BAYFIELD

COUNTY

Aging Plan and Required Documents FY 2022–2024

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Executive Summary

The 2022-2024 Plan on Aging is a federal and state requirement under the Older American's Act for agencies that administer these dollars. This plan was developed with input from a variety of sources, including older adults, professionals working with older adults, caregivers, and members of the community with genuine concern for an aging population. Methods to collect feedback included: public listening sessions, an online survey, survey distribution, personal interviews, and a public hearing.

The mission of the Aging and Disability Services section is to "support independent community living by respecting personal choices". Being a fully integrated Aging Unit and Aging and Disability Resource Center within the Department of Human Services, we can carry out the mission through providing and connecting individuals with a wide array of services through collaboration with current partners. Services and supports offered help people stay healthy, active, and connected to others.

Required Elements of the Plan

This plan describes how Bayfield County will carry out state and federally required focus areas and local goals as determined by public input. The required areas of focus in this aging plan are:

1. Title IIIB Supportive Services
2. Title IIIC Nutrition Program
3. Title IIID Health Promotion
4. Title IIIE Caregiver Support

In addition to the above-mentioned focus areas, we are to ensure the following commitments are addressed: enhance ongoing community engagement, person-centered services, barriers to racial equity, and knowledge and skills related to advocacy.

Goals developed in this plan are derived from the public input received. The pandemic posed challenges, but we managed to host 10 listening sessions, perform one on one interviews, conduct an electronic survey and hand out many hard copies of the survey. Several critical needs were identified from the input included: transportation, caregiver support, access to healthy food, affordable housing and assistance with housing maintenance, and more opportunities for socialization and recreation.

Context

➢ Who are the current and future older persons?

Demographics

Bayfield County is situated at the very northern edge of the state, with Lake Superior as its northern border; both Minnesota and Michigan are within an hour away to the east or west. The whole of Bayfield County is considered rural. There is one city in the county and several townships, which are population centers and contain most services residents need. As of 2021, Bayfield County has no stop lights in the entire county.

According to the U.S. Bureau of the Census, Annual Population Estimates, July 2019 Bayfield County residents, in general, are predominantly Caucasian (94%). Native Americans, who are primarily members of the Red Cliff Band of Lake Superior Chippewa Indians comprise the next largest ethnic group (4%). The remainder of Bayfield County's population (2%) is composed of: those who identify with more than one ethnic group, (1.3%) as well as Hispanic or Latino, (0.5%) Black, (0.1%) and Asian (0.1%).

According to the U.S. Census, American Community Survey, 2016-2019 estimates, the total population of the county is 14,993, with an elder population (60 and older) of 5,629. The county median age is 52.2, while the state median age is 39.5.

Age Group Estimates	Wisconsin	Bayfield County
Total Population - All Ages, All Races	**5,790,716**	**14,993**
60+	1,341,829	5,629
65+	953,571	4,028
75+	403,421	1,470
85+	125,495	303
% 60+	23.2%	37.5%
% 65+	16.5%	26.9%
% 75+	7.0%	9.8%
% 85+	2.2%	2.0%
Males age 65+	432,812	2,045
Males as percent of 65+ population	45.4%	50.8%
Females age 65+	520,759	1,983
Females as percent of 65+ population	54.6%	49.2%
Source: U.S. Bureau of the Census, American Community Survey, 2015-19 Five-year Estimates, Table B01001, 1/2021		

The proportion of individuals aged 60 and older in the county is significantly higher than that of the state (37.5% versus 23.2%). According to the Wisconsin Department of Administration Updated Population Projections for Counties by Age, people 60 and older comprised 29% of the total population in 2010, and will reach 49% by 2030, and 51% by 2040. The State's population of 60 and older was 19% in 2010, and will reach 28% by 2030, and in 2040 will be 29%. In summary, Bayfield County is already

significantly older than the State of Wisconsin as a whole, and, as time goes on Bayfield County is growing older faster than the State of Wisconsin as a whole.

Households with Older Members	Wisconsin	Bayfield County
Total number of households	**2,358,156**	**7,057**
Households with one or more people 60 years and over:	911,644	3,811
Percent with a member age 60+	38.7%	54.0%
Households with one or more people 65 years and over:	668,819	2,859
Percent with a member age 65+	28.4%	40.5%
Source: U.S. Bureau of the Census, American Community Survey, 2015-19 Five-year Estimates, Tables B11006 and B11007, 1/2021		

Housing

The percentage of households with a person 60 and older is higher than the state; 54% vs. 39%. There are more males 65 and older living alone in Bayfield County (25.3%) vs (20.4%) for the state. Interestingly there are fewer females 65 and older living alone in Bayfield County (30.1%) than the state as a whole (35.8%). A higher percentage of Bayfield County residents own their own homes (87.9%) rather than rent (12.1%). This is slightly different than the state average of age 65 and older who rent (23%) vs. own their homes 76.8%. Rental costs appear to be lower in Bayfield County than the state as a whole based on percentage of income. In Bayfield County 54.9% of residents pay greater than 30% of their income towards rent vs 49.8% in the state of Wisconsin as a whole. Source for all housing statistics is the U.S. Bureau of the Census, American Community Survey, 2015-19 Five Year Estimates.

Household Income	Wisconsin	Bayfield County
Households with head age 65+	**606,830**	**2,578**
Household income below $15,000	70,070	341
% with HH income below $15,000	11.5%	13.2%
Household income below $25,000	164,194	739
% with HH income below $25,000	27.1%	28.7%
Household income below $35,000	249,446	1,095
% with HH income below $35,000	41.1%	42.5%
Household income below $50,000	349,410	1,452
% with HH income below $50,000	57.6%	56.3%
Household income below $75,000	463,383	1,984
% with HH income below $75,000	76.4%	77.0%
Household income below $100,000	524,198	2,243
% with HH income below $100,000	86.4%	87.0%
Source: U.S. Bureau of the Census, American Community Survey, 2015-19 Five-year Estimates, Table B19037, 1/2021		

Income and Education

Individuals 65 and older with more than a high school education in Bayfield County is significantly higher (61.9%) than the state average (49.5%). When comparing income across age groups as well as percentage of employment across age groups Bayfield County does not appear to have any significant deviations from the state averages according to the U.S. Bureau of the Census, American Community Survey, 2015-19 Five Year Estimates.

➢ What needs have been identified?

Public input for a needs assessment was sought in the beginning half of 2021 from a variety of methods and groups throughout Bayfield County. Ten listening sessions were held throughout Bayfield County in outdoor pavilions. These sessions were advertised in the local newspapers, put out on social media and staff reached out to each Town Clerk and other key individuals in every community where a session was planned. A total of 41 older adults provided input at these listening sessions on a variety of topics. A digital survey was made available on the county website, 94 respondents completed the survey online. UW Extension staff assisted with the creation and hosting of it. The survey was announced and promoted in a wide variety of ways throughout the county. The online survey was the only one that solicited information from a wider target audience. Seventy (79%) respondents were older adults; 28 (31%) respondents identified themselves as a caregiver of an older adult, an employee or volunteer who helps older adults or a health care provider; 75 respondents (85%) are year-round residents of Bayfield County. Online survey respondents included: elected officials, persons of color, persons with a disability, and members of the LGBTQ+ community. Both methods allowed staff to glean information and input from both older adults and those who are younger and care for and/or work with older adults. Similar themes were noted from all methods of data collection.

What were the key takeaways/findings from the outreach?

Listening Survey responses were tabulated, and summarized data is as follows:

Most important in a list of 12 topics included:
Alternative transportation options
Help with home repairs and upkeep
Third place was a tie with home health options, affordable housing options, and support for family caregivers.

Services or events that would be HELPFUL to older people in Bayfield County:
Social/recreational opportunities
Caregiver support groups
Transportation

Changes to make Bayfield County more INCLUSIVE and ENJOYABLE:
Increase recreational activities for socialization (group outings, senior centers)

Transportation
Caregiver support
Social/recreational opportunities

Congregate Meals:
Individuals from each of the sessions stated that socialization is just as important as the meal. This is hard to have when a meal is served at a restaurant.

Online Survey responses were tabulated, and summarized data is as follows:

Most important in a list of 12 topics included:
Home health options
Access to healthy food
Affordable housing options
Access for people with disabilities

Ideas to make Bayfield County more ENJOYABLE:
More opportunities for socialization
More affordable housing options
Expanded transportation options
Home health/chore services

Changes to make Bayfield County more INCLUSIVE and ACCESSIBLE:
More transportation options
More opportunities for socialization
Better access for people with disabilities

- ***How is the aging network organized to support older persons in the county?***

The aging network in Bayfield County consists of the Aging and Disability Services Section within the Department of Human Services. The Aging Unit is within this section and contracts with several vendors for provision of meals and rides and supportive services. Evidence-based prevention classes are coordinated by staff and carried out by a network of volunteers. The Aging and Disability Services staff collaborates with a variety of service providers (medical facilities, transportation, UW Extension, housing, home health, hospice, etc.) through direct connections and via various coalitions (Caregiver/Dementia Network, Elder and Adult at Risk I Teams, etc.), The coalitions collaborate to host events, and provide community education. Additionally, there is access to a regional Dementia Care Specialist and a Disability Benefit Specialist positively impacting the overarching service delivery system.

The Aging and Disability Services Section maintains an electronic database of over 300 aging network recipients for quick dissemination of information and announcements. Additionally, the Aging and Disability Services staff work with UW Extension, Public

Health County Government and the Bayfield County Sherriff Office to post information on their Facebook page as well as posting to our own ADRC Facebook page. Newspaper articles are published on a regular basis to communicate information to not only older adults, but those who are helping support them. Lastly Aging Well in Our Later Years, a newsletter created in collaboration with UW Extension, is published quarterly and distributed both electronically and via hard copy throughout the county.

- ***What are the critical issues/trends and future implications?***

While the overall population of Bayfield County is expected to decrease by 2040 the population of those over 60 is expected to increase by 22%. This impending lack of workforce age citizens will continue to contribute to a lack of paid caregivers available to support our older residents. Unfortunately, a workforce shortage of paid caregivers is already occurring. This shortage is primarily due to the low Medicaid reimbursement rates paid to the MCOs, and home health agencies, etc. This lack of workforce in the paid caregiver field is a serious matter. An increase in the need for family caregivers is unavoidable now and will remain true in the future. This issue will lead to an increased demand upon employees caring for their family members, which will have a direct impact on the workplace. Without proper acknowledgement and support, caregiving can become lost productivity.

Funding is always a concern. County levy caps, stagnant federal funding and decreasing contributions by older persons contribute. The Corona virus brought with it an increase in services in many areas and also additional funding. Staff will work to target and serve the federally required populations that include low income, minority, or socially isolated individuals. As well as others in need of support and services.

- ***What are the resources and partnerships? (Describe how resources are shared and how partners interact to meet the needs of older adults.)***

Bayfield County is woefully lacking in providers of various services, such as respite, supportive home care, transportation, and the like. Because of this, available funding sometimes goes without being expended as the ability of providers to provide services is lacking. This lack of ability of service providers to provide needed supports reflects our shrinking workforce age population in Bayfield County.

Bayfield County has one nursing home, two assisted living facilities, one residential care apartment complex, and two Federally funded health care clinics located within its boarder; one is located on the Red Cliff Indian Reservation and the other in Iron River.

Bayfield County residents eligible for publicly funded long term care needs have one managed care organization providing Family Care in our county, and the self-directed option of IRIS, which has two service providers in Bayfield County.

The good news is that the spirit of partnering and collaborating has long been a commonality for many years. Bayfield County has a long-standing relationship with Ashland County in working together on many projects and initiatives. Additionally, Bayfield County is

a member of the 5-county Aging and Disability Resource Center of the North, further benefiting from collaboration and partnership on a regional level. Partnering with UW-Extension has led to an increased focus on the ongoing issue of lack of available affordable housing and several workgroups have begun to strategize and problem solve around this ongoing issue. And many other partners such as law enforcement, providers of transportation and supportive home care services, medical and mental health professionals make what we do a bit easier in that we are not in it alone.

Community Involvement in the Development of the Aging Plan

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Please see appendix: Community Engagement Report.

Public Hearing Requirements

Please provide a brief summary of the hearings and input from community members.

Use the Public Hearing Report to list the dates, times, locations, and numbers of people in attendance at public hearings. The report should include a summary of public comments and explain modifications made to the draft version of the plan as a result of input collected during the public hearing. Attach Public Hearing Report(s) to the appendices of the aging unit plan.

Goals for the Plan Period

IIIB: Advocacy

1. **What are you trying to improve? What problem are you trying to solve?**
   - Educate and empower older adults on the importance of completing POAs for healthcare and finance.
   - Individuals are in control of their healthcare and financial decisions by having their wishes and desires documented should they become incapacitated.
   - This will help reduce the need for court related actions of guardianships and protective placements.

2. **What is the current status of your problem or situation? Is it getting better or worse?**
   - The older adult population is rapidly growing in Bayfield County.
   - Older adults are being hospitalized and do not have a POA in place.

3. **What factors are hindering your progress? (preventing you from succeeding)**
   - Individual avoidance in accepting and addressing the need for end of life decision making.
   - Time necessary to reach all individuals regarding the importance of completing the forms.
   - Challenges in providing outreach for program materials due to lacking local newspaper, radio stations and TV stations.

4. **What factors are supporting your efforts?**
   - Demographic data.
   - Strong partnerships.
   - Decent connection with community and older adults.
   - Support from leadership.
   - The current (2021) Scope of Services for Aging and Disability Resource Centers (ADRCs) Grant Agreement requires ADRCs to “advocate on behalf of the individuals and groups who comprise their target populations when needed services are not being adequately provided within the service delivery system,” including “…facilitation of a customer’s self-advocacy…”.

5. **Who are your partners in helping you succeed? (who could you work with to make this better)**
   - Health care providers, court officials, attorneys, Hospice, and civic groups.

6. **What are some strategies or steps that could help? (ideas to fix the problem)**
    - Education and outreach, and assisting in completing the forms, including having a Notary of Public onsite when hosting events.

7. **What do you hope to see as an outcome or result?**
    - A 15% increase in the number of individuals who have a POA of Health care and/or Finance ready for activation as needed.

8. **How will you measure your progress? How will you know that you have achieved the results you wanted?**
    - The overall number of cases referred for court appointed guardians and/or protective placements for individuals without POA health care will decrease.

Focus area: Advocacy	
Goal statement: Aging and Disability Services will act as a catalyst for county residents to increase their own self advocacy by completing POA for healthcare and finance forms.	
Plan for measuring overall goal success – *How will you know that you have achieved the results you want? Use data.* By 2024, 10 population centers (minimum of 3 each year) in Bayfield County will have had a community event providing education on and assistance with completing Power of Attorney Healthcare and Finance forms.	

Specific strategies and steps to meet your goal:	**Measure** (*How will you know the strategies and steps have been completed?*)	**Due Date**
Strategy 1: Host events in each community to assist older adults to complete POA documents by providing direction and assistance.		
Action step: Identify and collaborate with host groups to determine best time/day to hold outreach events	At least one group will be identified in each community.	March 2022-2024
Action step: Plan event details such as food, workers for event, paperwork, presentation.	Event will be completed in each community.	April 2022-2024
Conduct outreach for each event including news media, local groups, social media, etc. to promote event.	Documentation of outreach that took place.	May 2022-2024
Action step: Evaluate each event in each community to ensure clear accurate information is being relayed to participants and they were satisfied with what they received.	Evaluation will be completed, and information used to better improve the next event.	Oct. 2022-2024
Strategy 2: Provide POA forms in public places so they may act as a community resource for dissemination of information.		
Action step: Identify public spaces, such as libraries, churches, and pharmacies, in each community agreeable to be a host site forms to be accessed by individuals	List of sites is documented.	Oct. 2022
Action step: Regular check ins will be scheduled and take place to build and foster relationships with host sites and to determine if there are any questions.	Schedule is documented.	Nov. 2022-2024
Action step: Act as a resource for community questions.	Documentation of referrals received.	Nov. 2022-2024
Annual progress notes		

IIIB: Enhanced Transportation

1. **What are you trying to improve? What problem are you trying to solve?**

- There are older adults who do not have access to transportation because of inability to drive, affordability and location.
- Some options are available; additional transportation services are needed to ensure access for all.

2. **What is the status of your problem or situation? Is it getting better or worse?**

- There are some transportation options available for older adults and people with disabilities, but they are limited and not necessarily available throughout the entire county.
- The aging population is growing rapidly
- The situation has worsened with the pandemic, as the volunteer driver program was placed on hold.
- Volunteer drivers are hesitant to transport people due to the ongoing nature of the pandemic, vaccine hesitancy, etc.
- The Volunteer Driver Program is the only program that has potential for county-wide coverage but there are not enough drivers.

3. **What factors are hindering your progress? (preventing you from succeeding)**

- Bayfield County is a large geographical area with a sparse population density.
- Silo transportation operations
- Community members are not aware of the need for drivers.
- Charitable rate vs. IRS mileage reimbursement rate is not the same, creating the burden of issuing a 1099 tax form to drivers for income received.

4. **What factors are supporting your efforts?**

- Active Transportation Coordinating Committee
- Good relationships with many civic groups
- Direct feedback and input from older adults

5. **Who are your partners in helping you succeed? (who could you work with to make this better)**

- Bay Area Rural Transit (BART)
- NorthLakes Clinic
- Independent Living Centers
- GWAAR
- Volunteer/civic organizations throughout the county (churches, CORE, local Lions Clubs, etc.)

6. **What are some strategies or steps that could help? (ideas to fix the problem)**

- Research utilizing volunteer drivers from home delivered meals roster in Cable.
- Work with Mobility Manager to explore other opportunities.
- Seek grant opportunities, such as 5310 funds to supplement additional services.
- Create Call to Action campaign to solicit new drivers

7. **What do you hope to see as an outcome or result?**

- Expanded transportation service throughout the county.
- Rivers will the right type of transportation to meet their personal goals.
- Shared Ride Taxi program supporting the outlying areas of the county.
- Volunteer Driver Program dedicated to older adults and people with disabilities.

8. **How will you measure your progress? How will you know that you have achieved the results you wanted?**

- Fully supported and comprehensive volunteer driver program for older adults.
- Pre and post review of service area to note if expansion occurred.
- Compare call-in request for transportation that were unfulfilled before and after implementation of transportation enhancement efforts.
- Call volume will increase

Focus area: Enhanced Transportation		
Goal statement: Ensure older adults and people with disabilities within Bayfield County have the transportation services needed to meet their daily needs.		
Plan for measuring overall goal success – H*ow will you know that you have achieved the results you want? Use data.* • Compare call-in request for transportation that were unfulfilled before and after implementation of transportation enhancement efforts. Review of service coverage area pre and post enhancement efforts.		
Specific strategies and steps to meet your goal:	**Measure** *(How will you know the strategies and steps have been completed?)*	**Due Date**
Strategy 1: Work with Transportation Coordinating Committee to determine suggested transportation enhancements and additional transportation services.		
Action step: Develop list of specific transportation projects to implement and/or enhancements that need to occur.	List is created and used to guide decisions.	Jan. 2022
Action step: Present recommendations to the various committees and boards for review and approval.	Agendas and minutes will document recommendations and progress**.**	Feb. 2022
Strategy 2: Create more awareness of the need for volunteer drivers and transportation services.		
Action step: Create and maintain an ongoing awareness campaign for recruitment of new drivers.	Materials created and places in which they are distributed.	Jan. 2022
Action step: Collaborate with 6 different community partners (2 each year) and provide information via short presentations on the scope of the volunteer driver program and needs for more drivers.	Number of partners and presentations provided.	June 2024
Action step: Implement initial and ongoing training and maintain ongoing communication with volunteer drivers.	Agenda and sign in sheets	June 2022
Strategy 3: Implement recommended and approved transportation initiatives.		
Action step: Design and/or enhance operational protocols.	Documents completed	June 2023
Action step: Review policies and procedures with staff.	Staff agenda and attendance sheets	July 2023
Action step: Project implementation, including public awareness campaign.	Programs are implemented and public awareness is tracked	Dec 2023
Annual progress notes		

IIIC: Nutrition/Equity/Community Engagement

1. **What are you trying to improve? What problem are you trying to solve?**
   - Older adults are underrepresented in certain areas of the Bayfield County Elder Nutrition Program service area. The nutrition will provide equitable access to nutrition program services for outlying areas of Bayfield County.
   - Access to and availability of healthy food is challenging in many areas of the county.

2. **What is the status of your problem or situation? Is it getting better or worse?**
   - Lacking healthy food resources
   - Lacking transportation
   - Lacking access to social services
   - No broadband or computer access
   - Isolation in remote areas of the county
   - Rapidly growing aging population
   - Very rural, sparsely populated county

3. **What factors are hindering your progress? (preventing you from succeeding)**
   - Challenges in providing outreach for program materials due to lacking local newspaper, radio stations and TV stations.
   - Financial constraints for ongoing program support and/or additional development
   - Last mile situation for access to grocery stores, meal sites, etc.

4. **What factors are supporting your efforts?**
   - Demographic data
   - Current successes in meal sites located in the county show that a consistent presence provides participants with a higher comfort level with staff. This provides for early intervention rather than reactive service delivery.
   - Direct feedback from older adults.

5. **Who are your partners in helping you succeed? (who could you work with to make this better)**
   - Local community organizations interested in providing support for enhanced or increased meal service.
   - Older adults who want access
   - GWAAR staff
   - ARPA funds

6. **What are some strategies or steps that could help? (ideas to fix the problem)**

- Meet with and explore the ability to contract with local vendors to provide meals
- Explore collaborations with community organizations to hire staff or recruit volunteers who will facilitate local connections to the older adult population
- Enhance transportation to include access to healthy food options
- Utilize meal sites and community connections for ongoing dialogue and community engagement

7. **What do you hope to see as an outcome or result?**
    - Equitable access to nutrition program services for older adults in outlying areas of the county
    - Additional access to rural outlying areas of the county comes socialization, education and empowerment.
    - Enhanced access to healthy food choices.

8. **How will you measure your progress? How will you know that you have achieved the results you wanted?**
    - Increased program participation
    - Increased number of meal sites
    - Satisfaction surveys
    - Document community engagement activities

Focus area: Nutrition/Equity/Community Engagement	
Goal statement: All older adults in Bayfield County will have access to healthy food including those in rural and outlying areas of the county.	June 2022

Plan for measuring overall goal success – H*ow will you know that you have achieved the results you want? Use data.*

Measurement of pre- and post-participation levels. Satisfaction surveys to new and existing participants to determine whether new locations and programming meets their needs/desires. An addition of two meal sites than what is currently available.

Specific strategies and steps to meet your goal:	**Measure** *(How will you know the strategies and steps have been completed?)*	**Due Date**
Strategy 1: Expand meal sites to two additional communities.		
Action step: Locate potential vendors and sites. Discuss volume of meals served; nutrition pattern, delivery requirements.	Documented number of vendors, sample menus, capacity to serve.	Jan. 2022
Action step: Determine rate per meal per vendor and develop budget.	Rates are established and budget is balanced.	Jan. 2022
Action step: Create Request for Proposal	Actual RFP.	Jan. 2022
Action step: Create detailed implementation plan, including which communities will have meal site offering on what days.	Schedule of meals per day, per community and at what time.	Feb. 2022
Action step: Develop staffing/volunteer plan for each site including roles and responsibilities to be carried out.	Meetings held, participants noted; plan and training documented.	Feb 2022
Action step: Create satisfaction survey to be used with new and existing participants. Determine how and when to distribute.	Results from survey.	Oct. 2022
Strategy 2: Integrate Enhanced Transportation for Nutrition Access		
Action step: Meet with older adults to understand their current needs and what additional services and support they would like to see occur.	All comments and feedback are tracked	March 2022
Action step: Map out what nutrition services are available through the county (meal sites, food pantries, grocery stores, etc.)	Documented on map	May 2022
Action Step: Work with TCC to ensure nutrition needs are met in any enhancements made to transportation services.	Agenda and minutes from meetings	May 2022
Understand satisfaction levels and additional needs	Results from survey.	2022-2024
Strategy 3: Create Pop Up Meal Sites in Communities without Congregate Meal Sites		

Action step: Create schedule of listening sessions and map out communities with and without meal sites.	Schedule of sessions had been created and carried out throughout the county.	May 2023/ 2024
Action step: Plan event details such as food, workers for event, paperwork, presentation.	Work plan provides documentation	June 2023/ 2024
Action Step: Conduct outreach for each event including news media, local groups, social media, etc. to promote event.	All outreach activities are tracked	
Action step: Meet with older adults to understand their current satisfaction and what additional services and support they would like to see occur.	All comments and feedback are tracked	June 2024
Action step: Document the interest per community via number of participants who attended, and comments received.	Number of participants and comments received per community are documented.	July 2023/ 2024
Understand satisfaction levels and additional needs	Results from survey.	Sept. 2024
Annual Progress Notes		

Title III D: Social Isolation and Loneliness and Community Engagement

1. **What are you trying to improve? What problem are you trying to solve?**

- Reduce the health effects of social isolation and loneliness among older adults by engaging with and understanding what older adults need to remain connected.

2. **What is the current status of your problem or situation? Is it getting better or worse?**

- Loneliness and social isolation in older adults are serious public health risks affecting a significant number of people in the United States and putting them at risk for serious medical conditions.
- Current research suggests that victims of elder abuse experience loneliness more often than other groups. (CDC, Loneliness and Social Isolation Linked to Serious Health Conditions (November 4, 2020)
- 40% of older adults experience loneliness, while **7-17% report being socially isolated** (McMaster University Feb. 2019)
- Social Isolation is linked with increased death (1;4), dementia (1;5), depression, and risk of elder abuse; while loneliness is associated with increased blood pressure (3;7), cognitive decline (3;8), and reducing the body's ability to protect itself from infections (3;9). (McMaster, 2019)
- Social isolation is an important public health issue that has gained recognition during COVID-19 pandemic because of the risks posed to older adults based on physical distancing (Front. Public Health, 21 July 2020 https://doi.org/10.3389/fpubh.2020.00403

3. **What factors are hindering your progress? (preventing you from succeeding)**

- It's difficult to measure social isolation and loneliness
- Throughout COVID-19 traditional service delivery practices have be altered and translated to serve and engage older adults in a safe manner, which has further isolated many individuals.
- Many older adults do not have access to technology or Wi-Fi or do not know to effectively use it.

4. **What factors are supporting your efforts?**

- Increased awareness among policy makers and community leaders is occurring
- Health Care Systems are an important, yet underused, partner in identifying loneliness and preventing medical conditions associated with loneliness. Nearly all adults aged 50 and older interact with the health care system in some way. For those without social connections, a doctor's appointment or visit from a home health nurse may be one of the few face-to-face encounters they have. (CDC, Nov 2020)

- One purpose of the OAA Nutrition Program is to promote socialization of older adults.
- Title III-B, Title III-C , Title III-D and Title III-E OAA dollars may be used to implement interventions.

5. Who are your partners in helping you succeed? (who could you work with to make this better)

- WI State-Wide Coalition to End Social Isolation and Loneliness
- WITC Gerontology Program
- Local non-profits such as SeeMyART and Core Community Resources

6. What are some strategies or steps that could help? (ideas to fix the problem)

- Bring together and coordinate a task force comprised of clinical and community-based organizations to develop a public awareness campaign and to engage and support older adults.
- Utilize Program to Encourage Active, Rewarding Lives (PEARLS). This program addresses late life depression symptoms, which are risk factors and consequences of social isolation and loneliness.
- Focus on older adults' lack of social connectedness to more accurately pinpoint the root issues faced by the older adult and more appropriately introduce interventions and solutions to mitigate the program.
- Engage older adults as volunteers.
- Facilitate social interaction with peers.
- Utilize resources created by ACL and NCOA to assist in providing services virtually (toolkits, webinars, factsheets, etc.)

7. What do you hope to see as an outcome or result?

- Increased meaningful connections among older adults thus reducing the health effects of loneliness.

8. How will you measure your progress? How will you know that you have achieved the results you wanted?

- Loneliness scale - baseline in year 1 compared to end of goal period
- number of partnerships developed, and task force meeting held
- number of events or programs developed, and participants attended

Focus area: Title III D: Social Isolation and Loneliness and Community Engagement		
Goal statement: Reduce the health effects of social isolation and loneliness by developing an awareness campaign, developing partnerships, identifying older adults most vulnerable, implementing interventions, and evaluating outcomes.		
Plan for measuring overall goal success – H*ow will you know that you have achieved the results you want? Use data.* Implement loneliness scale as a baseline in year 1; track partnerships developed, track public awareness materials used, track evidence-based workshops in new communities, track number of participants creation and distribution of Beyond Blue booklet.		
Specific strategies and steps to meet your goal:	**Measure** *(How will you know the strategies and steps have been completed?)*	**Due Date**
Strategy 1: Raise public awareness of loneliness as a public health issue and share strategies to improve connections and create a feeling of purpose.		
Action step: Identify partners invested in working on this issue; develop task force, host meetings, and create action plan.	Number of partners engaged, number of meetings held	June 2022
Action step: Develop awareness materials and conduct a social isolation and loneliness campaign using social media, print and radio and local outlets.	Materials developed and used	Mar 2022
Action step: Create and implement action plan.	Action plan developed	Dec 2022
Strategy 2: Task force will identify loneliness in older adults in communities throughout Bayfield County and provide access to meaningful and culturally relevant resources and services.		
Action step: Task force host community gatherings in at least three communities to gain input and insight on social isolation and loneliness.	Number of gatherings and participants attended	May 2023
Action step: Advocate to create space for older adults in 3 communities for purposes of gathering together.	Communities are identified; community engagement is identified.	July 2024
Strategy 3: Task Force will implement interventions to create meaningful connections.		
Action step: Expand Tai Chi classes to 2 additional communities.	Number of Tai Chi classes held in two new communities and number of participants attending.	Mar 2022
Action step: Develop Beyond Blue booklet and distribute widely to normalize the need for social support.	Booklet is created and distribution is tracked.	June 2024
Annual progress notes		

Title IIIE: Caregiver Support/Person-Centered Services

1. **What are you trying to improve? What problem are you trying to solve?**

- There are not enough respite providers and caregivers still need support. We need to figure out a different way to support family caregivers.

2. **What is the current status of your problem or situation? Is it getting better or worse?**

- Caregivers cannot find home care workers or other types of in-home support. This has gotten worse since the pandemic.

3. **What factors are hindering your progress? (preventing you from succeeding)**

- Lack of home care agencies and workers
- For those home care agencies/workers in existence, many will not travel to remote parts of the county.
- Limited support services in general in very rural areas
- Medicaid reimbursement rate is low so rate of pay for workers tends to be low.

4. **What factors are supporting your efforts?**

- Everyone has access to a phone
- Making phone calls is cost effective
- Caregivers consistently say that having someone to talk to is helpful
- Caregiver say information and education is important
- There are some new programs and resources for rural caregivers that people may not know about

5. **Who are your partners in helping you succeed? (who could you work with to make this better)**

- Little Brothers, Friends of the Elderly (Phone Companions Program)
- 2-1-1 Caregiver Outreach Program
- Rural Caregiver Project
- Trualta
- Aging and Disability Services staff
- Other non profits and agencies with volunteers and/or professional staff interested in partnering.

6. **What are some strategies or steps that could help? (ideas to fix the problem)**

- Utilize unique, new caregiver support programs.
- Create outreach materials.
- Teach caregivers how to find “non-traditional” respite (asking family/friends, adaptive equipment, etc.)
- Develop call schedule to call caregivers in need – or the people they care for.

- Train callers to identify mental health emergencies and to triage needs.
- Use Trualta materials as a basis for phone calls – discuss training modules.
- Create policy to allow for payment of non-professional caregiver support.

7. What do you hope to see as an outcome or result?

- Caregivers feel connected to resources.
- Caregivers have increased sense of belonging.
- Caregivers can reach out to family, friends, neighbors with an ability to pay for their services
- Caregiver experience decreased stress and burnout – something to look forward to

8. How will you measure your progress? How will you know that you have achieved the results you wanted?

- Pre and post surveys
- Policy to pay non-professional caregivers is created. Caregivers have additional ways in which to receive support.

Focus area: Title IIIE: Caregiver Support/Person-Centered Services		
Goal statement: Family caregivers will have increased choices in how to feel more supported in their caregiving role by having access to regular support calls, caregiver classes, Trualta, and respite.		
Plan for measuring overall goal success – H*ow will you know that you have achieved the results you want? Use data.* Pre- post- surveys. An increase of caregiver support options from 2022 to 2024, as evidenced by a creation of a resource list with 3 additional options of what is currently available.		
Specific strategies and steps to meet your goal:	**Measure** *(How will you know the strategies and steps have been completed?)*	**Due Date**
Strategy 1: Utilize the Rural Caregiving Project – 6 week class done on caregiver's own schedule which includes connection with other caregivers		
Action step: Get information to caregivers about the program.	Outreach materials are created and outreach is conducted	Jan 2022
Action step: Explain the program to potential participants.	Contact with caregivers is documented.	Feb 2022
Strategy 2: Find individuals who can designate time each week to make phone calls to caregivers		
Action step: Research who can make calls, such as paid staff, volunteers, etc.	Roster of callers is developed.	May 2023
Action step: Train people using Mental Health First Aid, UW Oshkosh Dementia Specialist trainings, thorough review of local resources, Trualta resources, etc.	Training agendas and participant sign in sheets are documented	Aug 2023
Action step: Inform caregivers of opportunity to receive a regular call from staff.	Contact with caregivers is documented.	Oct 2023
Action step: Schedule phone calls.	Call roster is developed	Nov 2023
Strategy 3: Create policy to allow non-professionals to be reimbursed for providing respite.		
Action step: Educate policy makers about the importance of respite and lack of professional respite providers.	Emails, letters, presentations	Jan 2024
Action step: Recommend policy to allow reimbursement for mom-professional providers (family, friends, neighbors, etc.)	Policy is developed	June 2024
Annual progress notes		

Coordination Between Title III and Title VI

Within Bayfield County geopolitical boundary is the federally recognized Red Cliff Band of Lake Superior Chippewa. Red Cliff is notable for being the band closest to the spiritual center of the Ojibwe nation, Madeline Island. The reservation is located in the Town of Russell and the Town of Bayfield, north and northwest of the city of Bayfield. As of July 2018, there are 5,312 enrolled members, with about half living on the reservation and the rest living in the city of Bayfield or the Belanger Settlement. Historically, both the county and tribal aging programs have worked together to best serve Tribal elders both within and outside of tribal boundaries, with dignity and respect. With the development of the ADRC of the North, the Red Cliff Elder Program has had the opportunity to hire a Tribal Aging Resource Specialist. Staff from both agencies has held meetings to review current policy and procedure and to acquaint with one another.

To help ensure that Red Cliff Tribal members are knowledgeable of information and services available through the Aging & Disability Resource Center, and the county, the Aging and Disability Services Manager and key staff will continue to work with Elder Program staff and tribal representatives to ensure effective outreach and education continues to take place. Specifically, a tribal representative holds a seat on the county Aging and Disability Advisory Committee, the ADRC of the North governing board, and the tribal transportation director holds a seat on the county Transportation Coordinating Committee. Tribal staff are invited to participate in the planning of the annual caregiver conference

Organization, Structure and Leadership of the Aging Unit

On April 1, 1999, the Departments of Community Programs (Long-Term Care, Disability, Mental Health and AODA), Aging, and Social Services were combined. The Aging Services and Adult Protective Services are co-located within the Aging and Disability Services Section. On May 1, 2009, the ADRC was made operational and included within the Aging and Disability Services Unit. This allows for effective communication and collaboration between staff who coordinate various programs, maximum usage of the various small grants, and effective service delivery in a timely manner for those needing assistance.

Primary Contact to Respond to Questions About the Aging Plan

Name: Carrie Linder

Title: Aging and Disability Services Manager

County: Bayfield County

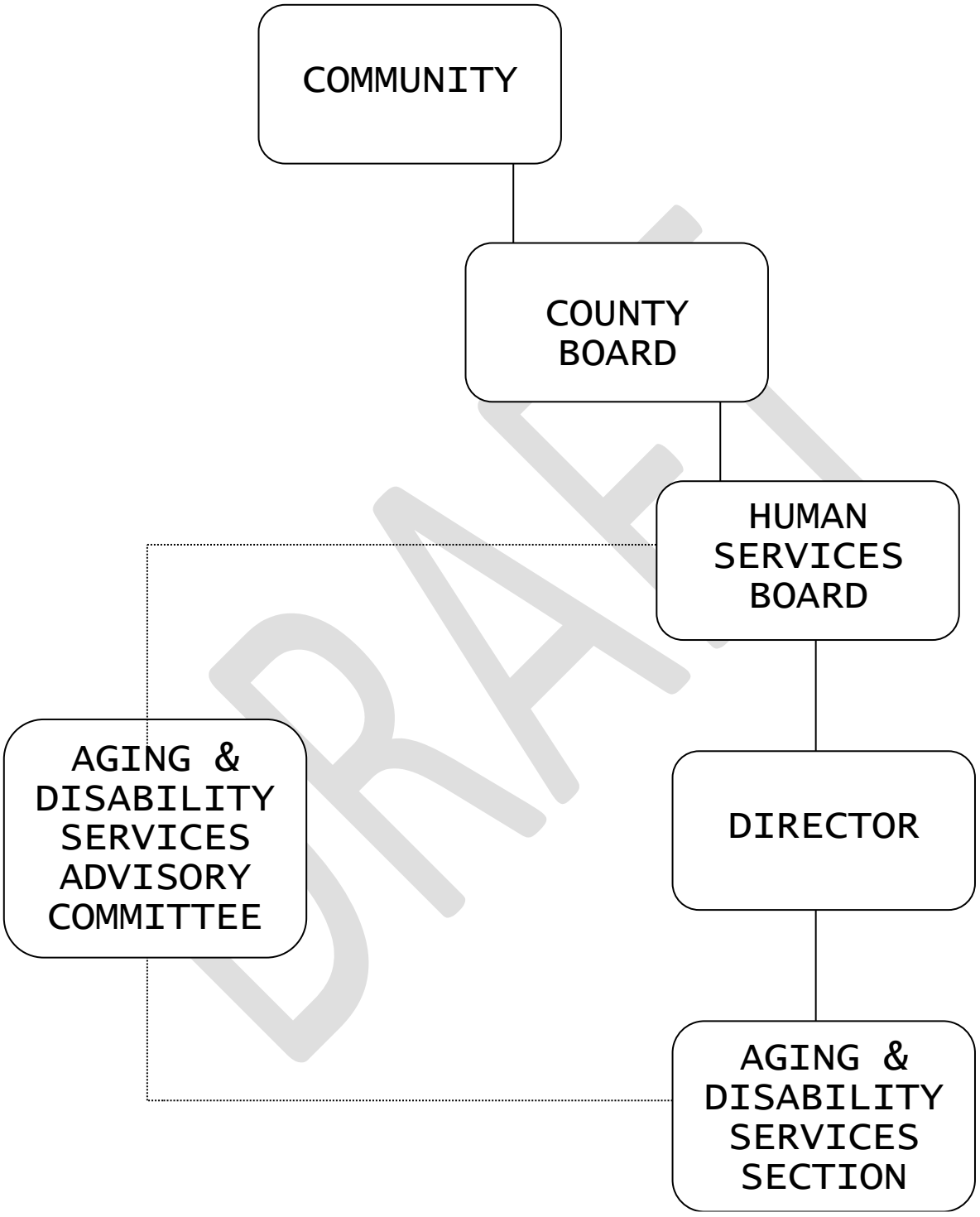
Organizational Name: Bayfield County Department of Human Services

Address: 117 E. 5th St. PO Box 100

City: Washburn State: WI Zip Code: 54891

Email Address: carrie.linder@bayfieldcounty.wi.gov Phone 715-373-3350

Organizational Chart of the Aging Unit



Staff of the Aging Unit

lead information and assistance specialist, r, family caregiver 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: Carrie Linder – Full time Job Title: AGING AND DISABILITY SERVICES SUPERVISOR (Aging Unit Director, Nutrition Director, ADRC Supervisor) Telephone/email:715-373-3350 carrie.linder@bayfieldcounty.wi.gov
Brief Description of Duties: Administers and oversees the Older Americans Act programs and Aging and Disability Resource Center activities; provides direct supervision to Aging and Disability Services staff; supervises Elder Nutrition Program operations including congregate and home delivered meals; prepares annual Aging and Disability Services budget.
Name: Stephanie Eder – Full time Job Title: FINANCIAL MANAGER Telephone/email: 715-373-3341 stephanie.eder@bayfieldcounty.wi.gov
Brief Description of Duties: Supervises support staff; Completes and files aging claims; oversees department budget.
Name: DEANNA REGAN - Full Time Job Title: CLERK Telephone/email: 715-373-6144 deanna.regan@bayfieldcounty.wi.gov
Brief Description of Duties: Collects various data related to the Older American's Act Programs; enters data into SAMS; completes variety of Older American's Act Programs reports.
Name: Christina Ritzer - Contracted Job Title: DIETICIAN Telephone/email: 651-283-7714 tinaritzer@gmail.com
Brief Description of Duties: Reviews, recommends, and approves Elder Nutrition Program menus and provides nutrition counseling as needed.
Name: Michele Reiswig – Full time Job Title: SOCIAL WORKER AIDE Telephone/email: 715-373-3353 michele.reiswig@bayfieldcounty.wi.gov
Brief Description of Duties: Coordinates the Elder Nutrition Program, transportation services, and the evidence-based health prevention programs; provides assessment of needs to prospective individuals; supports section staff as needed.
Name: Marianne Johnson - Full time Job Title: ELDER BENEFITS SPECIALIST Telephone /email:715-373-3355 marianne.johnson@bayfieldcounty.wi.gov
Brief Description of Duties:

Assists older people with gaining access to benefits, entitlements, and legal rights. Provides information, assistance, and representation to county individuals 60 and older.
Name: Ann Marie Mackin - Full time Job Title: INFORMATION AND ASSISTANCE SPECIALIST Telephone Number/email: 715-373-3354 annmarie.mackin@bayfieldcounty.wi.gov
Brief Description of Duties: Provides information and assistance, options counseling on long term care needs; enrollment counseling and provides assessment of needs to prospective individuals.
Name: LINDI OLSON Full time (half time as regional I&A Specialist) Job Title: INFORMATION AND ASSISTANCE SPECIALIST Telephone/email: 715-373-3357 linki.olson@bayfieldcounty.wi.gov
Brief Description of Duties: Provides information and assistance, options counseling on long term care needs; enrollment counseling and provides assessment of needs to prospective individuals.
Name: Karen Bodin - Full time Job Title: ADULT PROTECTIVE SERVICES COORDINATOR Telephone/email: 715-373-3359 Karen.Bodin@bayfieldcounty.wi.gov
Brief Description of Duties: Provides targeted case management and coordinates family caregiver programs and the supportive home care program. Carries out elder abuse and neglect investigations; provides assessment of needs to prospective individuals; seeks intervention and carries out guardianships and protective placements as needed and conducts institutional annual reviews.
Name: Brynna Watters-Moffit - Full time Job Title: ADULT PROTECTIVE SERVICES SOCIAL WORKER Telephone/email: 715-373-613352 brynna.watters-moffitt@bayfieldcounty.wi.gov
Brief Description of Duties: Carries out elder abuse and neglect investigations; provides assessment of needs to prospective individuals; seeks intervention and carries out guardianships and protective placements as needed and conducts institutional annual reviews.

Aging Unit Coordination with ADRCs

On April 1, 1999, the Departments of Community Programs (Long-Term Care, Disability, Mental Health and AODA), Aging, and Social Services were combined. The Aging Services and Adult Protective Services are co-located within the Aging and Disability Services Section. On May 1, 2009, the ADRC was made operational and included within the Aging and Disability Services Unit. This allows for effective communication and collaboration between staff who coordinate various programs, maximum usage of the various small grants, and effective service delivery in a timely manner for those needing assistance.

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.	
(2) A unit, within a county/tribal department with the primary purpose of administering programs for older individuals of the county/tribe.	X
(3) A private, nonprofit corporation, as defined in s. 181.0103 (17).	
Organization of the Commission on Aging: The law permits one of three options. Which of the following permissible options has the county chosen?	**Check One**
For an aging unit that is described in (1) or (2) above, organized as a committee of the county board of supervisors/tribal council, composed of supervisors and, advised by an advisory committee, appointed by the county board/tribal council. Older individuals shall constitute at least 50% of the membership of the advisory committee and individuals who are elected to any office may not constitute 50% or more of the membership of the advisory committee.	X
For an aging unit that is described in (1) or (2) above, composed of individuals of recognized ability and demonstrated interest in services for older individuals. Older individuals shall constitute at least 50% of the membership of this commission and individuals who are elected to any office may not constitute 50% or more of the membership of this commission.	
For an aging unit that is described in (3) above, the board of directors of the private, nonprofit corporation. Older individuals shall constitute at least 50% of the membership of this commission and individuals who are elected to any office may not constitute 50% or more of the membership of this commission.	
Full-Time Aging Director: The law requires that the aging unit have a full-time director as described below. Does the county have a full-time aging director as required by law?	**Circle One** Yes

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.

Membership of the Policy-Making Body

Official Name of the County Aging Unit's Policy-Making Body:
Bayfield County Department of Human Services Board

Name	Age 60 and Older	Elected Official	Year First Term Began
Chairperson: James "Jim" Crandall	Yes	Yes	04/06
Larry Fickbohm	Yes	Yes	04/16
Marty Milanowski	No	Yes	04/20
Jeremy Oswald	No	Yes	04/18
David Zepczyk	Yes	Yes	04/20
Susan Rosa	Yes	No	05/18
Stephanie Haskins	No	No	03/20
Lona Schmidt	Yes	No	07/17
Mark Ludeking	No	No	10/20

Role of the Advisory Committee

Membership of the Advisory Committee

An aging advisory committee is required if the commission (policy-making body) does not follow the Elders Act requirements for elected officials, older adults, and terms, or if the commission is a committee of the county board (46.82 (4) (b) (1)). If the aging unit has an advisory committee, list the membership of the advisory committee using the template provided below and include in the body of the aging plan. 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. There are no term limit requirements on advisory committees.

Official Name of the County Aging Unit's Advisory Committee:
Bayfield County Aging and Disability Advisory Committee

Name	Age 60 and Older	Elected Official	Start of Service
Chairperson: Richard Kemmer	X	NO	2/27/2020
Co-chair: Lynette Benzschawel	X	NO	5/24/2018
Karen Y. Anderson	X	NO	7/27/2017
David Zepczyk	X	YES	4/2020
Red Cliff Elder Program Representative			Standing

Budget Summary

	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	$ 27,005.00	$ 3,001.00	$ -	$ -	$ -	$ -	$ 30,006.00	$ -	$ 30,006.00
Congregate Nutrition Services	$ 65,622.00	$ 7,292.00	$ -	$ -	$ 49,809.00	$ 31,000.00	$ 153,723.00	$ -	$ 153,723.00
Home Delivered Nutrition Services	$ 16,811.00	$ 2,519.00	$ 13,083.00	$ 5,859.00	$ 354,555.00	$ 50,000.00	$ 442,827.00	$ -	$ 442,827.00
Health Promotion Services	$ 2,123.00	$ 236.00	$ -	$ -	$ 1,410.00	$ 200.00	$ 3,969.00	$ -	$ 3,969.00
Caregiver Services - 60+	$ 10,367.00	$ 3,456.00	$ -	$ -	$ 23,349.00	$ -	$ 37,172.00	$ -	$ 37,172.00
Caregiver Services - Underage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Alzheimer's	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Elder Abuse	$ -	$ -	$ -	$ 9,900.00	$ -	$ -	$ 9,900.00	$ -	$ 9,900.00
Grand Total	$ 121,928.00	$ 16,504.00	$ 13,083.00	$ 15,759.00	$ 429,123.00	$ 81,200.00	$ 677,597.00	$ -	$ 677,597.00