

**State of Wisconsin  
Aging Plan  
for  
Older People  
Federal Fiscal 2019-2021**



## **PREFACE**

In accordance with Part 45 of the Code of Federal Regulations, Chapter 1321, the Wisconsin Department of Health Services, through the Bureau of Aging and Long-Term Care Resources, the designated State Unit on Aging, is required to complete a State Aging Plan for Older People. This plan outlines how the state “will foster and support the development and implementation of a comprehensive and coordinated system of services to serve older individuals.”

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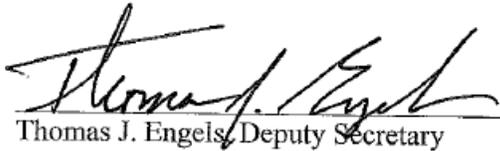
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## **I. VERIFICATION OF INTENT**

The State of Wisconsin Aging Plan for Older People is hereby submitted by the Department of Health Services for the period of October 1, 2018 through September 30, 2021 (Federal Fiscal Years 2019-21). The Department of Health Services certifies that the administration of the State Aging Plan shall be in compliance with the required assurances and provisions of the Older Americans Act of 1965, as amended. The Wisconsin Department of Health Services has been given authority to develop and administer the State of Wisconsin Aging Plan for Older People in accordance with the requirements of the Older Americans Act, and is responsible for the coordination of all state activities related to the Act, and to serve as the effective and visible advocate for older people in Wisconsin.

In accordance with the authority provided to me by the Honorable Scott Walker, Governor of Wisconsin, I hereby submit the Wisconsin Plan for Older People to the Assistant Secretary on Aging for approval.



Thomas J. Engels, Deputy Secretary  
Wisconsin Department Health Services

## II. EXECUTIVE SUMMARY

Every three years, the Bureau of Aging and Disability Resources (BADR) develops and submits to the federal Administration of Community Living a State Aging Plan for Older People, hereafter referred to as the State Aging Plan or “the plan.” Mandated by federal law, the plan is required in order for the state to receive federal funds under the Older Americans Act of 1965, as amended. Additionally, the State Aging Plan helps to structure the agency’s priorities and set an agenda for aging services and programs in Wisconsin.

BADR is accountable for the implementation of programs for older Wisconsinites and Wisconsin citizens with disabilities. BADR also serves as the State Unit on Aging (SUA), charged with responsibility for implementing Older Americans Act (OAA) programs in Wisconsin. BADR is dedicated to keeping older adults and people with disabilities independent in the community through delivery of services provided by the OAA and other sources, as appropriate.

BADR works closely with Wisconsin’s three area agencies on aging (AAAs), 72 county aging units, 11 tribal aging units, and the network of aging and disability resource centers (ADRCs) to create a comprehensive system of services. Taken together, these agencies form the core of what is frequently called the Aging Network.

The environment in which the Aging Network operates has changed in several important ways. First, the number of individuals eligible for Older Americans Act services has grown and will continue expanding rapidly through the first half of this century. Second, the cost of providing services through the Aging Network has experienced 30 years of inflationary escalation, without a corresponding increase in funding. Third, the culture of aging has changed such that people are increasingly committed to remaining in the community as they age, thereby making community-based service delivery increasingly important. At the same time, state and local governments are discovering the fiscal advantages of a more comprehensive community-based approach to publicly-funded aging and long term care services.

BADR has taken a forward-looking approach to address some of the challenges of a rapidly aging population. BADR is working to foster more partnerships within the legal assistance program network, to increase the state’s capacity to effectively serve those with the greatest need for Elderly Benefit Specialist Program support. In recent years BADR has provided nutrition program revitalization grants to expand interest and participation in the congregate nutrition program, promoting adequate nutrition, food security and nutritional information for older adults in need. With the support of BADR, Wisconsin’s network of evidence-based health promotion programming has matured enough to allow BADR’s health promotion goals to focus on broader system change, bringing data-driven improvements to more of its program areas. A recent increase in state funding for the Alzheimer’s Family Caregiver Support program enabled BADR to deepen support for family caregivers and inspired a new effort to evaluate program effectiveness and customer satisfaction, in alignment with proposals for an effective and impactful National Family Caregiving Strategy under the RAISE Act of 2017. Across all program areas, a common theme is evidence-based practice and quality improvement, and the goals outlined in this State Aging Plan highlight specific efforts to utilize data tools and techniques to move Wisconsin’s aging programs toward ever greater effectiveness.

The robust goals set forth in this State Aging Plan will help move BADR forward toward meeting the needs of older adults, improving service delivery, creating new innovative solutions to old problems and enhancing partnerships with AAAs, counties, tribes, and other service agencies. Program goals, specific project descriptions and objectives have been developed to address each Older Americans Act program area and to reflect additional Wisconsin priorities to meet the needs of the state's older adults.

The goals for this State Aging Plan are grouped into the following areas:

IV. A. Goals for Older Americans Act Core Programs

- Title III-B Supportive Services Legal Assistance and Elder Benefits Program
- Title III-C Wisconsin Nutrition Program for Older Adults
- Title III-D Evidenced Based Health Promotion
- Title III E National Family Caregiver Support Program
- Services for People with Dementia
- Title III and Title VI Coordination

B. Goals for Participant-Directed/Person-Centered Activities

C. Goals for Elder Justice

- Title VII Elder Abuse and Neglect Programming
- Title VII Long Term Care Ombudsmen

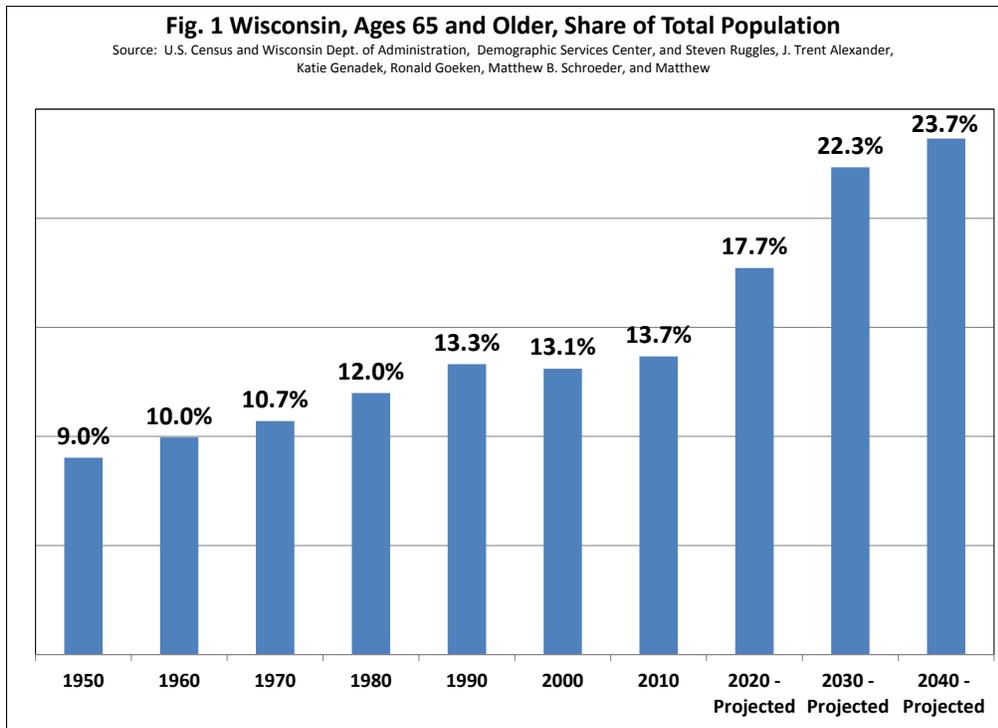
V. Goals for Quality Management

- Goals to Improve Quality of Programs

### III. CONTEXT

#### A. Demographic Information - Wisconsin's Aging Population

Wisconsin's population aged 65 and older is projected to increase from 780,000 residents in 2010 to over 1.5 million by 2040, a 30-year increase of more than 758,000 people or about 100 percent. To put this age group's growth into perspective, the state's total population is only expected to grow 14 percent, adding 805,000 residents. The older contingent will grow more quickly than the younger as the number of people ages 18-64 is projected to peak in 2020 at 3.6



million and by 2040 will have shown only a 30-year growth of about 5,000 residents or about 0.1%.<sup>1</sup>

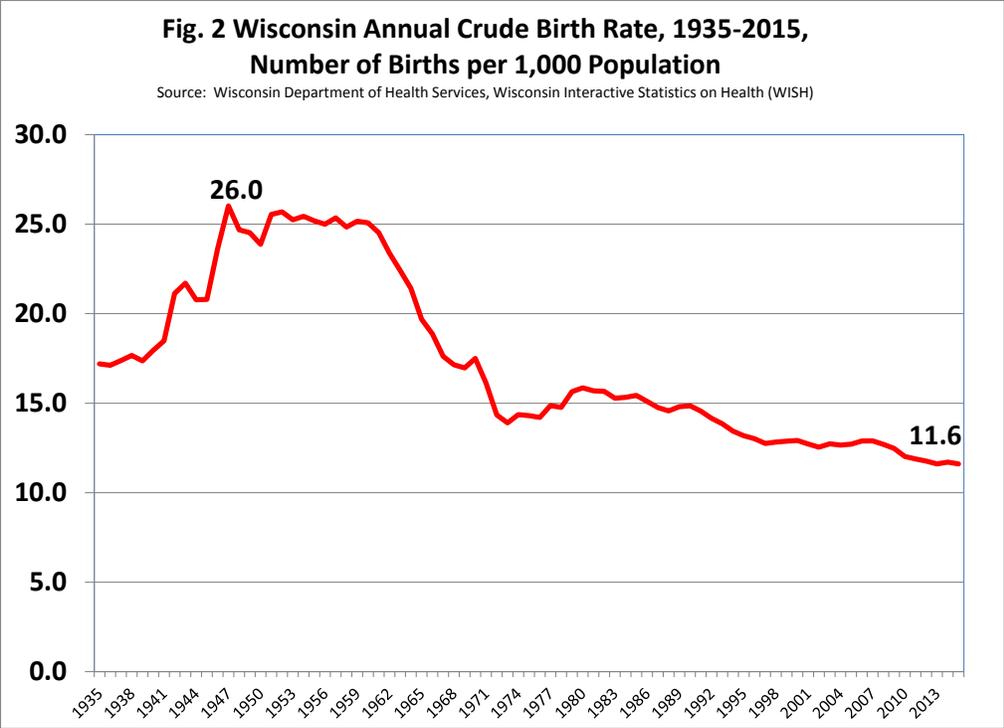
Those 65 and older currently comprise almost one in six individuals in Wisconsin and this ratio will rise to almost one in four by 2040. Many counties in the northern tier of the state have

already reached this threshold.

#### Why is the Population Aging so Rapidly?

Population change is the result of a combination of “natural change” (births and deaths) and migration in and out of a place. Wisconsin's birth rate has declined from 25 births per 1,000 people during the “Baby Boom” to 12 births per 1,000 as of 2015 (see Figure 2). The current life expectancy of a 65-year old person in Wisconsin is 20 additional years. According to the U.S. Census, during the five-year period of 2011 to 2015, Wisconsin experienced roughly zero net migration. Thus, as a result of the large Baby Boom population, current lower birth rates, increased life expectancy, and low net migration, Wisconsin's population will continue to become older, statistically speaking, assuming longevity continues to increase.

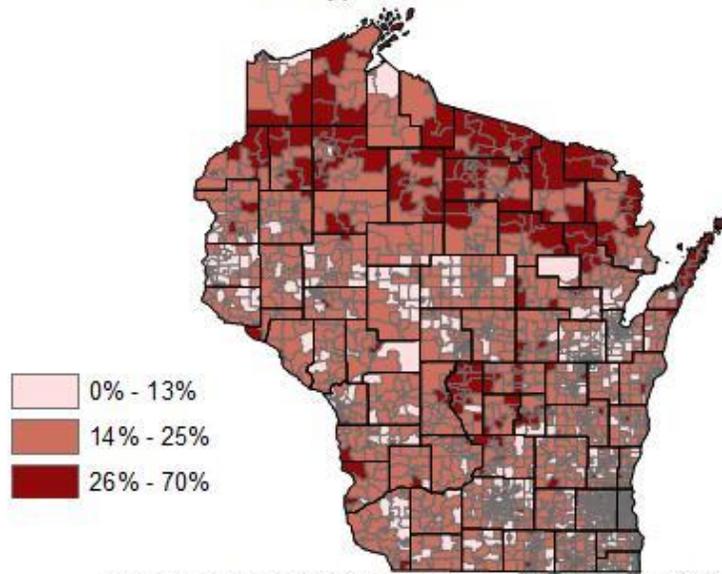
<sup>1</sup> Wisconsin Department of Administration, Demographic Services Center, Population Projections, Vintage 2013.



**Geographic Distribution of Wisconsin’s Older Population**

Wisconsin’s populace is dispersed across a mix of metropolitan and non-metropolitan counties with both urbanized and rural areas. The majority of the state’s counties are non-metropolitan, lacking a large urban center and not being adjacent to (or economically integrated with) a larger and more densely populated metropolitan county. The metropolitan areas in Wisconsin are not particularly large geographically or in population when compared to two neighboring states whose populations are centralized in “mega-sized” metropolitan areas (the Chicago-Naperville-Elgin, IL-IN-WI Metropolitan Statistical Area (MSA) primarily located in Illinois; and the Minneapolis-St. Paul-Bloomington, MN-WI Metropolitan Statistical Area primarily in Minnesota). For example, 14 counties in Illinois, Indiana and Wisconsin make up the Chicago-area MSA, and the Minneapolis-area MSA is a collection of 16 counties in both Minnesota and Wisconsin. Wisconsin’s largest metropolitan area, the Milwaukee-Waukesha-West Allis, WI Metropolitan Statistical Area, only contains four counties.

### Share of Total Population Ages 65 and Older by Census Block Group, 2012-16



On average, nationally, 84 percent of the total population lives in a metropolitan area. Wisconsin's 26 metropolitan counties (grouped into 12 metropolitan areas, including those shared with Illinois and Minnesota) comprise 74 percent of the state's total population, while the state's 46 non-

metropolitan counties make up the remaining 26 percent of the total population including a disproportionate 32 percent of the state's population ages 65 and older. The nonmetropolitan counties in the northern and central parts of Wisconsin have particularly concentrated older populations, with 11 counties exceeding 25% age 65 and older in 2016. The number of counties in Wisconsin surpassing this threshold is projected to reach 15 by 2020 and 45 by 2040.

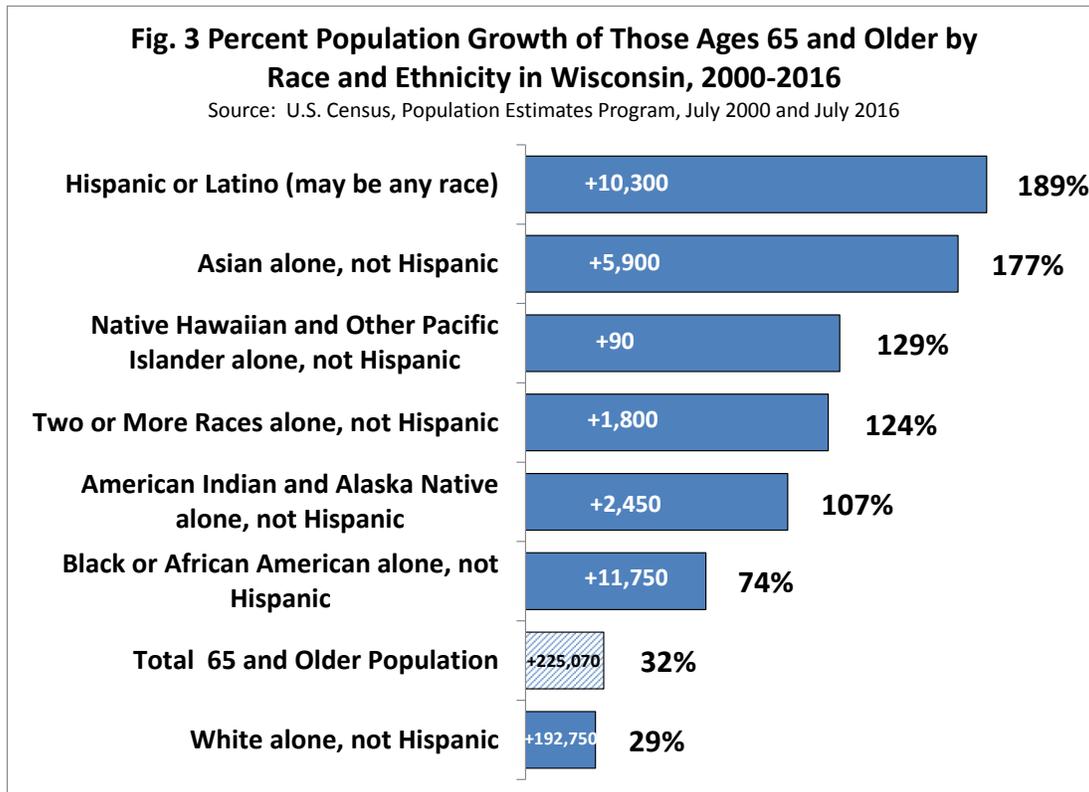
Based on information about population aging, the Office on Aging proposes in this State Plan to complete a process of modifying its funding allocation formulas to better reflect the current distribution of older persons with greatest need throughout the state. A comprehensive explanation of the impetus and the plan for updating the funding allocations is detailed in Appendix C.

### Race and Ethnicity of Wisconsin's Older Population

Wisconsin's racial and ethnic composition includes a lower proportion of non-white, non-Hispanic representation relative to national averages. This is especially true of its older population. According to U.S. Census' Population Estimates Program, 93 percent of Wisconsin's population ages 65 and older identified as white, non-Hispanic compared to 77 percent nationally in 2016. Most of the Wisconsin's non-white and Hispanic populations live in the state's metropolitan areas, especially in the south-central and southeastern corridors of the state. Large shares of the state's Native American population reside in a number of northern counties. Wisconsin is home to 11 tribes with a total of more than 6,000 tribal members age 60 or older.

The Office on Aging makes an extra effort to reach tribal members by providing funding for Dementia Care Specialist services and technical assistance for evidence-based health promotion activities. Program staff attend scheduled tribal aging director meetings, and BADR convenes a bi-monthly meeting for staff to discuss collaborations with the tribes and address challenges and barriers to supporting tribal aging programs (see "Title III and Title VI Coordination" and Section D, below).

The largest non-white racial population among those ages 65 and older is Black or African American, with 28,000 residents making up three percent of the total 65+ population. The Hispanic or Latino population (of any race) was the second largest at 1.7 percent or 16,000 residents. Blacks and Latinos, combined, accounted for seven of every ten non-white older residents in Wisconsin in 2016.



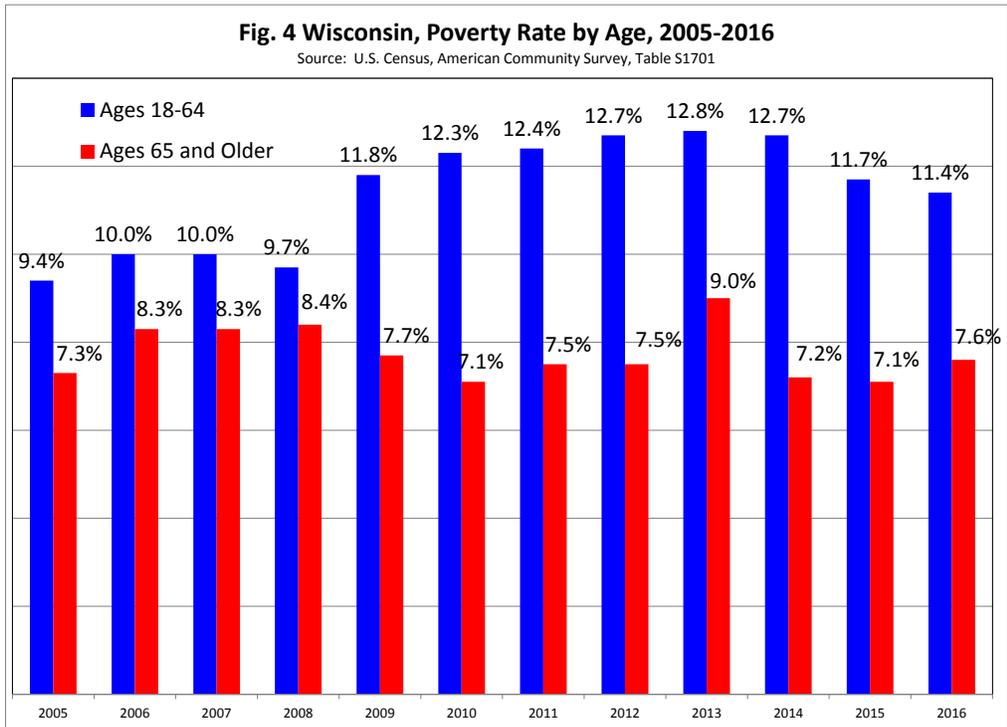
Although they comprise small segments of the population, the total number of older, non-white and Hispanic residents is growing rapidly. Figure 3, above, shows that every non-white group and the number of people reporting Hispanic ethnicity in Wisconsin has grown faster, proportionally, compared to the white, non-Hispanic population between 2000 and 2016. In fact, the white population growth rate was slower than the overall 65 and older population growth over this same period.

Official population projections produced by the state do not specify expected change for specific racial or ethnic groups, but based on the growing diversity of the younger population it is likely that the older, non-white population will continue to grow faster than average and more quickly than the white population in the coming decades. Proportional minority population growth might actually prove to be faster in many non-metropolitan, rural counties because growth in their small numbers will show more dramatic results on a percent change basis.

### Poverty Status of Older Population

According to the U.S. Census' American Community Survey (one-year data), 7.6 percent of those age 65 or older (68,500 people) had income below the poverty level in 2016, up from 7.1

percent in 2012. The 2016 national poverty rate for this age group was significantly higher at 9.2 percent. Generally speaking, older resident poverty rates are lower than those of the younger population. As Figure 4 shows, 11.4 percent of the total household population ages 18-64 had incomes below 100% of the federal poverty threshold in 2016, which is considerably higher than the older resident rate.



Poverty levels vary by county, and during the period from 2012 to 2016, county poverty rates for those ages 65 and older ranged from a high of 19 percent in Menominee County to a low of five percent in Dane, Pierce, Ozaukee and Waukesha counties. The highest poverty rates were

evident mainly in rural counties in the northwest and southwest corners of the state. The lowest poverty rates were in metropolitan counties and some rural counties in central and north central Wisconsin.

### Challenges Raised by Population Aging in Wisconsin

Among the most significant challenges Wisconsin faces as its population ages are health issues related to widespread chronic disease and preventable injuries; the expanding number of people facing cognitive impairment and dementia; and the need for family caregiver support in an environment of tight resources for programs and services for older adults. Needs in each of these areas are assessed through a combination of program data, evaluation research aimed at quality improvement, and population-based studies.

### B. Needs Assessment

All program areas in the Office on Aging use administrative data to assess the need for operational modifications, outreach, and service development to better address targeted issues. For example, the Elder Nutrition Program uses participant information submitted by counties and tribes through the Social Assistance Management System (SAMS) to analyze congregate dining and home delivered meal utilization trends and to track participant demographics in relation to

population data on groups targeted for services (including older adults with low income and those from racial and ethnic minority groups). In this program area, participant data informed the development of the Nutrition Program Revitalization Project, a series of mini-grants that has inspired program innovation in dozens of county and tribal aging units. The Nutrition program also conducts an annual survey of program participants. Survey data is used by counties, tribes, AAAs and the State to identify trends in nutrition program services delivery and improve nutrition access for older adults.

Similarly, in the area of Elder Justice, the state Legal Services Developer (housed in BADR) recently completed a statewide, random sample survey to assess the legal services utilization and unmet needs of older adults as part of a Model Approaches to Legal Services grant from ACL. State Health Insurance Assistance Program (SHIP) activity data are used to assess program performance, plan for improvement, and target intensified efforts. Wisconsin Incident Tracking System (WITS) data are used in analyses of the nature of elder abuse incidents, the characteristics of adults at risk experiencing abuse, and local response including remedial actions and service offerings. Information from these reports informs efforts of Wisconsin's Attorney General's Task Force on Elder Abuse to address gaps and assess the need for Adult Protective Services system change.

The state's caregiver programs (the OAA-funded National Family Caregiver Support Program and the state-funded Alzheimer's Family Caregiver Support Program) is poised to begin piloting a standardized customer needs assessment, to be used in intake conversations with individuals and families seeking services. These programs also recently drafted new survey instruments to assess customer satisfaction and evaluate program outcomes, which will be piloted in the coming year. During the 2019-2021 State Aging Plan period, BADR will continue to improve the assessment and evaluation tools currently in the field and will make further progress toward evaluating program outcomes and moving toward evidence-based program development.

Some program areas depend on population-based research for their needs assessments. For example, to track needs related to chronic disease, BADR uses Wisconsin's Family Health Survey, a continuous, population-based tool that assesses the extent of chronic health conditions in households. Recently this survey also introduced a module to identify households with caregiving responsibilities, their characteristics and concerns.

Wisconsin also tracks chronic disease, population health measures, and behavioral risk factors using the Behavioral Risk Factor Surveillance System. In addition, the state tracks the incidence and severity of unintentional falls using the Behavioral Risk Factor Survey Falls Module, part of the state's biannual schedule. Falls and fall prevention efforts are further tracked using statewide state and county level data on hospitalizations, emergency department visits, and mortality due to unintentional falls.

### **C. Public Input into State Plan Development and Approval**

BADR has embarked upon a long-term project to "Reinvigorate the Aging Difference" across Wisconsin's Aging Network. Broad project efforts include educating aging organization leaders about the history of aging programs, the concept of "the aging difference," and the critical role of

public input in shaping aging program planning and direction. BADR staff have made presentations and convened discussions at the statewide Aging and Disability Resource Center directors' meetings, at the regional PSA meetings hosted by the Greater Wisconsin Agency on Aging Resources, and at aging and public health conferences.

In addition, BADR staff has worked closely with Area Agency on Aging staff to plan for greatly expanded public input into Aging Plan development at all levels during 2017. In particular, BADR, Milwaukee County AAA and the Greater Wisconsin Agency on Aging Resources (GWAAR) have collaborated in presenting concrete ideas and examples to county and tribal aging directors at regional PSA meetings; developing and distributing draft templates for community forums, focus groups and surveys; and providing basic tools for documenting and reporting on public input efforts (a sample of these tools is presented as Appendix F).

During the 2019-21 State Plan period, BADR will work in a strategic and structured way with the state's AAAs to develop and support projects to engage older adults and increase their input into, involvement with, and ownership of aging programs and supports. Strategies will include working with counties and tribes to establish an annual cycle of public input efforts including community forums and listening sessions, live internet events, focus groups, interviews and surveys. BADR and the AAAs will create, test, and disseminate customizable templates for these efforts, along with reporting mechanisms to facilitate the transmission of local public input to inform regional and statewide aging planning. Taken together, these efforts aim to build a public input infrastructure to ensure that program evolution and expansion go far beyond administrators' assumptions about what older adults may want and need.

The Quality Improvement section of the State Aging Plan includes goals for BADR's role in enhancing the capacity of AAAs, county and tribal aging units, and other partners to build this infrastructure, with the outcome of increasing older adults' engagement and active involvement in the development of programs and services. The intent is to continuously improve the amount and quality of public input and the resulting State Aging Planning process in future years. (See Attachment D – V. Quality Management- Goals 1: The State Office on Aging will establish mechanisms for collecting and documenting public input to Improve Quality of Programs)

BADR's most significant existing mechanism for directly accessing public input is the State Aging Advisory Council, comprising 10-12 older adults from a variety of geographic regions, community settings, occupational backgrounds, and race and ethnic groups. This Council meets quarterly and provides a direct connection to local communities, collecting and presenting local input into BADR priorities. The typical council meeting involves discussion based on Council members' informal conversations with and surveys of older adults in their communities. Council "homework assignments" during 2017 included questions about which focal areas required the most local attention, which should be statewide priorities, etc. BADR program managers take this input into account in drafting their State Plan goals. (See Attachment E – State Aging Advisory Council) A draft of State Aging Plan goals was made available to the State Aging Advisory Council to review for its meeting on May 24<sup>th</sup>, 2018. (See Attachment F – I. State Aging Advisory Council-Input on State Aging Plan).

## **IV. GOALS AND OBJECTIVES**

### **A. Older Americans Act Core Programs**

**Note that detailed work plans are appended as Attachment D, with goals, objectives, milestones and timelines for each of the goals summarized in these Program narratives.**

#### **Older Americans Act Title III-B Supportive Services: Legal Assistance**

##### **Framework**

Older adults in Wisconsin can access legal advice and representation; information and education; and referrals in civil legal matters through the Elder Benefit Specialist (EBS) program. This program supports a network of benefit specialists – lay advocates stationed at county and tribal aging offices – who help older adults to understand and resolve issues related to public and private benefits and other civil legal issues. About 100 EBSs are currently employed across the state. Regional legal service providers train and support the benefit specialists, providing direct representation to older adults in select cases.

BADR administers the EBS program at the state level, establishing program priorities, developing policies and guiding quality improvement efforts. A Legal Assistance Developer (0.5 FTE) at BADR leads these efforts. Area Agencies on Aging (AAAs) contract with each county and tribal aging unit to provide EBS services.

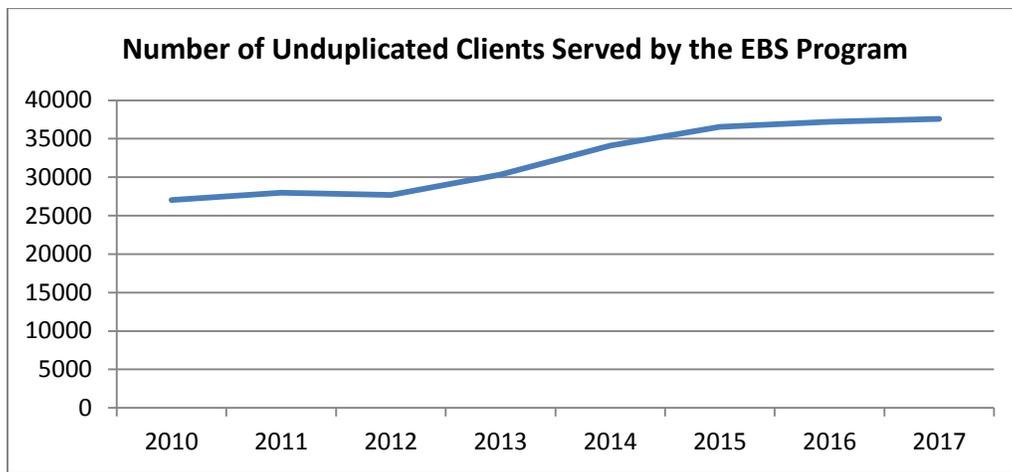
BADR requires Wisconsin AAAs to use a minimum of five percent (5%) of their III-B funding to support EBS program services in their public service areas, unless a waiver is granted. The EBS program receives additional funds from the state under Wis. Stat. §46.81, which requires BADR to ensure that each aging unit receives a portion of the state program funds, taking into account the proportion of the state's population of low-income older individuals who reside in a county.

The EBS program is also supported by the State Health Insurance Assistance Program (SHIP) and Medicare Improvements for Patients and Providers Act (MIPPA) grants, as well as the State Office for the Commissioner of Insurance. Given the high cost of health care and the intricacy of public benefits programs, EBSs often assist with complex issues related to Medicare, Medicaid and other health insurance. They are key partners in Wisconsin's effort to provide Medicare and other health insurance benefits counseling, handling over 74,000 client contacts and offering over 2,300 outreach events about these topics in 2017.

As a way of further ensuring Medicare recipients are well served by the system, the Senior Medicare Patrol (SMP) will be operated during this Plan period by the Greater Wisconsin Agency on Aging Resources (GWAAR), the state's largest area agency on aging and a partner in overseeing EBS and SHIP activities in the county and tribal aging units. The SMP grant was awarded to GWAAR in June, 2018. Activities will be coordinated within GWAAR's Legal Services unit, which also provides legal consultation and backup to the county and tribal Elder Benefit Specialists. BADR does not have a direct role in administering this program or overseeing SMP grant activities, but will be closely informed of progress toward grant goals by partners at GWAAR.

BADR collects data about EBS program activities through a statewide reporting system, SAMS-EBS. This system is specific to the program and allows for strict client confidentiality while at the same time permitting the state to efficiently compile data from all contracted providers. The system collects data about client demographics, numbers of cases opened and closed, case topics, and case outcomes, as well as units of service.

In 2017, the EBS program served over 37,500 people, helping them to access an estimated \$189 million in benefits. The program provided over 57,000 hours of legal and benefits assistance during this time period. Three-quarters of EBS cases involved health insurance benefits such as Medicare and Medicaid. Eleven percent of cases involved income benefits such as Social Security and Food Share, Wisconsin’s supplemental nutrition assistance program. Other case issues included housing and utility issues, community services and supports, and consumer debt.



As illustrated in the chart above, the demand for EBS services has increased in recent years, both in actual numbers served and in relation to the overall population of older adults. Between 2010 and 2016, there was a 38% increase in the number of people served by the program. In 2010, the EBS program served 27,022 people, representing about 2.5% of the state’s 60+ population. In 2016, the EBS program served 37,209 people, representing about 2.8% of state’s 60+ population. The EBS program serves many people aged 60-69, who require help accessing health benefits before, during, and after retirement, as well as people in need of low income assistance. As a result, the “Baby Boom” and the 2008-09 recession had a strong effect on program caseloads. During this time period, the number of EBS workers has remained level or slightly decreased; due to budget constraints, program resources are increasingly stretched thin.

BADR is currently engaged in a project, funded by a Model Approaches to Legal Assistance Phase One grant from ACL, to assess the legal needs of older adults in the state and strengthen the system’s capacity to meet those needs. The project is funded through July 31, 2019. This grant offers a unique opportunity to examine and update the EBS program model during the current State Aging Plan period. Goals for the 2018-2021 state aging plan are largely designed to make the most of this grant opportunity. A legal needs and system capacity assessment conducted during year one of this grant will help guide BADR in updating and strengthening services to respond to changing needs and increased demand.

## **Goals:**

**Goal 1:** In order to meet the legal assistance needs of the growing aging population, BADR will use the findings of the legal needs and systems capacity assessment conducted during year one of the Model Approaches to Legal Assistance Phase One grant to identify and implement strategies to update and strengthen the EBS program model. Strategies may include:

- Adjustments to the EBS program's structure and scope.
- Expansion of partnerships between the EBS program and other low-cost legal assistance providers, such as Legal Services Corporation-funded agencies, law school clinics, and the State Bar of Wisconsin pro bono services program.
- Activities designed to increase awareness of legal assistance resources among older people.

**Goal 2:** In order to improve capacity to track and respond to program trends, BADR will revise the legal assistance data collection systems and processes to comply with new State Program Report (SPR) requirements. ACL currently projects that federal requirements will be finalized by October 2018 and the first revised SPR will be due in January 2021.

(A Project Summary document for each goal described within OAA Title III-B Supportive Services: Legal Assistance can be found in Attachment D-Pages 1-4).

## **Older Americans Act Title III-C1 and C2: Wisconsin's Nutrition Program for Older Adults**

### **Framework**

The Elder Nutrition Program is the largest program operated by the national and state aging networks. Two distinct nutrition programs fulfill separate but related purposes. The congregate dining program provides meals in a community environment that promotes socialization and healthy aging. The home-delivered meal program provides meals and daily social contact to homebound individuals. Other services, such as nutrition screening, assessment, education and counseling help older adults meet their health and nutrition needs.

State nutrition program policy has undergone updates during the 2015-2018 aging plan cycle. In late 2017 and early 2018, BADR embarked on a LEAN quality improvement project in partnership with Wisconsin's largest AAA to address challenges in communicating policy clarifications effectively and accurately to county and tribal aging units. This project has identified additional steps that could be taken to enhance communication and provide the large number of new staff around the state with better access to state policy, guidance, and resources.

The nutrition program faces several challenges to its relevance and effectiveness.

- Local county and tribal aging units have experienced increased staff turnover in recent years as a result of retirements and a changing workforce. Such turnover presents a challenge at the local, AAA, and state levels to ensure compliance with program requirements but also to ensure continuity of the intent and values set forth by the OAA and the Wisconsin Elders Act. Program

monitoring and regular training, especially as it relates to food safety and sanitation, suffer in terms of quality when staff turnover is prevalent and increasing demands are placed on nutrition program staff.

- Congregate nutrition services have seen a decline in participation, and programs struggle to provide nutrition education and counseling services that are relevant and of interest to older adults in their community, indicating that the nutrition program must continue to innovate to meet the needs of a changing older adult population, and state policies and practices should be developed or modified to correspond with those changes.
- Wisconsin's current state health plan has identified nutrition and physical activity as priority areas for Wisconsin's population, yet little focus is on the older adult population. As the proportion of older adults in Wisconsin increases from 21.5% to almost 30% in 2040, the state's aging network must advocate for the health and safety of older adults to be a priority in Wisconsin's health improvement plan by gathering information and implementing initiatives that can positively impact older adults' nutritional status and increase levels of physical activity.

### **Goals:**

**Goal 1:** To assure the health and safety of nutrition program participants, BADR will complete a quality improvement project related to provision of food safety training, guidance, and monitoring that will assist at least 85% of nutrition programs in achieving compliance with state and local food safety laws and OAA/state policy by June 30, 2019.

**Goal 2:** To promote program innovation and enhance knowledge and skills of nutrition program providers, BADR, in coordination with the AAAs and the Wisconsin Association of Nutrition Directors (WAND), will create a centralized location which is accessible statewide for sharing nutrition program policy guidance and best practices that contains technical assistance on at least two successful senior dining innovative models by September 30, 2021.

**Goal 3:** To ensure representation of the older adult population in Wisconsin's state health improvement plan, BADR will lead a Healthy Wisconsin – Nutrition and Physical Activity focused project workgroup to gather information and develop at least three recommendations for improving nutritional status in older adults in Wisconsin by December 31, 2019.

(A Project Summary document for each goal described within OAA Title III-C1 and C2: Wisconsin's Nutrition Program for Older Adults can be found in Attachment D: pages 5-10).

### **Older Americans Act Title III-D: Evidence-Based Health Promotion Programs**

#### **Framework**

Evidence-based health promotion and disease prevention are interventions whose outcomes have been validated by scientific studies. The purpose of evidence-based health promotion is to take effective interventions built on research findings and apply them to improve the health and well-being of individuals, groups, and communities.

A majority of older adults have at least one chronic condition. However, illness and disability are not inevitable parts of the aging process, and can often be prevented or delayed. There is

overwhelming evidence that older adults benefit from health promotion interventions. For example, research indicates that engagement in physical activity can extend years of active independent life, reduce morbidity and mortality, and lower health care costs. However, less than one-third of Americans age 65 and older achieve the recommended level of physical activity. A number of proven and effective evidence-based health promotion programs increase participants' levels of physical activity and thereby improve their health outcomes and quality of life. In addition, health promotion is an effective and low-cost strategy for maintaining people in the least restrictive environment possible, preventing and delaying entry into more costly long-term care systems.

Thanks to the growing capacity of the Wisconsin Institute for Healthy Aging (WIHA), the statewide clearing house and license-holder for core evidence-based health promotion programs, an expanding group of highest-level interventions is now available statewide, no longer requiring direct operational involvement by SUA staff. In addition, GWAAR has expanded its capacity to support evidence-based and evidence-informed health promotion programs and activities in county and tribal aging units, allowing the Office on Aging to redirect its health promotion efforts toward the integration of data-driven health promotion into all of the aging and disability programs BADR supports. During this planning period, health promotion methods and strategies will focus on creating evaluation tools, outcomes measures, and other elements of evidence-based practice for caregiver support and nutrition program areas.

As a second area of focus for health promotion during this planning period, BADR's health promotion position will work closely with GWAAR to create, train on, and disseminate measurement and quality improvement tools to help local health promotion coordinators evaluate and improve the effectiveness of programs and activities that are not overseen by WIHA. The goal of this support is to increase local confidence and success in offering an expanded catalogue of evidence-based and evidence-informed interventions targeted to the needs of local communities.

### **Goals:**

**Goal 1:** Improve the quality and effectiveness of the National Family Caregiver Support Program and the Alzheimer's Family Caregiver Support Program by distributing three new tools to Health Promotion Coordinators statewide by 3/30/2019: a needs assessment; a caregiver burden scale to be scored before services and at intervals during the service period; and a customer satisfaction survey to measure the customer experience. Outcomes to be measured include improved caregiver burden scores and increased customer satisfaction over an evaluation period ending 12/31/2020. Goal 1 mirrors Goal 2: in Title III-E: National Family Caregiver Support Program.

**Goal 2:** Consolidate and analyze existing participation and outcomes data from the three waves of Nutrition Revitalization innovation grants to identify the most promising practices and effective strategies, and develop and publish replication instructions and evaluation tools for at least two of them. Outcomes to be measured include increased congregate dining program participation and reduced nutritional risk in counties that implement targeted programs.

**Goal 3:** Increase the capacity of local health promotion coordinators to successfully provide evidence-based and evidence-informed health promotion interventions, by supporting evaluation and quality improvement efforts through the creation of tools during 2019, training in their use, and dissemination by 9/30/2020. Outcomes to be measured include an expansion in the number and reach of locally-coordinated health promotion activities, in addition to ongoing local participation in WIHA's highest-level evidence-based health promotion programs.

(A Project Summary document for each goal described within OAA Title III-D: Evidence-Based Health Promotion Programs can be found in Attachment D: pages 11-17).

### **Older Americans Act Title III-E: National Family Caregiver Support Program**

#### **Framework**

BADR identified family caregiving as a public health issue in 2017 because the agency recognizes the significant physical, financial and emotional challenges that informal caregiving often presents for Wisconsin families. Informal caregiving provided by family members and friends accounts for approximately 80% of all home and community-based care for older adults and individuals with disabilities. As in other states and countries, demographic shifts in Wisconsin are placing strain on the state's aging and long-term care resources and systems.

For the past few years, BADR has been proactive in strengthening Wisconsin's family caregiver support programs. Improvements in access and increased funding have been secured for the state-funded Alzheimer's and Family Caregiver Support Program (AFCSP). Both the National Family Caregiver Support Program (NFCSP) and AFCSP began implementing more rigorous quality standards in January 2018, including requirements for using a uniform caregiver needs assessment, conducting ongoing program evaluation, and administering a customer satisfaction survey for each participant. As a result, BADR is planning to publish its first Family Caregiver Programs Report as part of this three-year aging plan.

Also in 2017, members of the Wisconsin Long Term Care Advisory Council were asked to advise the Department of Health Services on changes that they believe are needed for the future. BADR used the council's recommendations to create a draft Family Caregiver Strategy. Shortly after, the BADR director and the family caregiver support programs manager began collaborating closely with other caregiver support agencies and advocacy organizations across the state. As a result, a new Wisconsin Family and Caregiver Support Alliance (WFCSA) formed, with the BADR caregiver program coordinator invited to serve as one of two co-chairs leading the group. This new statewide alliance is working collaboratively toward common goals, which include elevating the visibility of family caregiver needs and promoting new ideas for implementing cost-effective solutions that will address the family caregiving challenges that lie ahead.

BADR has also identified Wisconsin employers as vital partners for successfully designing caregiver supports for the future. Working-age caregivers are being asked, and will continue to be asked, to do more for people in their communities than ever before. Most often working family members take on increased responsibilities for family, friends and neighbors with few

supports and limited understanding from their employer. Research shows that implementing caregiver support programs benefits employers and a business' bottom line, and information about the value added by these programs will be a key to changing workplace culture and societal norms related to family caregiving. Not only can employer pre-planning for a worker's inevitable caregiving duties lessen disruptions within a business, it can also reduce expenses related to replacing stressed employees who often leave for jobs that require fewer work hours, or for other personal reasons. Clearly explaining how successful companies have used caregiver support programs and family-friendly work policies to retain their most valued employees, and save time and money on recruitment costs, will be a focus area for Wisconsin over the next three years.

### **Goals:**

**Goal 1:** As co-chair of the newly formed Wisconsin Family and Caregiver Support Alliance (WFCSA), the BADR caregiver program coordinator will guide the development and implementation of local and state strategies to increase public awareness about the changing needs and increasing demands faced by family caregivers.

**Goal 2:** Improve the quality and effectiveness of the National Family Caregiver Support Program and the Alzheimer's Family Caregiver Support Program by distributing three new tools to Health Promotion Coordinators statewide by 3/30/2019: a needs assessment; a caregiver burden scale to be scored before services and at intervals during the service period; and a customer satisfaction survey to measure the customer experience. Outcomes to be measured include improved caregiver burden scores and increased customer satisfaction over an evaluation period ending 12/31/2020. Goal: 2 mirrors Goal: 1 in III-D: Evidence-Based Health Promotion Programs above.

**Goal 3:** BADR in partnership with the Wisconsin Caregiver Support Alliance will develop an employer survey and outreach activities that actively engage Wisconsin employers as partners in identifying workplace strategies and solutions to support working family caregivers. By Sept 30, 2021 BADR and WFCSA will provide presentations to 50 employers or HR professionals on how to support family caregivers in the work place.

(A Project Summary document for each goal described within OAA Title III-E: National Family Caregiver Support Program can be found in Attachment D: pages 18-27).

## **Services for People with Dementia**

### **Framework**

In 2013, the Department of Health Services (DHS) launched a redesign of the dementia care system in Wisconsin. The effort began with a Dementia Care Stakeholder Summit in October 2013, to identify priorities for moving Wisconsin toward being a more "dementia-capable" state. Summit participants identified top strategies that were then used to develop the Wisconsin Dementia Care System Redesign Plan (referred to as the Plan), which DHS published in February of 2014. The 2014 Plan for strengthening Wisconsin's dementia care system was organized into five broad categories: community awareness and services, facility-based long-

term care, dementia-related crisis response and stabilization, dementia care guiding principles and training, and data and reporting support for project initiatives.

Since that time, DHS and its partners have used the 2014 Plan to guide efforts to improve care for people with dementia and their family caregivers. In each intervening year, DHS has summarized project accomplishments and published them in a report, and crafted a new set of related “next step” priorities for each topic area. These priorities have guided DHS and its partners in furthering the statewide conversation about dementia, and in expanding local and statewide approaches to creating dementia-friendly communities, workplaces, and living environments throughout the state. Wisconsin continues to make progress toward achieving the highest possible quality of life for all Wisconsin residents with dementia. A second statewide stakeholder summit in March, 2018 established the groundwork for development of the next State Plan, setting goals and strategic approaches for the coming five years.

**Goal 1:** In order to update the statewide vision for dementia care, BADR will convene a steering committee made up of partner agencies and organizations to coordinate statewide collaborations with a regular schedule of meetings beginning by August 1, 2018. The committee will develop and publish a new five-year state plan for Alzheimer’s disease and related dementia by Dec. 31, 2018.

**Goal 2:** To increase the provision of services through the Dementia Care Specialist (DCS) program, BADR will develop a plan to expand the Dementia Care Specialist (DCS) services across the Aging Network. A DCS capacity report will be developed by March 2020. The report will include strategies to reach all areas of the state, identify the needed workforce, and explore potential funding streams for full expansion.

(A Project Summary for the goals described in Services to People with Dementia can be found in Attachment D: pages 28-29).

## **Older Americans Act Title III and Title VI Coordination**

### **Framework**

The needs of tribal elders are similar to the needs of the general older adult population in Wisconsin, but tribal elders face additional challenges obtaining services that are geographically and economically accessible as well as culturally appropriate for tribal members. Issues include the fact that tribal lands are rural and geographically isolated; a large share of older tribal members have income near or below poverty; and many tribal elders experience health issues related to lifelong disparities in access to and quality of medical care. Many tribal elders wish to remain at home in their communities in order to continue to participate in social networks, local organizations, and cultural and religious ceremonies and traditions. Some are unwilling or unable to relocate to areas with greater access to long-term care services. Coordination between tribal aging programs (Title VI) and county aging programs funded through Title III is important for addressing local challenges with the strongest resource base possible.

The Tribal Technical Assistance Center, located in Lac du Flambeau, opened its doors on January 1, 2009, and operates within the Great Lakes Inter-Tribal Council (GLITC). The center was created to provide culturally appropriate and tribe-specific planning, training, and technical assistance to tribal

aging units. BADR has worked cooperatively with staff from the Tribal Technical Assistance Center and Tribal Aging Units to identify areas where technical assistance can be provided for either Title III or Title VI programming in order to ensure maximum coordination between the programs and minimize duplication.

Many tribal aging units in Wisconsin have seen turnover among aging unit directors and support staff during 2017-2018. New tribal aging directors must learn about the OAA and how these supports and services fit within tribes and the aging network. Turnover within tribal aging units is similar to that in county aging units, totaling about 20% statewide.

BADR, the AAAs and GLITC have been supportive of tribes, recognizing both the successes and challenges of maintaining OAA supports and services. During this planning period additional support will be needed by several new tribal aging directors to assist them with writing their 2019-21 aging plans. The state will work closely with GWAAR and GLITC to provide guidance and to assure coordination between Title III and Title VI programs and activities.

Program development offers several concrete opportunities for coordination of Title III and Title VI activities. For example, most tribes are expanding their health promotion activities in consultation with BADR's health promotion coordinator and with the Wisconsin Institute for Healthy Aging (WIHA). Part of this effort involves evaluation of evidence-based programs to determine whether they are culturally appropriate. Many tribal aging units have been successful in delivering a variety of highest level evidenced based health promotion programs and activities. Some tribes collaborate with neighboring county aging units or ADRCs in these efforts.

During this planning period BADR will encourage all tribes to document and report at least one highest level evidenced based health promotion program in each year of the planning period 2019-2021, and more generally to use Title VI funds to provide evidence-informed and innovative health promotion programs to further address local needs.

BADR continues its commitment to support programs and activities that will assure the health, safety and welfare of tribal members by inviting and including tribal aging unit staff in planning, training, and grant opportunities to enhance programs and services for each of Wisconsin's 11 tribes.

### **Goals:**

**Goal 1:** BADR will continue to support the work of tribal Dementia Care Specialist (DCS) program in three Wisconsin tribes. The contract for this program specifies required activities and expected outcomes adapted for tribal communities in collaboration with the statewide Tribal Aging Commission and the DHS Tribal Affairs Director. Evaluation will focus on the success of these adaptations to the state's broader DCS program. Evaluation and decisions about further expansion of this program, as funding permits, will be completed during 2018.

**Goal 2:** In cooperation with the DHS Tribal Affairs Office, BADR will convene bi-monthly DHS Tribal Support meetings to identify tribal accomplishments, address challenges in supporting tribal programming and discuss coordination between Title III and Title VI. Participants will share ongoing communication with tribal program staff and with BADR leadership.

**Goal 3:** BADR staff members will attend at least three Tribal Aging Directors quarterly meetings in person annually during the Plan period, in order to increase BADR knowledge and understanding of

tribal aging issues and enhance relationships with Tribal Aging Advisory members and Tribal Aging Unit staff. BADR participants' role in these meetings will include presenting program information when requested, listening to and addressing concerns related to program services and supports, and strategizing to remove barriers. This goal is ongoing throughout the Plan period.

A Project Summary for each of the goals described in OAA Title III and Title VI Coordination can be found in Attachment D: pages 30-31).

## **B. PARTICIPANT-DIRECTED/PERSON-CENTERED PLANNING**

### **Framework**

Participant-directed options within Wisconsin's Aging Network provide older citizens with both choice and influence over programs, services and supports. Wisconsin's older population is becoming more diverse, and program data demonstrate that traditional models of service delivery offered by some OAA programs may not meet the needs of this changing group. Many older adults continue to work, volunteer, provide care for family members, and actively participate in their communities. They require programs, services, and opportunities that offer participants ownership and influence and provide flexibility in both time and commitment. Wisconsin's aging programs will address these realities by working during this plan period to enhance choice and control in obtaining supports and services.

Goals for moving Wisconsin forward in regard to participant direction and person-centeredness are embedded in several program areas and detailed in the Goals for those areas. Specifically:

*National Family Caregiver Support Programs:* The development of a new caregiver needs assessment will provide NFCSP program staff and health promotion coordinators a tool to develop a person-centered understanding of family caregivers and their specific needs of family members enrolled in the program (see Title III-E: National Family Caregiver Support Program - Goal 1, above).

*Nutrition Program:* In the most striking example of shifting program need, Wisconsin's congregate dining programs saw a significant decrease in participation over the past 10 years despite persistent nutritional risk and need. To address this, BADR convened a Nutrition Revitalization Task Force in 2013 to identify barriers to participation in the current program and to strategize solutions. BADR issued competitive innovation grants in three successive years to facilitate creative approaches to increasing participation. Preliminary analysis of grant accomplishments show that the most successful programs provide enhanced choice regarding time, menu, location, and setting. In addition, many integrate congregate meal site programs into the larger community in some way. The Health Promotion coordinator will work in partnership with the Nutrition Program coordinator to provide analyses and develop guidance for future replication of the most successful nutrition program innovations. Based on past analysis of the revitalization projects, replication efforts will expand the choices for older adults in the congregate nutrition program (see Title III D: Evidence-Based Health Promotion Programs - Goal 2, above).

*Health Promotion:* Wisconsin provides a more than 40 health promotion programs to build older adults' skills for participation and self-management. Among the array of evidence-based health

promotion programs offered in Wisconsin, several aim directly to increase the health literacy, communication skills and self-efficacy of older adults so that they can take a more active role in advocating for their own health and well-being. In particular, the Chronic Disease Self-Management Program (CDSMP), the Diabetes Self-Management Program (DSMP), and the Stepping On Fall Prevention program all build self-efficacy, confidence, and skills to help older adults remain healthy, active, and independent in their communities (see Title III-D: Evidence-Based Health Promotion - Goal 3, above).

*Quality Management:* BADR has committed to developing tools and establishing effective mechanisms for collecting and documenting public input from Wisconsin citizens to improve compliance with the Older Americans Act. Our goals are to expand connections with older adults through an enhanced participant-directed process and to improve consistency of the information collected to assist the state, AAAs, and county and tribal aging units in OAA program planning and development. (See Quality Management- Goal 1, below).

## **C. OLDER AMERICANS ACT TITLE VII AND SUPPLEMENTS: ELDER JUSTICE PROGRAMS**

### **Prevention of Abuse, Neglect, and Financial Exploitation of Elder Adults at Risk**

#### **Framework**

Title VII, the Vulnerable Elder Rights Protection Title, was created through amendments to the Older Americans Act in 1992. It addresses the need for strong advocacy to protect and enhance the basic rights and benefits of vulnerable older people. Title VII brings together and strengthens existing advocacy programs for older people, and calls for their coordination and linkage within each state. In addition, Title VII calls on state agencies to take a holistic approach to elder rights advocacy by coordinating programs and fostering collaboration among programs and other advocates in each state to address issues of the highest priority for vulnerable elders.

In Wisconsin, the elder-adults-at-risk program for people age 60 and over is administered by county governments, which are statutorily responsible for investigating reports of alleged abuse, financial exploitation, neglect, or self-neglect (collectively “abuse”) of adults at risk who have experienced, are experiencing, or are at risk of experiencing abuse. Each county is required to designate an elder-adults-at-risk agency, which publicizes contact information and responds to reports of abuse. If the elder-adults-at-risk agency determines that an individual has been, is, or is at risk of experiencing abuse, it must make recommendations to protect the health and safety of the elder adult at risk. BADR provides policy interpretation, program planning and development, training, and technical support to the network of elder-adults-at-risk agencies.

#### **Goals**

**Goal 1:** Participate in and contribute to Wisconsin’s Elder Abuse Task Force, which was convened by the Attorney General in October 2017. The goal of the Task Force is to identify key issues in elder abuse along with their root causes, and to develop recommendations designed to improve outcomes. Outcomes include increasing investigations and prosecutions of elder abuse,

strengthening consumer protections for elders, and improving cross-system collaboration. Two BADR Adult Protective Services (APS) staff will attend all Task Force and/or working groups meetings to ensure that APS's role and perspective are considered as part of the Task Force's work. The Task Force will continue through June 30, 2019.

**Goal 2:**

**Project Description:**

Offer for the first time, Adult Protective Services (APS) training free of charge to all APS workers and supervisors in four regions of the state in the summer and fall of 2018. Following the training an evaluation and plan for sustainability will be developed and implemented.

**Goal 3:** Host a Wisconsin Adult Protective Services Conference for 350-400 attendees designed to increase APS workers' skills and knowledge to strengthen workforce competency.

**The Long Term Care Ombudsman Program**

**Framework**

The State Long Term Care Ombudsman (SLTCO) Program provides advocacy services to persons age 60 and older who are consumers of Wisconsin long term care programs, and is a subdivision of the State of Wisconsin's Board on Aging and Long Term Care. Congress mandated the creation and operation of a Long Term Care Ombudsman Program as part of the Older Americans Act of 1965, as amended (see 42 USC 3027(a)(9) and 42 USC 3058f through 3058h). The noted sections of the Older Americans Act are applied by rule at 45 CFR 1321 and 1324. Wisconsin law refers directly to these statutes as authority for and definition of the responsibilities of Representatives of the Office of the State Long Term Care Ombudsman operating within the Board on Aging and Long Term Care at §16.009(4)(a), Wis. Stats. Ombudsmen provide advocacy services on behalf of persons age 60 and older who are members of Wisconsin's Family Care and Family Care Partnership Programs, the Program for All-Inclusive Care for the Elderly (PACE), and participants in Wisconsin's IRIS (Include, Respect, I Self-Direct) program.

Ombudsmen work with a variety of persons who have relationships with these residents and members, including their families and communities, legal representatives, medical and managed care teams and other concerned parties. Through the Ombudsman Program, persons are encouraged to voice concerns regarding conditions that impact their quality of their lives and their care. In addition, persons receiving services through Medicaid Waiver programs in the community are eligible to be directly served by the Ombudsman Program to resolve concerns related to their services and benefits. Ombudsman services are provided at no charge, and the confidential relationship between the client and the ombudsman is the foundation of the Ombudsman program. Ombudsmen report specific client concerns only with consent to disclose. The Ombudsman Program promotes policies, practices and systems change to improve the quality of life and care for all older adult consumers of Wisconsin's long-term care programs.

The agency also operates a Volunteer Ombudsman Program, developed to supplement the advocacy functions of the Long Term Care Ombudsman Program in skilled nursing facilities. Established in 1994, the program now serves hundreds of nursing home residents in 27 counties

throughout the state. During weekly visits, Volunteer Ombudsmen observe, listen to and interact with the residents and observe general conditions of the nursing home. Volunteer Ombudsmen talk with residents and family members, empowering them to be self-advocates, and will speak, with permission of the resident, on behalf of those who will not or cannot speak for themselves. Volunteer Ombudsmen are trained to communicate, document and report appropriate information for the benefit of the residents served. Ombudsman Program goals are derived from trends as noted through multi-year data trend reports and provisions as set forth in the Federal Ombudsman Rule.

## **Goals**

**Goal 1:** The Ombudsman Program will increase advocacy and support services to clients vulnerable to or experiencing elder abuse. Strategies will include but are not limited to: participation in the Attorney General's Task Force on Elder Abuse; participation in the Criminal Justice Response and Financial Exploitation working groups in support of the Attorney General's Task Force on Elder Abuse; developing and providing educational programs and resources to long-term care consumers, their representatives, provider staff and the community-at-large; collaborating with law enforcement agencies, the Wisconsin Department of Justice, the United States Attorney's Office, the state's Licensing and Certification Agency and county adult protective services units.

**Goal 2:** The Ombudsman Program will work to advocate for timely and person-centered provider response to all activities related to facility closures and resident relocations. Strategies will include but not be limited to: dissemination of closure and relocation-oriented client and provider resources; provision of educational programs regarding transfer trauma to provider groups, including managed care organizations; propose collaboration with Department of Health Services Division of Quality Assurance and providers of long-term care services to mitigate the negative impact of spontaneous closures and relocations.

**Goal 3:** The Ombudsman Program will ensure professional, timely and person-centered advocacy to clients. Strategies will include, but not be limited to, certification and ongoing evaluation of long-term ombudsmen and their practices, and, provision of relevant continuing education according to changing client needs and demographics.

(The Board on Aging and Long Term Care does not use the State's Project Summary tool to outline their project activity).

## **V. QUALITY MANAGEMENT**

### **Framework**

The Bureau of Aging and Disability Resources uses the National Association for Addiction Treatment (NIATx) model of quality improvement to enhance the skills of staff in BADR, AAAs, ADRCs and Aging Units throughout the state. The NIATx model of process improvement was created at the University of Wisconsin-Madison and uses the same

foundational methods and concepts found in the LEAN and Baldrige quality improvement models but in a simpler format. The NIATx model has been used successfully within 2,500 organizations and agencies throughout the United States.

The NIATx model falls within what is often described as an “active” method of quality improvement because its focus is on improving existing processes. This customer-focused model requires staff to define a problem, map current processes, identify “bottlenecks” in the process, determine which bottlenecks can be eliminated or improved, develop a Specific, Measurable, Attainable, Results-based, Time-bound (SMART) goal statement and use the Plan, Do, Study, Act method to make improvements in the process they have chosen. In addition, staff must develop a plan for sustainability of the process that has been improved.

All BADR staff is trained and use quality improvement methods and practices to improve overall program operations and program planning. A required element of AAA and Aging Unit plans is to identify and develop Specific, Measurable, Attainable, Results- based, Time-bound (SMART) goals. Through years of commitment to training BADR has been able to instill a culture and a common language of quality improvement, and has institutionalized the use of the SMART goal method. BADR will continue to train staff, Aging Units and ADRCs during the next three years with an eye toward the focus areas within each Aging Plan. As a tool for continuous quality oversight, BADR will develop and regularly review a Project Summary/Work Plan document for each of the identified goals within the State Aging Plan for 2019-2021.

## **Goals**

**Goal 1:** The State Office on Aging will establish mechanisms for collecting and documenting public input from Wisconsin citizens to improve compliance with the Older Americans Act, expand connections with older adults, and to improve consistency of the information collected to assist the state, AAAs, and county and tribal aging units in program planning and development.

**Goal 2:** To continue to build the culture of quality, 98% of all internal staff within each year of the planning period will be trained in the NIATx model of quality improvement. This will be accomplished by providing the opportunity for training in quality improvement. BADR will be offering two, two-day Change Leader Academy workshops in each year of the three year plan. These trainings will also be offered to county and tribal aging units to support their ongoing quality improvement projects.

**Goal 3:** BADR will work with AAAs to provide support to Aging Units to develop measurable goals with an emphasis on goals directed toward in increased public input in their three-year plans, by October 1, 2018.