

ADRC of Brown County

County Plan on Aging 2019 - 2021



300 S. Adams Street, Green Bay, WI
920-448-4300

July 2018

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1. Verification of Intent

This plan represents the intent of the county to assure that older people have the opportunity to realize their full potential and to participate in all areas of community life.

On behalf of county, we certify that these organizations have reviewed the plan, and have authorized us to submit this plan which outlines activities to be undertaken on behalf of older people during 2016-2018.

We assure that the activities identified in this plan will be carried out to the best of the ability of the county.

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

Signature, and Title of the Chairperson of the ADRC Date

Signature, and Title of the Authorized County Board Representative Date

2. Executive Summary

Who We Are:

Since 1979 the Aging & Disability Resource Center of Brown County (ADRC) has played a critical role building a community that values, supports, and empowers seniors, adults with disabilities, and their caregivers. The ADRC is here to instill hope and promote possibilities. Our goal is to reach people sooner providing answers and solutions, so they can conserve their personal resources to remain in their homes and delay or optimally prevent the need for expensive long-term care. The ADRC offers a wide range of services.

Staff listens for and supports individual choices. They equip persons and caregivers with the tools needed to maintain control of their lives. Whatever the need; care in the home, congregate or homebound meals, transportation, housing choices, understanding Medicare, or finding funding, staff search for options, empowering persons to make informed decisions.



The ADRC helps people stay healthy, active, and connected to others, through evidenced based classes, educational speakers, clubs, cooking classes, and so much more. An AFCSP participant said; *“Just a note to say that until we talked, I had no idea of all the support that is available for our loved ones with Alzheimer’s disease and their caregivers. It also helps to know who to call when things get difficult. I once asked my aunt’s doctor, Dr. Jason Hoppe, who to call if I need help. He told me to call the ADRC. They are the “go to place” he said. I just wanted to thank you and your organization for being there for people like my Aunt and me.”*

The majority of programs are offered free of charge. Volunteer talent is used extensively reducing program expense.

A significant note is needed here to help outline the pages ahead. This plan is a federal and state requirement under the Older American’s Act for agencies that administer those dollars. In the state of Wisconsin, the development of ADRCs has been a tremendous progressive commitment to assure the dollars and services reach as many people as possible. The states strong county based system of services also encourages additional local commitment to make programs and services robust and help them thrive. As a result, communities look different dependent on their organization and level of commitment in each county. In addition overlapping requirements for Aging Units and ADRC’s related to their funding and contracts can be a challenge. For example, Information and Assistance is a requirement of the Older American’s Act and the ADRC. Coordination of Elder Benefit Specialist services an OAA program can create challenges or greater opportunity and depending on the county and which office (Aging or ADRC) they are housed in. Prevention services are promoted and encouraged in both networks. In addition, neither system has enough resources to carry these programs out alone.

Efforts to integrate Aging and ADRC agencies have been encouraged to maximize coordination of programs and stretch limited resources as far as possible. This creates both challenges and opportunities as complex funding streams and reporting requirements can require a delicate balance to assure contracts, computer systems, reporting and dollars are implemented as intended.

As an Aging Unit since 1979 and an ADRC since 2005, our focus is the customer, their needs and the high level of customer service we are committed to providing. We want the customer to come to us “as they are” while we work out the program and funding complexities behind the scenes. Creating a one-stop shop requires commitment, tenacity and creativity to assure silos do not exist and customers seamlessly get the services they need across all of the critical programs.

As an integrated Aging Unit and ADRC there is an invisible line that we can no longer see. Persons with disabilities and older persons are who we serve, no matter what program, what funding source, or what doorway they walk through. As a result, we are committed to creating a plan that addresses the needs of all the people we serve; we no longer can create programs that will serve only one population. As a result, everyone is served better. The following plan goals have been created to guide us forward, both meeting the requirements of this planning document and not excluding the all the persons we serve.

The Planning Process:

We have taken the planning process for this 3 year plan very seriously. The management staff and ADRC Board were committed to assuring the voice of the people of Brown County and those who serve them were part of the planning process. Planning began in October 2017 a retreat that included ADRC Board of Directors, Managers, Volunteers, and GWAAR and State Office on Aging representatives. The services of UWGB professor Dr. Doreen Higgins were employed to assist with building a substantial plan to gather input from the customers we serve. This retreat resulted in a review of local and national demographics, the required plan focus areas, discussions of current conditions in Brown County and brain storming on how the planning process should proceed. In addition, this team outlined our own questions and what we needed to know from the people we serve. This became the foundation to move forward and create tools to solicit input. (Addendum 1)

Following this planning retreat, a task force of key players, including volunteers was created. The task force developed tools to solicit public input. The tools were used to gather input from individuals and many community networks that represent our customers and persons who serve them. We are confident the plan fulfilled our mission “Building a community that values, empowers, and supports seniors, adults with disabilities, and their caregivers”. Details of the public input process are outlined Section 5.

The hard work of implementing the input plan, pulling together and listening to what older people and their families valued resulted in a better Aging Plan. Their input spoke to the ability of older persons and people with disabilities to participate in the future of their programs. Following all of the input sessions and surveys, the ADRC's management team used 2 retreats to build our plan goals together. This facilitated collaboration across departments and allowed us to capitalize on multidisciplinary strengths. The management team reviewed the themes that emerged from public input, brainstormed ideas, and worked together to create goals that will have the greatest impact.

The Context

Brown County demographics, tenor, and culture were part of building this plan. The aging population is growing, as reflected in the demographics section. Brown County's population age 60+ will grow more than 50% by 2040. Brown County is a primarily white urban community; however, it is surrounded by multiple rural communities that are growing in size with aging populations as well. As diversity increases, the ADRC faces new challenges and opportunities to expand its programs and services to new populations. Brown County struggles with the same challenges of many urban communities such as growing poverty and limited accessible affordable housing, mental health services, and transportation. While many transportation options exist, it continues to be reported as insufficient for those who depend on it for care, employment and connection to their community. At the time of this plan development the ADRC is ending its transition from long term care waivers to full entitlement into long term care managed care. The ADRC has been consumed with this transition and is excited to see the wait list for services end July 1, 2018. (The Oneida Tribe has just started their transition to a new long term care system and our agency will play a major supporting role to the tribe.) The transition has been a long journey for Brown County and the people we serve. It temporarily shifted the energy and attention of our staff. Now the ADRC will be able to capitalize on our renewed capacity in the community and focus our attention to reaching people sooner and preventing individuals from needing expensive long term care services.

Brown County has many wonderful community strengths such as; a robust service network; a healthcare system where hospitals have better than average outcomes compared to other communities, a more stable economy than other cities its size due to large paper industry, cheese making, and a thriving Oneida Tribe-Brown County's largest employer. Brown County has three large higher education institutions, in addition to the Medical College of Wisconsin and of course, the Green Bay Packers!

The Aging Goals within this plan reflect the focus areas required in the plan but also our intentional local strategies to meet the needs of older persons and persons with disabilities.

Involvement of Older People in Aging-Related Program Development and Planning

The ADRC values and supports older adult's engagement in their community, their strength as advocates, and their ability to provide meaningful input into the programs they enjoy. The ADRC performs routine surveys all of our programs, hold listening sessions, and engage our volunteers, who perform any critical functions and participate in focus groups to assist in program development and evaluation.

Focus Areas:

Advocacy

Advocacy is the heart of the ADRC locally, statewide, and at the national level. Individual customer advocacy occurs every day as we work to cut through red tape and bring down barriers. In addition, study policy and legislation, through advocacy teams ADRCs champion systems change working through policy and legislative processes. Our plan reflects this commitment. Following a focus group with persons with disabilities they asked ADRC staff for assistance in developing their own an advocacy team. The ADRC will also be working to tackle Ageism, through a local campaign that will challenge all of us to "re-think" how we talk about growing older and how we create opportunities at every age for people to be seen as people, not invisible citizens.

The Elder Nutrition Program

The ADRC continues to seriously explore a social innovation model for our nutrition program as needs outpace available resources. Our goal is to expand resources by exploring a new potential revenue source while at the same time help persons with disabilities gain employment skills through the development of the Grounded Café. We envision the coffee house as a great place for people of all ages, abilities, and interests to gather in a warm, inviting atmosphere to enjoy the company of friends and meet new ones. We have high aspirations for Grounded Cafe and have seen many positive outcomes to our nutrition program and agency as a whole through its development. Due to declining attendance in our rural dining sites that has challenged stewardship a serious evaluation that included persons in those communities has been conducted over the past year. New creative ways to connect with our rural communities is being explored.

Services in Support of Caregivers

As the number of older persons in the “Age Wave” increase, so do the number of caregivers. Caregivers are one of our most important resources as they provide 80% of the support and care to this growing demographic. We need to find creative ways to engage caregivers, provide support and relief so they can continue as valuable employees while providing support to their families. It is imperative we meet them where they are at offering real solutions to the challenges they face. The Caregiver Coalition and our internal Caregiver Committee has been working diligently to create meaningful educational events, promote caregiving supports and offer opportunities for self-care.

Services to People with Dementia

The demographics tell the story and create a sense of urgency to find ways to build an Age and Dementia Friendly Community. Our goals reflect the important work we are doing in this area, mobilizing our Dementia Friendly Coalition, Dementia Specialist and well trained staff. We are reaching out to partners, training businesses through Purple Angel, working with our crisis systems and providers, providing the DICE evidenced base program, supporting person with Downs Syndrome, and supporting our Memory Café! We have many exciting initiatives in the next 3 years.

Healthy Aging

Prevention is a significant focus for the ADRC. Through the critical work of our Prevention Coalition, staff and volunteers, implementation of many evidenced based programs have and will occur in the years to come. The ADRC has worked on creating the greatest possible impact by providing evidenced based programs paired with asked for one-time educational events, classes and non-traditional prevention programs. Exploring mindfulness, essential oils, advanced directives and more have drawn large crowds and provided an opportunity to promote additional evidenced based programs. Partnerships with our health care system has extended our impact through highly trained committed volunteers and allowed us to reach many more people than we could alone. Prevention programs help impact isolation and loneliness through social connection in the classes. Shorter (1-hour) sessions have made it possible for persons with socially limiting conditions such as incontinence and caregiver stress to participate.

Other Focus Areas

The ADRC has several other focus areas that we have been strategically moving toward. We have more goals than could be included in this plan, but some highlights are engaging neighborhoods associations, re-designing the ADRC website, evaluating and improving our durable medical equipment loan closet, offering onsite mental health screen and counseling, improving access to visually impaired adults to programs, improving volunteer satisfaction, increasing outreach to our rural communities, and expanding the Grounded Café.

We hope this plan reflects what is wonderful about Brown County while still challenging ourselves to grow and move forward.

3. Organization and Structure of the County Aging Unit

3-A Mission Statement and Description of the Aging Unit

Vision of the Aging & Disability Resource Center of Brown County

Building a community that values, empowers, and supports seniors, adults with disabilities, and their caregivers.

Mission

We strive to improve the lives of older adults, adults with disabilities, and caregivers through collaborations and partnerships.

First step to take - First call to make for:

<i>Information</i>	Explore answers and solutions
<i>Access</i>	Make connections and positive changes
<i>Health</i>	Educate, inspire, and enrich
<i>Advocacy</i>	Empower and mobilize

Our goals are to instill hope, promote possibilities, and help individuals connect to their community.

Values

Consumer-Driven Services

We will support individual choice built on the strength of individuals, families, and their communities.

Empowerment

We will equip persons with the tools they need to make informed decisions and maintain control of their lives.

Respect

We will recognize and value the unique qualities and experience of each person.

Quality

We will continuously strive to provide the highest quality services.

Collaboration

We will promote partnerships that reach across systems and organizational boundaries.

Stewardship

We will effectively and efficiently manage public and private resources.

Address of the Aging Unit

Aging & Disability Resource Center of Brown County
300 S. Adams Street
Green Bay, WI 54301

Hours of Operation

Monday – Friday
8:00 a.m. – 4:30 p.m.
After hour appointments can be arranged.

Helpful Telephone Numbers and Email Addresses

General Information (920) 448-4300
Fax (920) 448-4306

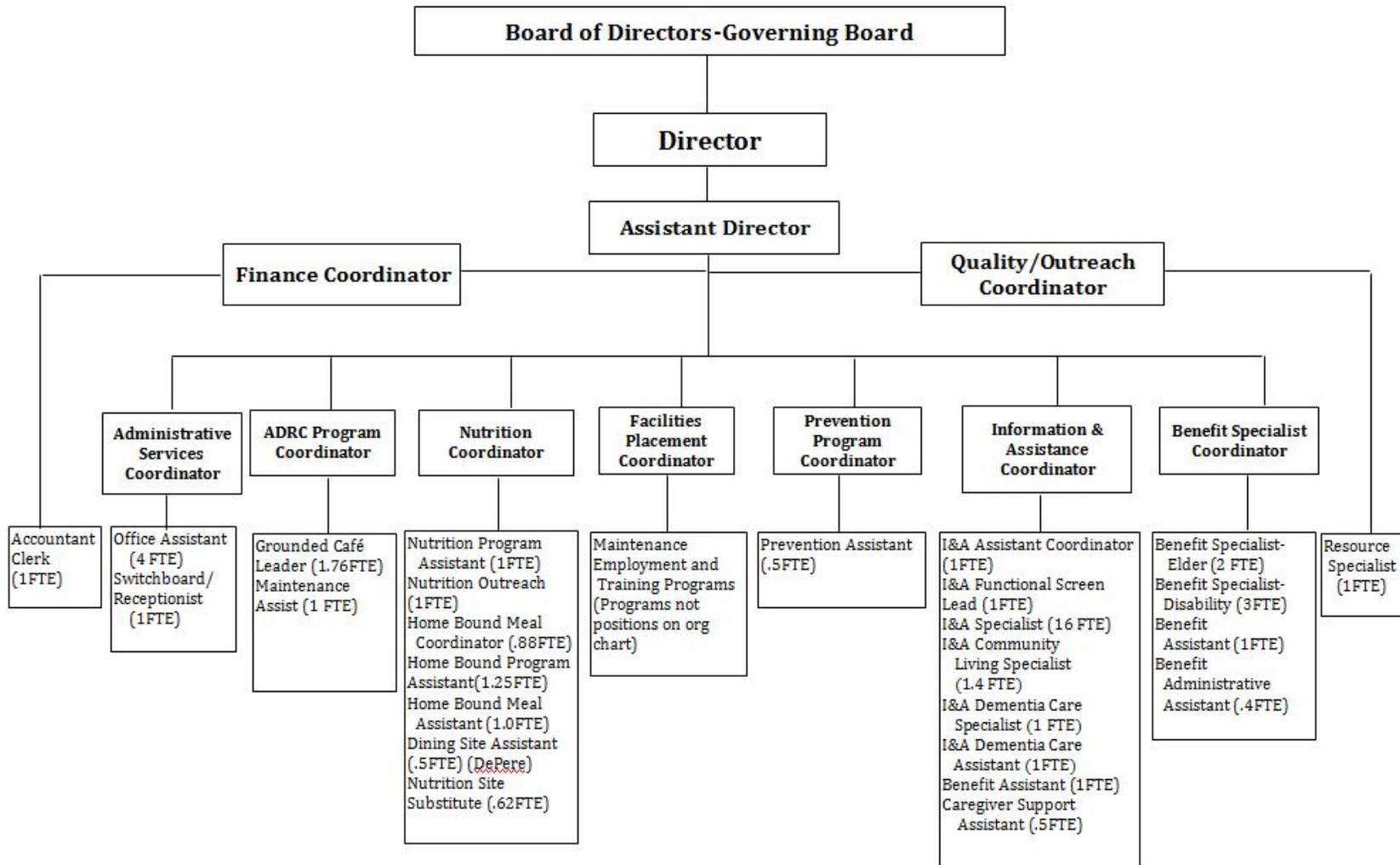
Email: bc.adrc@co.brown.wi.us

Website: www.adrcofbrowncounty.org

Facebook: <http://www.facebook.com/adrcbrowncountywi>

**3. Organization and Structure of the County Aging Unit
3-B Organizational Chart of the Aging Unit**

Aging & Disability Resource Center of Brown County 2019



**3. Organization and Structure of the County Aging Unit
3-C Aging Unit Coordination with ADRCs**

The ADRC of Brown County is a fully integrated, single county non-profit agency. There is strong county support of the ADRC, even though it is not an official full Brown County entity. The ADRC Board members are appointed through the County Executive and County Board, but the ADRC non-profit board has full decision making responsibilities. The ADRC and Aging unit share the same board, environment and management. The goal of the ADRC has always been to remove any divisions or silos between Aging Programs and ADRC Core services. People come to us and we meet them where they are at, not by a funding source or with program criteria.

Chapter 46.82 of the Wisconsin Statutes sets certain legal requirements for aging units

**3. Organization and Structure of the County Aging Unit
3-D Statutory Requirements for the Structure of the Aging Unit**

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

3. Organization and Structure of the County Aging Unit 3-E Membership of the Policy-Making Body

Chapter 46.82 of the Wisconsin Statutes sets certain legal requirements for aging units.

“Members of a county/tribal commission on aging shall serve for terms of 3 years, so arranged that, as nearly as practicable, the terms of one-third of the members shall expire each year, and no member may serve more than 2 consecutive 3-year terms.” In the case of county board/tribal council members, the requirement is 3 consecutive 2-year terms.

Official Name of the County Aging Unit’s Policy-Making Body (list below)			
Brown County ADRC Board of Directors			
Name	Age 60 and Older	Elected Official	Year First Term Began
Chairperson: Larry Epstein	X		2013
Mary Johnson	X		2017
Arlie Doxtator	X		2017
Mary Derginer			2017
Megan Borchardt		X	2018
Pat Finder-Stone	X		2015
Melanie Maczka	X		2013
Linda Mamrosh	X		2017
Sam Warpinski			2018
Debbie Lundberg	X		2017
Tom Smith			2018
Bev Bartlett	X		2016
Randy Johnson	X		2015
Amy Payne			2017

3. Organization and Structure of the County Aging Unit 3-G Staff of the Aging Unit

Listed below are the people employed by the County Aging Unit. Attach additional pages as needed.

<p>Name: Devon Christianson Job Title: Director Telephone Number/email Address: 920-448-4331 Christianson_dt@co.brown.wi.us</p>
<p>Brief Description of Duties: Under the direction and supervision of the ADRC Board of Directors, implements ADRC policies; plans and directs the advocacy and support services to Brown County's senior citizens; plans, coordinates, monitors departmental programs and ensures senior citizens' needs are met within the community; prepares annual plan and budget.</p>
<p>Name: Christel Giesen Job Title: Assistant Director Telephone Number/email Address: 920-448-4297 Giesen_cd@co.brown.wi.us</p>
<p>Brief Description of Duties: Assists Director with planning, budgeting, oversight and quality assurance, and staff supervision for ADRC operations; serves as lead in developing and overseeing ADRC development and operations.</p>
<p>Name: Laurie Ropson Job Title: Quality Assurance Outreach Coordinator Telephone Number/email Address: 920-448-6458 Ropson_lr@co.brown.wi.us</p>
<p>Brief Description of Duties: Plan, develop, and coordinate activities related to but not limited to: outreach to consumers and the business community; research; quality service development; outcome measurements; information systems analysis; and marketing strategies that support and enhance the mission and values of the agency.</p>
<p>Name: Kimberly Gould Job Title: Nutrition/ Volunteer Coordinator Telephone Number/email Address: 920-448-4393 kimberly.gould@co.brown.wi.us</p>
<p>Brief Description of Duties: Administers congregate and homebound meals program; recruits and screens volunteers for delivering meals and provides volunteer support.</p>
<p>Name: Tina Brunner Job Title: Benefit Specialist Coordinator Telephone Number/email Address: 920-448-4310 Brunner_tm@co.brown.wi.us</p>
<p>Brief Description of Duties: Supervises Elderly Benefits and Disability Benefits staff; provides benefits advocacy for persons 60 years of age and older in the areas of consumer, financial help, food stamps, Homestead Credit, housing, attorney referral, Medigap Insurance, Medical Assistance, Medicare, Senior Care, Medicare Part D, Social Security, SSI.</p>

Name: Mary Schlautman

Job Title: Information & Assistance Coordinator

Telephone Number/email Address: 920-448-6456 Schlautman_mk@co.brown.wi.us

Brief Description of Duties:

Works with the Assistant Director to assure the development and implementation of ADRC contract requirements, supervises the Information and Assistance staff, Service Connection Specialist, Dementia Care Specialist and Resource Specialist.

Name: Barb Michaels

Job Title: Prevention Coordinator

Telephone Number/Email Address: 920-448-4333 Michaels_ba@co.brown.wi.us

Brief Description of Duties:

Coordinates evidenced based and community education prevention programs throughout the ADRC. Leads the Prevention coalition.

Name: Jeremy Slusarek

Job Title: ADRC Program Coordinator

Telephone Number/email Address: 920-448-4309 Slusarek_JB@co.brown.wi.us

Brief Description of Duties:

Coordinates specials events, classes, programs, trips, Parkinson's support group, intergenerational activities and after-hour usage of building by community groups. Plans and promotes health and wellness activities.

Name: Jessi Arvey

Job Title: Information & Assistance Assistant Coordinator

Telephone Number/Email Address: 920-448-4307 Arvey_JL@co.brown.wi.us

Brief Description of Duties:

Provides day to day support to the I & A including scheduling, assignments of projects and quality assurance.

Name: Kristin Willems

Job Title: Administrative Services Coordinator

Telephone Number/Email Address: 920-448-6475 Willems_KA@co.brown.wi.us

Brief Description of Duties:

Oversees administrative support operations for all ADRC units and programs. Supervises the office assistant positions and assure customers service, registration and front desk activities occur.

Name: Megan Kolton

Job Title: I & A Functional Screen Lead

Telephone Number/Email Address: 920-448-6475 Kolton_MA@co.brown.wi.us

Brief Description of Duties:

In addition to performing regular I & A responsibilities, coordinates lead responsibilities for functional screening and quality assurance for I & A staff.

4. Context

Who are the current and future older persons?

One in five Wisconsinites will be 65 or older 11 years from now due to the fact that birth rates were so high between 1946 and 1964. The first members of this “baby boom” generation began turning 65 in 2011. “Boomers” will continue turning 65 through 2029. By that time, the number of older people will have almost doubled, and more than one in five Wisconsinites will be 65 or older. In 2031, the first Boomers will turn 85, and this “oldest old” group will show a similar growth pattern until 2049 when the last of the Boomers turn 85. (Source: *Wisconsin Plan for Older People 2013-2015*). This pattern of population growth will also be reflected proportionately in Brown County.

Brown County’s total population is expected to increase by 29%; however, the population of persons 60 years of age and older is expected to increase by 117%. While Brown County will not see the higher percentages of older persons that many other northern Wisconsin counties will experience, the growth in numbers of older persons is substantial and will impact the need for aging and long term care services. This growth is often referred to as the *Age Wave* and Brown County will need to plan creatively and collaboratively to address the needs and capitalize on the opportunities that this “wave” will bring.

As the population projections indicate, the number of persons 60 and older in Brown County is estimated to climb from 41,160 in 2010 to 81,640 in the year 2040. This 50% overall increase, climbs faster in proportion as the age ranges increase. In other words, the old/old will increase at a faster pace than the age group of 60-64.

Note: Projections for population change annually as Wisconsin demographers adjust projections each year. Information researched by the ADRC, regarding our County demographics, has been collected from several sources recommended by Demographer/Program Data Analyst, Eric Grosso, at the State of Wisconsin, Office on Aging. The major source of information is the U.S Census 2010, and the American Community Survey, 2012-2016, that makes additional projections based on census data. Additional sources are listed if otherwise referenced.

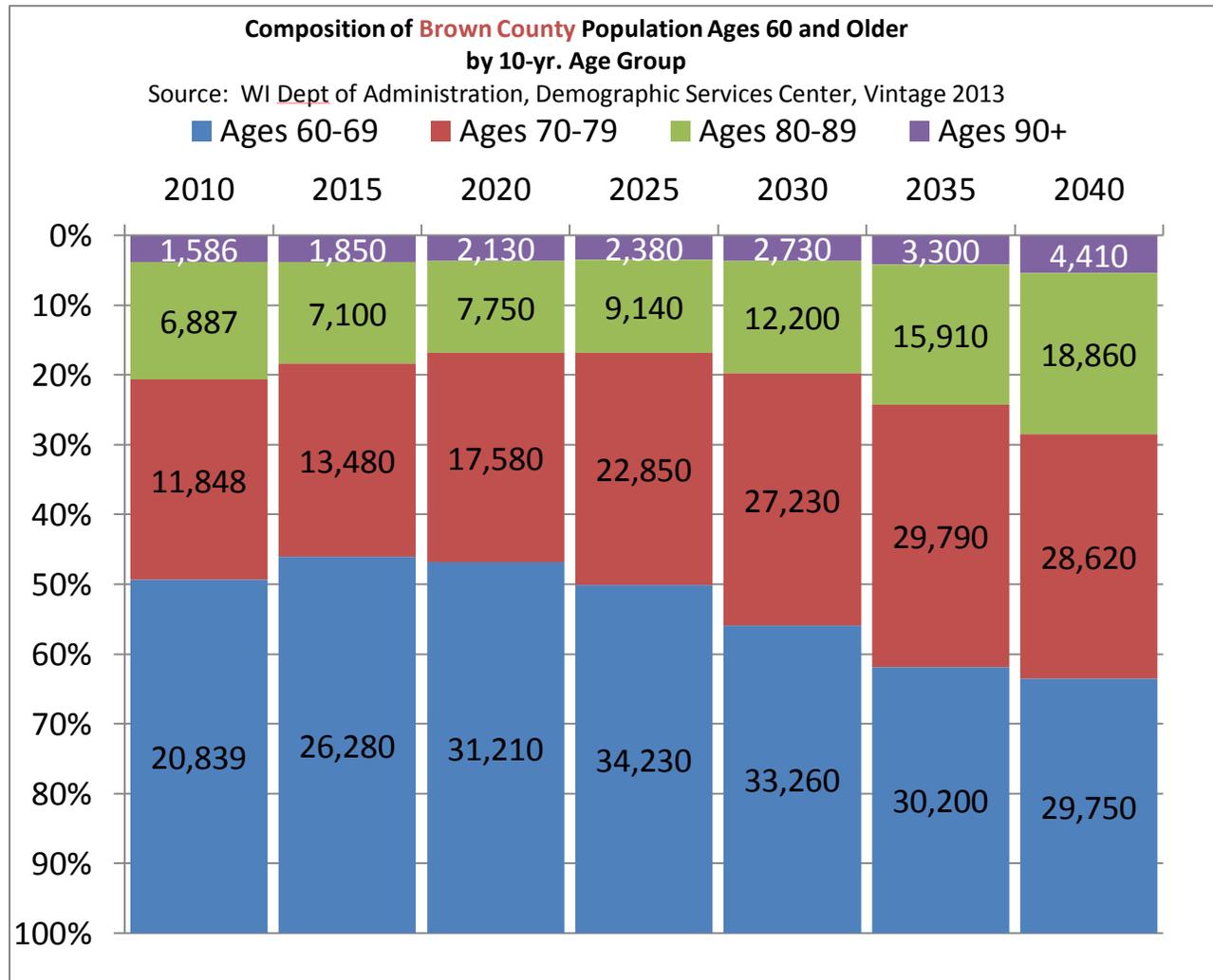
Populations Projections by Age, 2010-2040, Wisconsin Counties, Final Release

Vintage 2013 projections

Brown County	Age Group	2010	2015	2020	2025	2030	2035	2040
	60-64	12,371	14,860	17,020	17,970	16,070	14,930	15,650
	65-69	8,468	1,420	14,190	16,260	17,190	15,270	14,100
	70-74	6,567	7,730	10,670	13,280	15,260	16,070	14,230
	75-79	5,281	5,750	6,910	9,570	11,970	13,720	14,390
	80-84	4,209	4,270	4,770	5,780	8,050	10,090	11,550
	85-89	2,678	2,830	2,980	3,360	4,150	5,820	7,310
	90 & over	1,586	1,850	2,130	2,380	2,730	3,300	4,410
		41,160	48,710	58,670	68,600	75,420	79,200	81,640

As we move through the decades the population of those 80+ will increase, as the baby boomers move through time. After the boomers reach 90+ the generations behind them stabilize. As the baby boomers move through time, however, the numbers in other generations will outpace them. Millennials in 2019 and Generation X by 2028.

<http://www.pewresearch.org/fact-tank/2018/03/01/millennials-overtake-baby-boomers/>

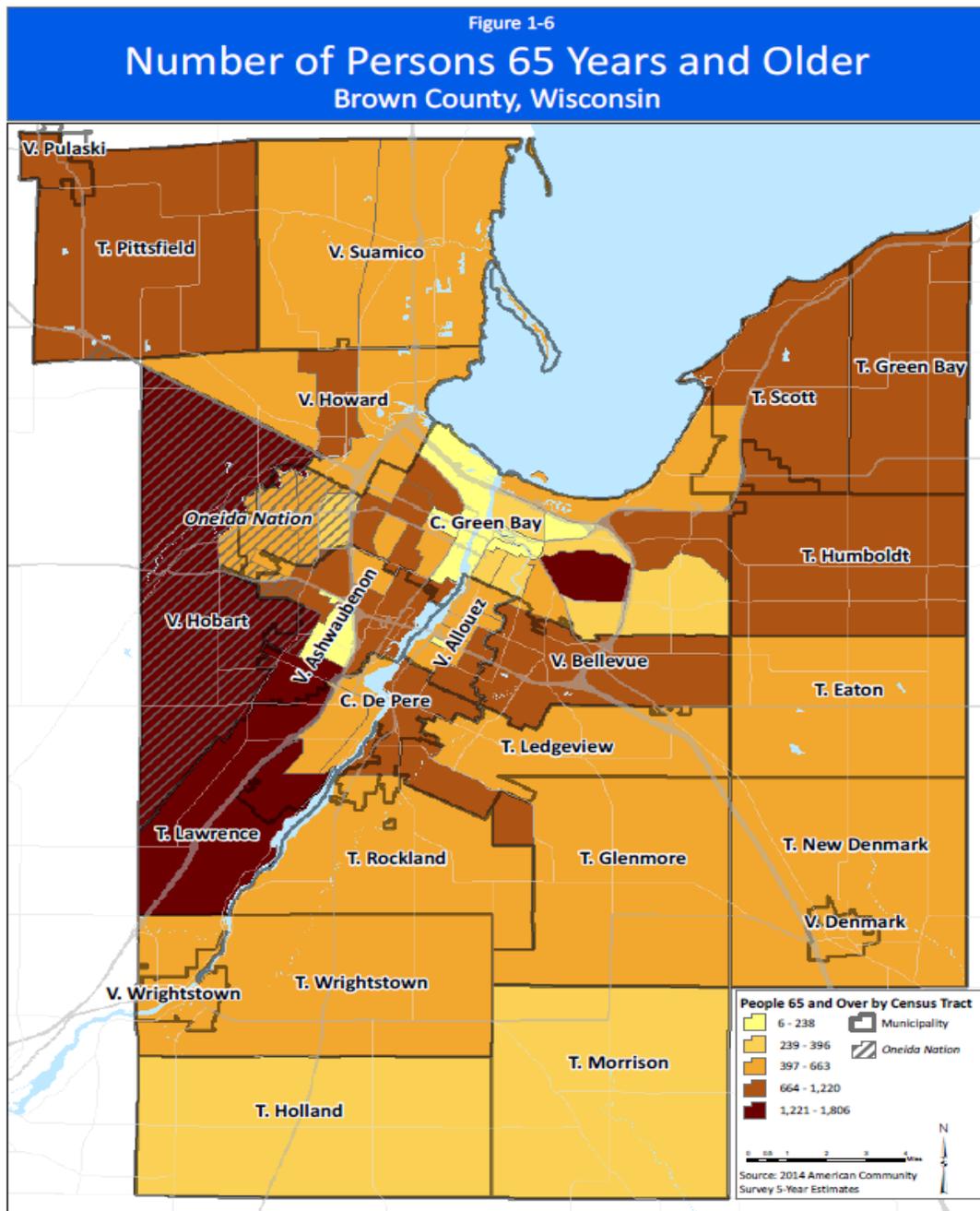


The specific numbers of older persons by age subset is listed below. As indicated almost 19% of Brown County's population is 60+ a significant portion of Brown County's population.

Age Group Estimates	Wisconsin	Brown County
Total Population - All Ages, All Races	5,754,798	256,621
60+	1,237,534	48,437
65+	875,220	33,529
75+	390,565	14,853
85+	126,417	4,777
% 60+	21.5%	18.9%
% 65+	15.2%	13.1%
% 75+	6.8%	5.8%
% 85+	2.2%	1.9%
Males age 65+	391,177	14,715
<i>Males as percent of 65+ population</i>	44.7%	43.9%
Females age 65+	484,043	18,814
<i>Females as percent of 65+ population</i>	55.3%	56.1%
<i>Source: U.S. Bureau of the Census, American Community Survey, 2012-16 Five-year Estimates, Table B01001, 1/2018</i>		

An important component in understanding our communities' population is where they live. Brown County Planning Department, through a commissioned transportation study by the ADRC, created the map (see next page) to more easily locate population density of older adults. This guide helps the ADRC identify where potential customers live, where services are or are not and determine where gaps exist.

Towns and Villages:



Each community is required to create comprehensive plans that analyze population trends, land use, transportation, housing, employment, business development and more. These plans are often created with the guidance of Brown County Planning and help to chart a course for the next 10 years in those communities.

A sample of such a plan is Suamico's Comprehensive Plan
<http://www.suamico.org/FinalSuamicoCompPlanAPPROVED01042016%20-%20Complete.pdf>

In this plan, Suamico is identifying the aging population that is much greater than either the state or the county and they are attuned to future needs. They write:

"As the demographic trends indicate, the median age in the Village increased over the past 20 years from 32.4 years of age in 1990 to 36.2 years of age in 2000 and 41.1 years of age in 2010. The aging of the population somewhat mirrors county and national trends of an aging population, however, as identified in the chapter, it is important to note Suamico's median age is much older than either the county or the state. As the Village's population continues to age, providing a range of housing and other opportunities for the elderly will become an increasingly important issue."

These plans are a great opportunity for the ADRC to advocate for programs and services for older adults in communities where the density and population projections are greatest for older adults. These plans assist our 3-year planning process as we explore the unique needs of the towns and villages that surround the city center.

Additional demographics can also assist with telling the story of Brown County. A detailed demographic profile of Brown County can be found on the Wisconsin Department of Health Services website by County.
<https://www.dhs.wisconsin.gov/aging/demographics.htm>.

Highlights of the data demonstrate that Brown County has a slightly younger population with a median age of 36.8 compared to a statewide average of 39.1. Brown County has 32,889 households with at least one member being 60 years of age or older. Brown County, consistent with the rest of the state, has more females over age 65 than men. 68% of older men are married compared to 44% of women. 20% of older men are living alone compared to 38% of women. In Brown County 44% of individuals 65+ have greater than a high school education.

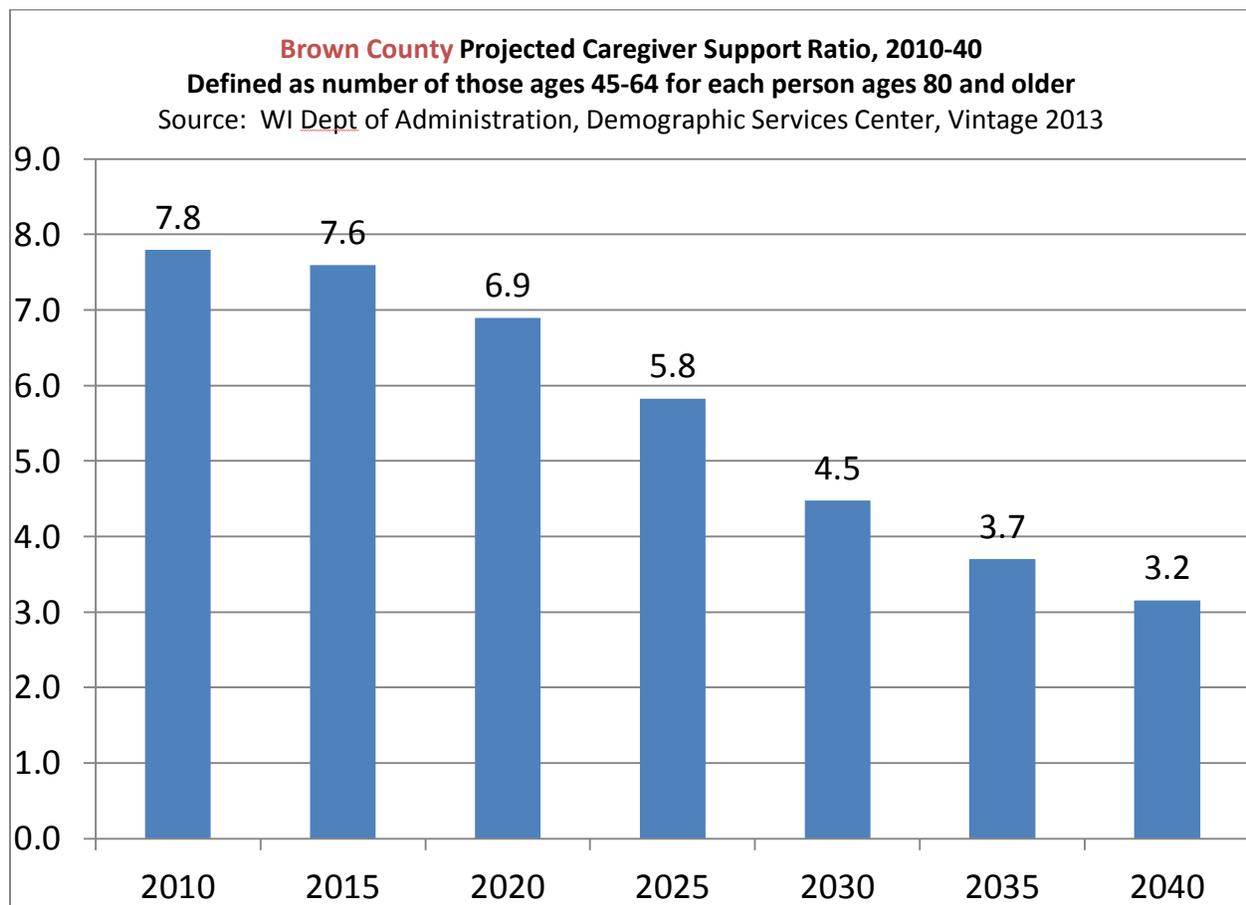
Employment:

Contrary to many beliefs, 27% of males between the age of 65-74 are still in the workforce with almost 17% of older adults in general working well past retirement age.

AARP presented findings of a Retirement Confidence Survey - the Employee Benefit Research Institute of Americans 50 year of age and older considering retirement. They found that fewer than 40 percent of those reaching retirement age apply for social security and that 52% of individuals currently over 50 expect to work past their retirement age. This is an untapped resource that all communities have an opportunity to engage. (AARP "2017 Retirement Confidence Survey: A Secondary Analysis of the Finds for Respondents Age 50+")

Caregiver Burden:

As the population ages for the next 20 years, the need for care will increase dramatically as this population also experiences increased disability. The Caregiver support ratio is a measure of the population of potential caregivers age 45-64 needed to provide care for each person age 80 or older. Population projections illustrate an alarming issue for the state and for Brown County. In Brown County there will be greater need for care than persons available to provide it. Projections show in 2040 there will only be 3.2 people to provide care for each of the 23,270 individuals age 80+ in our community. Today, we have close to 8 people per individual age 80+. The need develop strategies to attract caregivers to the profession as well as develop technologies to help supplement and enhance care is critical.



Age, Poverty and Disability-

As people age, the likelihood of developing disabling health conditions that affect one's ability to engage in activities of daily living tends to increase. In turn, increased life expectancy often brings economic hardship as older people have outlived their savings and other resources.

Table 1 below derived from the American Community Living Survey, 2012-16, shows that of the 32,691 adults age 65 and older who reside in Brown County, 31.5%, or 10,286 individuals, have a disability. Of these, 7.9%, or 1,299 individuals had incomes below the federal poverty level. Among those aged 18-64, 9.3% of Brown County residents, or 14,689 individuals live with a disability, and 4,399 had incomes below the federal poverty level.

Table 1: Brown County Disability & Poverty by Age in 2016

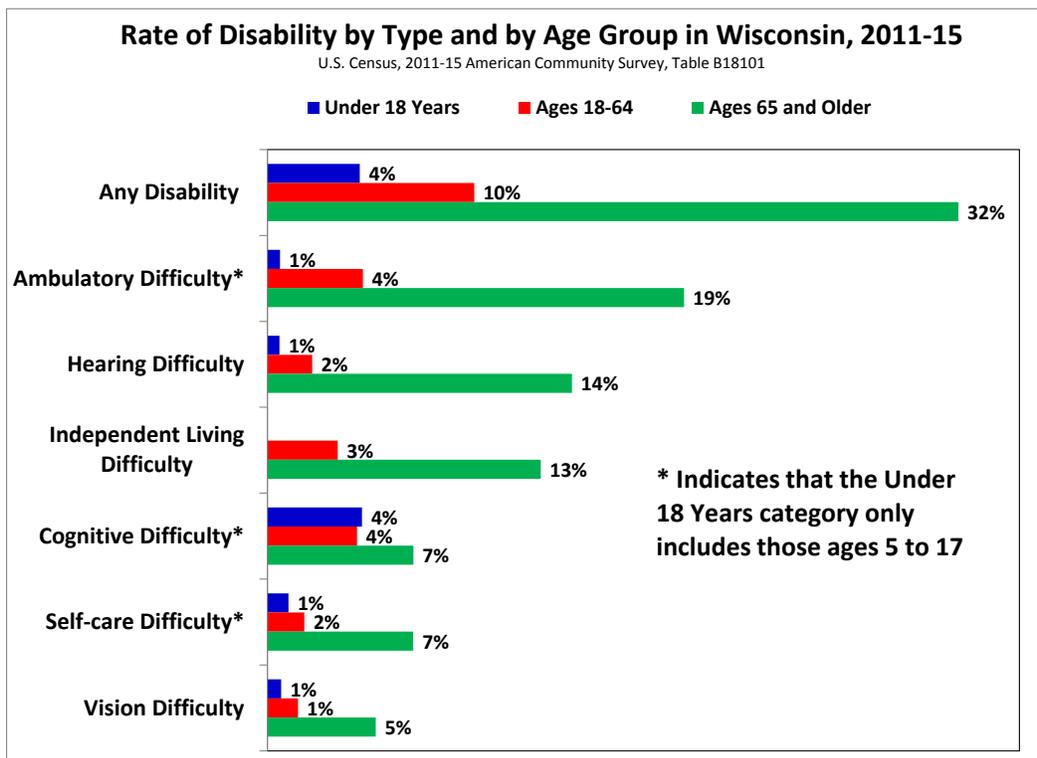
	Population Estimate
Total:	249,383
Under 18 years:	61,245
With a disability:	2,517
Income in the past 12-months below poverty level	906
Income in the past 12-months at or above poverty level	1,611
No disability:	58,728
Income in the past 12-months below poverty level	8,595
Income in the past 12-months at or above poverty level	50,133
18 to 64 years:	155,447
With a disability:	14,689
Income in the past 12-months below poverty level	4,399
Income in the past 12-months at or above poverty level	10,290
No disability:	140,758
Income in the past 12-months below poverty level	12,281
Income in the past 12-months at or above poverty level	128,477
65 years and over:	32,691
With a disability:	10,286
Income in the past 12-months below poverty level	1,299
Income in the past 12-months at or above poverty level	8,987
No disability:	22,405
Income in the past 12-months below poverty level	1,625
Income in the past 12-months at or above poverty level	20,780

Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

Alternatively, the “Wisconsin Poverty Report: Progress Against Poverty Stalls” published by the Wisconsin Institute for Research on Poverty, uses the Wisconsin Poverty Measure (WPM). The report cites an increase in poverty of elderly persons in Wisconsin between 2015 and 2016 from 7.8 percent to 9.0 percent using the WPM, and from 6.2 to 6.6 percent using the official poverty measure. Concerns expressed note a differential between income and the cost of medical care and other necessities, putting older persons at a disadvantage. The report also notes that while older adults age 65 and older are less likely to be in paid work than younger people and thus are less affected by economic recession or changes in tax policy, out-of-pocket medical costs are of concern.

The report also shows that a fairly large number of older persons and couples who have incomes slightly above or below the poverty line are susceptible to changes in inflation adjustments which can move them from one side of the poverty line to the other which appears to have happened, according to the report, in 2015 and 2016 with both the official poverty measure (OPM) and the WPM. It is noteworthy here also, that the rise in medical out-of-pocket expenses in 2016 was greater than the Social Security benefit increase in 2016, thus these expenses consumed a larger portion of older people’s incomes. Finally, the report concludes that the poverty rate across Wisconsin has stayed the same as in the 2011 and 2014 years, with little or no effect of a Wisconsin economy that has been slowing expanding through 2016.

The graphics that follow show disability types and age in the State of Wisconsin and in Brown County derived from the Wisconsin State Plan for Assistive Technology 2018-2020.

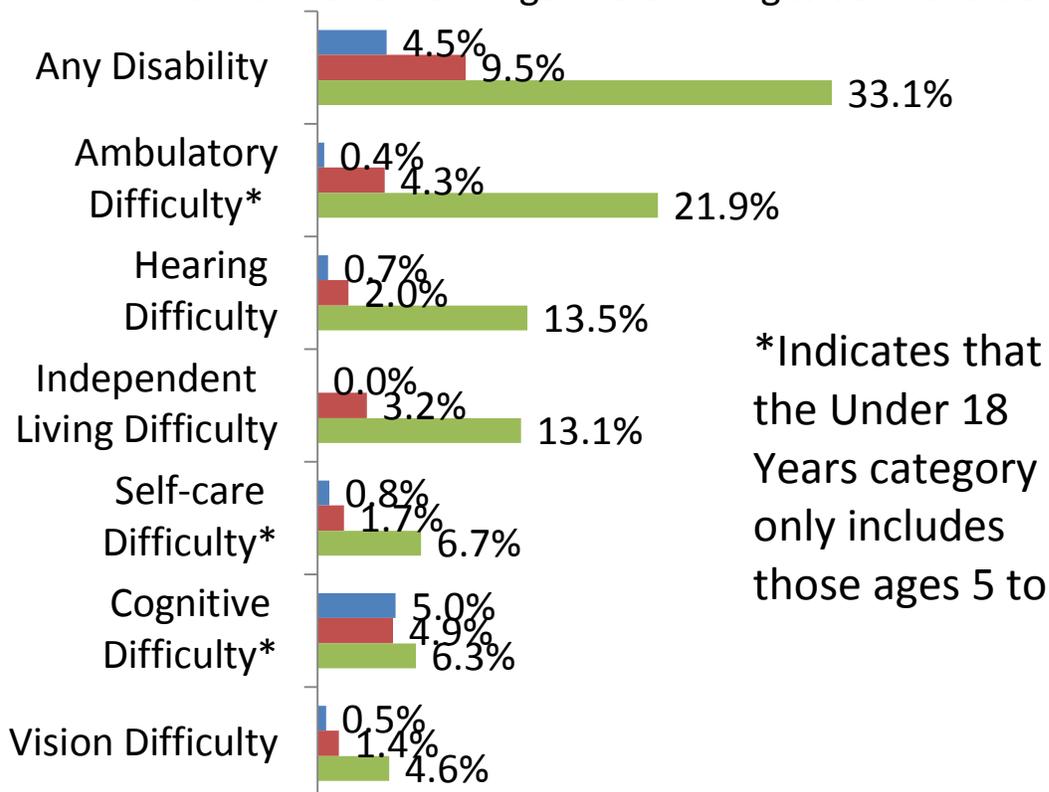


Rate of Disability by Type and by Age Group in Brown County, 2011-15

Source: U.S. Census, 2011-15 American Community Survey, Table

B18101

■ Under 18 Years ■ Ages 18-64 ■ Ages 65 and Older



*Indicates that the Under 18 Years category only includes those ages 5 to

Urban/Rural

Brown County is nearly 529 square miles. It is the 4th largest County in Wisconsin. While there are parts of the county that are rural, Brown County is considered urban with 84% of the residents living in the urban areas and 16% in the rural regions. There are 428.7 persons per square mile in the county-the state's average is 98.8.

Diversity /Ethnicity

As the 4th largest County in the State of Wisconsin with a primarily urban population, our changing demographics reflect growing diversity. While it's clear that the Hispanic community is the largest diverse population in Brown County among all populations, this demographic levels out comparatively to other non-white individuals in the 60+ population. The ADRC has strong relationships with the Hispanic Resource Center, Casa Alba, which has representation on our Board of Directors. Leaders in this community report older adults have migrated at a lower rate. They find themselves isolated in our community and depend on younger family members for transportation and support. They anticipate this changing as the Hispanic population increases and become more financially stable. As the 2017 chart below demonstrates, Brown County's 60+ population is 95% white.

2017

	Total Population	White	Black	American Indian	Asian	Hispanic	2 or more races
All Ages	260,401	210,598 82.7%	5,847 2.3%	6,173 2.4%	7,538 3.0%	19,858 7.8%	4,477 1.8%
60+	46,675	44,348 95.0%	238 0.5%	712 1.5%	499 1.1%	720 1.5%	152 0.3%

Source: U.S. Bureau of the Census, Annual Population Estimates, July 2016 released Summer 2017, 1/2018

Dementia

As the population of persons age 65 years and older grows, so will the number of people with Alzheimer’s disease and other dementias. According to the Alzheimer’s Association’s 2018 Fact and Figures, 5.7 million Americans are living with Alzheimer’s disease. 13% or one in eight people age 65 or older has Alzheimer’s disease and 45% of people age 85 are affected. The prevalence of individuals with Alzheimer’s disease in Wisconsin is projected to increase from 24% in 2000 to 31% by 2025.

Every 65 seconds someone in the United States develops the disease. Between 2000 and 2015, deaths from heart disease have decreased by 11% while death from Alzheimer’s disease have increased by 123%. This disease kills more people than breast cancer and prostate cancer combined. (Source: National Alzheimer’s Association)

In Brown County the number of persons estimated to be living with some form of clinically diagnosable dementia is 14,452. The care and treatment of persons with dementia is now being described as a public health emergency. These growing numbers validate the need for Dementia Friendly Community initiatives within our community.

Grandparents/Grandchildren-

In Brown County, 3,401 grandparents are living in the household with grandchildren under the age of 18. Of those grandparents, 1,328 or almost 40% are responsible for and raising their grandchildren. Many of the grandparents responsible for raising their grandchildren are under 60 years of age; however, more than 28% or 471 are over the age of 60 and in more than half of those cases, the parent is not present. The majority are white, but almost one quarter is Hispanic, and forty percent, regardless of their age as a grandparent responsible for a grandchild, are male. Of those grandparents who are 60 and over and responsible for their grandchildren, almost half are still working, one in ten are living below the poverty level, and 34.8% report having a disability. Of the grandparents who are over 60 and responsible for their grandchildren, 9.3% speak another language and report speaking English “less than very well.”

Caregivers-

Brown County has an estimated 45,137 family and informal caregivers caring for a spouse, parent, grandparent, sibling, child with a disability, or other family member. An estimated 33,498 of these caregivers are employed outside of the home and the remaining 11,639 are retired or not in the paid workforce. Females make up the majority of the caregivers at 55%, or 24,825, and 20,312 of those providing care are male.

Health Status

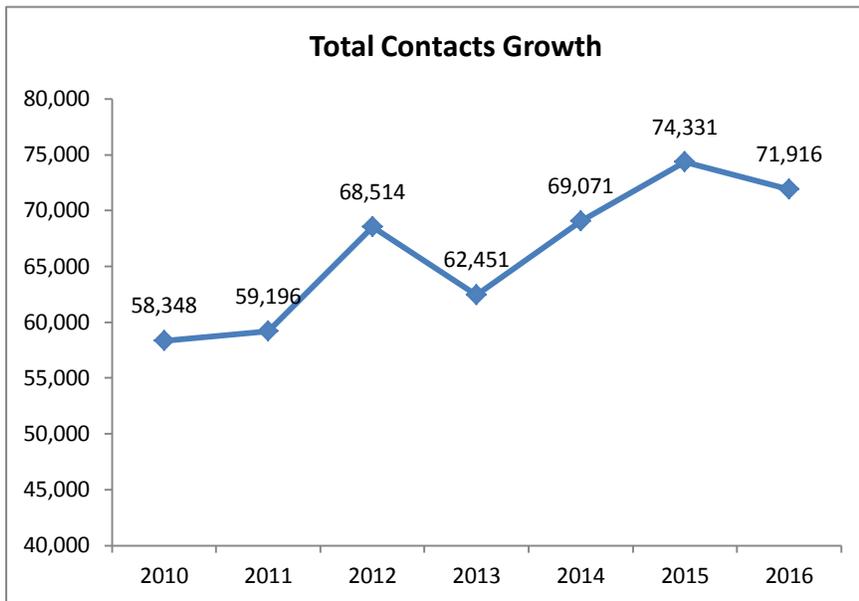
According to the *County Health Rankings and Road Maps* data compiled by the University of Wisconsin Population Health Institute in 2018, Brown County had an overall ranking of 30 of 72 counties on health outcomes and 31 on health factors. *Health outcomes* represent measures of how long people live and how healthy people feel. *Health factors* represent the focus areas that drive the length and quality of life and include health behaviors, clinical care, social and economic factors, and the physical environment. On health behaviors, Brown County stands out in its rank of 57 of the 72 Wisconsin counties.

The following health factors (categorized as health behaviors) are highlighted as “areas to explore” for Brown County residents per the report.

- Adult Smoking 16%: *Lower than state average of 17%* (percent of adults who are current smokers)
- Adult Obesity 30%: *Lower than state average of 31%* (percent of adults with BMI greater than or equal to 30)
- Excessive Drinking 28%: *Lower than state average of 29%* (percent of binge or heavy drinking)
- Alcohol-impaired Driving Deaths 52%: *Higher than state average of 36%* (percent of driving deaths with alcohol involvement).
- Social Associations 8.7%: *Lower than state average of 11.6%* (percent of membership associations per 10,000 population)

Strengths noted in the report for Brown County include access to exercise at 95% compared to state average of 86%, and physical inactivity at 19% as compared to a state average of 21%.

What Needs Have Been Identified?



The needs of the Brown County older adult population are regularly explored, assessed, and reported in a number of different ways. The [2017 ADRC Annual Report](#) explores the types of contacts and services provided by the ADRC and where trends can be identified and plans can be adjusted.

In addition, the ADRC produces the a collaborative report with the Brown County United

Way 2-1-1 and Family Services Crisis Center. [Link to 2016 Collaborative Community Report.](#)

The most recent report evaluates the annual collective contacts of the 3 agencies illustrating a large portion of the “front door” requests of our community. The full report (*Addendum 3*) is collective data of front end callers to the 3 major I & A providers in our community: United Way of Brown County, Family Services Crisis Center and the ADRC of Brown County. This report is impactful as it includes data collected from 71,916 callers.

The intent of the data presented is to demonstrate patterns of need in the Brown County community so as to educate policy makers and the public about potential services gaps in order to mobilize change. Brown County 2-1-1, Family Services Crisis Center and the ADRC represent agencies that have a mission to respond to consumers who are searching for needed services. All three agencies provide reliable, unbiased information and links to community providers who have valuable services to offer. Each agency provides this service at different depths.

Our agencies have been collecting combined data for the past 9 years. Data includes contact volume, caller information, top requests for information, top referrals made, and common identified unmet needs. All three agencies would be considered “front door” services within the human service system. Family Services Crisis Center and ADRC are service providers, have specific target populations and published phone numbers that market themselves as “the place to start” to seek assistance within Brown County. 2-1-1 also markets itself as “the place to start”. It does not have a specific population target group.

The trend has shown a significant increase in a relatively short period of time, with 2016 volume being 23% higher than 2010. New technologies offer alternate ways for the public to access front door services i.e. texting, online chat, etc. Younger generations of information seekers use online resources at a higher rate and may impact phone call volumes of traditional services.

An important component of the report is the identification of unmet needs in our community. This information helps the ADRC and other community providers build programs and explore projects to address these needs. For older adults and adults with disabilities, long term care funding, housing and transportation top the list of unmet needs.

Tracking these unmet needs help us to be a catalyst in the community and advocate for program development where gaps exists. In 2014 Long Term Care funding topped the unmet need list for the ADRC. As of 2016, housing had taken its place and dental care had moved toward the top of the list. With Brown County reaching entitlement July of 2018 for long term care managed care, that need has dramatically changed. A welcome relief to the many individuals who had been waiting for years for needed services.

Unmet Needs

January - December 2016		
2-1-1	Crisis Center	ADRC
Electric Service Payment Assistance	Family Homelessness	Housing
Community Shelters	Individual Homelessness	Dental Care for those on Medicaid
Rent Payment Assistance	Traveler's Aid	Miscellaneous 1 times needs
Directory Assistance	Mental Health Services	Accessible Housing
Homeless Motel Vouchers	AODA Services	Rent/Mortgage Assistance
Food Pantries	Rental Assistance	Funding-Long Term Care Services
Water Service Payment Assistance	Direct Client Transportation	Home Care
Gas Money	Relationship Issues	Mental Health Services Case Management
Undesignated Temporary Financial Assistance	Medical/Physical Health Services	Prescription Drug Assistance
Bus Vouchers	Prescription Drug Refills	Transportation

Other impactful data sets and reports available to the ADRC are the Life Study and the Greater Green Bay Envisioning the Future report. ADRC staff was heavily involved in both reports working on the planning and execution of exploring community needs. The purpose of the LIFEstudy is the measure progress using leading indicators of measurement for 10 sectors of life in the community; identify areas of concern and issues that community can address; and provide secondary data and community member perceptions for analysis purposes. The 2016 LIFEstudy was a great opportunity to see trends over time and benchmark progress as it was a replica of the 2011 LIFEstudy. [LIFEstudy of Brown County](#) The study outlined areas where issues of diversity, civic engagement, poverty and self-sufficiency, and disability challenge our community. For example, the report highlights the number of residents with a disability increased by 14% from 2010-2014 with over one third being older adults. This study also gathers community perceptions through survey tools about programs and services for older adults and adults with disabilities.

The Bay Area Community Council (BACC), established in 1990 as a citizen's think tank, is made up of volunteers representing business, education, not-for-profits and government. It has done studies on social capital, tax-base sharing, poverty, alcohol abuse, immigration, transportation and economic development. It participated in the 2011 and 2016 LIFE Studies and sponsored the 2012 Brown County 20/20 Envisioning the Future and the 2017 Greater Green Bay Envisioning the Future conferences. It aims to be "the leading organization in engaging community leaders in understanding and shaping the future of the Greater Green Bay Area."

The 2016 LIFE Study sponsors (Greater Green Bay Chamber, Greater Green Bay Community Foundation and Brown County United Way) asked BACC to convene a conference of community leaders (2017 Greater Green Bay Envisioning the Future held September 29-30, 2017) to make sure the findings of the LIFE Study gain traction and lead to real response. This report brings together the conference results and relates it to the studies and activities that preceded it. ADRC staff helped plan and implement the Envisioning the Future event and as members of the council, continue to participate in efforts to advocate for change. The report itself [Greater Green Bay Envisioning the Future](#), outlines action steps to be taken through community collaboration using a "futuring" perspective. What will the next 20 years bring? What will the next generation need? How will elements of change impact our communities?

Older adults and adults with disabilities are present in this report as a change factor and recommendations:

"A Community of Choice must address the growing needs of an expanding older adult population, such as accessible housing, mobility and transit options, medical advancements and care, and lifestyle enhancements. These are both appealing to all ages and necessary to help older adults age in place."

Through all of the data points collected and community collaborations, boards, committee work and local initiatives, the ADRC is deeply rooted in the great work occurring to identify needs and advocate for change. All of these activities have helped the ADRC build its own plan of action included here.

How is the aging network and long-term care system organized to support older persons in the county?

The ADRC of Brown County offers the general public a one-stop shop for information and assistance on issues affecting older people, people with disabilities, and their families. It's a welcoming and convenient place to get information, advice and access to a wide variety of services. It's an unbiased clearinghouse of information about long-term care that is available to physicians, hospital discharge planners, or other professionals who work with older people or people with disabilities. The ADRC is the entry point into the public long term care system. Services are provided by phone, email, in the office, or in visits to an individual's home.

The transition from traditional county/tribal aging units to Aging and Disability Resource Centers allows a more comprehensive and holistic approach to discovering and meeting the needs of older people and people with disabilities. ADRCs pull together information about the whole spectrum of long –term care resources available in an area and help coordinate access to them. In addition, health and promotion and disease prevention information and activities are provided for the entire community as a service of the ADRC. *(Wisconsin Plan for Older People 2013-2015)*

In Brown County, we have greatly benefited from our fully integrated Aging Unit and ADRC. We consider ourselves the Aging and Disability Resource Center that seamlessly provides Older American's Act and ADRC core services to all older persons and persons with disabilities. The structure of our programs appears to the public as one service delivery system. We are committed to building programs and services that bring down silos, barriers, and complexity for the consumer.

July 2018, marked an important milestone for Brown County and its role in Long Term Care. From 2015-2018, Brown County was transitioning from a home and community based waiver system to managed care. Staffing needs and organizational resources were highly focused to provide person centered timely response to a large volume of people who needed to move from one system to the next. The ADRC worked diligently to assure customers were treated with respect, fears were abated, and services continued seamlessly. We were commitment to a successful transition that not only removed waiting lists but also assured that older adults and adults with disabilities have access to the care and services they need, when they need them. This changed the face of our work.

We are very excited to be able to return to focusing our energy on the very important work of serving our entire community. Readjusting workload to focus on the 80% of our population who will not enter the long term care system means the ADRC can tackle new initiatives around prevention, options counseling, and life enrichment activities.

Evolution of ADRC

The Brown County story is one of partnership and collaboration. ADRC's were written into state statutes in Feb 1, 2000. In Brown County, in collaboration with the Human Services Department (HSD), Brown County officially opened its ADRC in 2005. Brown County HSD held the state contract for 4 years, choosing to work with the ADRC to run a joint program. From 2005-2009 HSD coordinated the ADRC contract, providing Access, Functional Screening, and wait list management. The ADRC provided Information and Assistance, Elder and Disability Benefit Specialist services. In October 13, 2008, the HSD submitted a County Board resolution allowing the ADRC to run mandated programs independent from HSD. This action, would allow HSD to pursue Family Care development, as separation of eligibility and delivery services are required by statute.

The Aging Unit and ADRC Combine

Once the Brown County board authorized the ADRC to contract directly with the state, the ADRC officially and seamlessly combined its Aging Unit and ADRC programs into one integrated set of services. This combination allowed for reduced duplication and more efficient service delivery to older adults and adults with disabilities. Many counties choose to keep these programs separate only to find a delicate balancing act between programs, turf issues, and confusion to the public. In addition, when the contract was moved to the ADRC, additional responsibilities that had been carried out by HSD were transferred, creating a cost savings to the county.

What are the critical issues/trends? What are the future implications? What are the challenges?

Growing Demographic and Limited Resources

There are several trends that are important for the ADRC to watch and prioritize. Growing aging demographics and the complexities of living independently at home and "included" in the community are challenges for both older adults and adults with disabilities. Relatively flat state and federal funding challenge the ADRC's ability to keep pace with their growing needs.

Reallocation initiatives at the state level for Older Americans Act and ADRC funds currently underway create a significant challenge to planning for the future of programs as there may be allocation changes that impact service delivery. ADRCs will need to apply business acumen and social innovation principles to program models if we are going to keep up with demand. We have to be innovative.

Assuring the funds available are reaching those with greatest need is critical. In order to continue focusing our work on prevention, i.e.: to reach customers as early as possible to delay or prevent the need for long term care, we must look for new revenue sources. To do this it will be necessary to "think outside the box" trying new strategies and taking appropriate risks.

Depression and Loneliness

Issues of depression, isolation and loneliness are important for the ADRC to begin to explore and create new ways to reduce the stigma in seeking help. Issues such as poor nutrition and physical and mental health problems can be prevented. The completion rate of suicides in older men is a trend we must address.

Congregate Dining

Shrinking participation in congregate meal sites around the state and in Brown County challenge us to think more creatively about what people want and need. Does our current group dining model really attract the current population? Is it valued or is there a different way to reach more people with a new strategy?

Municipality Commitment: Urban and Rural Communities

Engaging the rural communities in meaningful partnership will be required for programs to succeed. Towns and villages face the same changing demographics and together we will be able to do so much more. All local communities are struggling to find the resources to keep their towns and villages vital and meeting the needs of their community. In Brown County we have had satellite senior centers and nutrition programs in these small communities. As expenses rise, the ADRC is seen as the sum sufficient funder of these programs. Additional education and partnerships are needed to keep these satellites strong.

Caregiver Shortage

The shortage of professional caregivers and stress informal caregivers experience will create tremendous strain on the long term care system. We may be facing a time when the dollars are there but the man power is not.

Dementia

Dementia is a public health emergency of dementia that is impacting on families, governments, non-profits, businesses and neighborhoods. It will challenge all of our communities until a cure is found. Dementia changes everything. It creates a challenge for our systems of care, person's personal resources, and employers managing caregiver stress in the workplace.

Diversity

Diversity means many things. We are diverse community in race, age, gender, sexual orientation, and even interests. In Brown County growing diversity has many implications. We are at critical moment in our history. The Hispanic community has grown 145% from 2000-2015. The challenge is to find effective ways to engage and capitalize on the opportunities in front of us. As service providers, if our focus is on both serving and engaging people of all races, interests, and orientations we will assure needs are met while supporting inclusion and reducing division.

Culture of Prevention

We need to shift from a medical model to a culture of prevention where individuals can take charge of their lives and their health. How can we educate individuals and policy makers on the impact prevention can play on improving quality of life, reducing costs and improving an entire community?

Ageism and Stigma

Ageism is present. It impacts physical health and mental health. We all contribute to its presence and can also make a difference in how people see people. Like many communities, older adults are not a high priority for local funders. However in Brown County there are strong local foundations that are beginning to seriously target isolated older adults with funding opportunities. These foundations are an opportunity for education and creating programs.

Accessibility

Individuals with disabilities face tremendous accessibility issues in their daily lives. Access to every day opportunities to visit a local coffee shop, enter a store without automatic doors, transportation outside of a bus route or timeframe, and access to natural resources that most community members are able to enjoy remain a significant challenge.

Internal/Programmatic Forces

Complex funding streams and requirements are a challenge. Older American's Act funds are intended to be seed funding that spurs additional partnerships and local funding. Some Older American's Act prescriptive requirements are far more ambitious than the funding can support. Finding partners and complimentary funding sources to accomplish the requirements are often a challenge. An example is the NFCSP program that requires funds be spent in 5 different categories, but clearly does not provide enough funding to accomplish the requirements without a large amount of additional local support.

Limited flexibility in database data collection

Increased need for outcome data that is specific and effective in demonstrating how our programs impact the lives of older adults is limited by the current required multiple databases. Staff need a mobile and flexible data collection system to meet changing customer and outcome data needs along with funding for internet access where they are meeting customers. The SAMS database is limited in its ability to collect needed information and can't be customized to meet changing needs. In addition having multiple data systems and workbooks across units i.e.: DCS, Ben Spec, I&A, caregiver programs reduces the accuracy, efficiency, and effectiveness of data collection.

Tension between research and service delivery

Research and pilot projects are imperative to creating evidenced based services and practices. Being on the cutting edge of this research is exciting, but also resource draining. Most often, engaging in research activities allows the ADRC to participate in ground breaking; innovative projects but also stresses the staff's ability to keep up with the demands of current programming at the same time. While necessary to demonstrate efficacy, data collection and administrative requirements of research is a challenge. It is difficult to maintain both objectives.

Looking to the Future

The ADRC needs be creative finding ways to:

- Reach people sooner through prevention and outreach
- Create and evaluate more flexible nutrition programs
- Advocate with the local transportation system
- Explore and implement social innovation and business acumen strategies
- Focus on outcome data and quality measures
- Create Age, Disability and Dementia Friendly Communities to reduce stigma
- Utilize technology to create efficiencies
- Embrace diversity
- Find creative ways to engage caregivers

The ADRC, like many aging units around the state, faces many challenges moving initiatives forward in our community. Some of the challenges are due to external forces, some are internal and/or due to program restrictions and policy limitations. Considering these challenges we pursue careful, creative planning and partnerships where available to help move initiatives forward.

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

Our Funding

The ADRC receives Federal Title III Older American's Act funds to provide:

- Nutrition
- Family Caregiver Support: Day Care, Respite, Support Groups, Resource Database
- Alzheimer's Family Caregiver Support
- Elder Benefit Specialist
- Senior Centers (State of Wisconsin does not allow any Title III funds to be used directly for senior center programming)

The ADRC receives State/Federal funds, including Medical Assistance to provide:

- Information and Assistance
- Functional Screening
- Disability Benefit Specialist
- Prevention
- Dementia Care Specialist
- Community Living/Nursing Home Relocation

The ADRC receives Federal Title programs and County funds to provide:

- Adult Day Care

Participants and Community Donations to provide

- Nutrition program support
- Loan Closet (durable medical equipment)
- Outreach

The ADRC has so many wonderful resources and partnerships- too many to list them all. ADRC staff and Coordinators are actively involved in our community. They are very skilled, experienced and natural networkers. Our ADRC Board of Directors is committed to our agency and participates in planning and policy making. Our staff has been involved in many community collaborations that help move agency initiatives forward. Below is just a sample of active community partnerships:

- *Community Mental Health and AODA Coalition* - Public health initiative to create a recovery based community. ADRC brings issues of older adults to the coalition, produces educational materials, does outreach and education with the police, hospitals, and County Services. With the help of a grant we are beginning a new partnership with a local mental health provider to create greater access to counseling services onsite at the ADRC
- *Homeless and Housing Coalition*
- *Caregiver Coalition* - plans bi-annual events including a “day away”. Reach is broadened with participation of multiple providers who contribute both financially and with in-kind support.
- *Dementia Friendly Community Coalition* - diverse membership including police, geriatrician, fire/rescue, technical college, service providers, and Alzheimer Association. There are several active sub committees that ADRC chairs including Memory Café development, Down Syndrome assessment, Emergency/Crisis response, and Purple Angel business education.

- *Bay Area Community Council* - A community “think tank” that produces white papers on community issues. Currently working on Brown County Poverty Paper and “Connecting our Community” project where persons are interviewed about positive stories in our community and the valuable relationships they have. Will result in a large planning summit for community change.
- *NeighborCare Collaborative Project* - reaching isolated rural older adults
- *University of Wisconsin –Green Bay Partnership Program* - placing interns in ADRC’s to bridge the gap between the academic environment and direct practice.
- *Northeastern Wisconsin Technical College* – Participating in the Gerontology and Health Navigator Program Advisory boards and student placements.
- *Medical College of Wisconsin* – Participate in student orientation program. Students select ADRC Prevention program for annual project work.
- *Transportation Coordination Committee* - planning and collaboration between local elderly and disabled transportation services
- *CCOT* - transition planning committee for students with disabilities. This has resulted in students with disabilities serving meals at our nutrition programs
- *Seniors out Speaking* - partners with up to 40 organizations where our Medicare Volunteers provide monthly outreach events
- *Volunteer Center* - partnership provides community action days that support older adults living at home.
- *Prevention Coalition* - where all 4 hospitals are at our table, planning a falls prevention outreach project and advanced care planning programs
- *Emergency Response Collaboration* – Program with Emergency Medical Technician (EMT) providers to coordinate direct referrals for ADRC services for individuals who have fallen but are not hospitalized.

4. Public Involvement in the Development of the County Aging Plan

Involvement of Older People in Aging-Related Program Development and Planning

The Older Americans Act is founded on a principle of American democracy that people affected by programs and policies should have ownership of those programs and policies, including an integral role in their planning and development. The Aging Network provides an opportunity for older people to influence processes where community objectives transform into concrete policy actions. The active participation of older people in the design, development and implementation of policies and programs gives them ownership of and responsibility for the Aging Network. Participation in the operation of the Aging Network not only gives an older person an opportunity to comment on a particular issue but also recognizes her/him as an equal partner in the discussion.

Accordingly, the ADRC of Brown County has consistently recognized the value of the inclusion and perspectives of consumers and community constituents in the development of its goals and planning documents. In so doing, this 3-Year ADRC County Plan reflects a concerted effort to broaden the reach of consumers and community partners in the planning process. In all, nearly 200 individuals across the various information-gathering efforts shared their perspectives and provided feedback. The following section will outline the various efforts undertaken and present a summary of the primary feedback that emerged across the respective focus areas.

Consumer Input and Focus Areas

Outline of Consumer Input

Beginning in the fall of 2017, the ADRC organized a team to develop a comprehensive plan for input from consumers, community partners, and others in the focus areas of Caregiving, Dementia, Nutrition, and Healthy Aging. The primary goal was to solicit feedback from the various groups to inform the goals and objectives for our 3-Year Aging Plan. The planning team consisted of a faculty consultant from UW-Green Bay, the ADRC Director and Assistant Director, and two long-standing ADRC volunteers with expertise in marketing and communications. The ADRC Board of Directors approved the plan in the fall of 2017. Full implementation began in January of 2018. The plan included a variety of methods to gather information including the use of focus groups, electronic surveys to community professionals, ADRC staff, and volunteers, and one-on-one interviews with older adults throughout Brown County.

The commitment of ADRC Board members, staff, and volunteers resulted in successful completion of each of the plan components. As of May 2018 all feedback methods were completed. We are happy to report the inclusion of multiple methods and voices yielded important insights and information that guide the vision and goals for the current 3-Year Aging Plan.

Obtaining Consumer & Community Feedback

The methods used to solicit information from consumers and constituent groups for in this report include: 1) Focus groups discussions, 2) One-on-one interviews, and 3) electronic surveys.

Focus group questionnaires and Board member surveys were primarily aimed at understanding consumers' perceptions of community responses to needs, suggestions for programs and services to best meet those needs, and what role the ADRC should play. Consumer perspectives on what the ADRC is doing well, and in which areas it could improve, were also explored.

Electronic surveys asked consumers to rate Brown County relative to growing older, dementia friendliness, challenges for older adults and people with disabilities, utilization of the ADRC, what the ADRC does best, and how it could improve. (See Addenda of this report for a copy of each the tools used.)

In the discussion that follows, the specific methods are discussed in further detail along with a summary of consumer feedback.

Focus Group Conversations

Focus groups were used to gather feedback from consumers. Interview guides for the focus groups were developed by the planning team and organized around the areas of Caregiving, Dementia, Nutrition, and Caregiving. Groups were facilitated by planning team members. Focus group members were solicited from existing community groups and organizations in Brown County via the use of posters, mailings, staff outreach efforts, and snowball methods. (See [Appendix 1](#) for sample flyers) One group composed of ADRC staff members served as a pilot to inform the development of the interview guide. All focus group conversations were transcribed from notes taken by an ADRC staff member, and were later transferred to Excel documents for analysis. All consumers provided verbal consent to participate in the group conversations. In all, eight focus groups were completed consisting of a total of 88 consumers.

ADRC Board Member Interviews

One-on-one interviews with consumers were conducted by ADRC Board members within their 'circle of influence'. An abbreviated version of the focus group questions were used for the interview. Board members completed 21 interviews.

ADRC Volunteer Surveys

ADRC volunteers also shared their perspectives via electronic surveys gathering information on ADRC programs, services, and community needs. In all, 42 volunteers responded to the survey.

Community Partner Surveys

Electronic surveys were sent to community partners across an array of human service, business, hospitality, health care, municipal, and other work sectors of Brown County gathering perspectives on various ADRC programs, services, and community needs. In all, 123 community partners responded to the survey.

[Appendix 2: Community Professional & Volunteer Surveys](#)

[Appendix 3: Focus Group and One-on-one Interview guides](#)

[Appendix 4: Caregiver & Dementia Services Participation Agreement](#)

Review of Consumer Feedback

Analysis of consumer feedback was completed by the UW-Green Bay consultant in tandem with ADRC leadership. Major themes that emerged were identified. A staff retreat in May of 2018 provided an opportunity to review customer feedback themes and brainstorm on goals and objectives for the 2019-2021 Aging Plan.

Major themes identified include:

- Improving and Maintaining Programs & Services
- Public Awareness of the ADRC
- Transportation and Accessibility
- Nutrition Awareness and Education
- Caregiver Supports

Feedback by Focus Areas

The Elder Nutrition Program

As the largest program operated by the national and state aging networks, the Elder Nutrition program consists of two parts, each with specific intent. The congregate, or Senior Dining Program, provides meals in a community environment, promoting opportunities for socialization and healthy aging. Home-delivered meals provide nutritionally sound meals to homebound seniors as well as a daily social contact with ADRC volunteers. Nutritional screening, assessment, education and counseling are available to older adults to address their health and nutrition needs.

Consumer Input

The predominant feedback received from consumers related to nutrition services reflects a wide range of nutritional topics, and a need for consistent and credible information. Consumers were aware of many key aspects of nutrition, and conversations included topics of food choice, quality, additives; specialty diets such as paleo, vegetarian and vegan; organic foods, and knowledge of ADRC meal programs. Many frustrations were shared within the groups, including the abundance of, and often conflicting information available on nutrition, especially with respect to food choices. Concerns about food safety, ingredients and labeling, the affordability of healthy food, and the availability of transportation to grocery stores were also raised. In the comments below, consumers reflect on the concerns and dilemmas they encountered:

“A lot of confusion. Who do we listen to? Is it USDA, Dr. Oz., the nutritionists here? I’m serious. Who is it? Who do we listen to?”

“You go a little wacky after you explore it, you really do. Sometimes, I go into my fridge and go, “What am I supposed to eat?” The fruits and vegetables are all contaminated with pesticides. The meat is all contaminated with whatever, and grains are bad for you because of gluten. I look in my fridge and say, “I’m hungry!”

One consumer expresses her frustration and a sense of mistrust:

“Good nutrition -- whatever is good today! Ten years from now, they say it is not good anymore. If a person has never been ill really at no time in their life, then do what you have been doing. But when it comes to good nutrition, I get sad. Like she said, I’m behind rock and a hard place. They can constantly say veggies are good for you but some people never have veggies ever, and they are in good shape and doing fine. Good nutrition makes me sad. A lot of people don’t know which way to go. Everybody has their guidelines.”

Affordability of food was also a concern:

“I think healthy foods are more expensive. This is a deterrent. If I can go through and get a meal - a salad is more expensive than a burger, fries and coke. And it’s like, why? Why is it more expensive to have a salad with a half strip of chicken on it than an entire meal? It just doesn’t make sense. But it’s more expensive to eat that way.”

Consumer awareness of ADRC meal programs by consumers was evident. However, the need for assistance with understanding food choices, labeling, and meal preparation was noted as something the ADRC could do to help, and provides direction for the ADRC in helping to best address consumers’ nutritional needs.

Consumers reflect on the need for assistance:

“Nutrition guidelines, yes – but specific to the product. So I know if I’m going to make a meal, I need this and that, and that it’s a pretty healthy meal.”

“Recipes for 1 or 2 people. A lot of the cookbooks -- it is larger servings for like 4-6 people. Just tell me what I can eat. Instead of telling me to look at the label and compare this to this. I’m not a nutritionist. Festival Foods had this for a while with health percentages. I don’t have time to prepare all this stuff.”

“I’d like to see classes on meal planning because I try to plan them out but I have a tough time doing it by myself.”

“In terms of programming if a culinary person came in – not to necessarily teach me how to cook but more about how long can you keep this, how long can something be left out, etc.?”

The need for nutritional guidance expressed by consumers is in line with findings from the 2017 Nutritional Food & Safety Health Survey that shows 80% percent of respondents believe that following expert nutritional advice is important for adults age 65 and older. The ADRC has set goals develop instructional videos on nutritional information to respond to this concern.

A final area that emerged with the respect to nutrition was the importance of socialization, articulated by many consumers. While consumers across the various feedback efforts expressed appreciation for the availability, affordability, and quality of the ADRC home delivered and congregate meals, they frequently mentioned socialization as a vital component of good nutrition.

One consumer comments on costs and social aspects:

“Price, location of stores, ADRC meal price of \$4 – it is affordable, but I couldn’t afford it every day. The “plus” here is the company of others.”

Another reflects on barriers to good nutrition:

“Grocery stores nearby. Where I live, there are several places to shop but that is not true for everyone. Lots of places have junk. And, if you don’t have transportation then you can’t get there.”

“Would there be value to have a breakfast/luncheon for people with disabilities - would this be worthwhile - invite family/friends. One of the things that I found with people getting to be my age - loneliness. People just sitting home. Don't have opportunity to get out.”

“You can get groups together and get the music of their era playing. Then have get-together where there’s dancing and music time – everything improves for a while. Start a dance group, not that I’m going to dance.”

Concerning socialization, findings from the Nutritional Services Program Outcomes Evaluation (2017) sponsored by the Administration for Community Living, demonstrate that older adults who participate in congregate meals had greater food security and higher levels of socialization than non-consumers. Additionally, survey responses from ADRC community partners queried for this report show that nearly 60% ranked 'isolation and loneliness' as the number one challenge for older adults in Brown County.

The ADRC takes these concerns seriously and has established goals to increase access to both quality nutrition and socialization opportunities, especially in under-served areas of Brown County.

Healthy Aging

The ADRC recognizes the concept of healthy aging as one that includes the interplay of multiple domains including physical, social, emotional, spiritual, environmental, and occupational factors. ADRC programs and services address these areas. With a major focus on prevention and community partnerships, current ADRC programming includes falls prevention, diabetes management and education, exercise programs for general fitness and stress relief, advanced directive workshops, support groups, and opportunities for socialization at the Grounded Café. The ADRC also offers a series of one-time educational events that include non-traditional prevention programs such as mindfulness, essential oils, yoga, and various other health and mental health supports. Partnerships with community providers and businesses throughout Brown County contribute to advocacy efforts by promoting programs and services that best meet the needs of older adults throughout the county.

Many internal programs and services at the ADRC also contribute to the health and wellness of our consumers via the provision of nutritional assessment, home delivered meals, housing and transportation options, financial services, information on long-term care services and supports, and benefit programs such as Medicare and Medicaid. Many programs and services adhere to the Evidence-based Programs and Practices guidelines outlined by the Administration for Community Living. The ADRC will continue to seek out, and promote programs and services that meet these guidelines with respect to Healthy Aging and other focus areas.

Consumer Input

Perspectives shared by consumers on Healthy Aging encompass many areas of health and wellness and accordingly, overlap with consumer feedback in other focus areas in this report. (The term, "Healthy Aging" is used interchangeably with "health and wellness", "successful aging", and "aging well.")

Key issues and barriers with respect to Healthy Aging noted by consumers cross cut physical, social, environmental, emotional, and occupational areas. Areas discussed include diet and exercise, access to health and mental health care services, transportation, and accessibility of public and municipal services, especially structural barriers affecting access.

It is clear from consumer feedback that exercise is valued in maintaining health:

“I was looking for an exercise program, and it was in the Pulaski News that there was a fitness class at the senior center in Pulaski. So, I called the number and gave them my information. And now, I’m doing the class and learning a lot of things from the people there. It was a real good resource -- something small and a very nice group of people. It’s exactly what I was looking for.”

On exercise, barriers, and ADRC programs:

“I will just throw this out there as an individual with no vision, that sometimes when I’ve tried to join groups in the community – like exercise classes, Tai Chi, and yoga, etc. – if the class is too big it’s sometimes hard to follow. I don’t want to join a class and not know what I’m doing because then it’s useless to me. When we had the Stepping On person speak to us, I had kind of thought we could have all taken one together and done it together. But, it didn’t work out that way or seem like they could do that. But, if something is ever planned in the future, maybe a smaller group – if you’re going to run a program – whether it was Tai Chi, yoga or just some type of exercise, it might be helpful where there would be more of a one on one to show us what they are doing. For example, I live next to a community center but when I tried to take some classes there, that is when I ran into a problem. It kind of worked out okay, but the Tai Chi did not. Forget it. I couldn’t keep up and they couldn’t slow down to help me. In terms of the ADRC, I felt better here than I did at my local community center.”

Concerning mental health, a consumer identifies a pressing community need:

“One of the things to help promote health would be to bring in a mental health counselor or professional close to the Hispanic community in a group setting.”

Several consumers shared concerns about transportation and how this limits opportunities for full participation in community living:

“Transportation here has been a huge barrier -- to have a social life, belong to a church, do anything at night. Brown County is difficult when it comes to transportation.”

“Transportation, much to be desired in Brown County.”

“Lack of adequate transportation, especially those with disabilities. Green Bay does not welcome disabled people.”

“Bus transportation that goes outside the city limits of Green Bay would be really nice.”

Clearly, consumer concerns reflect the need for affordable, reliable, and convenient transportation options. The comment below highlights specific recommendations for what would make things better:

“Transportation that’s available on short notice. I have a grandmother that lives with us, and if she is not feeling good and she tries to call for a ride for the next day to go to the doctor, she can’t get one. So, we go to the hospital, or one of us has to take off work. Even her just wanting to go to the grocery store or go out – she can’t. She will call the Red Cross or call certain things, and they always say they are booked that day.”

Accessibility to community programs and services, events, and opportunities for socialization are key components of health and well-being for older people and people with disabilities. Full participation in one’s community can provide a sense of belonging and contribute to a positive sense of identity that can offset many challenges and losses one may experience in the aging process. Wahl and Oswald (2010) note in their article, *Environmental Perspectives on Aging in the Sage Handbook of Gerontology*, that the fit between the individual and the social environment is linked to major development outcomes of in aging namely, identity, autonomy, and well-being. This affirms and supports the ADRC’s efforts to continue to advocate for programs and services that cover a broad range of healthy aging initiatives.

Thoughts on socialization include the following from focus group members:

“Someone else had said it is difficult being single in the city and I agree, especially as a single person with a disability. Socially, it is very difficult because of a lot of the other things we’ve talked about. I can’t fully participate because it’s not all accessible. I shouldn’t say the city, but Olde Main and On Broadway districts. So, how do you get fully engaged if a person chooses to have a social life as part of a healthy life, physically, emotionally, socially?”

“Socialization is a key aspect of healthy aging.”

Here, consumers express their angst on access to community activities and events, and accessibility of community venues:

“A lot of activities that I’m aware of are word of mouth. If you are not connected to community, you do not know what is happening. I’ll meet someone and say, “Oh, did you go to this thing?” And they say, “Oh, I didn’t know about that.” No information that you can go to, or that is readily available, things that are happening that are accessible. You do not want to just go to places where disabled people can go or only to accessible events. We don’t want to segregate. You want to be able to go to other things.”

“We like to go to the Saturday Farmer’s Market Downtown. Sometimes parking meters are bagged off and sometimes they aren’t. Sometimes they are by planters (hard to get out for ramp vehicles). Not consistent, and don’t always designate. A van-accessible spot, but not enforced. It irks me to see a big SUV with a sticker. Who knows? I don’t want to go there.”

“You know I have to share. My husband and I were going through the ADRC magazine and there was a Basic CPR class, and we took it. They also educate you on the defibrillator and how to use it. We were amazed. And you had hands on practice. I think something like this should definitely be ongoing and offered a few times a year.”

Meeting medical needs is a critical issue that heavily influences healthy aging. Access to, and costs of medical services, navigating the health insurance arena, medication-related issues, and a host of other concerns were discussed in the focus groups. One particular problem in this area noted by consumers relates to technological expertise required to navigate medical systems. Many older adults do not have the knowledge or resources to participate in technology-based systems, and rightfully become frustrated at the confusing, impersonal and bureaucratic nature of health care systems.

Frustration on navigating access to medications is evident:

“And that’s another thing, too. With meds, you have to do almost everything online. But the older generation doesn’t know how to do it. My aunts and uncles call me all the time and ask me what they should do. So, you’re throwing all these curve balls at these people to enroll online but they don’t have the ability, equipment or knowledge. They cannot call anyone because they are on hold for hours, or they get disconnected. My mom called me in tears because she was trying to get something done with her insurance that had a deadline, and she couldn’t get it done because she was on hold for hours. You’re making it nearly impossible because they don’t have the skills, knowledge or ability. And, it’s personal information, so they aren’t just going to take it and bring it somewhere and have strangers take care of it.”

“My grandma’s medication -- the pharmacy wouldn’t deliver her next cycle of meds unless they put a credit card on file. My grandma is 96 years old and she doesn’t have a credit card. I called them up and asked what the balance was and it was \$0.40. But, they said they will not deliver her next cycle meds until there’s a credit card on file. So, now I am paying for her medication which isn’t a big deal, but what about those people who don’t have family who can put their own card on file. How can they get their basic needs met?”

“It seems like getting medications is getting more and more expensive. I don’t know if there is any support in that direction? It’s like every time you go to get a prescription filled, it’s gone up. And it continues to go up.”

“All of the prompts apply. Insurance is complicated. Many people also don’t qualify for medical insurance. With meds, people often have to go to a lot of different places to “price check”. People may not know about discount cards. Families with disabled members don’t know of resources or how to access them.”

Suggestions for how the ADRC can assist include the following from consumers:

“The Greater Green Bay Visitors Convention Bureau, they do a Lunch and Learn. I want them to do one on disabilities. But maybe you guys can host one (the ADRC). It’s young adult professionals.”

“I have a comment on that. I got a book from the ADRC; people with vision problems would find it very difficult – unless they had a reader or some way of reading this information – put something like this on a tape or a CD so people like us can listen to it. The things that are in the ADRC magazine that they may be unaware of. If people can’t read it, how will they know what’s going on here.”

“May I second that?” I have to say, I consider myself very tech savvy. And, I use a computer with a speech program. But when I try to read the newsletter, it just doesn’t work. It’s disheartening, and I just give up. Even if someone could just do the highlights of the magazine. I could really be missing out on events that are worth attending. If someone had a computer, and you could click on an MP3 file. The PDF files my speech program doesn’t seem to read that well. The other person mentioned a tape or CD, but someone would have to get that out rather quickly.”

The ADRC recognizes the concerns of consumers shared. Goals established to address these concerns include: implementation of an auditory option for the ADRC magazine for visually impaired individuals; utilization of digital and social media to increase outreach to older people, and increasing opportunities for education on Medicare for Medicare, and producing videos on Medicare.

Services in Support of Caregivers

The ADRC continues with its high level of commitment to the growing population of caregivers in Brown County. We strive to be the best possible resource for caregivers and their families. We continue to build connections with community providers in order to provide a comprehensive array of services for caregivers, their family members, and others involved in the care of older adults.

Feedback received from consumers efforts highlight the importance of community supports and services, and fits well with the broader theme of Improving and Maintaining Programs & Services. In this section, we will present key issues and concerns expressed by consumers, their ideas on what are beneficial, and how the ADRC can help to improve caregiver and family well-being. Like the focus areas on Nutrition and Healthy Aging, there is overlap here with Services to People with Dementia.

Consumer Input

The need for support, socialization, and sharing was identified by consumers as a way to cope with the many challenges in their caregiving roles. Recognition that one is not alone, the importance of respite, a strong social support system, and psychoeducational education was considered highly beneficial to caregivers as expressed in the comments below:

Here, recognition of caregiver stress and the importance of support systems are presented:

"I think with anyone who has been any kind of caregiver, it takes a toll on you at some point . . . It's nice to be able to step away from that at some point and have someone else step in and take over because it's only a matter of time before you get burnt out. So, that support system, whatever it may be, someone to step in, is crucial.

Others agree on the importance of a support system:

"The ability to get together with a group like this, to hear other people's concerns and successes. Otherwise, you're just by yourself with you and your family to rely on. They may not have the experiences to help you out. A support group is the best thing you can do."

"Everyone is kind of in the same boat. You get up every day and take it day by day, so it is hard sometimes to arrange to do things. We go to a few different area groups. They deal with the same things you know, but it's frustrating."

Given the multi-dimensional nature of a caregiver, knowledge and information about programs and services is critical for them and their families. This was expressed by many consumers in the focus groups and personal interviews by Board members, and overlaps with sentiments shared in other focus areas.

"I am a caregiver for my 52-year-old daughter with a disability and I think the ADRC could offer educational programs and information on the ABLE accounts and other financial options. I was able to get information and set up an account using MiABLE from Michigan. It would be helpful if the ADRC had programs."

"Informational programs and trainings for caregivers would be helpful. Programs on CPR, First Aid, lifting safely and how to prevent falls when caregiving."

Another consumer affirms this:

"I agree. Presentations on the disease, service options, transportation, changing dressings, and caring for wounds would be helpful."

Discussions on what might make things better for caregivers, the following suggestions were offered:

"A daycare facility for my husband -- but I'm not sure how the ADRC could help with that. I will be honest, way back when I took care of my husband with Alzheimer's for 7 years, that I did not know that much about the ADRC way back then. I took the "Powerful Tools for Caregivers" class. I think so many times, we kind of wait for people to make suggestions. But then, it's like we're giving up. The greatest thing is talking together, and you listen and pick up ideas."

The Powerful Tools for Caregivers (PTC) class is a highly successful evidence-based program which been offered by the ADRC for several years. Several consumers in the focus group sessions and interviews mentioned the value of the class in helping them to cope with emotional distress associated with caregiving.

"Yeah, and I thought anyone who takes care of a loved one should go to it. I went into therapy! I thought, "I'm losing it. All this responsibility is on me." I know when I'm in trouble, and I went to "Powerful Tools". It was so wonderful. And, it was a lot cheaper than therapy. My husband had a heart attack in his 60's. If I wouldn't have taken him to the hospital he would have died. And he changed after that – and through therapy I realized it was like a death. It was like a death because he changed – his heart stopped, his brain stopped. I felt like I had to marry him all over again. And I've changed too. I've gotten really strong and invincible and I want to learn everything now. It's still difficult. The injury he had and that he's still dealing with – it's difficult. The Powerful Tools class made me realize it's ok. Nothing to feel guilt ridden about or feel like I'm a bad person. It's life. Somedays I'm not a happy person and somedays I am."

A recent study published in the Journal for Caring Sciences (2017) supports consumer reports of success with this program. The study, outlined in the article, "[Powerful Tools for Caregivers, A Group Psychoeducational Skill-building Intervention for Family Caregivers](#)", examined the effectiveness of PTC via pre and post-test questionnaires for 490 caregivers who completed the class. The findings showed that after completion of the classes, caregivers spent more time on stress management and relaxation techniques, felt less depressed, guilty or angry, and experienced increased periods of calm and peacefulness. These positive outcomes point to the importance of psychoeducational interventions in relieving care distress, burden and depression.

The ADRC has established several goals to address issues raised by consumers in the caregiver groups. These include enhancing the scope of the Powerful Tools for Caregivers class; develop a curriculum for caregiver groups for socialization and stress relief; and increase knowledge of ADRC programs and services via collaboration with Brown County businesses who employ paid caregivers, among others.

Services to People with Dementia

The ADRC continues its efforts to create Dementia Friendly Communities in Brown County. Collaborative partnerships with the Brown County Dementia Coalition and a host of other providers in our communities help us address the ever-increasing number of older adults with Alzheimer's and other forms of dementia, and provide targeted and evidenced-based programs and services to meet their needs.

Consumer Input

A wide range of issues and concerns were discussed by consumers concerning various aspects of Alzheimer's and other dementias. Personal stories illustrate the need for information on Alzheimer's Disease, social and emotional supports, and community resources for long-range planning.

The importance of learning about Alzheimer's is articulated by consumers:

"I would like a better understanding of Alzheimer's and dementia. I would have liked this 10 years ago when my mother-in-law started going downhill but also because we have several seriously learning impaired members of the family. Some kind of handout to explain it on like a 2nd or 3rd grade level. I have tried to explain Alzheimer's to my sister-in-law and because of her learning disabilities she doesn't comprehend that someday soon her own mother won't be able to recognize her. And, I wish I could give her something to read that would be geared toward her mental abilities."

"My husband has gone to a doctor, suggested by my son, to get a memory screen so that there's a baseline. But, we did need a baseline. Now we can go from there."

Another consumer's recognizes the importance of community services and resources:

"I can see a need. My brother is in Assisted Living. He moved from here, and he was very sick when he came here. But, if I didn't know all the information I do, I'd be dumbfounded. I think that if the ADRC got into the assisted living facilities and gave them some information on what's available. Dementia and Alzheimer's are starting younger and younger. The children start out with what can I do, what can't I? I would have been scared had I not known this. I don't know if I would have picked the right place for my mother and brother. Does anyone know that you can go into any assisted living facility or nursing home at any time and just observe. I wouldn't have known that at a young age. So, I think there's a need there."

"My brother that moved here has dementia. I'm going to bring him here for lunch. I know quite a bit about Alzheimer's and dementia because I had to. I don't know if the ADRC has classes for Alzheimer's and dementia?"

Advice for others reflects the need for emotional support:

"I think it's helpful to be able to talk to someone who has been there and done that and who will know how it's going to go. And to have a shoulder to lean on when you're down and depressed. It varies from day to day depending on the other person. It would be nice to have someone to call up and say, "I'm having a bad day."

Specific suggestions from consumers on how the ADRC could help include the following:

"Maybe the programs could be offered through Skype or a webinar so that we can participate when we cannot leave home. With Skype, you can talk with people and participate not just watch a video."

"Early onset dementia programming is needed."

"If the programs were more accessible to us in the rural areas it would be helpful. I can travel short distances but not all the way into Green Bay for everything."

The ADRC has developed goals targeted to this consumer feedback including: programming in conjunction with the Dementia Friendly Coalition to increase knowledge about dementia and reduce stigma associated with dementia by offering training via the Purple Angels program, increase the number of participants in the DICE Program aimed at assessment and management of behaviors, and targeting of outlying communities with social and educational programming.

ADRC 'Best' and 'Better'

Perspectives on 'What the ADRC Does Best' and 'What Could the ADRC Do Better' are the final topics in this section on consumer feedback. The information is derived from the focus group and Board member interviews, and volunteer, staff, and community partner surveys.

What the ADRC Does Best

A few excerpts serve best to illuminate the many positive perceptions people hold of the ADRC:

"The ADRC provides a welcoming, supportive service environment for older adults and adults with disabilities -- a place where they come to find dependable and reliable information. The social atmosphere is welcoming to all. Thank you for the amazing administrative and support staff that make this an outstanding organization recognized statewide."

"The ADRC is flexible and willing to accommodate people as they walk through the doors. It's a warm, inviting place that makes people want to stay. And staff is friendly to customers."

“Provides a friendly, safe environment for older adults and advocates for the services they need. The staff is positive and hard working. Their “I can do it” attitude is essential to their success.”

“The ADRC is a one-stop-shop. They are very well staffed to provide top-notch service. They communicate well with each other and with their clients.”

“I think it’s excellent. Meals for price are good. Coffee too expensive for low income persons. Very helpful with information, legal help, advocacy – very welcoming, warm and helpful.”

What Can the ADRC Do Better?

The primary areas in which consumers and community partners expressed a need for improvement or service enhancement by the ADRC are represented in previous sections of this report. In summary, they fall primarily in the areas of public awareness of the ADRC programs and services, transportation needs including non-medical areas, affordable and accessible housing, accessible municipal structures, availability of ADRC services (especially in rural areas), and the need for services to support emotional well-being of caregivers and families coping with dementia-related illnesses.

It is affirming to see that 94% of Community Partners surveyed rated Brown County as a ‘good’ or ‘very good’ place to grow older; for Volunteers surveyed, this figure was 97%. The number one challenge for older adults in Brown County as reported by Community Partners was Affordable Housing. For Volunteers, Isolation and Loneliness was considered the top challenge. Clearly, these figures suggest the continuation of ADRC efforts to improve and maintain programs and services, and continue advocacy efforts at the community level.

Public Hearings Planned: September 2018

The ADRC has a public hearing planned September 20, 2018 following the draft plan approval by the ADRC Board and initial review by GWAAR. Below is the flyer for the scheduled time and opportunity to submit comments. After the hearing the final comments and any adjustments to the plan will be made.



**2019 – 2021
Brown County
Aging & ADRC Plan**

**Monday, September 20
1 - 2 p.m.
ADRC, 300 S Adams St., Green Bay**

Aging programs and services play a major role in the health of our community. The ADRC of Brown County is undergoing a planning process to determine how best to provide the services that keep older people healthy and independent.

We need your input!

We invite you to take a look at our plan and give us your feedback. To find a copy of the plan, stop by the ADRC of Brown County or go online at adrcofbrowncounty.org

**Written comments will be accepted
until Monday September 21, 2018**

Please mail or email comments to:

Devon Christianson, Director
300 S. Adams, Green Bay, WI 54301
(920) 448-4331
christianson_dt@co.brown.wi.us

ADRC, 300 S. Adams St, Green Bay, WI
adrcofbrowncounty.org |  facebook.com/adrcbrowncountywi

6. Goals for the Plan Period

Advocacy

1. In order to increase the voice of older persons and persons with disabilities in the community, and to increase coordinated advocacy efforts, the ADRC will help recruit 6 older persons for GBCAT (older adult advocacy team) and 6 persons with disabilities to form a disability advocacy group in conjunction with the independent living center by December 2019.
2. In order to increase the coordination and power of local advocacy activities and to enhance engagement of ADRC staff in advocacy strategies, an internal advocacy committee of 6 ADRC staff will be created to collaborate with GBCAT (older adult advocacy team) and the Disability Advocacy Group who together will recruit 15 advocates to participate in State Advocacy days by May 2020.
3. In order to build on the success of the GBCAT Self Directed Volunteer advocacy team and to collaborate with the newly formed Disability Advocacy Group, the ADRC will help coordinate 3 unique advocacy activities that engage 10-15 people between both teams, with at least one activity focused on accessibility by December 2021.
4. In order to increase older persons and persons with disabilities knowledge of current legislation and how they can make an impact with elected officials, the ADRC internal Advocacy committee will populate the ADRC website with current legislative activities and create a tutorial on how find your legislator, write letters, and communicate with their legislator by December 2021 as measured by 300 views on the advocacy website page.

The Elder Nutrition Program

1. To increase access to nutrition education, the Nutrition Program Assistant will create quarterly videos and post to ADRC social media on topics from input of focus groups (eating healthy for less, cooking for 1 or 2, healthy home cooking, reading nutrition fact labels, organic vs. non-organic, home food safety) in 2019 with the goal of having at least 250 people view these posts.
2. To increase access to socialization and balanced nutrition in underserved areas of Brown County, the Nutrition Program will implement the 2019 pop up pilot dining program in 2 rural communities with a goal of an average of 12 diners at each pop up meal site in 2020.
3. To increase access of homebound meals to older adults in currently unserved areas of Brown County, the Nutrition Program will work with the Town of Scott and Town of Green Bay to create delivery routes serving at least 6 customers in each area by August 2020.

4. To address a focus group request to attract and be more inviting to people of diverse ethnicities and to broaden the cultural experience of current diners, the Nutrition Program will include on the menu at least one ethnic dish each month that results in an increase in minority participants by 10% by June 2021.

Services in Support of Caregivers-

1. To increase access to unbiased Medicare information for family members that are assisting Medicare recipients, the ADRC will partner with the Caregiver Collation to identify 3 new locations for Medicare presentations reaching a minimum of 20 new caregivers by Dec 2019.
2. In order to increase access to ADRC programs and services by Grandparents and other relatives raising grandchildren, develop a referral process and procedure with the Kinship Care program that results in an increase of grandparent's referrals by 20% by December 2019.
3. Build 2 new partnerships with disability providers in order to increase referrals and assure participation of 15 completers in ADRC Powerful Tools for Caregiver workshop for family caregivers of adult children with special needs by Dec 2019.
4. To reduce stress and increase socialization as evidenced by survey of participating caregivers, create a yoga curriculum for up to 2 caregiver groups (Mug Club, Memory Café, Parkinson's Support Group) reaching 10-15 caregivers May 2019.
5. At least 10 caregivers who participate in a program called Body Mechanics for Transferring a Loved One offered at the ADRC will report increased knowledge of proper transferring skills helping them to reduce and avoid injuries by May 2019.
6. In order to expand the reach of employed caregivers to increase their knowledge of and access to ADRC program and services the ADRC will conduct an outreach program reaching 15 new Brown County businesses resulting in 5 presentations by December 31, 2020.
7. In order to increase socialization opportunities for adults with disabilities, ADRC in collaboration with 2 disability network partners will create 2 new socialization programs reaching at least 25 new customers by Dec 2020.
8. The ADRC will create an awareness campaign: "Everyone is a Caregiver" reaching 300 individuals who identify as a caregiver through outreach events, presentations, and Caregiver webpage hits by December 2021.
9. In order to increase social and educational opportunities, the ADRC will develop 2 unique events that reach 40 grandparents and other relatives raising children by December 31, 2021.

Services to People with Dementia

1. In order to broaden programming for persons with dementia and their families, the Dementia Friendly Coalition will assure programs are available in multiple locations for multiple interests throughout the community: 8 Spark programs at the Museum, 1 Sensory Garden with 1 open house at Barkhausen, 5 Memory Café locations 10 times per year, 7 Memory Screens during outreach events, 30 1:1 sessions with the DCS by December 2019.
2. At least 10 caregivers and/or their loved ones will report reduced stress and improved wellbeing, evidenced by a pre/post customer survey, as a result attending ADRC Memory Cafés that present a curriculum that includes yoga basics, essential oils, and meditation completed by May 2019.
3. In order to support the statewide 2018 Dementia Summit priorities for 2019-2023, to increase knowledge and reduce the stigma of a dementia diagnosis, the ADRC will offer the Dementia 101 program to local colleges and high schools reaching 150 students by Dec 2020.
4. In order to support the 2018 statewide Dementia Summit priorities for 2019-2023, to increase knowledge and reduce the stigma of a dementia diagnosis, the ADRC will offer dementia-friendly business training to area local businesses that result in of 200 business that are purple angel trained by Dec 2020.
5. In order to increase caregiver confidence, reduce psychotic drug use as a primary response to behavior challenges, and provide enhanced Dementia Care Specialist services, implement the DICE evidenced based program to a minimum of 3 customers by December 2019.
 - a. Increase the number of participants in the DICE program by 10 in each year of 2020 and 2021.

Healthy Aging

1. To increase access to stress relief programs for a younger population with varying abilities (target age range of 18-30) the ADRC will create a yoga curriculum that reaches at least 10 individuals. Stress relief impact will be evaluated using a customer survey by May 2019.
2. In order to increase customer's knowledge of individuals concerned about memory loss, a minimum of 50 participants will report through a survey that they learned a new strategy to challenge their memory function by attending Work Out for the Brain Part 2 by June 2019.
3. In order to identify individuals struggling with loneliness and isolation, provide an evidenced based isolation identification screen to 100% of individuals who receive an I & A psycho-social assessment by December 2019.

4. To increase access to evidenced based diabetes health education to Spanish speaking individuals the ADRC will support the implementation of Healthy Living with Diabetes in Spanish Vivir Saludable con Diabetes in collaboration with Brown County Public Health, Casa Alba, UW Extension, and NEW Community Clinic reaching a minimum of 30 Spanish speaking adults with either prediabetes or type 2 diabetes, by Dec 2020.
5. In order to reduce isolation and engagement in the community through reduced bladder and bowel symptoms and increased confidence in urinary continence as measured by customer surveys, the ADRC will implement the evidenced based program *Mind over Matter* by December 31, 2020
6. In order to raise awareness of ageism, stigma, and the health and emotional toll that results and to promote positive living the ADRC will conduct an ageism campaign distributed in a variety of communication mediums reaching 1000 individuals by 2021.

Local Priorities

1. To increase knowledge of ADRC services and to reach individuals not previously known to the ADRC, the outreach and marketing team will partner with the Neighborhood Program Specialist to coordinate 6 presentations by ADRC staff using neighborhood associations to reach 100 new caregivers, older adults and adults with disabilities in their neighborhoods who report the information presented was useful to them by December 2019.
2. To increase ADRC accessibility and reach more customers, the ADRC will research, redesign, and launch a new website based on customer and professional input resulting in 50% increase in multiple webpage viewing by December 2019.
3. In order to increase access to mental health education for low income older adults & adults with disabilities the ADRC will in collaboration with Foundations Health & Wholeness counseling organization develop a community educational program. Foundations Health & Wholeness will conduct 4 unique mental health wellness classes for ADRC customers serving 18-20 individuals per session by December 2019.
4. In order to increase access to ADRC programs, classes, and nutrition programs for the visually impaired, the ADRC will utilize volunteers to read the monthly activity calendar, and weekly menus on a specified ADRC phone line and utilized by 20 callers by December 2019.

5. In order to improve access to information about ADRC products/services outside of office hours for customers (i.e.: working caregivers, etc.), providers, and NWTC health program students the ADRC will collaborate with NWTC to produce video recordings for posting on the ADRC website and used by NWTC instructors for their curriculum reaching at least 50 viewers by December 2019.
6. In order to increase referrals from licensed insurance agents by 10% the ADRC will provide outreach to all Medicare licensed insurance agents in Brown County to educate them on ADRC services and how their customers can benefit by December 2019.
7. To increase volunteer knowledge of ADRC services/program and improve volunteer position satisfaction, the Volunteer Committee will create a volunteer orientation program where 10 new volunteers will report understanding of ADRC services/programs and satisfaction in their experience as an ADRC volunteer as a result of going through the program by December 2019.
8. To increase awareness of ADRC programs and services in communities that don't distribute ADRC magazines (i.e.: Lawrence, New Franken, Wrightstown, Ashwaubenon, etc.), the ADRC will meet with key contacts in each community who will report that the ADRC magazines in their town halls are all picked up with citizens reporting value in the magazine by December 2019.
9. Building on the success of the Grounded café reaching older adults sooner and assuring adults with disabilities have employment/training opportunities the Grounded Café will become self-sustaining by exceeding the sales target of \$320 in average daily sales by December 2019.
10. In order to attract at least 3 volunteers with highly specialized skills that will meet the ADRCs needs in the areas of social media-communications, accounting, and/or fundraising the ADRC will develop job descriptions and a recruitment strategy that will succeed in the recruitment of at least 2 new skilled/professional volunteer to fill 2 of these roles by December 2020.
11. In order to increase access to ADRC programs for the visually impaired, the ADRC will investigate and implement a text/Word version of the ADRC Magazine to allow "reader" technology for the blind/visually impaired to be used to review the magazine by 20 customers by July 2020.
12. In order to expand the variety and number of durable medical equipment available (by 10%) to the Brown County community the ADRC will identify and assist (grants, consult, etc.) an organization(s) to start-up a community medical equipment loan closet by December 31, 2020.
13. Assuring equal access to the opportunities at Grounded Café, the ADRC will engage 2 new partners: one new school partner and one new employment/training partner, reaching 20 new trainees by December 2020.

14. In order to increase educational opportunities to Medicare recipients in rural communities the ADRC will identify 3 additional outreach sites reaching 50 new persons by December 2020.
15. In order to increase access to mental health services for older adults and adults with disabilities, the ADRC will collaborate with Foundations Health and Wholeness by administering the PHQ9 depression scale-screening tool in 100% of all psych-social assessments. Of those screened, 25% with positive results will seek further contact with a Foundations Health and Wholeness ADRC satellite counselor or attend a Wellness class offered by Foundations Health and Wholeness by December 31, 2021.
16. In order to increase electronic communication of ADRC events and programming to our customers, the Administrative team will increase the number of customer email addresses in Schedules Plus by 25% by December 2021.

7. Coordination Between Titles III and VI

The Director of the ADRC of Brown County, ADRC of Outagamie County and LTC Manager of Outagamie County and Director of Oneida Tribe Elderly Services communicate to explore collaborations and share goals. There are several areas of development and coordination that will be critical in the next several years. The Oneida Tribe was awarded an Aging and Disability Resource Specialist position and a Dementia Care Specialist from the state. In addition, they are in the middle of long term care transition from a waiver program to managed care. Both Outagamie and Brown Counties are excited to collaborate with the Tribe on these roles. MOAs are under development and the Tribe has been invited to our Coalitions and Board tables. Shared training, resource development and creative program partnership will be our focus. Below are the ADRC of Brown County Goals and the Oneida Tribe goals as shared with the ADRC.

1. In order to Collaborate, reduce duplication and provide culturally competent I & A, Options Counseling services, The ADRC of Brown County will set up a platform to consistently share resource information, provide a robust online database, and share training opportunities on Oneida Tribe and Brown County resources by December, 2019.
2. In order for the ADRC of Brown County to extend its reach and reduce duplication in creating a Dementia Friendly Community, the ADRC will invite the Oneida Tribe DCS to the monthly Dementia Friendly Community Coalition to coordinate Memory Cafes and other local initiatives each year of the plan: 2019-2020-2021
3. In order to assure tribal members have access to long term care services in Brown County, the ADRC will be engaged in at least 1 coordination planning activity of the tribe to the managed care system and develop protocols for referrals, follow up and functional screening with the ADRC by January 2019.

8. Budget

Also see Excel file sent separately

10. Assurances

The applicant certifies compliance with the following regulations:

1. Legal Authority of the Applicant

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

2. Outreach, Training, Coordination, & Public Information

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

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

The applicant must assure that all service providers follow priorities set by the Bureau of Aging and Disability Resources designated area agency on aging for serving older people with greatest social and economic need.

4. Advisory Role to Service Providers of Older Persons

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

5. Contributions for Services

- The applicant shall assure that agencies providing services supported with Older Americans Act and state aging funds shall give older adults a free and voluntary opportunity to contribute to the costs of services consistent with the Older Americans Act regulations.
- Each older recipient shall determine what he/she is able to contribute toward the cost of the service. No older adult shall be denied a service because he/she will not or cannot contribute to the cost of such service.
- The applicant shall provide that the methods of receiving contributions from individuals by the agencies providing services under the county/tribal plan shall be handled in a manner that assures the confidentiality of the individual's contributions.
- The applicant must assure that each service provider establishes appropriate procedures to safeguard and account for all contributions.
- The applicant must assure that each service provider considers and reports the contributions made by older people as program income. All program income must be used to expand the size or scope of the funded program that generated the income. Nutrition service providers must use all contributions to expand the nutrition services. Program income must be spent within the contract period that it is generated.

6. Confidentiality

- The applicant shall ensure that no information about, or obtained from an individual and in possession of an agency providing services to such individual under the county/tribal or area plan, shall be disclosed in a form identifiable with the individual, unless the individual provides his/her written informed consent to such disclosure.
- Lists of older adults compiled in establishing and maintaining information and referral sources shall be used solely for the purpose of providing social services and only with the informed consent of each person on the list.
- In order that the privacy of each participant in aging programs is in no way abridged, the confidentiality of all participant data gathered and maintained by the State Agency, the Area Agency, the county or tribal aging agency, and any other agency, organization, or individual providing services under the State, area, county, or tribal plan, shall be safeguarded by specific policies.
- Each participant from whom personal information is obtained shall be made aware of his or her rights to:
 - (a) Have full access to any information about one's self which is being kept on file;
 - (b) Be informed about the uses made of the information about him or her, including the identity of all persons and agencies involved and any known consequences for providing such data; and,

(c) Be able to contest the accuracy, completeness, pertinence, and necessity of information being retained about one's self and be assured that such information, when incorrect, will be corrected or amended on request.

- All information gathered and maintained on participants under the area, county or tribal plan shall be accurate, complete, and timely and shall be legitimately necessary for determining an individual's need and/or eligibility for services and other benefits.
- No information about, or obtained from, an individual participant shall be disclosed in any form identifiable with the individual to any person outside the agency or program involved without the informed consent of the participant or his/her legal representative, except:

(a) By court order; or,

(b) When securing client-requested services, benefits, or rights.

- The lists of older persons receiving services under any programs funded through the State Agency shall be used solely for the purpose of providing said services, and can only be released with the informed consent of each individual on the list.
- All paid and volunteer staff members providing services or conducting other activities under the area plan shall be informed of and agree to:

(a) Their responsibility to maintain the confidentiality of any client-related information learned through the execution of their duties. Such information shall not be discussed except in a professional setting as required for the delivery of service or the conduct of other essential activities under the area plan; and,

(b) All policies and procedures adopted by the State and Area Agency to safeguard confidentiality of participant information, including those delineated in these rules.

- Appropriate precautions shall be taken to protect the safety of all files, microfiche, computer tapes and records in any location which contain sensitive information on individuals receiving services under the State or area plan. This includes but is not limited to assuring registration forms containing personal information are stored in a secure, locked drawer when not in use.

7. Records and Reports

- The applicant shall keep records and make reports in such form and requiring such information as may be required by the Bureau of Aging and Disability Resources and in accordance with guidelines issued solely by the Bureau of Aging and Disability Resources and the Administration on Aging.

- The applicant shall maintain accounts and documents which will enable an accurate review to be made at any time of the status of all funds which it has been granted by the Bureau of Aging and Disability Resources through its designated area agency on aging. This includes both the disposition of all monies received and the nature of all charges claimed against such funds.

8. Licensure and Standards Requirements

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

9. Civil Rights

- The applicant shall comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and in accordance with that act, no person shall on the basis of race, color, or national origin, be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination under any program or activity under this plan.
- All grants, sub-grants, contracts or other agents receiving funds under this plan are subject to compliance with the regulation stated in 9 above.
- The applicant shall develop and continue to maintain written procedures which specify how the agency will conduct the activities under its plan to assure compliance with Title VI of the Civil Rights Act.
- The applicant shall comply with Title VI of the Civil Rights Act (42 USC 2000d) prohibiting employment discrimination where (1) the primary purpose of a grant is to provide employment or (2) discriminatory employment practices will result in unequal treatment of persons who are or should be benefiting from the service funded by the grant.
- All recipients of funds through the county/tribal or area plan shall operate each program or activity so that, when viewed in its entirety, the program or activity is accessible to and usable by handicapped adults as required in the Architectural Barriers Act of 1968.

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

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

11. Political Activity of Employees

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

12. Fair Labor Standards Act

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

13. Private Gain

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

14. Assessment and Examination of Records

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

15. Maintenance of Non-Federal Funding

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

16. Regulations of Grantor Agency

The applicant shall comply with all requirements imposed by the Department of Health and Family Services, Division of Supportive Living, Bureau of Aging and Disability

Resources concerning special requirements of federal and state law, program and fiscal requirements, and other administrative requirements.

17. Older Americans Act

The applicant shall comply with all requirements of the Older Americans Act (PL 89-73).

18. Federal Regulations

The applicant shall comply with all federal regulations (45 CFR 1321) governing Older Americans Act funds and programs.

19. Wisconsin Elders Act

The aging unit must comply with the provisions of the Wisconsin Elders Act.

Wisconsin Statutes Chapter 46.82 Aging unit.

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

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

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

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

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

1. Work to ensure that all older individuals, regardless of income, have access to information, services and opportunities available through the county or tribal aging unit and have the opportunity to contribute to the cost of services and that the services and resources of the county or tribal aging unit are designed to reach those in greatest social and economic need.
2. Plan for, receive and administer federal, state and county, city, town or village funds allocated under the state and area plan on aging to the county or tribal aging unit and any gifts, grants or payments received by the county or tribal aging unit, for the purposes for which allocated or made.
3. Provide a visible and accessible point of contact for individuals to obtain accurate and comprehensive information about public and private resources available in the community which can meet the needs of older individuals.
4. As specified under s. 46.81, provide older individuals with services of benefit specialists or appropriate referrals for assistance.
5. Organize and administer congregate programs, which shall include a nutrition program and may include one or more senior centers or adult day care or respite care programs, that enable older individuals and their families to secure a variety of services, including nutrition, daytime care, educational or volunteer opportunities, job skills preparation and information on health promotion, consumer affairs and civic participation.
6. Work to secure a countywide or tribal transportation system that makes community programs and opportunities accessible to, and meets the basic needs of, older individuals.
7. Work to ensure that programs and services for older individuals are available to homebound, disabled and non-English speaking persons, and to racial, ethnic and religious minorities.
8. Identify and publicize gaps in services needed by older individuals and provide leadership in developing services and programs, including recruitment and training of volunteers that address those needs.
9. Work cooperatively with other organizations to enable their services to function effectively for older individuals.
10. Actively incorporate and promote the participation of older individuals in the preparation of a county or tribal comprehensive plan for aging resources that identifies needs, goals, activities and county or tribal resources for older individuals.
11. Provide information to the public about the aging experience and about resources for and within the aging population.
12. Assist in representing needs, views and concerns of older individuals in local decision making and assist older individuals in expressing their views to elected officials and providers of services.
13. If designated under s. 46.27 (3) (b) 6., administer the long-term support community options program.
14. If the department is so requested by the county board of supervisors, administer the pilot projects for home and community-based long-term support services under s. 46.271.
15. If designated under s. 46.90 (2), administer the elder abuse reporting system under s. 46.90.
16. If designated under s. 46.87 (3) (c), administer the Alzheimer's disease family and caregiver support program under s.46.87.

17. If designated by the county or in accordance with a contract with the department, operate the specialized transportation assistance program for a county under s. 85.21.

18. Advocate on behalf of older individuals to assist in enabling them to meet their basic needs.

19. If an aging unit under sub. (1) (a) 1. or 2. and if authorized under s. 46.283 (1) (a) 1., apply to the department to operate a resource center under s. 46.283 and, if the department contracts with the county under s. 46.283 (2), operate the resource center.

20. If an aging unit under sub. (1) (a) 1. or 2. and if authorized under s. 46.284 (1) (a) 1., apply to the department to operate a care management organization under s. 46.284 and, if the department contracts with the county under s. 46.284 (2), operate the care management organization and, if appropriate, place funds in a risk reserve.

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

(4) Commission On Aging.

(a) Appointment.

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

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

(b) Composition.

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

1. For an aging unit that is described in sub. (1) (a) 1. or 2., organized as a committee of the county board of supervisors, composed of supervisors and, beginning January 1, 1993, advised by an advisory committee, appointed by the county board. Older individuals shall constitute at least 50% of the membership of the advisory committee and individuals who are elected to any office may not constitute 50% or more of the membership of the advisory committee.

2. For an aging unit that is described in sub. (1) (a) 1. or 2., composed of individuals of recognized ability and demonstrated interest in services for older individuals. Older individuals shall constitute at least 50% of the membership of this commission and individuals who are elected to any office may not constitute 50% or more of the membership of this commission.

3. For an aging unit that is described in sub. (1) (a) 3., the board of directors of the private, nonprofit corporation. Older individuals shall constitute at least 50% of the

membership of this commission and individuals who are elected to any office may not constitute 50% or more of the membership of this commission.

(c) Terms.

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

(c) Powers and duties.

A county or tribal commission on aging appointed under sub. (4) (a) shall, in addition to any other powers or duties established by state law, plan and develop administrative and program policies, in accordance with state law and within limits established by the department of health and family services, if any, for programs in the county or for the tribe or band that are funded by the federal or state government for administration by the aging unit. Policy decisions not reserved by statute for the department of health and family services may be delegated by the secretary to the county or tribal commission on aging. The county or tribal commission on aging shall direct the aging unit with respect to the powers and duties of the aging unit under sub. (3).

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

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

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

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

11. Appendices

Appendix 1 Sample Focus Group Invite Flyers

Focus Group - *Healthy Living & Nutrition Services*

ADRC is seeking volunteers to participate in focus group discussions for:
Healthy Living & Nutrition Services

We are hosting several focus group sessions over the next few months to gather perspectives from Brown County residents in the areas of Caregiving and Dementia, and Healthy Living and Nutrition Services. Information from the focus groups will help us to set strategic goals and develop programs and services to best meet the needs of older people and their families, and individuals with disabilities in Brown County.

As a participant, you will be asked to share your thoughts and feelings with others on Caregiving & Dementia, and Healthy Living and Nutrition Services. Your participation is completely voluntary. The focus groups will be held at various Brown County locations in the months of February and March. Each group will take approximately 2 hours. You may benefit from sharing your thoughts and opinions with others, and from learning from others, as well.



February 15th, 2018
1:00 - 3:00p.m.

Options for
Independent Living
555 Country Club Rd
Green Bay, WI



your **input is needed!**

ADRC of Brown County Focus Groups

ADRC is seeking volunteers to participate in focus group discussions related to the topics of living in Brown County. These focus groups will explore issues such as:

*Caregiving, living with dementia,
healthy living and nutrition for
older adults and adults with disabilities.*

Information from the focus groups will help the ADRC set goals and develop programs and services to best meet the needs of older people, individuals with disabilities and their families in Brown County.

RSVP:
Please call or email ADRC at (920) 448-4300 or
bc.adrc@co.brown.wi.us to let us know if you are
willing to participate.

Thank you in advance for your time and help in
making Brown County a great place!



Location:

- ADRC of Brown County
300 S Adams St
Green Bay, WI 54301

Dates:

- Wed, March 7
9:00 - 10:30 a.m.
- Thurs, March 8
3:00 - 4:30 p.m.
- Wed, March 14
5:30 - 7:00 p.m.
- Thurs, March 15
2:30 - 4:00 p.m.

RSVP:

- Contact ADRC:
(920) 448-4300
or email at:
bc.adrc@co.brown.wi.us



Appendix 2 Community Professional & Volunteer Surveys

ADRC Community Professionals Survey

(email introduction sent using Constant Contact email marketing program)

The ADRC is seeking your input about challenges and opportunities for older persons, persons with disabilities, and their caregivers.

Your responses will help us write our upcoming three year plan particularly in setting goals to improve and/or develop programs.

Take this Survey *(link to on-line survey)*

The survey should take about 10 minutes of your time. Thanks for taking the time to complete the survey. We value your feedback.

Thank you,
Devon Christianson, Director

1. How would you rate Brown County as a place to ***grow older?***

- Very Good
- Good
- Poor
- Very Poor

2. How would you rate Brown County as a Dementia Friendly community?

- Very Good
- Good
- Poor
- Very Poor

Comment:

3. How would you rate Brown County as a place for ***persons with disabilities*** to live?

- Very Good
- Good
- Poor
- Very Poor

4. Choose the **top 5 items** that you see as challenges for **older adults** in Brown County?

- | | |
|---|------------------------------------|
| Abuse and/or Neglect | Home care services |
| Accessible Housing | Isolation/Loneliness |
| Access to adaptive equipment | Job training opportunities |
| Affordable Housing | Physical barriers in the community |
| Budgeting/Finances | Poor nutrition |
| Coping with health conditions | Transportation |
| Discrimination/Stigma | Understanding dementia |
| Funding for services | Using technology |
| Having a voice in needed policy changes | |
| Healthcare costs | |
| Other _____ | |

5. Choose the **top 5 items** that you see as challenges for **adults with disabilities** in Brown County?

- | | |
|---|------------------------------------|
| Abuse and/or Neglect | Home care services |
| Accessible Housing | Isolation/Loneliness |
| Access to adaptive equipment | Job training opportunities |
| Affordable Housing | Physical barriers in the community |
| Budgeting/Finances | Poor nutrition |
| Coping with health conditions | Transportation |
| Discrimination/Stigma | Understanding dementia |
| Funding for services | Using technology |
| Having a voice in needed policy changes | |
| Healthcare costs | |
| Other _____ | |

6. What services would make serving or caring for ***older adults or adults with disabilities*** easier or better?

Open ended question has to write in.

7. Now consider informal, unpaid caregivers. What are the **top 5 challenges** you feel they struggle with?

- | | |
|---------------------------------|-----------------------------------|
| Respite when they need it | Emotional support |
| Financial support | Navigating the health care system |
| Knowledge of available services | Planning for the future |
| Education on caregiving | Social Isolation |
| Support from their employer | |
| Other _____ | |

8. How often do you refer customers to the ADRC for assistance?

Weekly

Monthly

Every 3-4 months

Have not referred (Would appreciate why in comment below)

Comment: _____

9. Select the reasons you have referred persons to the ADRC.

Help finding services

Enrollment in long-term care, i.e.: Family Care/IRIS

Home Delivered Meals

Congregate Dining

Benefit Assistance (Social Security, Medicare, Medicaid, etc.)

Loan Closet – Assistive Equipment

Caregiver Assistance and/or Support

Health Class or Presentation (Falls prevention, Diabetes, Brain Health)

Socialization Programs

Other _____

10. What does the ADRC do best?

Open ended question

11. What are some things the ADRC could do to improve?

Open ended question

12. Would you be willing to work on a committee to create a livable community?

How can we contact you? (If yes, include email and phone number in comment box)

Yes

No

Comment box

ADRC Volunteers Survey

(email introduction sent using Constant Contact)

We are working on our three year plan and would really appreciate your help.

We need your input to assure the broadest understanding of the needs, challenges, and opportunities for older persons, persons with disabilities, and their caregivers.

It will take just 10 minutes of your time and make a world of difference.

Take this Survey *(link to on-line survey)*

Your feedback is very valuable.

Thank you,

Devon Christianson, Director

1. How would you rate Brown County as a place to ***grow older?***

Very Good

Good

Poor

Very Poor

2. How would you rate Brown County as a Dementia Friendly community?

Very Good

Good

Poor

Very Poor

Comment:

3. How would you rate Brown County as a place for ***persons with disabilities*** to live?

Very Good

Good

Poor

Very Poor

4. Choose the **top 5 items** that you see as challenges for **older adults** in Brown County?

- | | |
|---|------------------------------------|
| Abuse and/or Neglect | Home care services |
| Accessible Housing | Isolation/Loneliness |
| Access to adaptive equipment | Job training opportunities |
| Affordable Housing | Physical barriers in the community |
| Budgeting/Finances | Poor nutrition |
| Coping with health conditions | Transportation |
| Discrimination/Stigma | Understanding dementia |
| Funding for services | Using technology |
| Having a voice in needed policy changes | |
| Healthcare costs | |
| Other _____ | |

5. Choose the **top 5 items** that you see as challenges for **adults with disabilities** in Brown County?

- | | |
|---|------------------------------------|
| Abuse and/or Neglect | Home care services |
| Accessible Housing | Isolation/Loneliness |
| Access to adaptive equipment | Job training opportunities |
| Affordable Housing | Physical barriers in the community |
| Budgeting/Finances | Poor nutrition |
| Coping with health conditions | Transportation |
| Discrimination/Stigma | Understanding dementia |
| Funding for services | Using technology |
| Having a voice in needed policy changes | |
| Healthcare costs | |
| Other _____ | |

6. What services would make serving or caring for ***older adults or adults with disabilities*** easier or better?

Open ended question has to write in.

7. Now consider informal, unpaid caregivers. What are the **top 5 challenges** you feel they struggle with?

- | | |
|---------------------------------|-----------------------------------|
| Respite when they need it | Emotional support |
| Financial support | Navigating the health care system |
| Knowledge of available services | Planning for the future |
| Education on caregiving | Social Isolation |
| Support from their employer | |
| Other _____ | |

8. Have you ever referred friends or family to the ADRC for assistance?

Yes

No

9. Select the reasons you have referred persons to the ADRC.

Help finding services

Enrollment in long-term care, i.e.: Family Care/IRIS

Home Delivered Meals

Congregate Dining

Benefit Assistance (Social Security, Medicare, Medicaid, etc.)

Loan Closet – Assistive Equipment

Caregiver Assistance and/or Support

Health Class or Presentation (Falls prevention, Diabetes, Brain Health)

Socialization Programs

Other _____

10. What does the ADRC do best?

Open ended question

11. What are some things the ADRC could do to improve?

Open ended question

Appendix 3 Focus Group and One-on-one Interview Guides

ADRC of Brown County 3 year plan General Focus Group Conversations

Date: _____

Interviewer Initials: _____

“Thank you for taking time to have a conversation with us today about issues of importance to residents of Brown County. My name is _____ and with me today is _____.”

The Aging and Disability Resource Center of Brown County (ADRC) strives to develop and maintain programs and services for older adults and individuals with disabilities that best meet the needs of the people and community we serve, and that is why we wanted to talk with you today. We have just a few questions to get your thoughts and ideas on how we’re doing, what we could do more of, and do better, and what future programs and services should look like for the next generation. Please be aware that the information we gather from these interviews will be used to inform our upcoming 3 Year Plan and will take about an hour. Your responses will remain anonymous in this process and no information in our documents and reports will be tied to you in any way. We will ask you to complete a brief demographic questionnaire where you will also remain anonymous.

Before we officially get started with the focus group conversation, we would like to go over just a few items about what you can expect today:

- Begin by describing the focus group as simply having a conversation about a topic they are interested in, and that there are no right or wrong answers to the questions in the focus groups; it’s about sharing their perspectives, thoughts and feelings.
- Let them know we would like their verbal permission to participate, and read over the participant agreement form; ask them if they have any questions.
- Ask them to complete a brief information sheet, which questions such as their age, gender, caregiver status and other questions. Remind them this information will not be tied to them in any way and they will not be identifiable, and that this will be helpful in understanding and organizing the focus group information.
- Let them know that there are a couple of ‘ground rules’: the importance of respecting everyone’s opinion, and the importance of hearing everyone’s opinions.
- Ask for their commitment to not share details of the conversation today outside of the group to respect confidentiality of information shared.
- Let them know that after the session is completed, they are welcome to help themselves to materials on the table, e.g., handouts on ADRC and other community services.)

1. In general, how well do you think the needs of older people and people with disabilities are addressed in our community?
2. When you think about the ADRC of Brown County, what comes to mind? What do you know about what we do, what services, programs, (etc.) that we provide in our community? Are there specific programs or services that come to mind?
 - a. Prompts: What have you heard or learned about the ADRC?
 - b. If response is “not familiar” or “haven’t heard of ADRC”, you can say something like:
“We strive to improve the lives of older adults, adults with disabilities, and caregivers through collaborations and partnerships, and provide information, access to programs and services, health education, and advocacy.” (Taken from ADRC of Brown County website)
3. From what you know about the ADRC, what do you think we do best? What could we do better?
4. If you have no familiarity with the ADRC, or have not heard of the ADRC, what would you like to know about?
5. When you think about older people, in general, in our community, what kinds of programs/services do you think are needed to maintain and promote health and wellbeing? And, as well, for individuals with disabilities, what is needed to maintain and promote health and wellbeing? What comes to mind?
 - a. Prompts: Funding for services, affordable housing, transportation, retirement planning, healthcare costs, loneliness
6. When we talk about ‘good nutrition’, what does that mean to you? What comes to mind when you think of this?
7. What might be some barriers to good nutrition? What gets in the way?
6. What specifically do you think the ADRC should be doing (to promote health and wellbeing) to address these needs?
7. What’s going well for you as a caregiver?
8. What’s not going so well?
 Probes: Financial strain, costs of care; physical strain, fatigue; caregiving duties: Assist with ADLs, IADLs, skilled activities (medical activities); obtaining assistance from others (paid caregivers, family members); need for information/long-range planning issues; physical strain; condition of care recipient/health; caregiver’s health status; fatigue; emotional distress; stress, depression; loss of life stage, social standing; social isolation.

9. What would make things better for you as a caregiver?
Probes: Respite care, time off; long-term care/out of home placement; financial assistance
11. What recommendations do you have for specific programs or services to support caregivers?
12. Let's take a minute and discuss what you know about dementia services for individuals and families in Brown County. What programs or services have you heard about? What services are you familiar with?
Probes: Remind participants that information about programs and services are available as handouts on the table and/or by contacting the ADRC, and that in this discussion, we want to know what it is they know already about services prior to coming to this group.
13. Given your individual experience, how adequate are the services available to families living with dementia? What have been your experiences? What are some areas of concern you have about the services for dementia and caregivers?
Probes: Accessibility, affordability, quality, effectiveness, medical interventions, legal issues; financial strain, costs of care; physical strain, fatigue; caregiving duties: ADLs/IADLs assistance; skilled activities (medical activities); obtaining help from others (paid caregivers, family members); information needs/long-range planning issues; physical strain; caregiver's and recipient health status; emotional stress/distress; stress/distress, depression; loss of life stage, social standing; social isolation.
14. What would make things better? What kinds of things can you think of?
Probes: Transportation, respite, home health care, information; long-term care/out of home placement; financial assistance.
15. As we look ahead, what kind of legacy do you think we (together, collectively, 'us', our community) should leave for the next generation? What kind of legacy would you personally want to leave?
c. Prompts: What's most important?
16. What role could/should the ADRC play in creating this legacy?

"Thank you for taking time to share your ideas with me today. Next, I'll ask if you would please complete this brief information sheet. You certainly can decline to do so, or answer only questions that you wish to respond to. And, like the previous questions, none of the responses will be connected to your identity in any way. Thank you, again."

ADRC of Brown County Demographic Information

Opening Statement: We ask for the following information so that we can collect data to better plan programs and services for our consumers. Gathering information on income, for example, helps us estimate economic well-being and develop programming accordingly. Completing this form is completely voluntary. If you decide to do so, please know that the information you provide will be confidential and not identifiable to you in any way.

Today's Date: _____

Participant Number _____ Age: _____ Zip Code: _____

1. What is your gender?

_____ Female _____ Male _____ Other Gender Identity

2. What is the highest educational level you have achieved? Please check one.

- _____ Less than a high school diploma
_____ High school degree or equivalent (e.g., GED)
_____ Some college, no degree
_____ Associate degree
_____ Bachelor's degree or greater

3. What is your race/ethnicity?

- _____ Black or African American
_____ White
_____ Latino/Hispanic
_____ Asian/Pacific Islander
_____ Native American/American Indian
_____ Other, please specify: _____

4. What is your relationship status?

- _____ Single/never married
_____ Married or domestic partner
_____ Divorced or separated
_____ Widowed

5. For how many years have you been a caregiver?

- _____ Less than 1 year
_____ 2-5 years
_____ 6-10 years
_____ 11-15 years
_____ 16-20 years
_____ 21 or more years
_____ Does not apply to me

6. What is your annual household income?

- _____ Less than \$10,999
_____ \$11,000 to \$19,999
_____ \$20,000 to \$29,999
_____ \$30,000 to \$39,999
_____ \$40,000 to \$49,999
_____ \$50,000 or more
_____ Prefer not to say

7. Employment status (check all that apply)

- Employed full-time
- Employed part-time
- Unemployed and looking for work
- Unemployed and not looking for work
- Student
- Retired
- Unable to work outside of the home

8. Living Status

- Live alone
- Live with spouse or partner
- Live with other relative
- Live with non-relative

9. Primary Residence

- Single family home (Circle rent/own)
- Condominium (Circle rent/own)
- Apartment
- Retirement home
- Assisted living facility
- Other (please specify)

10. Have you ever had contact with ADRC services in Brown County?

- No
- Yes

For internal use only

Date of Interview: _____ *Interview Number:* _____

Interviewer Initials:

Aging and Disability Resource Center of Brown County
Statement of Verbal Agreement to Participate in Focus Group Discussion

Today, I (*name of facilitator(s)*) from the (*Board of Directors of the ADRC or other role*), am facilitating a discussion group with Brown County residents to gather information on what it is like to live in Brown County, and on various aspects of programs and services for older people and individuals with disabilities. These discussions will help us to understand the needs and concerns of Brown County residents and how the ADRC may help to address those concerns. To participate in this group, you must be a resident of Brown County and be over 18 years of age. There are no known risks associated with participating in these discussions. You may benefit from sharing your thoughts and feelings with group participants. Your participation in this group constitutes your consent to participate.

The discussion group today should last about one hour. Your participation is completely voluntary, and you may leave the group at any time if you feel uncomfortable, or for any other reason. Leaving the group will in no way affect the services or treatment you receive now or in the future at the ADRC. We will also ask you to complete a brief questionnaire to gather basic demographic information.

During the group discussions, a note taker will record responses (on paper or an electronic notebook/laptop or recorder). As a participant, your anonymity cannot be guaranteed because the discussion takes place in a group setting. However, your recorded responses will remain confidential and will not be tied to you in any way. The ADRC will ensure that all information obtained in these discussions is contained in an electronic database accessible by password only to ADRC staff involved in the groups. Absolute confidentiality cannot be guaranteed, as we will be discussing information as a group; we encourage participants not to share information from the groups outside of the groups. However, if you feel uncomfortable with any of your statements being shared with others in or outside of the group, please do not discuss them during the group.

Finally, no information will be included in the final report or any other related documents that could identify you or be linked to any specific individual.

If you would like a copy of this document, please let us know and we will share it with you. If you have questions about this consent form or the group discussions, feel free to contact *Devon Christianson, Director, Aging & Disability Resource Center, 300 S.*

Adams Street, Green Bay, WI 54301, (920) 448-4300. You may schedule a one-to-one conversation before or after the group discussions with the ADRC Director.

Discussion Group Debriefing Form

Date of Discussion Group: _____ Team Members:

Focus of Group

Location: _____

1. Discuss how you think things went. What went well? What were your first impressions?
2. Discuss areas of concern and what you think needs to be changed or improved upon.
3. Go over the interview guide, question by question. Review trends, questions and comments for each question; consider the major issues that emerged. What are the key themes that emerged from the data so far?
4. Were there any surprises?
5. What was going on in terms of body language?
6. Were there power dynamics in the group that may have influenced responses?
7. What questions were not answered? What additional questions or methods would enhance understanding?
8. Other comments/observations:

ADRC of Brown County/Board Member Conversations

Date: _____

Interviewer Initials: _____

Interview #: _____

“Thank you for taking time to have a conversation with me about issues of importance to older people and individuals with disabilities. As you may know, the ADRC of Brown County strives to develop and maintain programs and services that best meet the needs of the people and community we serve, and that is why, as a member of the Board of Directors, I wanted to touch base with you today with just a few questions to get your thoughts and ideas on how we’re doing, what we could do more of, and do better, and what future programs and services should look like for the next generation. Please be aware that the information we gather from these interviews will be used to inform our upcoming 3 Year Plan and will take about twenty minutes. Your responses will remain anonymous in this process as no information in our documents and reports will be tied to you in any way. I’ll also ask you to complete a brief demographic questionnaire where you will also remain anonymous. You’ll see I will be taking a few notes, and you are more than welcome to view what I’ve written. So, let’s get started to hear your views on the following questions”:

1. In general, how well do you think the needs of older people and people with disabilities are addressed in our community?

2. When you think about the Aging and Disability Center of Brown County, what comes to mind? What do you know about what we do, what services, programs, (etc.) that we provide in our community?

Prompts: What have you heard or learned about the ADRC?

If response is “not familiar” or “haven’t heard of ADRC”, you can say something like:

“We strive to improve the lives of older adults, adults with disabilities, and caregivers through collaborations and partnerships, and provide information, access to programs and services, health education, and advocacy.” (Taken from ADRC of Brown County website)

3. From what you know about the ADRC, what do you think we do best? What could we do better?

4. When you think about older people, in general, in our community, what kinds of things (programs/services) do you think are needed (to maintain and promote health and wellbeing?) And, as well, for individuals with disabilities, what is needed (to maintain and promote health and wellbeing? What comes to mind?

Prompts: Lack of funding for services, affordable housing, transportation, retirement planning, healthcare costs, loneliness

5. What do you see as the most important, the most critical needs of older people in our community? And, likewise for individuals with disabilities?

6. What specifically do you think the ADRC should be doing (to promote health and wellbeing) to address these needs?

7. As we look ahead, what kind of legacy do you think we (together, collectively, 'us', our community) should leave for the next generation? What kind of legacy would you personally want to leave?

Prompts: What's most important?

8. What role could/should the ADRC play in creating this legacy?

"Thank you for taking time to share your ideas with me today. Next, I'll ask if you would please complete this brief information sheet. You certainly can decline to do so, or answer only questions that you wish to respond to. And, like the previous questions, none of the responses will be connected to your identity in any way. Thank you, again."

Used Same Demographic questions from Focus Group Insert here

For internal use only

Date of Interview: _____ Interview Number: _____ Interviewer Initials: _____

Appendix 4: Caregiver & Dementia Services Participation Agreement

Aging and Disability Resource Center of Brown County Statement of Verbal Agreement to Participate in Focus Group Discussion

Today, I (*name of facilitator(s)*) from the (*Board of Directors of the ADRC or other role*), am facilitating a discussion group with Brown County residents to gather information on what it is like to live in Brown County, and on various aspects of caregiving and dementia services. These discussions will help us to understand the needs and concerns of Brown County residents and how the ADRC may help to address those concerns. To participate in this group, you must be a resident of Brown County and be over 18 years of age. There are no known risks associated with participating in these discussions. You may benefit from sharing your thoughts and feelings with group participants. Your participation in this group constitutes your consent to participate.

The discussion group today should last about 1.5 to 2 hours. Your participation is completely voluntary, and you may leave the group at any time if you feel uncomfortable, or for any other reason. Leaving the group will in no way affect the services or treatment you receive now or in the future at the ADRC. We will also ask you to complete a brief questionnaire to gather basic demographic information.

During the group discussions, responses will be recorded (on paper or an electronic notebook/laptop) by a note taker. As a participant, your anonymity cannot be guaranteed because the discussion takes place in a group setting. However, your recorded responses will remain confidential and will not be tied to you in any way. The ADRC will ensure that all information obtained in these discussions is contained in an electronic database accessible by password only to ADRC staff involved in the groups. Absolute confidentiality cannot be guaranteed as we will be discussing information as a group; we encourage participants not to share information from the groups outside of the groups. However, if you feel uncomfortable with any of your statements being shared with others in or outside of the group, please do not discuss them during the group.

Finally, no information will be included in the final report or any other related documents that could identify you or be linked to any specific individual.

If you would like a copy of this document, please let us know and we will share it with you. If you have questions about this consent form or the group discussions, feel free to contact *Devon Christianson, Director, Aging & Disability Resource Center, 300 S. Adams Street, Green Bay, WI 54301, (920) 448-4300*. You may schedule a one-to-one conversation before or after the group discussions with the ADRC Director.

Appendix 5: Public Input Reports

ADRC Planning Retreat Brainstorming: What do we want to know from the people we serve?

Healthy Aging/Wellness:

1. Access info when needed. Where to go?
2. How do we personalize (individual one on one contact) Clients access to information and resources?
3. How do we account for language and intellectual barriers?
4. Quality vs. Quantity of life. (not necessarily living longer)
5. Diabetes demographics- How do we get to Hispanic & minority groups into prevention programs?
6. Check information- Can we simplify? Make it understandable?
7. Accessibility to peer support?
8. Health care at all expense.
9. Person centered goals- individuals setting own goals.
10. Availability/accessibility to health care providers
11. Exposure with businesses. Educate young people
12. Education appropriate and accessible
13. Individuals have their voice
14. Providers involved in low cost options for education
15. Lack of opportunity for socialization
16. Engaging neighborhood associations
17. Lack of friends/companions to participate in activities

NUTRITION:

1. Creative menu changes?
2. Pleasant food presentation
3. How to overcome established eating/life-style patterns- change direction, add exercise?
4. Providing company at meal for socialization and oversight.
5. Too proud to use pantries
6. Raise public awareness of needs of diverse populations
7. Improve quality and mass produce food
8. Determine who is not getting food that needs it.
9. Community resources need to know services exist- buy in from the community.
10. Intergenerational sharing of meals and company

DEMENTIA:

1. Bellin health awareness
2. Engaging neighborhood associations
3. Proper diagnosis of dementia or Alzheimer's
4. Shortage of care facilities
5. Educate employers about early stage dementia
6. Start w/abilities not deficits
7. Dementia training for first responders
8. Investigate programs that involve music as a part of therapy and publicize them, incorporate them

CAREGIVERS:

1. How can employers learn more about programs like Caregivers?
2. Powerful Tools for Caregivers- How can we increase exposure? Can we incorporate into the workplace? Respite Care?
3. HR Directors- Regarding caregiver support.
4. National shortage of caregivers (professional)
5. Outreach & culturally diverse caregivers (Hmong & Hispanic)
6. Engaging employers to develop programs to assist caregiver & identify needs
7. Engaging neighborhood associations
8. Awareness of caregiver support/assistance.
9. Benefit education- when managing other's benefits
10. Respect missing, bullying?
11. Expand use of technology for support
12. Look for positives as caregivers. Confidence building
13. Help caregivers to ask for help.
14. Reliable trustworthy buddy systems
15. Future planning (financial caregiving roles)
16. HIPAA
17. Define caregiver beyond family for support
18. FMLA-Taxes
19. Learn family dynamics
20. How to care financially

GLOBAL CONSIDERATIONS:

1. Stigma- bullying understanding individual experiences
2. Hope- instilling, positive stories, strengths
3. Engagement w/employers – caregivers, FMLA
4. Early diagnosis and prevention- brain health, mental health
5. Knowledge, education, funds-access, health literacy, easy to understand, future planning
6. Diversity- access, in nutrition, culture, health, caregiving
7. Relationships- buddies, connections, neighborhood and housing
8. Health- food, care, insurance, diet, knowledge what is right, personalize, change habits, end of life
9. Outreach- know us, neutral, safe
10. Overcoming hesitation- resistance, denial
11. People have a voice- in care, respect, individual needs and preferences.

PARKING LOT ITEMS:

1. Embracing aging
2. Insurance companies- common goals, shared outreach
3. Intergenerational programs, connections
4. Music & memory
5. Powerful Tools in workplace
6. Caregivers in workplace – FMLA
7. Health literacy/Dementia initiative
8. NWTC- Mode of delivery-technology

Board Survey Public Input Report

Your County or Tribe: Brown	Your Name and Email: Devon Christianson Christianson_dt@co.brown.wi.us
Type of Public Input: <input type="checkbox"/> Community Forum or Listening Session <input type="checkbox"/> Focus Group Discussions <input checked="" type="checkbox"/> Structured Interviews (with individuals) <input type="checkbox"/> Paper or Internet Survey <input type="checkbox"/> Other (please describe): _____	
Date/s of Event or Effort: 2-28 through 4-26 2018	
Number of Participants or Respondents: 21	
Key Issues Discussed: Needs of older people and people with disabilities, knowledge of ADRC and what it does best, what is needed to promote health and well being, what should we think about for future generations	
Key Takeaways/Findings: Overall, primary needs of older people and those with disabilities identified included more attention to people with disabilities, accessibility and accommodations, need for more transportation and services in rural communities, more awareness of the ADRC and more outreach efforts, affordable housing, assistance with insurance, socialization and companionship, and assistance in accessing health care services. While some participants did not know about the ADRC, most reported having a general understanding of programs and services, consumers saw the ADRC as having a 'wealth of knowledge', and excellent in helping older people and those with disabilities in accessing community resources and benefits.	
Any Planned Response? Goals established for 2019-2021 in these areas include outreach efforts in metropolitan and rural areas for services and socialization opportunities, expanding educational programming on Medicare, and developing a task force to identify programming opportunities to increase community participation with older people and people with disabilities.	

Electronic Survey Public Input Report

Your County or Tribe: Brown	Your Name and Email: Devon Christianson Christianson_dt@co.brown.wi.us
Type of Public Input: <input type="checkbox"/> Community Forum or Listening Session <input type="checkbox"/> Focus Group Discussions <input type="checkbox"/> Structured Interviews (with individuals) <input checked="" type="checkbox"/> Paper or Internet Survey <input type="checkbox"/> Other (please describe): _____	
Date/s of Event or Effort: February 2018	
Number of Participants or Respondents: 123 Community Partners, 42 Volunteers, 57 staff members	
Key Issues Discussed: Perceptions on growing older and dementia friendliness in Brown County, key challenges for older people and those with disabilities in Brown County; what would make things better; struggles facing caregivers, reasons for referrals to ADRC, and what ADRC does best and areas to improve.	
Key Takeaways/Findings: Overwhelming majority rated Brown County as very good or good place to grow older; and 92% as a dementia friendly community rated very good or good. Highest ranking concerns were isolation and loneliness, affordable housing, and health care costs. Common issues across all groups included need for marketing-outreach, 'getting the word out'; transportation, home care services, support for caregivers, respite, and more community activities for older adults and people with disabilities. Consumers described the ADRC very positively noting it as providing excellent customer service, able to spend time with customers, respects each individual, and 'meets them where they're at', very person-centered approach, and offers valuable meal programs.	
Any Planned Response? 2019-2021 goals are established to address community outreach on ADRC programs and services and increase visibility; efforts to increase opportunities for socialization,	

Focus Groups Public Input Report

Your County or Tribe: Brown	Your Name and Email: Devon Christianson, Director Christianson_dt@co.brown.wi.us
Type of Public Input: <input type="checkbox"/> Community Forum or Listening Session <input checked="" type="checkbox"/> Focus Group Discussions <input type="checkbox"/> Structured Interviews (with individuals) <input type="checkbox"/> Paper or Internet Survey <input type="checkbox"/> Other (please describe): _____	
Date/s of Event or Effort: 2-15, 3-15, 3-28 (2), 4+12, 4+16, 4-26, 5-21 2018	
Number of Participants or Respondents: 88	
Key Issues Discussed: Focus group discussions were organized about the Key Focus Areas of Elder Nutrition, Healthy Aging, Services to People with Dementia, and Services to Caregivers. Topic areas focused in each of these areas included: the needs of older people, what the ADRC could to address issues and needs, what barriers exist for consumers in each of these areas, what consumers feel the ADRC is doing well and in what areas could it improve.	
Key Takeaways/Findings: Key findings from the focus groups as a whole included the need for public awareness of the ADRC (e.g., marketing and outreach), helping people to connect to community events and services; accessible transportation and municipal structures that support the needs of older people and people with disabilities including affordable and accessible housing a need for enhancing nutrition awareness and services; and increasing supportive services for caregivers including psychoeducational programming, respite, and dementia education and services, and enhancing opportunities for socialization for older people. Consumer perspectives of the ADRC were very positive as consumers found the ADRC to be a welcoming, supportive service environment with knowledgeable staff who are positive and hardworking advocates who provide excellent service to consumers.	
Any Planned Response? Goals have been established for the 2019-2021 period and include: increased access to both quality nutrition and socialization opportunities, especially in under-served areas of Brown County. implementation of reader technology for the ADRC magazine for visually impaired individuals; utilization of digital and social media to increase outreach to older people, and increasing opportunities for education on Medicare for Medicare, and producing videos on Medicare, and programming in conjunction with the Dementia Friendly Coalition to increase knowledge about dementia and reduce stigma associated with dementia by offering training via the Purple Angels program, increase the number of participants in the DICE Program aimed at assessment and management of behaviors, and targeting of outlying communities with social and educational programming. The ADRC also aims to expand the Powerful Tools for Caregivers class; develop a curriculum for caregiver groups for socialization and stress relief; and increase knowledge of ADRC programs and services via collaboration with Brown County businesses who employ paid caregivers, among others.	