Nutritional Advisory Council Meeting
NOTICE OF PUBLIC MEETING

Monday, May 17th, 2021 – 9:00 a.m.
ADRC/Door County Community Center
916 N. 14th Avenue, Sturgeon Bay, WI 54235

AGENDA

• Call to Order at 9:00 a.m.
• Establish Quorum
• Review and Approve Agenda
• Review and Approve Minutes from the 03/15/2021 Nutrition Advisory Committee Meeting
• Public Comment
• Council Response

Old Business
• Staffing Update
• ADRC COVID-19 Operations Update
• Three Year Aging Plan – Community Engagement: One-on-One Interviews

New Business
• Three Year Aging Plan – Nutrition Program Goals
• Reopening Congregate Dining Sites
• Mobile Assessment Piloting Project
• Annual Nutrition Program Satisfaction Surveys
• Elder Nutrition Program Meal Report
• Unmet Needs
• Meeting Code

• Items to be placed on a future agenda

• Confirm Next Meeting Date and Time
  • The next Nutrition Advisory Council meeting is tentatively scheduled for Monday, July 19th, 2021 at 9:00 a.m. This meeting location will be determined.

• Adjourn

In compliance with the Americans with Disabilities Act, any person needing assistance to participate in this meeting should contact the Office of the County Clerk at (920) 746-2200. Notification 72 hours prior to a meeting will enable the County to make reasonable arrangements to ensure accessibility to that meeting.

Deviation from the printed order may occur.
Nutrition Advisory Council - Minutes

Monday, March 15th, 2021 at 9:00 a.m.
Government Center – Chamber’s Room (1st Floor), 421 Nebraska Street, Sturgeon Bay, WI 54235

THESE MINUTES HAVE NOT BEEN REVIEWED AND APPROVED BY THIS BOARD AND ARE SUBJECT TO REVIEW AND REVISION BY THE BOARD AT THEIR NEXT REGULARLY SCHEDULED MEETING.

Business Meeting

1. Call meeting to order at 9:00 a.m.
   - The meeting was called to order at 9:42 a.m. by Megan Lundahl. Members attending in person: Megan Lundahl (Chair), Paul Zenefski, Steve Hey, and Nancy Tong. Members attending virtually: Roxanne Boren, Debbie Dahms, and Winnie Jackson. Other persons present: Jenny Fitzgerald. Barb Snow took minutes.

2. A quorum was established and the meeting continued.

3. Review and approve the agenda
   - A motion was made by Nancy Tong and seconded by Debbie Dahms to adopt the agenda. The motion carried unanimously.

4. Review and approve the Minutes of the 1/18/2021 Nutrition Advisory Council Meeting
   - A motion was made by Steve Hey and seconded by Winnie Jackson to approve the minutes. The motion was carried unanimously.

5. Public Comment – None

6. Council Response – None

7. Old Business
   - Staffing Update
     - The ADRC is currently looking for the Disability Benefit Specialist (DBS) position. Applications will be reviewed for the second time on 3/16/2021. There are eight applicants and interviews will be tentatively held on 3/23/2021. The DBS position is a 32-hour position working with age groups 17½ to 59.
     - The Washington Island meal site is still looking for a second cook to back up Nelvie when she needs time off. Nelvie serves meals on Washington Island on Monday’s, Wednesday’s, and Friday’s.
   - ADRC COVID-19 Operations Update.
     - The ADRC doors are still closed. The ADRC is providing services by appointment, virtually or on the phone if possible. Information and Assistance Specialists (I&A) Elder & Disability Benefit Specialists along with carry out meals and the meals on wheels programs are still being provided.
     - The ADRC started taking tax appointments on 2/23/2021. Taxes are being with limited contact so they will be dropped off and picked up from 8:00 am – 12:00 pm Tuesdays, Wednesdays and Thursdays.
     - 30% of Door County population, 65 and older, have been vaccinated.
   - Three-Year Aging Plan – Community Engagement Plan Update
     - Over 300 people have filled out the Three-Year Aging Plan survey. Surveys have been distributed to our ADRC newsletter, the Caregiver Coalition group, Meal participants, Learning in Retirement (LIR), Neighbor to Neighbor, The Observer, The Pulse, WBDK and WDOR. More surveys have been submitted from the Northern Door and Sturgeon Bay areas; from the 60-90 age group; from the Pulse, WDOR and Facebook, COVID-19 and connectivity and mental health were more common choices; there was a lot of good feedback on the surveys. The survey will be distributed through March. In 2018 when the last survey was completed there were only 189 responses.

8. New Business
   - Committee Composition and Extended Terms
Roxanne Boren will extend her time on the board. Debbie also agreed to stay on the board.

**2021 Nutrition Program Meal Reports**
- Meals are reported differently this year compared to last year. We served 300 more meals that we served last year than the year before. We provide about 200 meals a day, we have about 85 Meals on Wheels participants. We have added more Meals on Wheels routes with a total of 6 routes. If we had another Meals on Wheels volunteer driver we would be able to add another route. Jenny asked the board to spread the word that we are doing carry out meals. There are a lot of people that don’t know that we have carryout meals. Options to spread the word were: run a blurb in the Peninsula Pulse, Facebook, and Church Bulletins.

**Mobile Assessment Piloting Project**
- Jenny referred to the Mobile Assessment Piloting Request handout. Jenny and Wendy have been conducting Meals on Wheels Assessments on paper and then entering the data into SAMS. The Mobile Assessment System will allow non-SAMS users to perform assessments into SAMS via a laptop or tablet and offline. There are two SAMS users to perform assessments a month using the program.

**Grant Opportunity: ADRC and tribal ADRS COVID-19 Vaccination Community Outreach**
- Jenny referred to the handout for the ADRC COVID-19 Vaccination Community Outreach. The ADRC was awarded funding to reach those that are isolated or live alone an opportunity to receive the COVID-19 vaccination. Jake will be meeting with the hospital and public health and EMS to get the word out and help schedule vaccinations and/or create a mobile route to go to those that want vaccinated. Public Health is looking at bringing in about 12-13 nurses. The grant is available from March-August.

**Annual Nutrition Program Satisfaction Surveys**
- Every year GWAAR requires a Nutrition Program Satisfaction Survey. Last year the survey was not required due to COVID-19. This year we have the Carryout Meals and the Home Delivered Meals surveys that will be distributed possibly June or July. We are able to add 2 or 3 questions that have to be approved by GWAAR. Surveys will be distributed by paper, links from SurveyMonkey will be added to Facebook and our website.

**Prescription Drug Pick Up Program**
- This will be our second Prescription Drug Pick Up Program run. A sheriff deputy goes along with a Meals on Wheels Driver and picks up unwanted medications. Meals on Wheels participants are contacted to see if they would like to participate. Meals on Wheels participants are then placed on a temporary route and given a plastic baggie to put their unwanted medications in. The volunteer driver brings them their meal and the deputy sheriff collects the medication. Last time they collected 8 pounds of medication.

**Three Year Aging Plan – 2021 Goals**
- We are still wrapping up this year’s goals. Jenny referred to the handout the Required Categories handout in the packet. Goals for the 2022-2024 Aging Plan being enhanced. Goals are made with a bigger picture in mind, with one large goal for the entire plan and have different smaller goals to reach the main goal. Jake and Jenny are waiting on guidelines and will update the board at the next meeting.
- Aging Advocacy Day is possibly May 12th.

**Unmet Needs – Social Isolation and Staying Connected**
- The board mentioned that a lot of people are anxious to move on. The ADRC has the Adopt a Grandparent Program which has a lot more children than grandparents. The different styles of communication between the grandparents and the children are interesting. We need more seniors.
- We also have ADRC @ Home Kits and are slowly bringing some programs back (subject to change). Programming will look a little different with COVID-19 safety precautions in mind.

**Meeting Code – 315**

9. **Future Agenda Items**

10. **Confirm Next Meeting Date and Time**
- The next Nutrition Advisory Council meeting is tentatively scheduled for Monday, May 17th, 2021 at 9:00 a.m. This meeting location will be determined.
11. Adjourn

- A Motion was made by Nancy and seconded by Debbie to adjourn.
- Meeting was adjourned at 10:39 a.m.

The minutes for this meeting were recorded by Barb Snow.
Sample Questions for One-on-One Interviews (DRAFT)

- Are there services or events you have seen or heard of in other communities that you think would be helpful to older adults in our county?
- What keeps you from contacting the ADRC?
- What areas would you like to learn more about? (use of technology, understanding government/policies, nutrition, dementia capable communities, healthy aging...)
- What do you see as some of the biggest challenges to remaining in your home as you age?
- What do you think you will need in the next 3, 5, or even 10 years to help you remain as independent as possible?
- What does healthy aging mean to you?
- What would you like your ADRC to do to promote healthy aging in our communities?
- As a caregiver for a spouse, family member or friend, what resources do you think are most important for the county to provide?
- What are some services or ideas you feel might make your community easier or more enjoyable for you to live in?
- What are the three most important issues facing older adults today?
- What are the top three concerns you have at this time?
- Tell us something you love about the community in which you live.
- What activities in the community are making a positive difference for older adults?
- What do you think are the main issues, problems, and challenges older adults in our community are facing?
Aging Plan Timeline - 2022-2024

Gather preliminary ideas and input from the public. At least two distinct methods of community engagement should be used. Due: July 23, 2021

Develop a draft plan that addresses each of the required categories for aging plan goals and objectives. May - July 2021

Submit draft plan goals to GWAAR and revise as needed based on GWAAR feedback. May - July 2021

Present draft plan to advisory and policy-making body. August - September 2021

Collect feedback on draft plan by holding formal public hearings and other outreach. September - October 2021

Revise as needed based on public feedback and resubmit to GWAAR if significant changes were made. September - October 2021

Present final plan to policy-making body for approval. October - November 2021

Submit final plan to GWAAR for final approval. Due: November 5, 2021

Gather Input from the Public
Engage with as many people as possible. Describe the methods used, amount of input received, justification for sufficiency, and how used to develop your plan. Due to GWAAR July 23, 2021.

Develop Draft Plan
Develop plan goals utilizing community input, advisory and policy-making boards, and OAA consultant. The draft goals and information about community engagement are due to GWAAR July 23, 2021.

Collect Feedback on Draft Plan
Hold formal public hearings after draft plan is approved by GWAAR, advisory and policy-making boards. Complete Public Hearing Reports.

Present Final Plan to Board
Share results of Public Hearings and comments from GWAAR. Once the board has approved, send final plan to GWAAR by November 5, 2021.
REQUIRED CATEGORIES FOR 2022-2024 AGING PLAN GOALS: UPDATED

Our statewide approach to the upcoming Aging Plan cycle emphasizes the needs expressed by older adults and their caregivers through local community engagement or public input activities. This approach also frames the three-year Plan period in the larger context of creating a long-term vision for the evolution of aging and disability programs and services. To that end, we encourage robust local conversation around how we want our systems to look in ten, twenty or thirty years. Also to that end, we encourage you to think of at least some of the projects in your plan as long-term projects, with annual milestones rather than project completion dates.

For this three-year plan, we will be requiring goals for each of the four funded Older Americans Act Title III programs, and goals to advance four values that shape program development in the Aging Network. Note that there may be some overlap in these goals, as illustrated in the examples below.

GOALS TO ENHANCE PROGRAMS

At least one goal is required to address an emerging need, a quality issue, or a gap in the services system in EACH of the following program areas:

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

GOALS TO ADVANCE VALUES

5. At least one goal is required to enhance ongoing community engagement with aging plans and program operations so that they build a sense of ownership and commitment by the community.

6. At least one goal is required to address progress within one or more program area toward person-centered services, maximizing consumer control and choice. This may include efforts to expand choice and participant direction in specific Title III programs. One example might be a goal to introduce a choice-based restaurant model as part of the congregate meal program. The person centered services goal can be a stand-alone goal or met in one or more of the goals for Title IIIB, Title IIIC, Title IIID or Title IIIE.

7. At least one goal is required to address a barrier to racial equity within one or more program area. This may include efforts to expand the racial equity or inclusiveness of specific Title III programs. One example might be a goal to move closer to equitable distribution of aging services to reflect county demographics. The racial equity goal can be a stand-alone goal or met in one or more of the goals for Title IIIB, Title IIIC, Title IIID or Title IIIE.

8. At least one goal is required to increase local aging and disability network participants’ knowledge and skills related to advocacy. This may include efforts to educate older adults about policy making or legislative processes, sometimes known as “Senior Statesman” training. The advocacy goal can be a stand-alone goal or met in one or more of the goals for Title IIIB, Title IIIC, Title IIID or Title IIIE.
EXAMPLES: IDEAS FOR REQUIRED FOCUS AREAS - 2022-2024 AGING PLANS

EXAMPLES OF IDEAS TO ENHANCE PROGRAMS

Title III-B Supportive Services

- Increase transportation options for people needing to get to congregate meal sites in rural communities
- Decrease social isolation by developing a telephone reassurance service in partnership with community volunteers/organization
- Regional transportation coordination
- Transportation emergency planning
- Public/private transportation partnerships
- Embrace new transportation technologies
- Increase marketing and education efforts on available transportation services
- Partner with other local agencies (ILC, Veterans, pharmacy/home medical supply, etc.) to build an assistive technology or mobility support loan closet
- Create a volunteer program to provide home repair, small home modifications, and chore services
- Develop a tablet loan program to use for telehealth, support groups, socialization, etc.
- Purchase a virtual community engagement platform and develop a plan for continuous community engagement – milestones over 3 years and include intentional outreach to underserved populations
- Support non evidence-based health promotion efforts like the Aging Mastery Program
- Develop a virtual meeting space for LGBTQ caregivers and family members.
- Develop ongoing virtual community connections meeting space for older adults with disabilities/chronic conditions/deaf and hearing communities
- Develop a phone support program to address solation and loneliness

Title III-C Nutrition Program

- Utilizing a Malnutrition Screening Tool and enhancing DETERMINE checklist
- Getting leaders trained in Stepping Up Your Nutrition Class and/or Eat Better, Move More, Weigh Less High-Level EB Class
- Develop a 3 year plan to utilize Nutrition Education Initiative Materials (Eat Well and Beneficial Bites)
- Increase the amount and type of Nutrition Counseling offered
- Work with local and statewide partners to address Hunger, Food Insecurity, and Increased Access
- Incorporate Cooking Classes (virtual or in-person)
- Incorporate Nutrient-Dense Meals by utilizing Menu Development and Culinary Support from GWAAR and Sustainable Kitchens
- Expand Socialization opportunities
- Consider Medically Tailored Meals
- Work with healthcare entities on Care Transitions
• Expand under serviced participants in our County
• Record programs and air throughout the year on local cable community channel or Facebook featuring recipe sharing
• Explore breakfast option or Dining at 5 with the goal of increasing participation by at least 25 new, unduplicated individuals participating.
• Emergency planning for participants, meals, drivers and other staff for multiple emergency scenarios.

Title III-D Health Promotion

• Reduce the health effects of loneliness in older adults
  a. Identify lonely older adults (possibly through HDM)
  b. Implement proven strategies to reduce loneliness
     i. Phone Companion Program
     ii. Implement high-level evidence based programming
     iii. Create partnerships with local organization for a collective impact approach (i.e. healthcare, UW-Extension, WIHA)
  c. Evaluate effectiveness of intervention

• Expand high-level evidence based health promotion opportunities for older adults in your community.
  a. Assess current evidence based health promotion programming for older adults in your community (Aging Unit, ADRC, Senior Ctr, hospitals, clinics, Athletic Clubs, public health)
  b. Establish partnerships to increase evidence based health promotion programming – identify which programs you would like to expand, new programs to address a health need in the community. Possibly create an evidence based coalition for older adults in your community.
  c. Plan and implement new programming based on need (train facilitators, etc.)
  d. Evaluate programming – is it fitting the need identified

Title III-E Caregiver Support

• Increase access to and availability of respite care services
  o Apply for a CORE Respite Grant from RCAW (The purpose of the CORE Grant Program is to expand the pool of trained respite care providers by hosting recruitment and outreach events, educate family caregivers about long-term care resources, including respite care, and collaborate with agencies that support family caregivers, including but not limited to ADRC’s, County CLTS, and CCOP staff, and Tribes.)
  o Environmental scan of respite support services in county/tribe
  o Educate/outreach/marketing on availability of respite services

• Increase support for grandparents and relative caregivers caring for relatives’ children
  o Participate in RAPP workgroup through WFACSA
  o Create a vehicle for regular communication with Kinship Care staff, WI Adoption & Permanency Support, local Family Resource Center, and the Coalition for Children, Youth and Families
  o Survey grandparents/relative caregivers in the county/tribe to find greatest need
- Work with above partners to initiate one support discovered from survey
- Increase the number of caregivers who access virtual caregiver training, support groups and events
  - Create a system of referral and engagement of caregivers to the Trualta program
  - Start a tablet loan program which includes internet access
  - Hold regular education opportunities to teach how to use technology and virtual platforms such as Zoom (Senior Planet and Generations Online have programs to access)
  - Utilize Virtual Events page
- Ensure underserved populations have access to (are comfortable accessing) caregiver supports
  - Connect with trusted leaders of underserved communities.
  - Review resources and materials with these groups to assess for relevance/cultural appropriateness
  - Create/revise/extend services to meet specific needs of the groups as identified by above activities

**EXAMPLES OF IDEAS TO ADVANCE VALUES**

At least one goal is required to **enhance ongoing community engagement** with aging plans and program operations so that they build a sense of ownership and commitment by the community.

- Successfully engage individuals who are not program participants in the community engagement/needs assessment process
- Hold three community engagement events, two virtual, and get input from people who can’t attend in-person
- Hold a community engagement event in partnership with a community organization from the Black, Latinx or Hmong community to discuss ways to better serve.
- Form a community engagement committee to create and manage ongoing community engagement
- Purchase and utilize a virtual engagement platform

At least one goal is required to address progress within one or more program area toward **person-centered services, maximizing consumer control and choice**. This may include efforts to expand choice and participant direction in specific Title III programs. One example might be a goal to introduce a choice-based restaurant model as part of the congregate meal program. The person centered services goal can be a stand-alone goal or met in one or more of the goals for Title IIIB, Title IIIC, Title IID or Title IIIE.

- Increase choice in congregate dining participation by opening a restaurant model in cooperation with a local restaurant (this is also a nutrition program goal).
- Expanding congregate and home delivered menu options to include meals that appeal to members of underserved communities, such as the Hispanic, Hmong, Black or Indigenous community (this is also a health equity and nutrition goal).
- Expand respite and in-home services to include non-professional/agency providers
Create a list of non-agency providers of respite, personal care and homemaker services

Seek out providers of underserved populations to find resources that caregivers of less visible communities (LGBTQ+, minorities, low income) are comfortable, willing and able to access. May need to start by forming relationships with the leaders of these communities.

At least one goal is required to **address a barrier to racial equity** within one or more program area. This may include efforts to expand the racial equity or inclusiveness of specific Title III programs. One example might be a goal to move closer to equitable distribution of aging services to reflect county demographics. The racial equity goal can be a stand-alone goal or met in one or more of the goals for Title III-B, Title III-C, Title III-D or Title III-E.

- Modify program outreach and operations to increase the number of people participating from the underserved communities, such as the Hispanic, Hmong, Black or Indigenous community in home delivered and congregate meal program. (This also a nutrition program goal).
- Offer Spanish language versions of Stepping On and Living Well with Diabetes to increase participation of people from underserved communities.
- Expand offering and outreach for Grandparent Caregiver supports or kinship care services to underserved populations in your community.
- Provide Spanish and Hmong language supports to facilitate participation in caregiver services by underserved communities in your area.
- Provide in-depth training to agency staff about inclusiveness and equity with the goal of identifying groups in your communities who are not being served because programs offered do not take into account the specific needs of these groups.

At least one goal is required to increase local aging and disability network participants’ **knowledge and skills related to advocacy**. This may include efforts to educate older adults about policy making or legislative processes, sometimes known as “Senior Statesman” training. The advocacy goal can be a stand-alone goal or met in one or more of the goals for Title III-B, Title III-C, Title III-D or Title III-E.

1. **Increase the effective advocacy skills of X # of people by offering training and resources** –
   
   **Increase Knowledge**
   
   a. Who are your legislators? What role do they play?
   b. Legislative process
   c. How to tell your story
   d. Issues impacting older adults/people with disabilities – local, state, federal or budget or non-budget policy

2. **Identify opportunities for (newly trained) advocates to put their skills to work**
   
   a. County/tribal budget process
   b. Municipal issue
   c. State budget process
   d. State legislative process
   e. Federal budget process
3. Provide organizational supports to advocates/members willing to form a local Advocacy Committee
   - Meeting space
   - Photo copies and supplies
   - Access to resources
   - Share advocacy updates
   - Agenda items

Advocacy goals could also advance racial equity by incorporating the following:

- When recruiting for advocacy training, specifically reach out to parts of the community that have not been represented before.
  - Ensure the accessibility of advocacy events with attention to the physical space, the technology used, and the need for interpretation, closed captioning, and translation.
  - Make sure outreach materials are accessible and available in translation.
  - Seek trainers with lived experience in underserved communities.
  - Connect with trusted leaders of underserved communities.
- Make sure topics you address in the three steps above reflect the needs of underserved communities.
- Support partners from underserved communities by allying with their advocacy efforts.
- Test your results – do the advocacy activities or plans reflect input from all populations in the community?
ENP Considerations for Resuming In-Person Services

The following recommendations are based on available COVID-19 information as of March 19, 2021. Public health guidance related to COVID-19 is constantly evolving as more becomes known through research and everyday experience. Nutrition directors should stay up-to-date on CDC and Wisconsin DHS guidelines and how they relate to ENP services and settings.

Each aging unit/provider will need to address specific opportunities and challenges related to population served, physical space, staffing, availability of volunteers, etc. and will need to tailor these recommendations accordingly. All planning related to resuming in-person nutrition services should be done in consultation with local public health departments and the area agency on aging. Aging unit staff should coordinate with ADRC staff, senior centers, and staff at other dining center locations to ensure that all parties are able to provide input in the planning process and are knowledgeable of processes in place to assure safety of staff, volunteers, and participants.

Consider that resuming in-person service will look and feel different. Programs may need to reevaluate the way services are provided and continue to offer a variety of options, such as combinations of virtual and in-person services, and/or carryout meals in addition to congregate meals, etc.

Be prepared for the possibility that in-person services may need to cease if cases increase or there is an outbreak associated with the dining center. Have a plan in place that allows the program to pivot quickly to carryout or home-delivered meals if closure is necessary.

Contents:

1. COVID-19 Transmission
2. Health and Hygiene Considerations
3. Masks and Face Coverings
4. Physical Distancing
5. Additional Considerations for Participant Protection
6. Dining Center Environment and Considerations for Staff/Volunteers
7. Food and Beverage Handling and Preparation
8. Cleaning and Disinfecting
9. Additional Considerations for Carryout Meals and Delivery
10. Additional Considerations for In-Home Assessments
11. Additional Considerations for In-Person Activities

COVID-19 Transmission

COVID-19 is primarily spread to people who are in close contact (within about six feet) with an infected person. The virus is in droplets that are sprayed when a person coughs, sneezes, or talks. Infected persons may spread the virus, even if they do not have symptoms. Staying six feet away helps protect people from transmission. COVID-19 may also be spread if a person touches a surface or object with the virus on it and then touches their mouth, nose, or eyes. This is not the primary way the virus spreads,
but precautions such as regular handwashing, cleaning and sanitizing should still be taken to reduce transmission risk.

Risk of infection depends on exposure. People are at increased risk if they:

- Have been in close contact with someone with COVID-19. Household contact in particular increases the risk of transmission.
- Live or spend time in a congregate setting where COVID-19 could spread rapidly.

Reinfection rates are rare but people 65 and older are at greater risk.

Per the CDC guidance updated on March 8, 2021, "risk of [COVID-19] infection during public social activities such as dining indoors at a restaurant or going to the gym is lower for fully vaccinated people. However, precautions should still be taken as transmission risk in these settings is higher and likely increases with the number of unvaccinated people present. Thus, fully vaccinated people engaging in social activities in public settings should continue to follow all guidance for these settings including wearing a well-fitted mask, maintaining physical distance (at least 6 feet), avoiding crowds, avoiding poorly ventilated spaces, covering coughs and sneezes, and washing hands frequently."

Nutrition programs should plan on the likelihood that vaccination rates of staff, volunteers, and participants will never be 100%, and therefore transmission will be a risk and precautions will need to be taken.

**Health and Hygiene Considerations**

ENPs should have policy in place to address staff, volunteers, and participants who arrive at the facility with COVID-19 or COVID-like symptoms.

All entrants into the facility (staff, volunteers, and participants) should be screened for symptoms of COVID-19 and risk factors for infection (e.g. recent travel, exposure to a COVID-19 positive individual, etc.).

- Programs may consider providing staff and volunteers with a checklist to complete prior to their shift to assess their current health and symptoms that might pose a risk to older adults.
- Consider whether health screening questions will be asked by staff/volunteers, whether individuals will provided a list of questions to review, etc.
- Consider situations where symptoms might be indicative of another chronic condition (e.g. COPD) and how this will be determined and/or handled to avoid exclusion but also ensure safety of staff, volunteers, and participants. Will contact or verification with healthcare providers be required? Or will such questions be asked as part of program registration?  
- Consider whether temperature checks will be required of staff, volunteers, and/or participants. If so, how (and by whom) will they be administered?  
- Consider where in the facility screening will take place to ensure physical distancing and confidentiality.
Staff and volunteers who have symptoms of COVID-19

- Staff and volunteers with fever or COVID-19 symptoms should stay home and consult their healthcare provider or local public health’s recommendations on when to safely return to work.
- Programs should consider sick leave policies for staff and whether there is a need for revisions or increased flexibility.
  - Are there sufficient substitute or back-up staff and volunteers to fill in if needed?

Participants who have symptoms of COVID-19

- Post signage on the front door letting participants know about changes to your policies and instructing them to stay home if they are experiencing COVID-like symptoms.
- Individuals with COVID-19 symptoms should return home and consult their healthcare provider or local public health’s recommendations on when to return.
  - Determine how staff and volunteers will handle participants who arrive with COVID-like symptoms or who disclose they have COVID-19 and may not want to return home.
  - Ensure that safe transportation options are available if a participant should have to return home unexpectedly.
- Participants with COVID-like symptoms can be provided with a carryout meal.

Supplies on hand at dining centers, meal preparation, and/or meal service areas:

- Facilities should have an adequate supply of paper goods, soap and hand sanitizer to allow proper hand hygiene among staff, volunteers, and participants.
- Provide tissues for proper cough/sneeze etiquette.
- Provide no-touch disposal receptacles.
- Provide face coverings and disposable gloves for staff and volunteers.

Communication to staff, volunteers, and participants:

- Emphasize effective hand hygiene, including washing hands with soap and water for at least 20 seconds, especially before preparing or eating food; after using the bathroom; and after blowing your nose, coughing or sneezing.
- Train staff, volunteers, and participants to recognize the symptoms of COVID-19.

Belongings

- Staff and Volunteers
  - Minimize what belongings staff bring into the facility.
  - Require staff to bring their belongings directly to the place where they will be stored during their shift.
  - Require staff to wash their hands immediately after storing their belongings.
  - Require staff to sanitize any belongings they keep with them during their shift (e.g., phones) prior to starting their shift.
Encourage staff to minimize access to their belongings during their shift and to wash their hands any time they do access them.

Participants

- Ask participants to minimize the number of belongings brought into the dining center.
- If possible, keep each participant's belongings separate from other participant's belongings.
- If staff handle participant belongings, ensure they wash their hands immediately after handling.

If a staff person, volunteer, or participant is diagnosed with COVID-19, contact local public health and notify the AAA. Contact tracing may be necessary, so it is important to know who is in the dining center each day and how to reach those individuals (e.g. phone number, email address, etc.).

Masks and Face Coverings

- What are expectations for staff and volunteers and how will they be communicated, modeled and/or enforced?
  - Staff and volunteers should wear a mask or cloth face covering when near other staff, volunteers, and participants and in common areas.
  - Instruct your staff and volunteers on how to properly put on and remove a face covering or cloth face covering. The CDC illustrates how to properly wear a face covering and have several tutorials for how to make one. Best practice is that the face covering should fit snugly on the sides of the face and consist of at least two layers. Light should not be visible when held up to a light source.

- What are expectations for participants and how will they be communicated, modeled, and/or enforced?
  - Face coverings should be worn, except when participants are eating or drinking.
  - If participants will not be able to stay six feet away from others, recommend that they bring their own mask or covering. Considerations should be made for individuals who are unable or unwilling to wear a mask or cloth face covering.
  - Provide masks for participants to use when not eating or drinking if they did not bring one, and provide adequate trash receptacles for disposing of used masks.
  - Provide information to participants on how to properly put on and remove a mask or cloth face covering. The CDC illustrates how to properly wear a face covering and have several tutorials for how to make one. Best practice is that the face covering should fit snugly on the sides of the face and consist of at least two layers. Light should not be visible when held up to a light source.

Physical Distancing
**Note:** Physical distancing and the layout of the space is one of the most effective methods of preventing spread, as participants will remove face coverings to eat and drink.

Maintain physical distancing with a six-foot distance between individuals whenever possible. Instruct participants to maintain physical distancing as much as possible during their visit.

- Consider whether additional staff and/or volunteers are necessary to reinforce physical distancing.

Capacity should be reduced to ensure adequate physical distancing.

- Work with public health and dining center facility staff to determine the maximum capacity and make sure this is communicated to staff, volunteers, and participants.
- Programs may manage/limit the number of participants at any given time by, but not limited to, the following:
  - Implement advance reservation system to ensure adequate seating, not to exceed capacity.
  - Provide multiple meal service times in one day, cleaning and sanitizing in between.
  - Stagger meal service days to allow multiple groups to dine 1-2 days per week.
  - Opening "pop-up" dining centers in more locations in the community so that fewer participants gather in one location.
  - Provide outdoor dining areas with natural ventilation and where participants can spread out.
  - Create voucher program with food service establishment. Contact AAA for details.

Explore ways that meals can be served safely while allowing physical distancing:

- Adjust menu offerings and kitchen workflows to allow staff and volunteers to maintain six feet of distance.
- Staff and volunteers should plate meals for participants. Avoid self-service food and drink stations (for example, salad bars and buffets, shared pitchers and coffee urns, etc.).
- Staff/volunteers could serve meals to participants at their table. Table service is preferred, especially if participants are unable to maintain physical distancing while picking up a meal from a counter.
  - If participants are picking up their meal from a counter, clean counter after each customer. Participant should pick up meals from the counter one at a time. Consider adding clear plastic barrier protection with a pass-through opening at the meal service area.
  - Participants may be called one at a time or in very small groups while maintaining physical distancing to pick up a meal from a meal service area.
- Do not allow participants to refill their own drinks; only allow staff or volunteers to refill drinks, and use a new cup or mug for the refill.
- Use rolled silverware/napkins stored in sealed bags. Staff and volunteers will roll silverware in designated sanitary areas. Do not preset silverware. Once removed from the sealed bags, utensils may not be reused, even if they have not been unwrapped.
- Remove shared condiments from tables. Provide them by request and sanitize after usage, or provide single-use containers or disposable packets.

Consider how participants will be seated to promote physical distancing:

- Dining areas should maintain six feet between tables, and limit seats at tables so that participants from different households could be seated six feet apart.
  - When possible, physical barriers made of plastic or similar solid material should separate tables.
  - Consider how many participants will be seated at each table to ensure physical distancing. The same rules apply to outdoor areas. Develop strategies to avoid crosstalk across tables.
  - Consult with local public health about whether creating small “pods” of participants with a designated staff/volunteer who limit contact with other participants is an effective means of reducing transmission risk among participants. Considerations with this approach would be that: “pods” would be maintained over time, contact between “pods” would be minimized, and adequate space within the facility would be necessary.
  - Programs should consider the level of socialization that can occur with physical distancing and whether resuming in-person congregate service will achieve this purpose. For example, for individuals with hearing loss, physical distancing and use of masks might be a barrier for effective socialization. In some cases, other options, such as virtual congregate dining or simply offering carryout meals could provide socialization in a way that meets individuals needs while physical distancing and use of face coverings remains necessary.

- Tables that are not compliant should be clearly signed and blocked off (i.e., with visible tape) across seats and tables.

Common-use areas should be closed if physical distancing and sanitizing between users cannot be maintained. Inform participants about which areas of the facility they can access.

Install physical barriers such as sneeze guards and partitions in areas where maintaining physical distance of six feet is difficult.

Floor markings or chair placement should be used to encourage safe spacing of participants. Use floor markings to encourage one-way traffic flow and physical distancing.

Restrooms should be sanitized frequently, and the establishment shall monitor that participants, staff, and volunteers adhere to physical distancing guidelines regarding restroom use.

**Additional Considerations for Participant Protection**

Eliminate any unnecessary physical contact between staff and volunteers and participants.

Share the precautions the program is taking publicly with participants.

6 Revised 3/19/2021
- Sharing protocols and processes in place will help ease concerns that participants might have about dining in person.
- Consider sharing information via ADRC/Aging websites, by emailing or calling participants, by sharing written information with home-delivered meals or via mail, and/or through local media outlets.

Post signage illustrating protocols in place and expectations for participants, such as signage regarding physical distancing, handwashing, use of face coverings, etc.

Install handwashing or sanitizing stations (with hand sanitizer that is at least 60% alcohol) at the entrance and at key locations throughout the facility. Encourage participants to use them.

Utilize disposable items instead of reusable when possible, and provide adequate, no-touch trash receptacles to accommodate waste.

If possible, remove brochures or other paper information and consider providing storyboards, video screens, or additional audiovisual information. Brochures or other physical materials could be secured behind counters or desks to be provided as needed. Remove other unnecessary touchpoints, especially those that cannot be sanitized between uses, such as pens, benches, drinking fountains, and shared equipment.

Participants should not sign themselves in to avoid many participants having contact with the same paper and pen/pencil. Instead, site managers should document which older adults are in attendance and retain the sign-in sheet away from participant contact.

Provide contribution statements or use other methods of accepting cashless or contact-less contributions rather than accepting cash contributions on site.

Do not allow participants to bring items or food from home into the facility for sharing with others.

Participants should avoid sharing dishes, cups, utensils, napkins, and other objects with others.

**Dining Center Environment and Considerations for Staff/Volunteers**

Determine whether the program has sufficient staff and volunteers to reopen. Additional staff and volunteers may be necessary, especially if programs are operating congregate, carryout, and home-delivered meal services simultaneously.

Ensure that staff and volunteers are sufficiently trained and receive emotional support they might need as they transition back to in-person services.

- Ongoing training for staff and volunteers is important. It will be necessary to re-orient staff and volunteers that might be returning to work since last year on food safety and other policies and procedures.
- Training on new policies and procedures will also likely be necessary. ServSafe is offering free reopening and de-escalation training videos related to COVID-19, in addition to training
on takeout and delivery. Consider requiring staff and/or volunteers to watch these videos and provide additional training as necessary. Some additional topics to focus on include (but are not limited to):

- Cleaning – which products to use, when to use them
- Face coverings and gloves – what, when, and how to use (putting them on, removal, disposal, etc.)

Consider potential situations between participants that could arise as participants return to in-person dining. Recognize that staff and volunteers may be put in difficult situations. Communicate with staff and volunteers and train them on how to handle these situations. Examples include:

- Participants questioning each other about whether they have been vaccinated or asking for proof of vaccination or other personal health information.
- Participants treating those who have been vaccinated differently or asking the site manager or other staff to treat them differently. Are there potential bullying or exclusion issues to be prepared for?
- Participants will have varying perspectives on the COVID-19 pandemic and the precautions that should or should not be in place. At which point(s) will staff need to be involved?

Staff and volunteers will also have varying perspectives on the COVID-19 pandemic and the precautions that should or should not be in place. Train staff and volunteers on the expectations regarding communication of personal perspectives with participants.

Consider establishing a process, and possibly a designated person, for participants to communicate questions and concerns regarding COVID-19.

**Food and Beverage Handling and Preparation**

Adjust menu offerings and kitchen workflows to allow staff and volunteers to maintain six feet of distance.

Ensure the program is adhering to the requirements in the **Wisconsin Food Code** and Chapter 8 of the *Manual of Policies and Procedures for Wisconsin’s Aging Network*.

Use gloves to continue to avoid direct bare hand contact with ready-to-eat foods or unwrapped single-use items such as straws, stir sticks or toothpicks.

Ensure staff and volunteers have appropriate food safety training (Certified Food Protection Managers or Serving Safe Food certification, along with other necessary refresher training). Refresher training is likely necessary for all staff and volunteers returning to their previous duties, so plan to re-train staff and volunteers on policies and procedures.

Have processes in place to manage deliveries of raw food, prepared meals, and supplies:

- Have a single point of entry for deliveries (e.g. a loading dock or other less trafficked entrance).
o Restrict delivery persons from entering facilities as much as possible.
o Maintain physical distance between staff/volunteers and delivery persons as much as possible.
o Wash hands once deliveries have been stored or put away. How will meals be served to participants? What will be different and how will those changes be communicated to staff, volunteers, and participants?

Cleaning and Disinfecting

Familiarize yourself with requirements from your local health department and the Wisconsin Food Code and make sure you are adhering to them. See the CDC website for more information on cleaning and disinfecting community settings.

o Create a cleaning and sanitizing schedule.
o Create a cleaning “station” that is fully stocked with all necessary supplies and written policies/procedures to be followed.

Work with public health and dining center facility staff to determine if dining centers have adequate ventilation and airflow. Consider options to address inadequate airflow, such as air filtration systems, fans, open windows, etc.

Consider doing a walk-through of facilities to determine “high touch” areas or areas of the facility that might require more cleaning and sanitizing. Develop procedures for staff and volunteers to follow.

o Clean and sanitize high-contact areas (for example, doorknobs, buttons, cooler doors, stair railings, menus if applicable) every two hours, or after each user if feasible.
o Sanitize tables and seating after each guest.
o Restrooms should be sanitized frequently, and the establishment shall monitor that participants, staff, and volunteers adhere to physical distancing guidelines regarding restroom use.
o Sanitize food contact surfaces after each use. In food preparation areas, utilize only appropriate food service chemicals.
o Do not use disinfecting wipes to wipe more than one surface; use one wipe per item or area and discard after each use or when visibly soiled.

Wash linens at the warmest possible setting with your usual detergent and then dry completely.

Additional Considerations for Carryout Meals and Delivery

Continue offering delivery and carryout, pick-up, or drive-through meals.

If offering carryout, pick-up or drive-through meals, ensure that participants picking up meals can maintain a six-foot distance from others.

Avoid direct hand-off if possible.

Post signs to inform participants of meal pickup protocols.
Provide physical guides, such as tape on floors or sidewalks, to ensure that participants remain at least six feet apart in line, or ask customers to stay in their cars or away from the establishment while waiting to pick up meals.

Establish designated pickup zones for participants to help maintain physical distancing.

Practice physical distancing when delivering food. An example of this could be offering no-touch deliveries (leave delivery at doorstep and move six feet away to verify participant receives the meal) and sending text alerts or calling when deliveries have arrived.

Ensure that coolers and transport containers are cleaned and sanitized.

Maintain time and temperature controls.

**Additional Considerations for In-Home Assessments**

Wash hands prior to and immediately after home visit (i.e. viral-affecting hand sanitizer or soap and bottle of water).

Avoid touching surfaces and items in the home.

Staff and volunteers should wear face coverings when in the home and encourage participants to wear a face covering as well.

Observe physical distancing during the entirety of the visit.

**Additional Considerations for In-Person Activities**

Move activities outside as much as possible, especially activities with an increased transmission risk, such as physical activity and singing.

Stagger activities so that large groups are not comingling in common spaces, such as hallways.

Limit group activities to a small number of participants, ideally fewer than 10 people at a time.

*Prepared by: Sara Saye Koenig, Elder Nutrition Program Manager, Office on Aging*

*Adapted from:*

*WEDC Reopening Guidelines, 2020*

*Alaska’s Interim COVID-19 Guidelines for Congregate Non-Residential Settings, 2021*

*Maine’s COVID-19 Guidance for Service Providers in Planning for Re-Opening of Community-Based Congregate Services, 2020*
### GWAAR - DODGE CO COMMISSION ON AGING

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2020 Total: 29,887
2021 Total: 17,547
% Diff: -41%

### GWAAR - DOOR CO SENIOR RESOURCE CENTER

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2020 Total: 26,380
2021 Total: 22,813
% Diff: -14%

### GWAAR - DUNN CO OFFICE ON AGING

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2020 Total: 24,950
2021 Total: 18,899
% Diff: -24%

### GWAAR - EAU CLAIRE ADRC

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2020 Total: 64,909
2021 Total: 38,280
% Diff: -41%

### GWAAR - FLORENCE CO AGING UNIT

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2020 Total: 9,047
2021 Total: 7,349
% Diff: -19%

Note: Meal counts on this report do not include any data recorded for SAMS Consumer Groups.
| GWAAR - DODGE CO COMMISSION ON AGING |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |
|-------------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Cong Meals, FFY 2020:               | 797      | 664      | 587      | 750      | 682      | 450      | 0        | 0        | 0        | 0        | 0        | 0        |          |          |          |
| Cong Meals, FFY 2021:               | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        |          |          |          |
| % Diff vs Prior Year:               | -100%    | -100%    | -100%    | -100%    | -100%    | -100%    | 0%       | 0%       | 0%       | 0%       | 0%       | 0%       |          |          |          |
| % Diff vs Prior Month:              | 0%       | 0%       | 0%       | 0%       | 0%       | 0%       | 0%       | 0%       | 0%       | 0%       | 0%       | 0%       |          |          |          |
| 2020 Total:                         | 3,930    |          |          |          |          |          |          |          |          |          |          |          |          |          |          |

| GWAAR - DOOR CO SENIOR RESOURCE CENTER |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |
|---------------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Cong Meals, FFY 2020:                 | 2196     | 1723     | 1764     | 1846     | 1823     | 1088     | 0        | 0        | 0        | 0        | 0        | 0        |          |          |          |
| Cong Meals, FFY 2021:                 | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        |          |          |          |
| % Diff vs Prior Year:                 | -100%    | -100%    | -100%    | -100%    | -100%    | -100%    | 0%       | 0%       | 0%       | 0%       | 0%       | 0%       |          |          |          |
| % Diff vs Prior Month:                | 0%       | 0%       | 0%       | 0%       | 0%       | 0%       | 0%       | 0%       | 0%       | 0%       | 0%       | 0%       |          |          |          |
| 2020 Total:                          | 10,440   |          |          |          |          |          |          |          |          |          |          |          |          |          |          |

| GWAAR - DUNN CO OFFICE ON AGING       |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |
|---------------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Cong Meals, FFY 2020:                 | 1514     | 1274     | 1250     | 1065     | 1195     | 1082     | 0        | 0        | 0        | 0        | 0        | 0        |          |          |          |
| Cong Meals, FFY 2021:                 | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        |          |          |          |
| % Diff vs Prior Year:                 | -100%    | -100%    | -100%    | -100%    | -100%    | -100%    | 0%       | 0%       | 0%       | 0%       | 0%       | 0%       |          |          |          |
| % Diff vs Prior Month:                | 0%       | 0%       | 0%       | 0%       | 0%       | 0%       | 0%       | 0%       | 0%       | 0%       | 0%       | 0%       |          |          |          |
| 2020 Total:                          | 7,380    |          |          |          |          |          |          |          |          |          |          |          |          |          |          |

| GWAAR - EAU CLAIRE ADRC                |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |
|---------------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Cong Meals, FFY 2020:                 | 724      | 675      | 602      | 637      | 693      | 359      | 0        | 0        | 0        | 0        | 0        | 0        |          |          |          |
| Cong Meals, FFY 2021:                 | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        |          |          |          |
| % Diff vs Prior Year:                 | -100%    | -100%    | -100%    | -100%    | -100%    | -100%    | 0%       | 0%       | 0%       | 0%       | 0%       | 0%       |          |          |          |
| % Diff vs Prior Month:                | 0%       | 0%       | 0%       | 0%       | 0%       | 0%       | 0%       | 0%       | 0%       | 0%       | 0%       | 0%       |          |          |          |
| 2020 Total:                          | 3,690    |          |          |          |          |          |          |          |          |          |          |          |          |          |          |

| GWAAR - FLORENCE CO AGING UNIT         |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |          |
|---------------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Cong Meals, FFY 2020:                 | 517      | 412      | 370      | 517      | 477      | 277      | 0        | 0        | 0        | 0        | 0        | 0        |          |          |          |
| Cong Meals, FFY 2021:                 | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        |          |          |          |
| % Diff vs Prior Year:                 | -100%    | -100%    | -100%    | -100%    | -100%    | -100%    | 0%       | 0%       | 0%       | 0%       | 0%       | 0%       |          |          |          |
| % Diff vs Prior Month:                | 0%       | 0%       | 0%       | 0%       | 0%       | 0%       | 0%       | 0%       | 0%       | 0%       | 0%       | 0%       |          |          |          |
| 2020 Total:                          | 2,570    |          |          |          |          |          |          |          |          |          |          |          |          |          |          |

Note: Meal counts on this report do not include any data recorded for SAMS Consumer Groups.