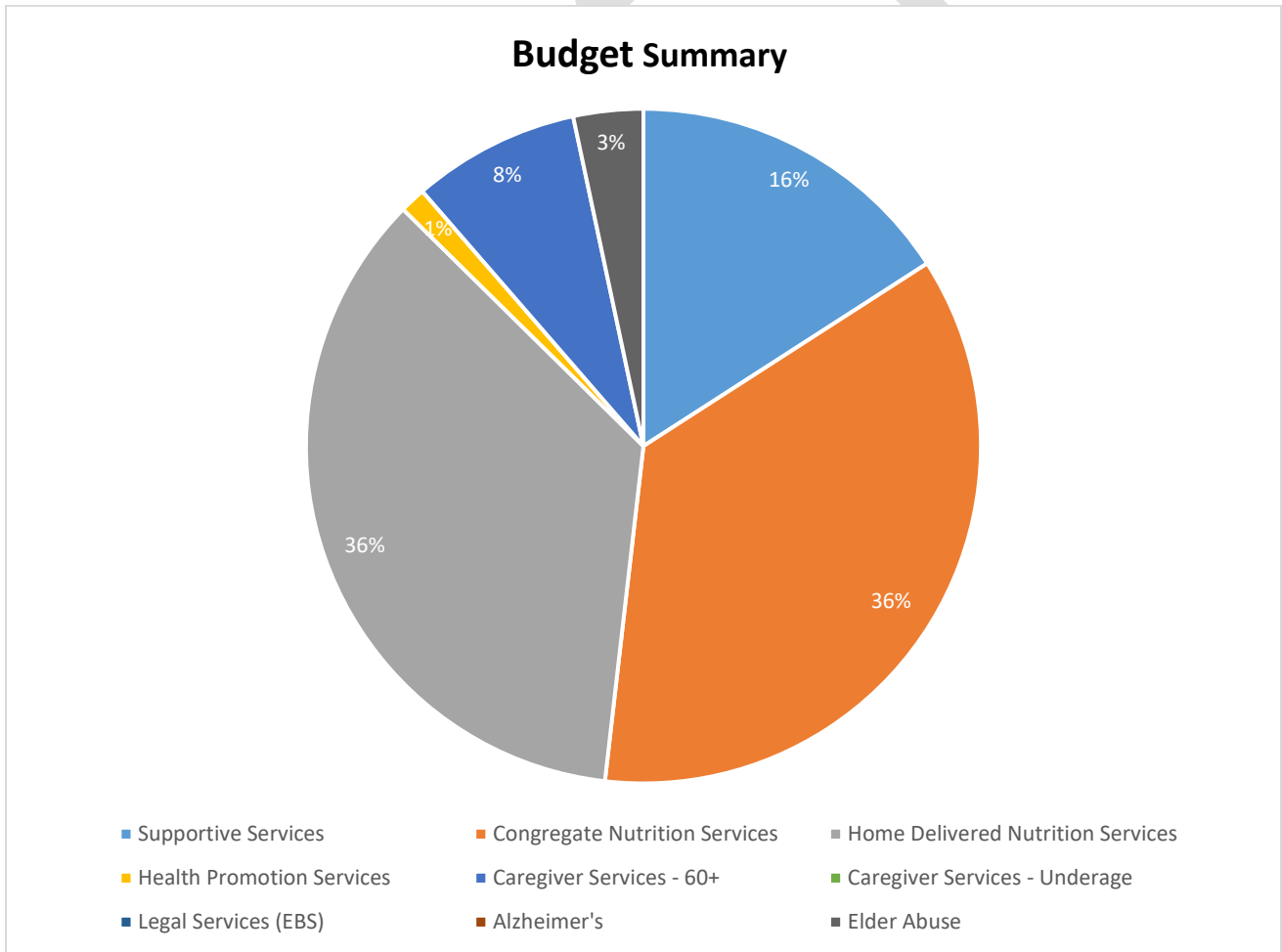
The nutrition advisory council, which is a requirement of the OAA for the Elder Nutrition Program, is a separate body from the advisory committee required by Chapter 46.82. List the official name of the advisory committee and chairperson in this section of the aging plan.

Official name of the advisory committee: Commission on Aging and Disability Services

Chairperson of the advisory committee: Haley Kenevan

Budget Summary

	Title III Federal Contract Expenses	Other Federal Contract Expenses	Cash Match Expenses	Other Federal Expenses	Other State Expenses	Other Local Expenses	Program Income Expenses	Total Cash Expenses	In-Kind Match Allocations	Grand Total
Supportive Services	\$ 76,390.00	\$ 44,809.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 121,199.00	\$ 16,934.00	\$ 138,133.00
Congregate Nutrition Services	\$ 169,902.00	\$ 3,240.00	\$ -	\$ -	\$ -	\$ -	\$ 5,100.00	\$ 178,242.00	\$ 134,035.00	\$ 312,277.00
Home Delivered Nutrition Services	\$ 107,172.00	\$ 12,888.00	\$ -	\$ -	\$ 9,102.00	\$ -	\$ 92,500.00	\$ 221,662.00	\$ 87,409.00	\$ 309,071.00
Health Promotion Services	\$ 6,240.00	\$ 3,507.00	\$ 723.00	\$ -	\$ -	\$ -	\$ -	\$ 10,470.00	\$ 360.00	\$ 10,830.00
Caregiver Services - 60+	\$ 38,713.00	\$ 13,516.00	\$ 10,577.00	\$ -	\$ -	\$ -	\$ -	\$ 62,806.00	\$ 6,952.00	\$ 69,758.00
Caregiver Services - Underage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Legal Services (EBS)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Alzheimer's	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Elder Abuse	\$ -	\$ -	\$ -	\$ -	\$ 29,060.00	\$ -	\$ -	\$ 29,060.00	\$ -	\$ 29,060.00
Grand Total	\$ 398,417.00	\$ 77,960.00	\$ 11,300.00	\$ -	\$ 38,162.00	\$ -	\$ 97,600.00	\$ 623,439.00	\$ 245,690.00	\$ 869,129.00



Verification of Intent

The purpose of the Verification of Intent is to show that county government has approved the plan. It further signifies the commitment of county government to carry out the plan. Copies of approval documents must be available in the offices of the aging unit.

Verification of Intent Template

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

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

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

Signature and Title of the Chairperson of the Commission on Aging	Date
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Signature and Title of the Authorized County Board Representative	Date
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APPENDIX A

Assurances of Compliance with Federal and State Laws and Regulations

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

The structure of AAAs in Wisconsin are as follows:

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

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

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

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

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

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

On behalf of the county or tribal nation, we certify

Aging and Disability Resource Center of Dodge County
(Give the full name of the county or tribal aging unit)

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

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

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

The applicant certifies compliance with the following regulations:

1. Legal Authority of the Applicant

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

2. Outreach, Training, Coordination & Public Information

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

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

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

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

4. Advisory Role to Service Providers of Older Persons

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

5. Contributions for Services

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

- The methods of receiving contributions from individuals by the agencies providing services under the county or tribal plan shall be handled in a manner that assures the confidentiality of the individual's contributions.
- Each service provider establishes appropriate procedures to safeguard and account for all contributions.
- Each service provider considers and reports the contributions made by older people as program income. All program income must be used to expand the size or scope of the funded program that generated the income. Nutrition service providers must use all contributions to expand the nutrition services. Program income must be spent within the contract period that it is generated.

6. Confidentiality

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

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

7. Records and Reports

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

8. Licensure and Standards Requirements

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

9. Civil Rights

- The applicant shall comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and in accordance with that act, no person shall on the basis of race, color, or national origin, be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination under any program or activity under this plan.

- All grants, sub-grants, contracts or other agents receiving funds under this plan are subject to compliance with the regulation stated in 9 above.
- The applicant shall develop and continue to maintain written procedures which specify how the agency will conduct the activities under its plan to assure compliance with Title VI of the Civil Rights Act.
- The applicant shall comply with Title VI of the Civil Rights Act (42 USC 2000d) prohibiting employment discrimination where (1) the primary purpose of a grant is to provide employment or (2) discriminatory employment practices will result in unequal treatment of persons who are or should be benefiting from the service funded by the grant.
- All recipients of funds through the county, tribal, or area plan shall operate each program or activity so that, when viewed in its entirety, the program or activity is accessible to and usable by handicapped adults as required in the Architectural Barriers Act of 1968.

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

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

11. Political Activity of Employees

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

12. Fair Labor Standards Act

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

13. Private Gain

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

14. Assessment and Examination of Records

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

15. Maintenance of Non-Federal Funding

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

16. Regulations of Grantor Agency

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

17. Older Americans Act

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

Sec. 306. (a)

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older

individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

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

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

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

(C) legal assistance;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

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

(4)(C) Each area agency on 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

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

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

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

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

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

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

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

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

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

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

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

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

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

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.

DRAFT

APPENDIX B

Community Engagement Report

Your County or Tribe: Dodge	Date/s of Event or Effort: 5/3-5/13/2024
Target audience(s): Older adults	Number of Participants/ Respondents: 233
Describe the method used including partners and outreach done to solicit responses: We created a Facebook poll on our ADRC Facebook page, asking our audience “What do you feel are the top three concerns people face as they grow older?” We had a list of 15 options for them to choose from. We received 701 votes (divided by 3) that is 233 responses	
Describe how the information collected was used to develop the plan: The information collected helped us gain an understanding of what it is people in our county worry about as they get older. This allowed us to help address some of these issues within the focus areas of our goals.	

What were the key takeaways/findings from the outreach?

The key takeaway from the finding was that by far, older adults are concerned about affordable housing options as they grow older, likely due to inflation and living on a fixed income.

Another key takeaway from the Facebook poll, that we didn't see in our survey was that more people reported loneliness/social isolation as a concern as they age.

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APPENDIX C

Community Engagement Report

Your County or Tribe: Dodge	Date/s of Event or Effort: 5/3-7/25/2024
Target audience(s): Older adults	Number of Participants/ Respondents: 43
Describe the method used including partners and outreach done to solicit responses: We created a survey that was published on the ADRC website. We also distributed the survey to participants of the senior nutrition program and Commission on Aging & Disability Services . We received 45 completed surveys.	
Describe how the information collected was used to develop the plan: The information collected helped us gain an understanding of how people rate Dodge County as a place to grow older, the challenges older adults face and what concerns they have as they age.	

What were the key takeaways/findings from the outreach?

The key takeaway from the survey was that overall people rated Dodge County as a good or very good place to grow older. Transportation needs were identified as the main challenge for older adults and preventing falls was identified as a top health concern people have as they age.

I was surprised to see that an overwhelming majority of respondents report feeling confident in their ability to advocate for issues they care about.

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APPENDIX D

Public Hearing Report

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