

Senior Resource Center (SRC)

Sawyer County Aging Plan

FY 2022–2024



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

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Executive Summary

Sawyer County is a rural northwestern county. According to the U.S. Census Bureau, the county has a total area of 1,350 square miles, of which 1,257 square miles is land and 93 square miles (6.9%) is water. It is the fifth-largest county in Wisconsin by land area. The county is sparsely populated (13 people per square mile) which makes delivering programs and services equitably throughout the county a significant challenge for a small non-profit with limited staff and funding. We value and rely heavily on communication, collaboration, board, county and community support, and innovation to achieve outcomes. The WI County Health Rankings & Roadmaps report lists our pristine county as the #2 county in the state for the best physical environment, which is our highest ranking in the report. Our health outcomes and health risk factors, however, are among the worst in the state, #68 and #69 out of 72 respectively.

The Senior Resource Center (SRC) is a 501c-3 non-profit that administers programs and services to older adults and caregivers, within Sawyer County, through the direction of the Older American's Act (OAA), specifically Title III, which is the only federal supportive services program directed solely toward improving the lives of adults 60+ and their caregivers. Our programs provide Senior Dining and Home Delivered Meals, Evidence-Based Disease Prevention and Health Promotion, Family Caregiver Support, and Transportation through the WI 85.21 DOT grant program.

Every 3-years the Senior Resource Center is mandated by federal law to complete a 3 year plan in order to receive federal funds under the Older Americans Act (OAA). The key determinants for determining our plan goals included: review of demographics, health indicators and outcomes, projected population growth, and most importantly input from older adults, caregivers, and the community at large on their wants and needs. The plan includes person-centered long-path goals designed to overcome challenges and meet needs with time-bound strategies & action steps to ensure older adults can age in place with independence and dignity as well as give back and share their wisdom, talents, and knowledge with the community. The plan is intended to be a working document that helps our agency continually improve and assure we are meeting the intent of the OAA programs and services and ultimately our long-path vision to enrich the lives of older adults and their caregivers so they can live their best lives and maintain their independence.

What is the aging unit as an organization?

The Senior Resource Center is a 501c-3 nonprofit organization. Our mission is to serve, support, assist, and advocate for the older adults of Sawyer County and their caregivers to help them achieve active, fulfilled, independent, and healthy lives. We are not integrated with the Sawyer County Aging & Disability Resource Center (ADRC); however, we work collaboratively with them to achieve common goals. Admittedly, there are opportunities to strengthen this collaboration which we will actively pursue.

What do we provide for the community?

The SRC takes a proactive stance on continuous quality improvement by practicing open communication to gather feedback that will aid in good decision-making while embracing change necessary to address the current needs and desires of the individuals we serve. We actively participate with many partnering agencies that allow us to provide or develop new opportunities for our community while being cost effective, as well as good stewards of our funding sources.

The Senior Resource Center and its satellite meal site locations offer many programs and services to address our residents' needs and engage the community:

- **Nutrition** through Senior Dining, Carry out meals, and Meals on Wheels Programs.
- **Evidenced Based & Evidence Informed Health Promotion classes** to keep the body and mind strong and to empower older adults and caregivers to take charge of their own health.
- **Variety of Social programs** are offered, and the meal sites serve as a warm-welcoming place to meet with friends and enjoy a meal and comradery. (Pre-pandemic and our re-opening plans follow the recommendations of the Centers for Disease Control & Prevention (CDC), Public Health and DHS. We are slowly transitioning back as we safely can).
- **Transportation.** The Hayward location also has a handicapped accessible bus that travels within a 5-mile radius of the downtown area and for a small fee transports people to the Center as well as to shopping and medical stops.
- **Adult Respite Care and Caregiver Support.** This is an area that we need to strengthen. We will work more closely with GWAAR and BADR to better support caregivers throughout the county.

The pandemic has stood our agency on its head and our dedicated staff and volunteers rose to the occasion. Since COVID, we have experienced significant transformation in our service type and delivery methods as needs changed. We pivoted and added Carry Out meals when in-person dining wasn't allowed per our Public Health recommendations. It is estimated that we will finish out 2021 with about 35,000 meals, a 3.5% increase from 2019 pre-COVID numbers. This increased demand has maxed out the capacity of the facility and our staff. We have struggled, like every other foodservice agency, with recruiting and retaining qualified and dedicated staff.

We want to acknowledge and extend our tremendous gratitude for all our essential staff and volunteers who worked long hours, put their own health and safety at risk, to assure seniors had hot, nutritious meals, a form of social contact, a safety check, support and that we care about them, their wellbeing and that they are not alone during this unprecedented time of stress on multiple levels.

What was learned through community engagement?

Creating an aging plan is a community effort. We actively sought input from the community that was used to shape this plan but also will shape our long-term vision for the evolution of our agency.

Public input was gathered from a total of 215 older adults, their caregivers, and members of the community June-October 2021 via surveys and informally via 1-on-1 conversations by board and staff members. The top challenges and needs identified were:

- **Access to healthy food**
- Brain health/Dementia
- Family caregiving support
- Healthcare
- In-home care
- **Isolation and loneliness**
- Scams information
- **Transportation options**
- **Understanding public and private benefits, such as Medicare & drug plan choices (EBS)**
- Understanding technology
- **Ways to keep fit and healthy**

The Wisconsin Department of Health Services Division of Public Health Bureau on Aging and Disability Resources and Office on Aging required our aging unit to create goals to advance Older Americans Act Title III programs and values in these focus areas:

- Title IIIB Supportive Services
- Title IIIC Nutrition Program
- Title IIID Health Promotion
- Title IIIE Caregiver Support
- Community engagement
- Person-centered services
- Racial equity
- Advocacy

Older adults are taking a more proactive, person-centered approach to live their best life possible. Offering evidenced-based prevention programs is an effective way to increase self-efficacy and teach people to fish so they can make informed choices about their health. In collaborating with our residents, we recognize how important control over one's own life is to people. Over the next 3 years, the SRC plans to offer a diverse and robust schedule of evidenced-based educational programs. Having the control over how they receive information is equally as important to people as what education they receive (Person-centered and choice). In addition, our goal is to overcome barriers, identify root causes that contribute to or exacerbate chronic conditions so that we can move the needle and get the county out of the bottom 25% least healthiest counties in the state, where we have been since 2011.

Our long path goals include:

- Strengthen collaboration with the ADRC of the North, Public Health, Health and Human Services, Healthcare and Hospital system, transportation providers, Northwoods Independent Living Center and the county Emergency Services Departments, UW-Extension and LCO tribe.
 - Dementia Care Network does have representation from each group and the SRC is represented.
- Improved coordination with Regional Dementia Care Specialist & caregiver support
- Enhance communication with Managed Care & Self-Directed care providers.
- Coordinated medical and non-essential transportation providers in the county.
- Development and implementation of intergenerational programs, and
- Reduce isolation and enhanced inclusivity of seniors.

Describe the leadership of the aging unit:

Joey Johnson, Executive Director
Senior Resource Center (SRC) (Sawyer County)
15856 E 5th St.
Hayward, WI 54843
Phone: 715.634.3000
Email: Joey@seniorresourcecenternorth.org
Board Chairperson: Shirley Armstrong shirley@armstrongins.us

Context

Sawyer County is a large rural county in Northwest Wisconsin with a total population of ~17,000 according to the 2020 US Census Bureau, the population has increased 73% since 1960! Those over the age of 65 make up 26.7% of the population compared to the state average of 17.5%. It is predicted that by 2040, the state average of people 60+ will be 29.0% with Sawyer Counties estimate reaching as high as 51% (1 in 2 people).

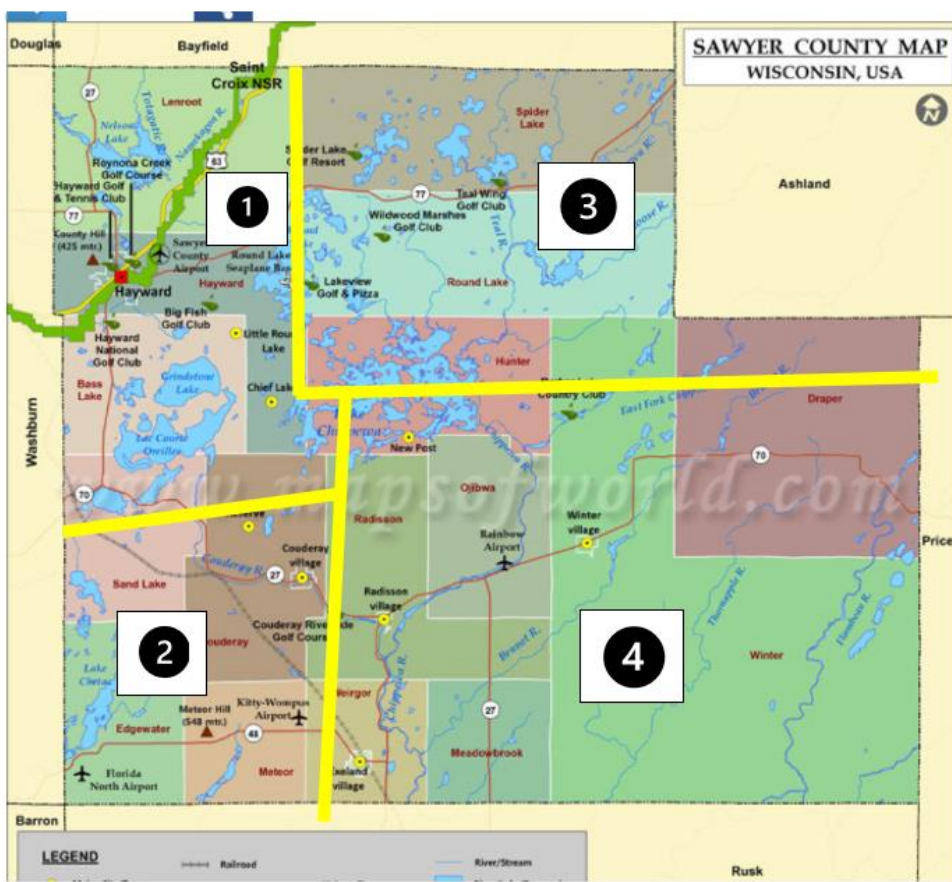
Additionally, 50.9% of households have at least 1 member over 60, 64.7% of people over 65 are married, 17.4% widowed, 11.5% divorced and 3.6% never married. ~1 out of 3 (30.5%) of those age 65+ have a disability and 26.3% live alone and 7.7% live in poverty with an income less than \$26,500 per year and ~ 1 in 5 (19.1%) have incomes at 150% of poverty.

The population of Sawyer County is primarily Caucasian. It is estimated that 90.9% of people over the age of 65 are white. The remaining population is comprised of 1.9% Black/African American Alone, not Hispanic; 10.3% Native American/Alaska Native Alone, not Hispanic, 0.2% Asian Alone, not Hispanic, and 0.6% Hispanic/Latino.


The Needs of Older Adults, Our Services and Barriers

Rural Community

Sawyer County is one of the largest geographic counties in northwestern WI, over 40 miles from north to south. As you can see from the map, Sawyer County is surrounded by 7 rural counties and includes 1 tribe that share many similar traits. The county map has been divided into 4 sections to illustrate where older adults live. The Board, Nutrition Advisory Council, and a newly formed transportation workgroup with diverse membership, will be our jumping off point to evaluate current locations of programs and services to determine if changes need to be made.



Region	Adults 60+ #s	% Adults 65+ who live alone	Location of Current Meal Site	Days per Week
1 (Hayward, Lenroot, Round Lake, Bass Lake)	2850	26.6%	Hayward- Open (Senior Dining, HDM, Carry Out)	M-F HDM & Senior Dining M-Th
2 (Sand Lake, Stone Lake, LCO, Edgewater, Meteor)	683	29.46%	Stone Lake- Open (Senior Dining, HDM, Carry Out)	M-F HDM. Senior Dining M-Th
3 (Spider Lake, Round Lake, Hunter)	1079	17%	Spider Lake- Open (Senior Dining, HDM, Carry Out)	M and Th HDM, Senior Dining & Carry Out
4 (Draper, Ojibwa, Radisson, Weirgor, Exeland, Meadowbrook, Winter, Winter Village)	1164	34%	Exeland- Open (Senior Dining, HDM, Carry out) Winter- HDM and Carry Out only, Senior Dining on hold due to staffing)	M-F

City, Town, and Village Profile; 2015-2019 Average		 Wisconsin Department of Health Services Division of Public Health P-01213B (01/2021)				
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1. Click dropdown arrow, deselect "Select All" and then scroll and select county or counties of interest.	2. Click dropdown arrow, deselect "Select All" and then scroll and select municipalities of interest.	Age Group Estimates	Age Group Estimates	Age Group Estimates	Age Group Estimates	Age Group Estimates
County	County, City, Town or Village	Population; total	Population; ages 60 and older	Population; ages 65 and older	Population; ages 75 and older	Population; ages 85 and older
Sawyer County	Sawyer County	16,399	5,776	4,141	1,624	324
Sawyer County	Bass Lake town	2,352	704	471	162	37
Sawyer County	Couderay village	84	24	17	7	0
Sawyer County	Couderay town	417	121	91	23	6
Sawyer County	Draper town	209	113	87	28	8
Sawyer County	Edgewater town	540	220	141	55	11
Sawyer County	Exeland village	168	28	22	9	3
Sawyer County	Hayward city	2,780	664	472	274	62
Sawyer County	Hayward town	3,507	1,104	812	303	62
Sawyer County	Hunter town	719	358	278	133	22
Sawyer County	Lenroot town	1,044	378	276	121	13
Sawyer County	Meadowbrook town	115	35	24	9	8
Sawyer County	Meteor town	138	42	25	6	1
Sawyer County	Ojibwa town	211	88	57	11	3
Sawyer County	Radisson village	255	56	41	20	3
Sawyer County	Radisson town	323	140	92	34	8
Sawyer County	Round Lake town	995	503	367	106	18
Sawyer County	Sand Lake town	648	276	217	88	16
Sawyer County	Spider Lake town	400	218	150	56	9
Sawyer County	Weirgor town	290	128	75	24	6
Sawyer County	Winter village	335	106	76	45	12
Sawyer County	Winter town	869	470	350	110	16

Food Insecurity and Optimal Nutrition

The Elder Nutrition Program is the largest OAA service that we operate. The intent of the program is to reduce food insecurity, hunger, and malnutrition, promote socialization, health & well-being to delay adverse health conditions. During COVID, we served over 44,973 HDM meals and 13,959 Carry out meals, and 2856 Senior Dining meals with limited seating. (See [Appendix C](#) for more detailed meal data and trends). One of the things that we are most proud of is that we cook fresh, scratch, meals that help assure a healthy and tasty meal that will

stimulate appetites and spark conversation and facilitate friendship. We want to be sure the cooking sites are in areas most populated by older adults.

Mental Health/Social Isolation

Mental Health was one of the top health concerns per the current Community Health Needs Assessment. The pandemic magnified the consequences because people were not allowed to socialize in-person and have the human connectedness that humans require. Mental health issues are commonly associated with poor physical health, under or overweight, physical inactivity, and substance abuse. This can lead to chronic diseases, injury and disability and a poor quality of life.

Affordable & Accessible Transportation

Transportation is a top unmet need, not only for medical transport, but for social as well as daily living needs. The SRC operates the Senior Resource Center Bus, Monday through Friday from 7:30 – 4 PM. The Senior Resource Center Bus takes seniors and handicapped individuals to the Senior Resource Center Meal Site in Hayward for Congregates meals, meeting, classes and programs, shopping, medical appointments, social activities, programs, and exercise classes, to work and other activities. The Senior Resource Center Bus travels a 5-mile radius of the City of Hayward. The bus also has an assistant for support and help for riders. The bus is provided through a WI DOT 85.21 grant with matching funds from Sawyer County government. Namekagon Transit also provides bus throughout Sawyer County.

It is our plan to either join or start a Transportation Coordinating Committee that will include Namekagon Transit, a public transportation system, Northwoods Independent Living Center, volunteer drivers, public officials, and more to identify and coordinate services to meet needs. Transportation is vital to the overall health of the community, local businesses, and independence.

Healthy Aging

According the County Health Rankings and Roadmaps, Sawyer County is in least healthy quartile for Health Outcomes (#68 out of 72 counties) and # 71 out of 72 for Health Risk Factors! [CDC PLACES](#) breaks this down further:

- High Cholesterol 39.5%
- High Blood Pressure 39%
- Arthritis 34.5%
- Obesity 34%
- Less than 7 hours of sleep per day 32.6%
- Physical Inactivity 28%
- Depression 19%
- Binge Drinking 18.6%

- Smoking 18.4%
- Loss of all teeth 15%
- Diabetes 13%
- Asthma 10%
- Heart Disease 9%

There is some encouraging data related to preventative services that we can build upon as we look to form and strengthen interagency collaborations.

- Cholesterol Screens 85%
- Annual Checkup 78.8%
- Dental Visits 63%
- Preventative Services for Older Men 27%
- Preventative Service for Older Women 25%

Top health concerns identified by the public were:

- Access to healthy food
- Isolation and loneliness
- Transportation options
- Understanding public and private benefits (EBS)
- Ways to keep fit and healthy

Evidence-based classes provide practical tools for prevention or better control of chronic conditions to decrease stress, empower and engage individuals to take an active role in their health and well-being. We currently offer multiple programs:

- Powerful Tools for Caregivers
- MOM
- Stepping On
- PALS
- Stand Up Move More

Evidence-Informed Classes:

- Breakfast for the Brain
- Stepping Up Your Nutrition
- Super Seniors

We are limited in the # of programs and sessions that can be offered currently due to lack of trained leaders/facilitators. One of your goals is to recruit and train volunteer leaders throughout the county and within the LCO tribe for peer leadership and expansion of the class offerings. In addition, we will continue inter-agency coalitions and workgroups with the goal of continuity of care and seamless care transitions between facilities so outcomes can be

optimized and falls and fall related deaths and injuries minimized or mitigated. Per the WI Department of Health Services, falls are a major cause of injury in all ages but are a significant burden for older adults. One-third of people over 65 falls annually and tragically, WI has one of the highest rates of death from falls. Falls are preventable and by addressing this on multiple fronts, nutrition education and strength training classes, awareness campaigns, promotion of adaptive equipment, home chore services, in-home environmental scan by HDM assessors and drivers, medication management, proper nutrition, and hydration, we can decrease the devastating effects.

Caregiver Stress

Many families and neighbors help older, sick, or disabled family members and friends every day without pay. The demands are heavy and can lead to stress, burnout, illnesses, exhaustion, and stress. Per the Family Caregiver Alliance, about 44 million Americans provide 37 BILLION hours of unpaid, “informal” care annually. This includes meal preparation, medication management, personal care and activities of daily living, companionship and so much more. Caregivers in rural counties, such as Sawyer, face additional challenges and barriers with transportation, fewer healthcare providers, long commutes, lack of respite options, social isolation and loneliness, lack of support groups. They often don’t know that additional support is available and who to turn to, thus why our plan includes marketing/outreach, respite options and more. Informal caregivers help delay costly nursing home and Long-term care placement.

Labor & Volunteer Shortages

The unemployment rate across Wisconsin in September 2021, was 3.4%; and in Sawyer County, the unemployment rate is 4.1%. Competition for workers is very high. Many workers can choose where to work and elect positions that pay better than our agency can afford to pay. As an example, we might get one applicant for a position when another county might get 15 applicants for the same position. Even when Sawyer County can hire the staff needed, it is hard to retain them since other businesses and surrounding counties have at times been able to pay as much as \$5.00- \$8 an hour more for the same position. Inability to hire and retain qualified staff has been a significant stressor that is directly affecting our ability to provide equitable services throughout the county.

Dementia/Brain Health

It is roughly estimated that in 2020, there were ~462 older adults living with dementia in the community. This is expected to increase to 801 households by 2040, a 73% increase. This number does not include those residing in assisted living or skilled nursing facilities. We must offer and expand our community awareness, screening ability, Dementia Friendly Business Training, and skills training for caregivers as well as training for staff and volunteers to identify early signs of dementia as they are the eyes and ears in the homes, as well as training and support for the caregivers taking care of someone with dementia.

Technology Access & Literacy

As technology enters our daily lives at a rapid and progressive rate, it is our responsibility to assist with providing access to training designed for older adults. This opens a whole new world for education, socialization, entertainment, brain health and much more. We will partner with Generations on Line, Northwoods Independent Living Center and Northwood Technical College to develop a coordinated plan to meet their needs.

Pandemic Response and Recovery

The COVID-19 pandemic remains a challenge for older adults, caregivers, and the entire community. The SRC strives to provide up-to-date accurate information, mitigation strategies, and vaccine accessibility. We also strive to help decrease isolation, food insecurity, depression, and poor mental health days. By increasing technology literacy, we will be able to expand options for social connectedness via virtual platforms if there is a demand. To best prepare for virtual options, we are updating our website, upgrading computers, and purchasing equipment for improved virtual communication.

Age Trends

Source: City, Town, and Village Profile; 2015-2019 Average. Wisconsin Department of Health Services Division of Public Health. P-01213B (01/2021)

Age Group Estimates	Wisconsin	Sawyer County
Total Population - All Ages, All Races	5,790,716	16,399
60+	1,341,829	5,776
65+	953,571	4,141
75+	403,421	1,624
85+	125,495	324
% 60+	23.2%	35.2%
% 65+	16.5%	25.3%
% 75+	7.0%	9.9%
% 85+	2.2%	2.0%
Males age 65+	432,812	2,072
<i>Males as percent of 65+ population</i>	45.4%	50.0%
Females age 65+	520,759	2,069
<i>Females as percent of 65+ population</i>	54.6%	50.0%
<i>Source: U.S. Bureau of the Census, American Community Survey, 2015-19 Five-year Estimates, Table B01001, 1/2021</i>		

Intergenerational

Households with Older Members	Wisconsin	Sawyer County
Total number of households	2,358,156	7,796
Households with one or more people 60 years and over:	911,644	3,969
<i>Percent with a member age 60+</i>	38.7%	50.9%
Households with one or more people 65 years and over:	668,819	2,957
<i>Percent with a member age 65+</i>	28.4%	37.9%
<i>Source: U.S. Bureau of the Census, American Community Survey, 2015-19 Five-year Estimates, Tables B11006 and B11007, 1/2021</i>		

Disability

Disability Status of Non-institutionalized Population by Sex	Wisconsin	Sawyer County
Males, 65+, Total*	423,271	2,026
Males, 65+, With a Disability	132,832	708
<i>Males, 65+, % with a Disability</i>	31.4%	34.9%
Females, 65+, Total*	503,565	2,008
Females, 65+, With a Disability	153,111	522
<i>Females, 65+, % with a Disability</i>	30.4%	26.0%
All Persons, 65+*	926,836	4,034
Total Persons, 65+, With a Disability	285,943	1,230
<i>Total Persons, 65+, % with a Disability</i>	30.9%	30.5%
<i>Source: U.S. Bureau of the Census, American Community Survey, 2015-19 Five-year Estimates, Table B18101, 1/2021</i>		

Marital Status

Total Persons, 65+	953,571	4,141
Persons, 65+: Never Married	57,182	149
<i>% Total Never Married</i>	6.0%	3.6%
Persons, 65+: Married, Spouse Present	534,956	2,679
<i>% Total Married, Spouse Present</i>	56.1%	64.7%
Persons, 65+: Married, Spouse Absent (e.g., Separated)	25,697	115
<i>% Total Married, Spouse Absent</i>	2.7%	2.8%
Persons, 65+: Widowed	216,232	720
<i>% Total Widowed</i>	22.7%	17.4%
Persons, 65+: Divorced	119,504	478
<i>% Total Divorced</i>	12.5%	11.5%
<i>Source: U.S. Bureau of the Census, American Community Survey, 2015-19 Five-year Estimates, Table B12002, 1/2021</i>		

Living Alone

Ages 65 and Older, Living Alone	Wisconsin	Sawyer County
Persons 65+	953,571	4,141
Persons 65+ living alone	274,683	1,090
<i>Persons, % living alone</i>	28.8%	26.3%
Males age 65+	432,812	2,072
Males age 65+ living alone	88,285	519
<i>Males, % living alone</i>	20.4%	25.0%
Females age 65+	520,759	2,069
Females age 65+ living alone	186,398	571
<i>Females, % living alone</i>	35.8%	27.6%
<i>Source: U.S. Bureau of the Census, American Community Survey, 2015-19 Five-year Estimates, Tables B01001 and B09020, 1/2021</i>		

Race and Ethnicity

Population by Race and Ethnicity, July 2019	Wisconsin	Sawyer County
Total - All Ages: Total Population	5,822,434	16,558
65+ All Races and Hispanic Ethnicity	1,017,243	4,417
% of Total Population that is 65+	17.5%	26.7%
% of 65+ that is All Races and Hispanic Ethnicity	100.0%	100.0%
Total - All Ages: White/Caucasian Alone, not Hispanic	4,709,065	12,706
65+ White/Caucasian	945,695	4,017
% of White/Caucasian pop that is 65+	20.1%	31.6%
% of 65+ that is White/Caucasian	93.0%	90.9%
Total - All Ages: Black/African American Alone, not Hispanic	372,273	106
65+ Black/African American	31,702	2
% of Black/African American pop that is 65+	8.5%	1.9%
% of 65+ that is Black/African American	3.1%	0.0%
Total - All Ages: Native American/Alaska Native Alone, not H	52,436	2,719
65+ Native American/Alaska Native	5,518	280
% of Native American/Alaska Native pop that is 65+	10.5%	10.3%
% of 65+ that is Native American/Alaska Native	0.5%	6.3%
Total - All Ages: Asian Alone, not Hispanic	172,205	58
65+ Asian	11,080	8
% of Asian pop that is 65+	6.4%	13.8%
% of 65+ that is Asian	1.1%	0.2%
Total - All Ages: Hawaiian/Pacific Islander Alone, not Hispan	2,318	0
65+ Hawaiian/Pacific Islander	216	0
% of Hawaiian/Pacific Islander pop that is 65+	9.3%	0.0%
% of 65+ that is Hawaiian/Pacific Islander	0.0%	0.0%
Total - All Ages: Two or More Races, not Hispanic	100,929	487
65+ Two or More Races	3,999	84
% of Two or More Races pop that is 65+	4.0%	17.2%
% of 65+ that is Two or More Races	0.4%	1.9%
Total - All Ages: Hispanic/Latino (may be any race)	413,208	482
65+ with Ethnicity Hispanic/Latino	19,033	26
% of Ethnicity Hispanic/Latino pop that is 65+	4.6%	5.4%
% of 65+ with Ethnicity Hispanic/Latino	1.9%	0.6%
Source: U.S. Bureau of the Census, Annual Population Estimates, July 1995 released January 1998, 1/1998		

Poverty

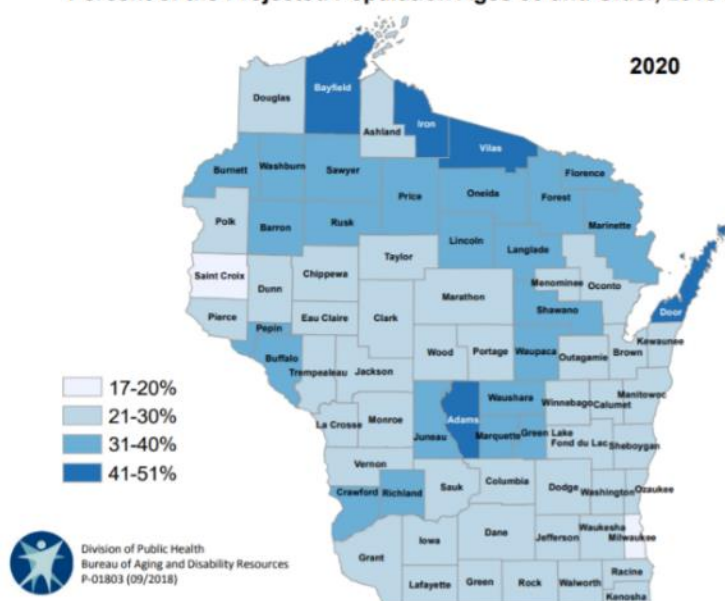
Ratio of Income to Poverty: Ages 65 and Older*	Wisconsin	Sawyer County
Total, Age 65+	926,836	4,034
Age 65+ below poverty	69,985	309
% of 65+ Pop below poverty	7.6%	7.7%
Age 65+: 150% of poverty or less	154,253	770
% of 65+ Pop: 150% of poverty or less	16.6%	19.1%
Age 65+: 185% of poverty or less	221,743	1,093
% of 65+ Pop: 185% of poverty or less	23.9%	27.1%
Age 65+: 200% of poverty or less	251,028	1,225
% of 65+ Pop: 200% of poverty or less	27.1%	30.4%
Age 65+: 300% of poverty or less	438,105	2,020
% of 65+ Pop: 300% of poverty or less	47.3%	50.1%
*Note: Totals for this table only include persons for whom poverty status can be determined.		
Source: U.S. Bureau of the Census, American Community Survey, 2015-19 Five-year Estimates, Table B17024, 1/2021		

Housing

Housing Unit Tenure and Housing Costs	Wisconsin	Sawyer County
Housing units occupied by householders age 65+	606,830	2,685
Number of units that are rentals	140,907	351
Percent of units that are rentals	23.2%	13.1%
Rental costs less than 30% of income	50,813	193
Percent with rental costs <30% of income	36.1%	55.0%
Rental costs 30% of income or more	77,420	101
Percent with rental costs ≥30% of income or more	54.9%	28.8%
Number of units that are owner-occupied	465,923	2,334
Percent of units that are owner-occupied	76.8%	86.9%
Monthly owner costs less than 30% of income	343,403	1,793
Percent with monthly owner costs <30% of income	73.7%	76.8%
Monthly owner costs 30% of income or more	119,160	527
Percent with owner costs ≥30% of income	25.6%	22.6%
Note: Costs are not computed for all housing units, so sum of the cost's percent shares may not total 100%.		
Source: U.S. Bureau of the Census, American Community Survey, 2015-19 Five-year Estimates, Tables B25072 and B25093, #2021		
Prepared by Eric Grosso, Bureau of Aging and Disability Resources, January 2021		

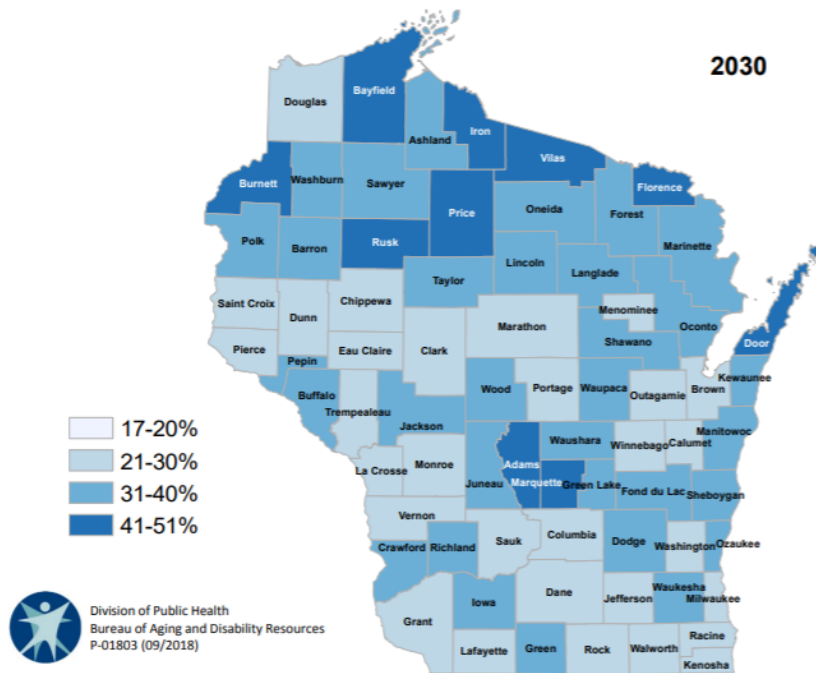
Between 2000-2020, Sawyer County's aging population of 60+ is estimated to reach up to 51% by 2040. (Eric Grosso, Demographer/Program Data Analyst, Department of Health Services, Bureau of Aging & Disability Resources, Office on Aging, Madison, WI, 2021).

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



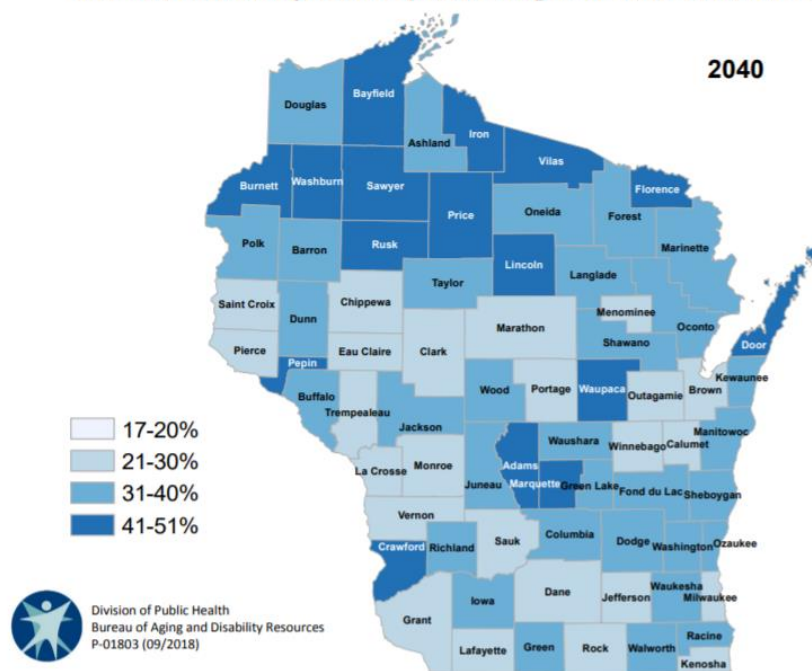
Source: Wisconsin Department of Administration, Demographic Services, 2010-2040 Population Projections, Vintage 2013

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



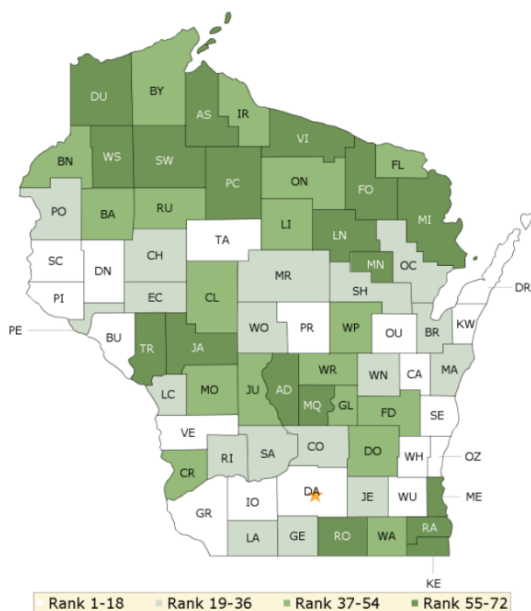
Source: Wisconsin Department of Administration, Demographic Services, 2010-2040 Population Projections, Vintage 2013

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



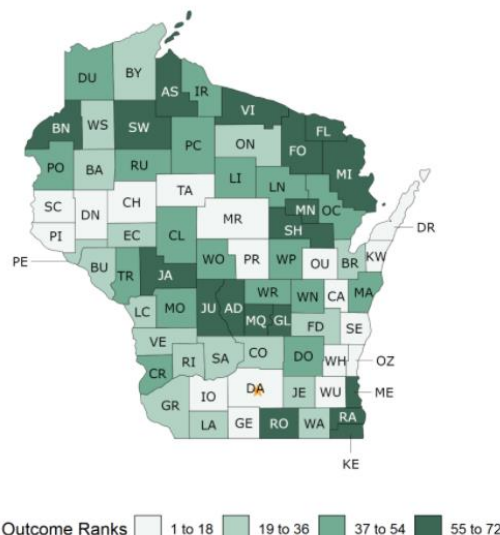
Source: Wisconsin Department of Administration, Demographic Services, 2010-2040 Population Projections, Vintage 2013

2011 Health Outcomes - Wisconsin



County Health Rankings

2021 Health Outcomes - Wisconsin



References:

- **Health Risk Factors and Health Outcomes**



- <https://www.countyhealthrankings.org/app/wisconsin/2021/rankings/sawyer/county/outcomes/overall/snapshot>
- <https://www.cdc.gov/places/help/explore-interactive-map/index.html>
- **2020-2022 Sawyer Community Health Improvement Plan** https://haywardmemorialhospital.com/wp-lib/wp-content/uploads/2019/10/HAMH.CHIP_2020.2022_web.pdf
- **Sawyer County Workforce Profile- 2019** https://jobcenterofwisconsin.com/wisconomy/wits_info/downloads/CP/sawyer_profile.pdf
- **Population data:**
 - <https://censusreporter.org/profiles/05000US55113-sawyer-county-wi/>
 - <https://www.dhs.wisconsin.gov/aging/demographics.htm>
 - https://data.census.gov/cedsci/table?tid=ACSDP5Y2019.DP02&g=0400000US55_0500000US55113

How do needs differ across race and ethnic groups, rural and urban, income levels and generations?

There is a division between the race and ethnic groups, but we feel the gap is narrowing due to more collaboration between the county and tribe. For example, LCO worked with the SRC to get the SRC staff vaccinated for COVID. The fact that we have tribal representation on our Board has been pivotal. Strong collaboration with EB classes also is an asset and is helping to bridge the gap.

All income levels participate in our programs. We also serve older adults from 60 to their upper 90s.

Resources & Partnerships

In this time of increasing need and stagnant funding, collaborations and partnerships are essential to meet the needs of seniors. We cast a wider net of resources and community reach

through collaboration with local partners, community donations, and volunteer opportunities. Below are a few examples that demonstrate this point: Community Financial Support for Home Delivered Meals provided by:

- Johnson Bank
 - Hayward Area Lions
 - Hayward Community Credit Union
 - Several churches throughout the county
- Veterans Services
- Aging and Disability Resource Center
- LCO Healthcare and Elder Services
- Food Pantries
- Civic Groups
- Health and Human Services
- Churches
- Healthcare system and hospital.
- Board member from Hayward Memorial Hospital
- Hospital dietitian reviews and approves menus and assists with nutrition education
- Library
- UW-Extension
- 4-H and WNEP Program
- Community Committees. Staff serves on the following to assure the voice and needs of older adults and their caregivers are represented.
 - Dementia Care Network – Caregiver Committee
 - Caregiver Crisis Committee
 - APS I-Team
 - Health Promotions Coordinators Committee
 - Northwest Wisconsin Aging & Disability & Workforce Alliance

The SRC receives and seeks input on an ongoing basis so we can pivot and provide services and programs that are wanted, needed, and valued.

Community Involvement in the Development of the Aging Plan

As a result of the community engagement activities, the following goal statements were established to assist in addressing current needs and challenges within our community:

- To increase awareness in the community for the need to recognize social isolation and the effects of being isolated as an older adult or a person with a disability. Introduce new ways to help with social isolation.
- Encourage and support individuals to find their voice and engage in advocacy for issues that affect older adults, adults with disabilities, and their caregivers, through education, training and confidence building opportunities.
- Transportation is a common service needed by older adults or adults with disabilities. To increase awareness and knowledge of currently available transportation services within

Sawyer County, the SRC will convene a workgroup to develop a coordinated transportation system and other in-home support services as appropriate.

- To prevent or delay chronic conditions and promote healthy aging among older adults by increasing access to evidence-based and evidence-informed health promotion offerings.
- Caregivers often feel stressed and overwhelmed and deny themselves rest. There is also a shortage of paid caregivers in the state creating waitlists. The SRC will enhance our current programs and services to support caregivers.
- Raising awareness about dementia is everyone's responsibility and knowledge is power. To embed a better understanding of dementia in community members and assist family caregivers in feeling confident in providing care, the SRC will promote opportunities on dementia training for family caregivers and Dementia Friends Information Session for community members.
- To identify seniors living in the community who may be living with dementia or have some memory impairments, a memory screen will be added to HDM annual assessments. Results will be communicated with the ADRC of the North for appropriate follow-up and referrals.
- To continue to build a sense of ownership and investment in our community's programming, we will solicit feedback and ideas beyond the initial development of the Aging Plan.

See [\(Appendix A\)](#)

Public Hearing Requirements

Attach Public Hearing Report(s) to the appendices of the aging unit plan. ([Appendix B](#))

Public Notice

Senior Resource Center
15856 E 5th Street
Hayward, WI 54843

Notice is hereby given that the Senior Resource Center – Aging Unit will be conducting a public hearing for presentation of and comment on the 2022-2024 Senior Resource Center Aging Plan. Public Hearing will be held at the following location:

Wednesday, December 29 at 9 am at the Senior Resource Center, 15856 E 5th Street
Hayward, WI 54843 in the upper level of the building.

The purpose of this public hearing is to provide an opportunity for citizens of Sawyer County to comment and provide input on the Aging Plan Draft. A draft of the 2022-2024 plan is available for examination at the Senior Resource Center 15856 E 5th Street in Hayward from 9 am to 3:30 pm Monday – Friday one week prior to the public hearing.

Written comments may be sent to the Senior Resource Center 15856 E 5th Street Hayward, WI 54843, Attn: Joey Johnson through December 28, 2021.

Due to COVID-19 the Public Hearing will be held by Zoom and in person. Please contact the Senior Resource Center at 715-634-3000 and request meeting information and Zoom website. Seniors and individuals with disabilities, who would like to attend the hearing, may contact the Senior Resource Center to request accommodations, 715-634-3000.

Goals for the Plan Period

2022-2024 Goals

Focus area: IIIB Supportive Services, Advocacy, Community Engagement		Due Date
Goal statement: To promote independence and help seniors remain in their homes for as long as they choose, the SRC will convene a workgroup to develop a coordinated transportation system and other in-home support services as appropriate. Training will be provided to educate older adults, their families, and caregivers on how to advocate effectively.		
Plan for measuring overall goal success – How will you know that you have achieved the results you want? Use data. <ul style="list-style-type: none"> At least 1 person will attend Aging Advocacy Day annually. Transportation plan developed. Survey with local providers shows an increase in utilization. Have a list of paid providers and volunteers to provide to people upon request. 		
Specific strategies and steps to meet your goal:	Measure (How will you know the strategies and steps have been completed?)	Due Date
Strategy 1: Convene and Coordinate County Wide Transportation options		
Action step: Make a list of who to invite.	List developed	Feb '22
Action step: Host a “conversation about transportation” with providers	Meeting held and action steps developed	Mar '22
Action step: Schedule monthly meetings with group to work on identified next steps.	Monthly meeting held	Mar-July '22
Action step: Present plan with HHS and Transportation committee for input and feedback.	Plan was presented and adjustments made as necessary.	July-Aug '22
Action Step: Communicate transportation options to the public in a variety of formats.	Options communicated and utilization of transportation services increased	Sept '22
Strategy 2: Collaborate with Northwoods Independent Living Center		
Action step: Meet to discuss ways to collaborate, esp. around services for persons with disabilities (adaptive equipment, transportation vouchers, advocacy training, etc.).	Meeting held and next steps established.	April '23

Action step: Schedule presentations at each dining site location for the ILC to explain what they have to offer.	Presentations completed	Summer '23
Action step: Meet with ILC at least quarterly to strengthen the partnership.	Quarterly communication completed	Nov '23
Strategy 3: Develop a list of informal supports for commonly requested services		
Action step: Reach out to other counties that have similar lists to learn best practices.	Research completed; lessons learned shared with the board.	May '24
Action step: Research & vet individuals and agencies interested in being part of a list for in-home supportive services.	List created	Aug. '24
Action step: Disseminate information via various platforms to older adults and their caregivers.	Information shared	Dec' 24
Strategy 4: Provide advocacy training and opportunities to advocate for the needs of older adults		
Action step: Schedule advocacy training with Janet Zander of GWAAR for NAC as well as ADRC Governing board and other interested	Training completed	Mar '22
Action step: Invite and coordinate travel for NAC, ADRC Governing board, and others interested to attend Aging Advocacy Day in Madison.	Training attended	May '22
Action step: Advocacy added as a standing agenda item to NAC and Governing board meeting agendas	Agendas revised	July '22
Annual progress notes		

Focus area: Title IIC Nutrition Revitalization/Community Engagement and Advocacy	Due Date
Goal statement: To prevent malnutrition and assure nutrition security and promote good health behaviors through access to healthy food throughout the county. Nutrition Security is defined as having consistent access, availability, and affordability of foods and beverages that promote well-being and prevent (and if needed, treat) chronic conditions and diseases.	
Plan for measuring overall goal success – How will you know that you have achieved the results you want? Use data. <ul style="list-style-type: none"> • At least 2 SUYN nutrition education classes will be held annually and documented in SAMs. • Senior Dining locations will be in areas with the highest % of target demographics. • At least 1 social connectedness program will be promoted annually throughout the county. (For example, Art to Go in collaboration with CHARC non-profit, Coffee Talk in collaboration with LBFE) • Active and engaged Nutrition Advisory Council (NAC) that is in full compliance with State P&P with roles and responsibilities by 12-31-2022. • Annual Nutrition Education plan established and implemented throughout 2023 and 2024. That will include in-person intergenerational cooking classes. At least 2 classes will be completed by 12/24. 	

Specific strategies and steps to meet your goal:	Measure (How will you know the strategies and steps have been completed?)	Due Date
Strategy 1: Reorganize and Revitalize Nutrition Advisory Council		
Action step: Gather information and best practices from other Nutrition Programs about how they organize and utilize their NAC.	Data gathered	01/2022
Action step: Develop plan and structure for NAC meetings that follow state guidelines and county policies	Plan developed	02/2022
Action step: Recruit and orient NAC members on their roles & responsibilities utilizing materials from GWAAR.	First meeting held and orientation complete	03/2022
Action step: Utilize NAC members to obtain public input for nutrition program revitalization.	Implement 1 update to the nutrition program based on input	By 12/31 of each year of the plan.

Specific strategies and steps to meet your goal:	Measure (How will you know the strategies and steps have been completed?)	Due Date
Strategy 2: The location & days of service for Senior Dining sites will be evaluated to assure areas most in need are being reached.		
Action step: Review map and demographic data, restaurants, community meals, and food access for each quadrant of Sawyer Cty to determine the most appropriate location for meal sites.	Data compiled	April '23
Action step: In collaboration with NAC & GWAAR host meetings with seniors in all 4 quadrants of the county to educate on OAA Nutrition purpose, objectives, and P&P and determine the most appropriate Senior Dining Site Model and Social Connectedness opportunities.	Meetings held	Summer '23
Action step: Present nutrition revitalization plan to board for input and then submit to GWAAR for review and approval.	Plan presented	Fall '23
Strategy 3: Offer Stepping Up Your Nutrition Malnutrition Awareness and Falls Prevention Class		
Action step: Meet with local partners to educate them on what SUYN class is and get commitments on how to best partner to promote and host the class.	Meeting with partners will occur annually	Feb '22
Action step: Work with partners to establish and finalize the annual class schedule and logistics for hosting the class. I.e., location, date/time, Protein break sponsor, in-person or virtual.	Conduct at least 2 SUYN Classes	annually
Action step: Work with GWAAR Nutr. Team to evaluate data collected from SUYN classes and determine how best to utilize data.	Data compiled, evaluated, and utilized for the expansion and sustainability of the class.	By 12/22 and ongoing
Strategy 4: Develop annual Nutrition Education Plan and Implement Intergenerational Cooking Classes		
Action step: NAC will work on Nutrition Education annual plan for the entire year	Plan developed	Jan '23

Specific strategies and steps to meet your goal:	Measure (<i>How will you know the strategies and steps have been completed?</i>)	Due Date
Action step: Host a meet with UW-Extension, 4-H and GWAAR to plan for at least 1 intergenerational cooking class annually.	Meeting held, date and location set for class.	By 6/23
Action step: Complete evaluation after cooking class to see if it was valued and to collect other valuable feedback for future classes.	Evaluation completed, comments summarized and presented to community partners, NAC, and Board	By 12/23
Strategy 5: Promote social connectedness opportunities		
Action step: Collaborate with Little Brothers Friends of The Elderly (LBFE) to promote their free call-in line for socialization.	Meeting held to learn more, access outreach materials, etc.	1/22
Action step: Promote Coffee Talk on social media, handouts to participants, posting in local paper and on radio spot.	Outreach materials sent	3/22
Action step: Work with LBFE to evaluate data collected from calls and next steps.	Data compiled, evaluated, and utilized for the expansion and sustainability of the class.	By 12/22 and ongoing
Annual progress notes		

Focus area: Caregiver Support, Consumer Choice & Racial Equity	Due Date
Goal statement: To increase the availability and access of caregiver support and respite care options throughout the county.	
Plan for measuring overall goal success – How will you know that you have achieved the results you want? Use data. <ul style="list-style-type: none"> • Increase the # of caregiver-related calls and services by 5% annually. • Increase in the # of informal respite care providers listed on the RCAW website by 5 people annually. The baseline is 12/21; 1 person is listed. 	

Specific strategies and steps to meet your goal:	Measure (How will you know the strategies and steps have been completed?)	Due Date
Strategy 1: Reach caregivers earlier in the caregiving process		
Action step: Collaborate with the Dementia Care Specialist from ADRC of the north to discuss their wants and needs for self-care options.	Attended support group and compiled a list of needs.	March '22
Action step: Identify potential caregiver community partners to help address the needs of caregivers	List created	June '22
Action step: Meet with community partners to get buy-in and assist with developing action plans and timelines.	Action plan created	Aug '22
Action step: Share the plan with the community via newsletter articles, social media posts, radio interviews, and host a "Conversation with Caregivers" during Nov. Caregiver Month	Results shared and "conversation" held.	Nov '22
Strategy 2: Promote Respite Care of WI (RCAW) Free Training and Informal Respite Registry		
Action step: Plan and promote informational sessions with RCAW to inform the community about their free training and recruit informal respite providers.	Planning meeting with RCAW held and next steps developed	Mar '23
Action step: Host the event and offer live and virtual attendance.	Event held	June '23
Action step: Once the respite list is created develop a newsletter and social media posts, discuss on radio, etc. to raise awareness throughout the county and LCO.	Marketing and outreach materials developed and posted	Nov '23 in collaboration with Caregiver

Specific strategies and steps to meet your goal:	Measure (<i>How will you know the strategies and steps have been completed?</i>)	Due Date
		Support Month
Strategy 3: To collaborate with the Sawyer County Dementia and Caregiver Network and LCO Community to meet the specific respite needs of Native American Families		
Action step: Collaborate with LCO public health and elder services to host a focus group to identify culturally appropriate respite needs of Native American caregivers.	Focus group held	April '24
Action step: Evaluate focus group learnings.	Data compiled	June '24
Action step: Host an awareness event promoting culturally appropriate respite options, the importance of respite and self-care, and funding sources.	Event held	Nov '24 (caregiver support month)
Annual progress notes		

Focus area: Health Promotion, Person-centered Services & Racial Equity	Due Date
Goal statement: To prevent or delay chronic conditions and promote healthy aging among older adults and their caregivers by increasing access to evidence-based health promotion offerings	
Plan for measuring overall goal success – How will you know that you have achieved the results you want? Use data. <ul style="list-style-type: none"> • Train at least 1 new leader annually, 2021 will be the baseline. • Increase in # of people completing EB workshops by 5% per year. 2022 will be the baseline. • At least 2 leaders from LCO will be trained by 12/24 	

Specific strategies and steps to meet your goal:	Measure (How will you know the strategies and steps have been completed?)	Due Date
Strategy 1: Increase the number of trained community leaders		
Action step: Develop materials to market volunteer opportunities for at least 2 EB programs. Target past workshop participants and the community at large.	Connection made with past leaders (mailing, personal call, email) by HP coordinator	Mar '22
Action step: Create talking points for leaders to plug the opportunity to become a leader at the completion of all EB programs.	Created and implemented	May '22
Action step: Offer new class in Winter area	New class held in a part of the county that previously didn't have class	Sept '22
Strategy 2: MEMORY SCREEN		
Action step: Begin piloting memory screen for all new or reassessments for HDM participants in the Hayward area	Pilot started	January '23
Action step: Work with Regional Dementia Care Specialist to develop process for follow up for those who screen positive	Process and flow chart developed	July '23
Action step: Expand to all HDM participants throughout the county.	All HDM participants screened	Sept '23
Strategy 3: Expand HP workshops and classes within LCO Tribal Community		
Action step: Schedule meeting with LCO appropriate staff, GLITC rep,	Meeting held; barriers identified.	April '24

Specific strategies and steps to meet your goal:	Measure (<i>How will you know the strategies and steps have been completed?</i>)	Due Date
Hospital/healthcare rep to increase awareness of traditional medicine and identify potential barriers for providing EB HP Classes		
Action step: Meet with the same group to discuss a culturally sensitive approach to offer classes and recruit leaders.	Meeting held and next steps developed	June '24
Action step: Leader recruitment for 1 agreed-upon class, leaders trained	Class offered	By Dec. '24
Annual progress notes		

Focus area: Local Goal- Staff, Volunteer, Board, and Nutrition Advisory Council Development	Due Date
Goal statement: To foster an environment where staff, volunteers, governing and advisory members, receive ongoing, high-quality training, understand why programs and services are provided, and feel appreciated and valued.	
Plan for measuring overall goal success – How will you know that you have achieved the results you want? Use data. <ul style="list-style-type: none"> • Orientation training revised and completed for all new individuals within 4 weeks. • New handbooks developed for staff, volunteers, NAC, and board members. • Job satisfaction survey results are favorable. 	

Specific strategies and steps to meet your goal:	Measure (How will you know the strategies and steps have been completed?)	Due Date
Strategy 1: Review and Revise Orientation and handbooks for staff, volunteer, and governing body positions.		
Action step: Research best practices for training	Research completed and summarized	May '22
Action step: Develop orientations and revise handbooks for each program and positions noted above	Orientation materials developed	August '22
Action step: Train existing staff, volunteers, and governing body members on the new orientation and handbooks	Training completed	Dec '22
Strategy 2: Recruitment strategies		
Action step: Research best practices for recruitment	Compile results	April '23
Action step: Develop recruitment strategies for the program (staff, volunteers)	Strategies developed and shared with governing board	July '23
Action step: Implement recruitment strategies	New staff and volunteers onboarded	Oct '23
Strategy 3: Recognize		
Action step: Research best practices for recognition	Research completed and summarized	Dec' 23
Action step: Select top ideas and develop a calendar and budget for recognition	Calander/Timeline developed	Jan' 24
Action step: At least annually, host a recognition event	Event held	April '24

Specific strategies and steps to meet your goal:	Measure (<i>How will you know the strategies and steps have been completed?</i>)	Due Date
Annual progress notes		

Coordination Between Title III and Title VI

The coordination of services between the county aging unit, tribal aging unit, and tribal members is essential to maximize efforts toward health equity within our aging programs. Most counties in Wisconsin have tribal members within their service area. Some counties have tribal lands within the county but are not considered reservation lands. It is the expectation of the OAA that every county will conduct outreach activities to inform tribal members of the supports and services available to them.

The Senior Resource center has the honor of working closely with the Lac Courte Oreilles Band of Lake Superior Chippewa Indians. We have a tribal representative on the SRC Board. We offer several EB programs in collaboration with LCO Elders and local leaders. We provide HDMs and Transportations services through the SRC. Regular, on-going communication exists to assure coordination of services. To make it easier for older adults and their families to be aware of all services offered for older adults within the county and tribe, the SRC will include a hyperlink to LCO Elder Services and ADRC of the North websites.

Organization, Structure and Leadership of the Aging Unit

This section of the plan describes the organizational structure and leadership of the aging unit. It includes written text and fillable templates to be used in the body of the plan and additional templates to attach in appendices.

Please refer to the County Aging Plan Instructions for additional guidance related to the organization, structure, and leadership section of the plan.

Primary Contact to Respond to Questions About the Aging Plan

Provide contact information for the primary person who will respond to questions and comments about the aging unit and three-year plan. Aging units may use their own chart, but a template is provided below. Include primary contact information in the body of the aging plan.

Primary Contact to Respond to Questions About the Aging Plan Template

Name: Joey Johnson

Title: Director

County: Sawyer

Organizational Name: Senior Resource Center

Address: 15856 E 5th St

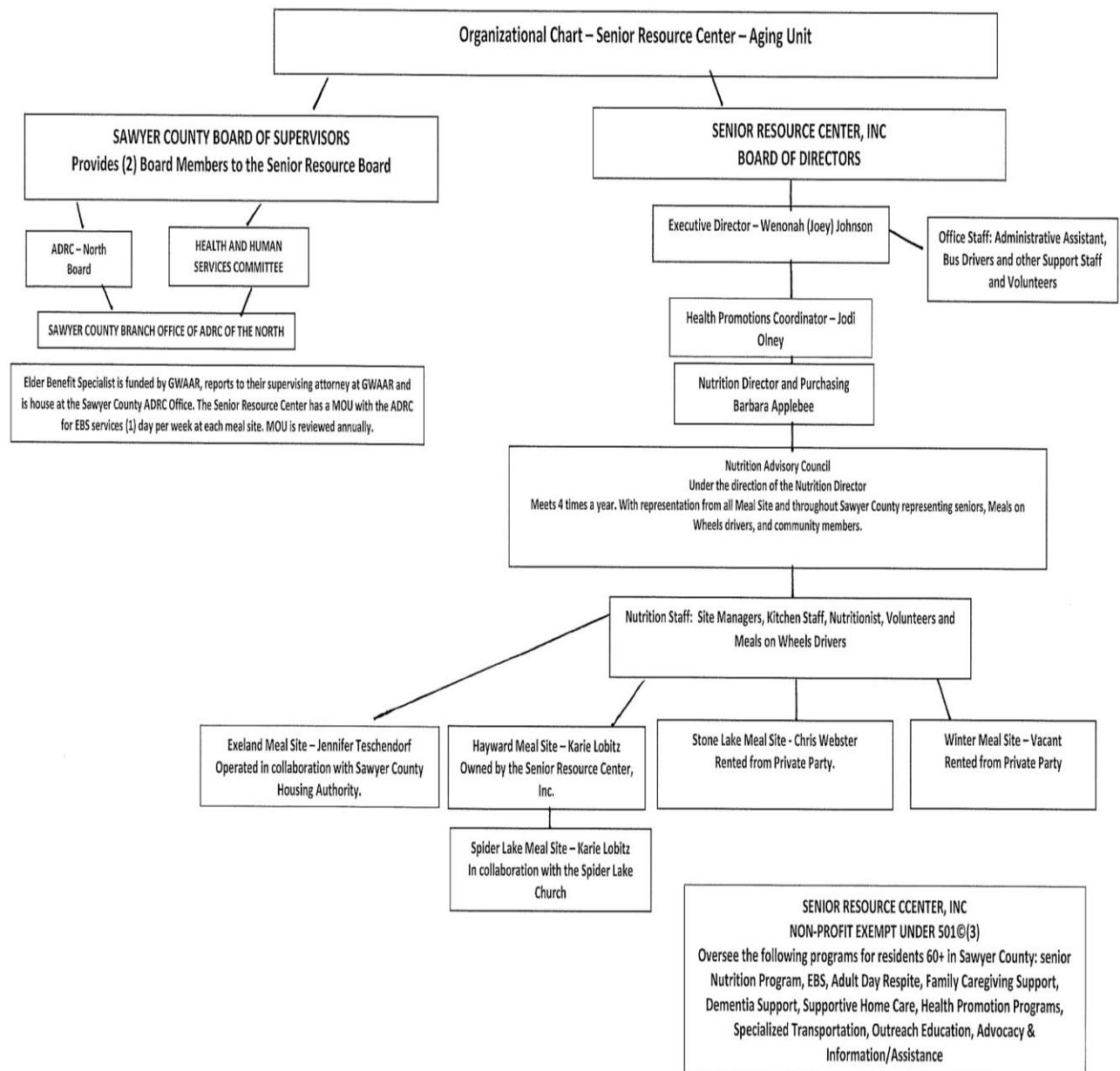
City: Hayward State: WI Zip Code: 54843

Email Address: <mailto:Joey@seniorresourcecenternorth.org>

Phone # 715-634-3000

The Senior Resource Center is a 501-3 non-profit organization. It is supervised by a single manager, is composed of one budget, serves under one mission statement, adheres to the Older Americans Act Law, WI Elders Act Law and the WI Aging Network P & P manual and policies, serves under one name, and one Board.

Organizational Chart of the Aging Unit



Staff of the Aging Unit

Provide the required information on the people employed as the aging unit director, nutrition director, program nutritionist (including under contract), lead information and assistance specialist, benefit specialist, health promotion coordinator, family caregiver coordinator, transportation coordinator, and other aging unit staff (as applicable). Use the template provided below and include in the body of the aging plan.

Staff of the Aging Unit Template

List the people employed by the aging unit. Include additional rows as needed.

Name: Joey Johnson Job Title: Executive Director Telephone Number/email Address: 715-634-3000, joey@seniorresourcecenternorth.org
Brief Description of Duties: Responsible for the day to day running of the Senior Resource Center, Meal sites and fiscal health of the agency. Supervises all staff and employees. Reports to the Senior Resource Center Board.
Name: Barb Applebee Job Title: Nutrition Director Telephone Number/email Address: 715-634-3000 barb@seniorresourcecenternorth.org
Brief Description of Duties: Supervises all nutrition staff: site managers and cooks. Responsible for nutrition education, menus, and staff training. Other responsibilities encompass ordering, inventory and any other duties assigned by director.
Name: Jodi Olney Job Title: Health Promotions Coordinator Telephone Number/email Address: 715-634-3000 jodi@seniorresourcecenternorth.org
Brief Description of Duties: Responsible for all evidence-based programs for seniors' county wide. Works cooperatively with other county agencies and groups to provide programs, events and trainings in the areas, exercise, health, wellbeing, and nutrition. Program coordinator for NFCS and AFCS.
Name: Shirley Kauffman Job Title: Administrative Assistant Telephone Number/email Address: 715-634-3000
Brief Description of Duties: Responsible for office administration, Senior Resource Center bus scheduling and 85.21 quarterly and annual bus reports, monthly billing to all managed care provider for sites for HDM for sites, HDM donation letters for all sites, assists director, nutrition director and staff with support.

Name: Karie Lobitz Job Title: Hayward Meal Site Manager Telephone Number/email Address:
Brief Description of Duties: Oversee all aspects of the Hayward and Spider Lake Meal sites. Responsible for ordering supplies, cooking, and managing site staff, supervises and finds Meals on Wheels drivers, complete all paperwork for site, training of drivers and staff. Follows the directions of the Nutrition Director.
Name: Chris Webster Job Title: Stone Lake Meal Site Manager Telephone Number/email Address:
Brief Description of Duties: Brief Description of Duties: Oversee all aspects of the Stone Lake Meal site. Responsible for ordering supplies, cooking, and managing site staff, supervises and finds Meals on Wheels drivers, complete all paperwork for site, training of drivers and staff. Follows the directions of the Nutrition Director.
Name: Jennifer Teschendorf Job Title: Exeland/Winter Meal Site Manager Telephone Number/email Address:
Brief Description of Duties: Brief Description of Duties: Oversee all aspects of the Exeland and Winter Meal sites. Responsible for ordering supplies, cooking, and managing site staff, supervises and finds Meals on Wheels drivers, complete all paperwork for site, training of drivers and staff. Follows the directions of the Nutrition Director.
Name: Ed Kline Job Title: Hayward Meal Site Cook Telephone Number/email Address: 715-634
Brief Description of Duties: Under the direction of the site manager, assists in preparing congregate and HDM and cleaning of the kitchen and dining area. In the absence of the site manager performs those duties.
Name: Cheyenne Petrouske Job Title: Hayward Meal Site Cook Telephone Number/email Address:715-634
Brief Description of Duties: Under the direction of the site manager, assists in preparing congregate and HDM and cleaning of the kitchen and dining area.
Name: Bob Johnson Job Title: Senior Resource Center Bus Driver Telephone Number/email Address: 715-634-3000
Brief Description of Duties: Responsible safely getting passengers to their destinations and maintenance of the bus.

Aging Unit Coordination with ADRCs

Briefly describe the organizational arrangement that exists between the aging unit and ADRC. Include an indication of whether the aging unit is organizationally integrated with the ADRC or separate; whether the two are co-located; and whether the aging unit and ADRC serve a single county or multiple counties.

The ADRC of the North covers Sawyer, Bayfield, Iron, Price, and Ashland counties. The SRC is a non-profit provider of OAA services. The Elderly Benefit Specialist (EBS) is housed at the ADRC. They offer satellite service at all meal sites. Referrals are made as appropriate. The Regional Dementia Care Specialist works with the SRC, she recently trained two SRC staff to conduct Memory Screens. In addition, ADRC staff have completed the Dementia Friendly Business training. We hope to collaborate with the ADRC to train more local businesses.

An opportunity for improved communication exists with the ADRC of the North. We will reach out to schedule regular calls. They attend SRC meetings occasionally, will discuss opportunities for more regular board attendance to share updates and collaborations.

Statutory Requirements for the Structure of the Aging Unit

[Chapter 46.82 of the Wisconsin Statutes](#) sets certain legal requirements for aging units. Consider if the county or tribe is in compliance with the law. If the aging unit is part of an ADRC the requirements of [46.82](#) still apply.

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.	X
(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).	
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 Yes No

Role of the Policy-Making Body

The policy-making body, also called the commission on aging, must approve the aging unit plan. Evidence of review and approval of the draft and final version of the aging unit plan must be included as part of the plan. Attach the evidence of this required involvement as an appendix to the aging plan. ([Appendix D](#))

Membership of the Policy-Making Body

The commission is the policy making entity for aging services (46.82 (4) (a) (1)) and an aging advisory committee is not the commission. List the membership of the aging unit's policy-making body using the template provided below and include in the body of the aging plan. There are term limits for the membership of the policy-making body.

Official Name of the County Aging Unit's Policy-Making Body:

Name	Age 60 and Older	Elected Official	Year First Term Began
Chairperson: Shirley Armstrong	x		2020
Vice Chairperson: Amanda Mansheim			2018
Secretary: Ann Schleeter	x		2019
Sawyer County Board Rep: Ron Buckholtz	x	x	2020
Sawyer County Board Rep: Dale Schleeter	x	x	2020
Winter Rep: Brenda Adler	x		2018
Stone Lake Rep: George Schedivy	x		2019

Name	Age 60 and Older	Elected Official	Year First Term Began
Lynn Fitch			2019
Dee Judd	x		2019
Exeland Rep: Vacant			
Carol Knudson	x		2020
LCO Rep: Terrance Manuelito			2019
Desmonde Bennett			2018

Budget Summary

The aging unit is required to submit an annual budget to the AAA using a budget worksheet approved by BADR. Final budgets are to be submitted with the aging plan on November 5th, 2021. Due dates for annual aging unit budgets for CY 2023 and 2024 will be determined in cooperation with the AAAs and BADR and communicated with aging units when the dates are set.

Budget summary information should be inserted into the document. It is also acceptable to provide a hyperlink to budget summary information. Aging units may choose to use pie charts or graphs to highlight how funds are spent for services and supports for older adults and caregivers.

In addition, the budget summary page must be clearly posted on a public webpage for review following final approval by the aging unit governing body.

I

	Federal Contract Funds	Cash Match Funds	Other Federal Funds	Other State Funds	Other Local Funds	Program Income Funds	Total Cash Funds	In-Kind Match Allocations	Grand Total
Supportive Services	\$ 27,935.00	\$ 4,000.00	\$ -	\$ 5,983.00	\$ -	\$ 40,000.00	\$ 77,918.00	\$ -	\$ 77,918.00
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Congregate Nutrition Services	\$ 82,596.00	\$ 40,000.00	\$ 4,282.00	\$ -	\$ -	\$ 80,000.00	\$ 206,878.00	\$ -	\$ 206,878.00
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Home Delivered Nutrition Services	\$ 17,634.00	\$ 20,000.00	\$ 6,400.00	\$ -	\$ -	\$ 60,000.00	\$ 104,034.00	\$ -	\$ 104,034.00
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Health Promotion Services	\$ 2,673.00	\$ 1,000.00	\$ -	\$ -	\$ -	\$ -	\$ 3,673.00	\$ -	\$ 3,673.00
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Caregiver Services - 60+	\$ 10,875.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 10,875.00	\$ -	\$ 10,875.00
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Caregiver Services - Underage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Alzheimer's	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Elder Abuse	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Grand Total	\$ 141,713.00	\$ 65,000.00	\$ 10,682.00	\$ 5,983.00	\$ -	\$ 180,000.00	\$ 403,378.00	\$ -	\$ 403,378.00

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.

Use the template provided below and include in the body of the aging plan.

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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Assurances of Compliance with Federal and State Laws and Regulations

Note: This document contains changes related to the OAA Reauthorization as of March 2020

A signed copy of this statement must accompany the plan. The plan must be signed by the person with the designated authority to enter into a legally binding contract. Most often this is the county board chairperson. Use the template provided below and include in the body of the aging plan. The assurances agreed to by this signature page must accompany the plan when submitted to the AAA and BADR. The assurances need not be included with copies of the plan distributed to the public.

On behalf of the county, we certify

(Give the full name of the county aging unit)

has reviewed Assurances of Compliance with Federal and State Laws and Regulations and assures activities identified within this document and the aging unit plan will be carried out compliance with Federal and State laws.

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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The applicant certifies compliance with the following regulations:

1. Legal Authority of the Applicant

- The applicant must possess legal authority to apply for the grant.
- 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

- The applicant must assure that outreach activities are conducted to ensure the participation of eligible older persons in all funded services as required by the Bureau of Aging and Disability Resources Resource's designated Area Agency on Aging.
- The applicant must assure that each service provider trains and uses elderly persons and other volunteers and paid personnel as required by the Bureau of Aging and Disability Resources Resource's designated Area Agency on Aging.
- The applicant must assure that each service provider coordinates with other service providers, including senior centers and the nutrition program, in the planning and service area as required by the Bureau of Aging and Disability Resources Resource's designated Area Agency on Aging.
- The applicant must assure that public information activities are conducted to ensure the participation of eligible older persons in all funded services as required by the Bureau of Aging and Disability Resources Resource's designated Area Agency on Aging.

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

The applicant must assure that all service providers follow priorities set by the Bureau of Aging and Disability Resources Resource's designated Area Agency on Aging for serving older people with greatest social and economic need.

4. Advisory Role to Service Providers of Older Persons

The applicant must assure that each service provider utilizes procedures for obtaining the views of participants about the services they receive.

5. Contributions for Services

- The applicant shall assure that agencies providing services supported with Older Americans Act and state aging funds shall give older adults a free and voluntary opportunity to 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 applicant shall provide that the methods of receiving contributions from individuals by the agencies providing services under the county/tribal plan shall be handled in a manner that assures the confidentiality of the individual's contributions.
- The applicant must assure that each service provider establishes appropriate procedures to safeguard and account for all contributions.
- The applicant must assure that 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

- The applicant shall ensure that 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 Area Agency, the county or tribal aging agency, 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 oneself 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 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 Area Agency to safeguard confidentiality of participant information, including those delineated in these rules.

- Appropriate precautions shall be taken to protect the safety of all files, microfiche, computer tapes and records in any location which contain sensitive information on individuals receiving services under the State or area plan. 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 Area Agency on Aging. 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 Resource's authorized Area Agencies on Aging 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 and Family Services, Division of Supportive Living, 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 Area Agency on Aging 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.

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 aging 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.

Wisconsin Statutes Chapter 46.82 Aging unit.

“Aging unit” means an aging unit director and necessary personnel, directed by a county or tribal commission on aging and organized as one of the following:

- (1) An agency of county or tribal government with the primary purpose of administering programs of services for older individuals of the county or tribe.
- (2) A unit, within a county department under s. 46.215, 46.22
- (3) or 46.23, with the primary purpose of administering programs of
- (4) services for older individuals of the county.
- (5) A private corporation that is organized under Ch. 181 and
- (6) that is a nonprofit corporation, as defined in s. 181.0103 (17).

Aging Unit; Creation. A county board of supervisors of a county, the county boards of supervisors of 2 or more contiguous counties or an elected tribal governing body of a federally recognized American Indian tribe or band in this state may choose to administer, at the county or tribal level, programs for older individuals that are funded under 42 USC 3001 to 3057n, 42 USC 5001 and 42 USC 5011 (b). If this is done, the county board or boards of supervisors or tribal governing body shall establish by resolution a county or tribal aging unit to provide the services required under this section. If a county board of supervisors or a tribal governing body chooses, or the county boards of supervisors of 2 or more contiguous counties choose, not to administer the programs for older individuals, the department shall direct the Area Agency on Aging that serves the relevant area to contract with a private, nonprofit corporation to provide for the county, tribe or counties the services required under this section.

Aging Unit; Powers and Duties. In accordance with state statutes, rules promulgated by the department and relevant provisions of 42 USC 3001 to 3057n and as directed by the county or tribal commission on aging, an aging unit:

(a) *Duties.* Shall do all of the following:

1. Work to ensure that all older individuals, regardless of income, have access to information, services and opportunities available through the county or tribal aging unit and have the opportunity to contribute to the cost of services and that the services and resources of the county or tribal aging unit are designed to reach those in greatest social and economic need.
2. Plan for, receive and administer federal, state and county, city, town or village funds allocated under the state and area plan on aging to the county or tribal aging unit and any gifts, grants or payments received by the county or tribal aging unit, for the purposes for which allocated or made.
3. Provide a visible and accessible point of contact for individuals to obtain accurate and comprehensive information about public and private resources available in the community which can meet the needs of older individuals.
4. As specified under s. 46.81, provide older individuals with services of benefit specialists or appropriate referrals for assistance.
5. Organize and administer congregate programs, which shall include a nutrition program and may include one or more senior centers or adult day care or respite care programs, that enable older individuals and their families to secure a variety of services, including nutrition, daytime care, educational or volunteer opportunities, job skills preparation and information on health promotion, consumer affairs and civic participation.
6. Work to secure a countywide or tribal transportation system that makes community programs and opportunities accessible to, and meets the basic needs of, older individuals.

7. Work to ensure that programs and services for older individuals are available to homebound, disabled and non–English speaking persons, and to racial, ethnic and religious minorities.
8. Identify and publicize gaps in services needed by older individuals and provide leadership in developing services and programs, including recruitment and training of volunteers, that address those needs.
9. Work cooperatively with other organizations to enable their services to function effectively for older individuals.
10. Actively incorporate and promote the participation of older individuals in the preparation of a county or tribal comprehensive plan for aging resources that identifies needs, goals, activities and county or tribal resources for older individuals.
11. Provide information to the public about the aging experience and about resources for and within the aging population.
12. Assist in representing needs, views and concerns of older individuals in local decision making and assist older individuals in expressing their views to elected officials and providers of services.
13. If designated under s. 46.27 (3) (b) 6., administer the long–term support community options program.
14. If the department is so requested by the county board of supervisors, administer the pilot projects for home and community –based long–term support services under s. 46.271.
15. If designated under s. 46.90 (2), administer the elder abuse reporting system under s. 46.90.
16. If designated under s. 46.87 (3) (c), administer the Alzheimer’s disease family and caregiver support program under s. 46.87.
17. If designated by the county or in accordance with a contract with the department, operate the specialized transportation assistance program for a county under s. 85.21.
18. Advocate on behalf of older individuals to assist in enabling them to meet their basic needs.
19. If an aging unit under sub. (1) (a) 1. or 2. and if authorized under s. 46.283 (1) (a) 1., apply to the department to operate a resource center under s. 46.283 and, if the department contracts with the county under s. 46.283 (2), operate the resource center.
20. If an aging unit under sub. (1) (a) 1. or 2. and if authorized under s. 46.284 (1) (a) 1., apply to the department to operate a care management organization under s. 46.284 and, if the department contracts with the county under s. 46.284 (2), operate the care management organization and, if appropriate, place funds in a risk reserve.

(b) Powers. May perform any other general functions necessary to administer services for older individuals.

(4) Commission on Aging.

(a) Appointment.

1. Except as provided under subd. 2., the county board of supervisors in a county that has established a single-county aging unit, the county boards of supervisors in counties that have established a multicounty aging unit or the elected tribal governing body of a federally recognized American Indian tribe or band that has established a tribal aging unit shall, before qualification under this section, appoint a governing and policy-making body to be known as the commission on aging.

2. In any county that has a county executive or county administrator and that has established a single-county aging unit, the county executive or county administrator shall appoint, subject to confirmation by the county board of supervisors, the commission on aging. A member of a commission on aging appointed under this subdivision may be removed by the county executive or county administrator for cause.

(b) Composition.

A commission on aging, appointed under par. (a) shall be one of the following:

1. For an aging unit that is described in sub. (1) (a) 1. or 2., organized as a committee of the county board of supervisors, composed of supervisors and, beginning January 1, 1993, advised by an advisory committee, appointed by the county board. 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.

2. For an aging unit that is described in sub. (1) (a) 1. or 2., 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.

3. For an aging unit that is described in sub. (1) (a) 3., 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.

(c) Terms.

Members of a county or tribal commission on aging shall serve for terms of 3 years, so arranged that, as nearly as practicable, the terms of one-third of the members shall expire each year, and no member may serve more than 2 consecutive 3-year terms. Vacancies shall be filled in the same manner as the original appointments. A county or tribal commission on aging member appointed under par. (a) 1. may be removed from office for cause by a two-thirds vote of each county board of supervisors or tribal governing body participating in the appointment, on due notice in writing and hearing of the charges against the member.

(c) Powers and duties.

A county or tribal commission on aging appointed under sub. (4) (a) shall, in addition to any other powers or duties established by state law, plan and develop administrative and program policies, in accordance with state law and within limits established by the department of health and family services, if any, for programs in the county or for the tribe or band that are funded by the federal or state government for administration by the aging unit.

Policy decisions not reserved by statute for the department of health and family services may be delegated by the secretary to the county or tribal commission on aging. The county or tribal commission on aging shall direct the aging unit with respect to the powers and duties of the aging unit under sub. (3).

(5) Aging Unit Director; Appointment. A full-time aging unit director shall be appointed on the basis of recognized and demonstrated interest in and knowledge of problems of older individuals, with due regard to training, experience, executive and administrative ability and general qualification and fitness for the performance of his or her duties, by one of the following:

(a) 1. For an aging unit that is described in sub. (1) (a) 1., except as provided in subd. 2., a county or tribal commission on aging shall make the appointment, subject to the approval of and to the personnel policies and procedures established by each county board of supervisors or the tribal governing body that participated in the appointment of the county or tribal commission on aging. 2. In any county that has a county executive or county administrator and that has established a single-county aging unit, the county executive or county administrator shall make the appointment, subject to the approval of and to the personnel policies and procedures established by each county board of supervisors that participated in the appointment of the county commission on aging.

(b) For an aging unit that is described in sub. (1) (a) 2., the director of the county department under s. 46.215, 46.22 or 46.23 of which the aging unit is a part shall make the appointment, subject to the personnel policies and procedures established by the county board of supervisors.

(d) For an aging unit that is described in sub. (1) (a) 3., the commission on aging under sub. (4) (b) 3. shall make the appointment, subject to Ch. 181.

Appendices

Appendix A: Public comments received during public review of the plan.

Appendix B: Public Hearing Comments

Appendix C: Meal Trends and Data

Appendix D: Minutes from board meeting where plan was approved

Appendix A: Public Input

Community Engagement Report

Complete one worksheet for each separate method used to elicit input from the community. i.e., 12 interviews conducted can be compiled on one sheet. At least two methods must be used.

Your County or Tribe: Sawyer	Date/s of Event or Effort: Surveys distributed June-Sept 2021
Target audience(s): Older adults, caregivers, community, CBO, and partners	Number of Participants/ Respondents: 45
Describe the method used including partners and outreach done to solicit responses: The GWAAR suggested survey to collect public input was sent out to all nutrition program, transportation, and HP participants. 45 were returned. Top health concerns identified by the public were: <ul style="list-style-type: none">• Access to healthy food• Isolation and loneliness• Transportation options• Understanding public and private benefits (EBS)• Ways to keep kit and healthy	

Describe how the information collected was used to develop the plan:

This information was reviewed and compared to multiple data and demographic sources, plus compared to the current Community Needs Assessment plan. Goals were developed that align with the key findings.

What were the key takeaways/findings from the outreach?

- There is a for additional services in the most rural areas of the county.
- We were thrilled to see that people are interested and want to take more ownership of their health thru proper nutrition and exercise.
- The “Red Tape Cutter” services and assistance that the EBS provides is highly valued.
- Transportation options need to be better coordinated and advertised.
- Social connectedness opportunities are needed, especially in our most rural areas.

Community Engagement Report

Complete one worksheet for each separate method used to elicit input from the community. i.e., 12 interviews conducted can be compiled on one sheet. At least two methods must be used.

Your County or Tribe: Sawyer	Date/s of Event or Effort: Surveys distributed June-Sept 2021 in collaboration with Hayward Area Memorial Hospital and Sawyer County Public Health for their 2023-2025 Community Health Improvement Plan
Target audience(s): Older adults, caregivers, community, CBO, and partners	Number of Participants/ Respondents: 90
<p>Describe the method used including partners and outreach done to solicit responses:</p> <p>Final compilation of survey results hasn't been received yet. The top concerns identified 2020-2022 Survey were:</p> <ul style="list-style-type: none"> • Drugs and Alcohol • Mental Health • Health & Safety Programs for children • Programs for adults 60+ <ul style="list-style-type: none"> ○ Safety in the home ○ Nutrition ○ Cuts to community service programs ○ Overall health ○ Transitional care ○ Social isolation ○ Caring for those with dementia and mental health concerns. 	

Describe how the information collected was used to develop the plan:

This information was reviewed and compared to multiple data and demographic sources. Goals were developed that align with the key findings.

What were the key takeaways/findings from the outreach?

- The learnings and priority areas identified align with the concerns noted in our survey.
- There is a strong demand for equal access to programs and services throughout the county, especially in the WALDO area where several older adults live and live alone putting them at increased risk for adverse health outcomes.
- Opportunities exist for healthcare, transportation, community-based organizations, and the community at large to work together to best leverage and utilize resources.

Community Engagement Report

Complete one worksheet for each separate method used to elicit input from the community. i.e., 12 interviews conducted can be compiled on one sheet. At least two methods must be used.

Your County or Tribe: Sawyer	Date/s of Event or Effort: Community Input at Board Meetings regarding WALDO area services
Target audience(s): Older adults, caregivers, community, CBO, and partners	Number of Participants/ Respondents: 80 either attended or signed a petition to reopen the WALDO Senior Center and Nutrition Site and gave testimonial at board meetings Aug-Nov. Also held a listening session in Winter on 10/15 with 16 people in attendance in-person
Describe the method used including partners and outreach done to solicit responses: Discussion about reopening WALDO Senior Center and Meal Site Top health concerns identified by the public were: <ul style="list-style-type: none"> • Access to healthy food- they want in-person dining and a cook to prepare the meals at that Winter location • Isolation and loneliness and mental health issues are a very real concern • Transportation options limited, would like more. • Exercise and EB Programs that teach ways to keep fit and healthy 	

Describe how the information collected was used to develop the plan:

Goals were developed that align with the valuable input received for the local seniors in the area.

What were the key takeaways/findings from the outreach?

- There is a for additional services in the most rural areas of the county.
- The WALDO Nutrition site needs to be opened as soon as staff can be hired. Staff and volunteers need to complete orientation and training.
- Strong community support for the WALDO center and significant advocacy and awareness building occurred showing Seniors Really in Charge!
- Transportation options need to be better coordinated and advertised.
- Social connectedness opportunities are needed, especially in our most rural areas.

Appendix B: Public Hearing Notice

Public Hearing Report

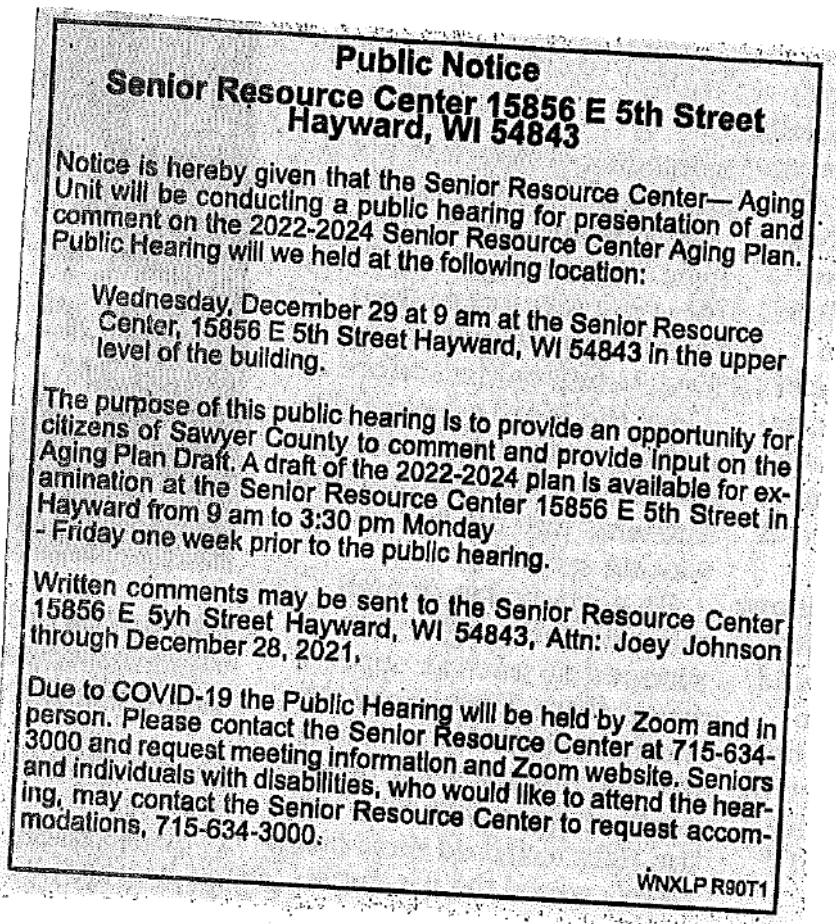
Completed report, copy of hearing notice, and copy of actual comments taken during the hearing should be placed in the appendices of the aging plan.

Date of Hearing: 12-29-21 at 9 am	County or Tribe: Sawyer
Location of Hearing: Senior Resource Center	Accessibility of Hearing: <ul style="list-style-type: none">✓ Location was convenient, accessible & large enough✓ Provisions were made for hearing/visual impairments✓ Provisions were made for those who do not speak English✓ Hearings were held in several locations (at least one in each county your agency serves)✓ Hearing was not held with board/committee meetings
Address of Hearing: 15856 5th Street, Hayward WI 54843	
Number of Attendees:	

Public Notice:

- ✓ Official public notification began at least 2 weeks prior? Date:12-15-21
- ✓ **Notice must be posted** in a local/online newspaper, nutrition sites and senior centers plus at least one more avenue
 - ✓ ***Print/online newspaper** _____
 - ✓ ***Nutrition sites**
 - ✓ ***Senior centers**
 - ✓ Newsletter, radio, TV, social media
 - ✓ Sent to partner agencies/individuals
 - ✓ Other _____
- ✓ Notifications include
 - ✓ Date
 - ✓ Time
 - ✓ Location
 - ✓ Subject of hearing
 - ✓ Location and hours that the plan is available for examination

- ✓ Where appropriate, notice was made available in languages other than English
- ✓ Accessibility accommodations for persons with disabilities
- ✓ A copy of the notice is included with this report



Summary of Comments:

1 person attended in person.

Very favorable comments. Concerns and questions about services we provide, delivery area for meals, when we be full service again. Also talked about the needs of all meal sites: drivers, staff, etc. Biggest concern was that fact we need more funding, whether it comes from Sawyer County, townships or private and corporate donations.

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

Minor editing changes made to the plan.

Appendix C: Meal Trends & Data

Year	Hayward	Stone Lake	Winter	Exland
2017				
HDM	60 people, 7574 Meals	9 people, 936 meals	26 people, 2691 meals	21 people, 1867 meals
Cong	338 (p), 6779 (m)	Lunch: 90 (p), 1757 (m) breakfast: 100 (p), 3153 (m)	109 (p), 3055 (m)	118 (p), 4312 (m)
2018				
HDM	71 (p), 7562 (m)	13 (p), 1481 (m)	22 (p), 2176 (m)	19 (p), 2107 (m)
Cong	333 (p), 8189 (m)	Lunch: 77 (p), 1097 (m) breakfast: 72 (p), 1414 (m)	143 (p), 4357 (m)	116 (p), 4414 (m)
2019				
HDM	67 (p), 7456 (m)	17 (p), 1756 (m)	23 (p), 1470 (m)	24 (p), 1722 (m)
Cong	275 (p), 7012 (m)	Lunch: 79 (p), 1108 (m) breakfast: 71 (p), 505 (m)	68 (p), 2601 (m)	95 (p), 3469 (m)
2020				
HDM	104 (p), 11069 (m)	20 (p), 2426 (m) 25(p), 794 (m)	28 (p), 2659 (m)	35 (p), 2210 (m)
Cong	146 (p), 1410 (m)	Lunch: 56 (p), 510 (m) breakfast: 55 (p), 528 (m)	47 (p), 414 (m)	67 (p), 790 (m)
Carryout	105 (p), 5262 (m)	47 (p), 1558 (m)	27 (p), 809 (m)	72 (p), 2933 (m)
2021 (SAMs data 1-1 to 9-14-21)				
HDM	138 (p), 7912 (m)	26 (p), 128 (m) and 37 (p), 1837 (m)	36 (p), 2197 (m)	67 (p), 2131 (m)
Cong	59 (p), 1874 (m)	Lunch: 35 (p), 258 (m) breakfast: 75 (p), 714 (m)	not available	133 meals per SRS report thru July
Carryout	67 (p), 1874 (m)	20 (p), 497 (m)	20 (p), 315 (m)	47 (p), 711 (m)

Senior Resource Center Meal Counts 2020

Site	Lunch	Breakfast	Home Delivered	Carry Out	Frozen	Avg
Jan-20						
Hayward	638		880		106	77
Stone Lake	251	298	211			36
Winter	155		297		11	22
Exeland	320		128		46	26
Totals	1364	298	1516		163	
Site	Lunch	Breakfast	Home Delivered	Carry Out	Frozen	Avg
Feb-20						
Hayward	556		763		71	69
Stone Lake	248	293	188			36
Winter	176		128		8	16
Exeland	293		103		29	21
Totals	1273	293	1182		108	
Site	Lunch	Breakfast	Home Delivered	Carry Out	Frozen	Avg
Mar-20						
Hayward	321		410		48	39
Stone Lake	135	157	358	34		34
Winter	187		260			22
Exeland	187		294		37	26
Totals	1660	157	1322	34	85	
Site	Lunch	Breakfast	Home Delivered	Carry Out	Frozen	Avg
Apr-20						
Hayward			1017	455/291(B)	57	86
Stone Lake			268	257	21	26
Winter			291	21	9	15
Exeland			143	392	51	27
Totals			1719	1125/291(B)	138	

Senior Resource Center Meal Counts 2020

Site	Lunch	Breakfast	Home Delivered	Carry Out	Frozen	Avg
Sep-20						
Hayward			1162	308/217 B	73	76
Stone Lake			301	201	14	22
Winter			254	91	29	16
Exeland			202	283	46	23
Totals			1919	883	172	137

Menus changed to Fall and Winter. More comfort foods were added.
Items like beef and pork roast, ribs and cut up chicken are being used
special occasions due to cost and availability.

Site	Lunch	Breakfast	Home Delivered	Carry Out	Frozen	Avg
Oct-20						
Hayward			1208	329/213Bus	56	86
Stone Lake			308	196	16	25
Winter			248	47	8	14
Exeland			213	276	47	25
Totals			1977	1061	127	150

Site	Lunch	Breakfast	Home Delivered	Carry Out	Frozen	Avg
Nov-20						
Hayward			1034	257/192B	114	84
Stone Lake			305	169	26	19
Winter			290	53	6	18
Exeland			198	261	63	27
Totals			1827	740/192	209	156

Senior Resource Center Meal Counts 2021

Site	Lunch	Breakfast	Home Delivered	Carry Out/Bus	Frozen	Avg	Deposits
Jan-21							
Hayward			1014	245/137	52	72	\$ 4,222.00
Stone Lake			321	158	8	24	\$ 1,480.00
Winter			220	38	8	13	\$ 195.00
Exeland			183	44	38	13	\$ 1,058.00
Totals			1738	622	106	122	\$ 6,955.00
Site	Lunch	Breakfast	Home Delivered	Carry Out	Frozen	Avg	Deposits
Feb-21							
Hayward			862	222/145	14	65	\$ 3,455.85
Stone Lake			295	106	10	22	\$ 1,813.00
Winter			195	35	0	12	\$ 175.00
Exeland			219	0	35	13	\$ 696.00
Totals			1571	508	59	112	\$ 6,139.85
Site	Lunch	Breakfast	Home Delivered	Carry Out	Frozen	Avg	Deposits
Mar-21							
Hayward			1154	309/182	14	66	\$8,770.65
Stone Lake			368	178	2	21	\$1,752.60
Winter			242	50	3	12	\$1,111.20
Exeland			181	155	97	17	\$2,140.40
Totals			1945	874	116	117	\$12,774.85
Site	Lunch	Breakfast	Home Delivered	Carry Out	Frozen	Avg	Deposits
Apr-21							
Hayward			1006	289/143	66	72	\$3,868.50
Stone Lake			290	142	3	20	\$1,696.00
Winter			235	58	1	14	\$230.00
Exeland			168	207	76	21	\$1,568.00
Totals			1699	839	146	127	\$7,362.50

Before Inclusa and iLife payments

Senior Resource Center Meal Counts 2021

Site	Lunch	Breakfast	Home Delivered	Carry Out	Frozen	Avg	Deposits
May-21							
Hayward			1016	251/135	84	74	\$4,238.70
Stone Lake			184	212	4	20	\$1,220.00
Winter			200	64	5	13	\$230.00
Exeland			206	230	45	24	\$2,070.00
Totals			1606	892	138	132	\$7,758.70

Site	Lunch	Breakfast	Home Delivered	Carry Out	Frozen	Avg	Deposits
6/1/20201							
Hayward	252		1442		47	79	\$4,481.00
Stone Lake	213	143	170		6	24	\$2,597.00
Winter			289	137	6	19	\$756.00
Exeland			224	172	52	20	\$1,803.00
Totals	465	143	1836	309	111	130	\$ 9,637.00

Site	Lunch	Breakfast	Home Delivered	Carry Out	Frozen	Avg	Deposits
Jul-21							
Hayward	42		1274		77	73	\$ 4,580.00
Stone Lake	42	302	218		17	30	\$ 2,333.00
Winter			303	106	2	21	\$ 695.00
Exeland	133		184		49	19	\$ 1,269.00
Totals	217	302	1979	106	145	143	\$ 8,877.00

Site	Lunch	Breakfast	Home Delivered	Carry Out	Frozen	Avg	Deposits
Aug-21							
Hayward	322		1262		46	78	\$ 3,557.50
Stone Lake	68	355	344			36	\$ 2,961.00
Winter			295	124	8	20	\$ 800.00
Exeland	143		192		26	17	\$ 1,221.00
Totals	533	355	2093	124	80	151	\$ 8,539.50

Senior Resource Center Meal Counts 2021

Site	Lunch	Breakfast	Home Delivered	Carry Out	Frozen	Avg	Deposits
Sep-21							
Hayward	252		1204		66	72	\$ 3,905.50
Stone Lake	326	395	67		19	38	\$ 3,184.00
Winter	166		287		3	22	\$ 990.00
Exeland	159		215		39	20	\$ 1,371.00
Totals	903	395	1773		127	152	\$ 9,450.50

Site	Lunch	Breakfast	Home Delivered	Carry Out	Frozen	Avg	Deposits
10/1/201							
Hayward	240		1198		44	70	\$ 4,793.00
Stone Lake	52	324	288			31	\$ 2,529.00
Winter			314	85	8	19	\$ 540.00
Exeland			202	136	34	18	\$ 1,059.00
Totals	292	324	2002	221	86	139	\$ 8,921.00

Site	Lunch	Breakfast	Home Delivered	Carry Out	Frozen	Avg	Deposits
Nov-21							
Hayward	227		1201		85	75	\$3,855.00
Stone Lake	87	249	236			28	\$2,342.00
Winter			287	82	25	19	\$514.00
Exeland	125		200	125	50	29	\$739.00
Totals	439	249	1924	207	160	151	\$7,450.00

Appendix D: Minutes from Board Meeting- Plan Approval