Aging & Disability Resource Center Advisory Committee
Minutes of Meeting

Tuesday, December 3, 2013

Call to Order

The meeting was called to order by Ronk at 1:00 p.m.

Roll Call

Present: Earlene Ronk, Chair, Carol Battenberg, Dan Krause, Jim Mode, Georganne Mortensen, Darlene Schaefer, Connie Stengel and Caroline Niebler.

Certification of Compliance with Open Meetings Law

Torum certified compliance.

Review Agenda

The agenda was reviewed.

Public Comment

None

Approval of 11/5/13 Minutes

A motion to approve the 11/5/2013 minutes was made by Schaefer and seconded by Stengel. The motion passed unanimously.

Communications

None.

Advocacy

Information from the National Council on Aging was passed out. There are several advocacy opportunities discussed in the information. The first concerns the Farm Bill, which includes a reduction in Supplemental Nutrition Assistance Program (SNAP) benefits. Advocates are asked to call their members of congress with the following message: "As your constituent and supporter of my local food bank, I am calling you today to ask you to oppose cutting SNAP and ensure that $300 million is invested in the Emergency Food Assistance Program (TEFAP) for food banks in the final Farm Bill. I understand the need to reduce the deficit, but increasing hunger is not the way to do it."

ADRC Advisory Committee

Aging& Disability Resource Center
of Jefferson County

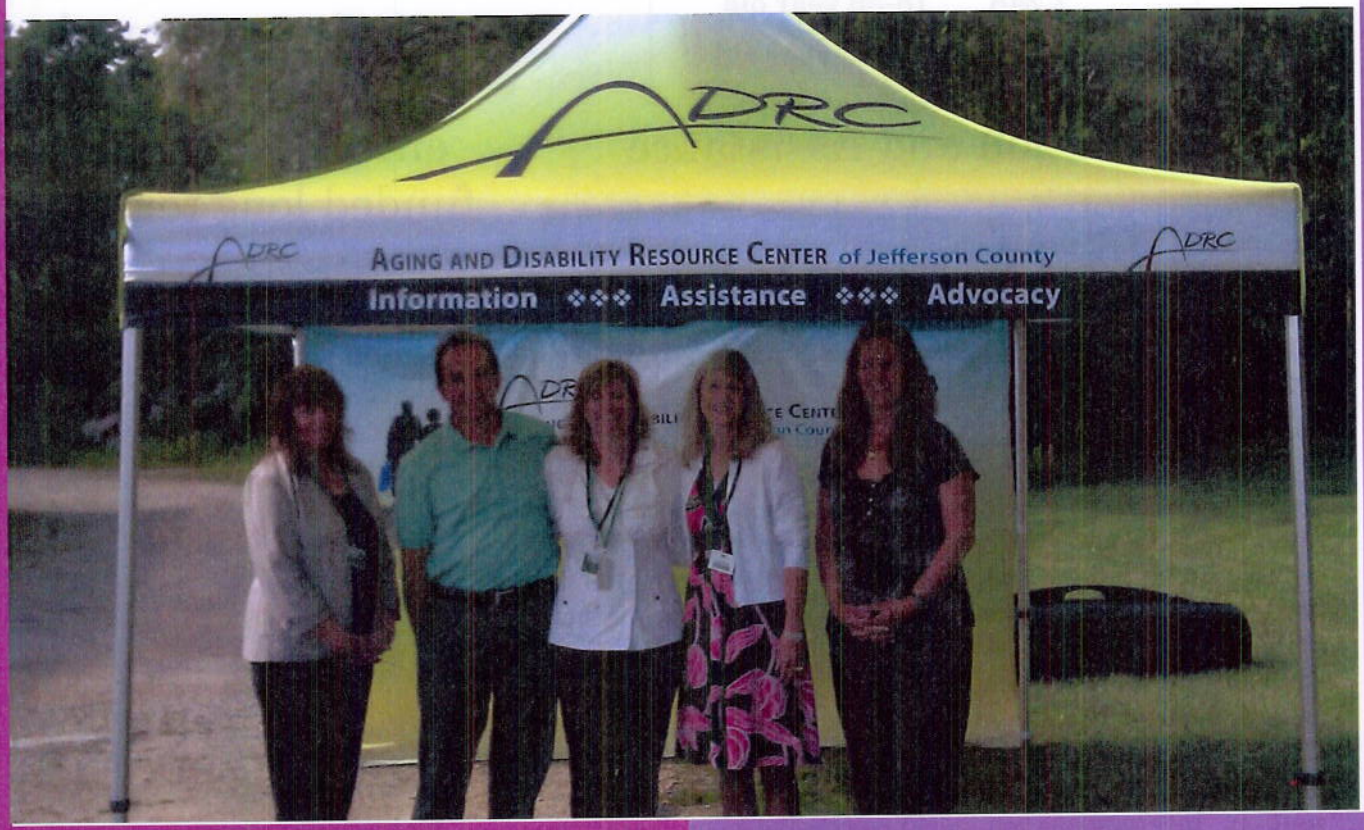
2013 Highlights

Annual Review 2013

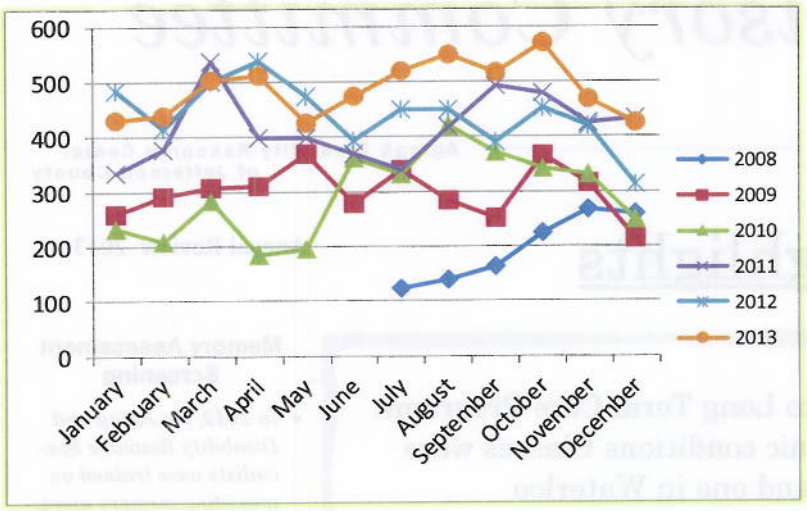
* 197 consumers Enrolled into Long Term Care Programs.
* Two Living Well with Chronic conditions Classes were held, one in Fort Atkinson and one in Waterloo.
* Monetary Impact for the Disability Benefit Specialist Program of $1,184,065
* The ADRC presented at 27 locations throughout the county. Staff were marketing at the Food Pantries and Farmers Markets as well as to Community Business and support Groups.

Memory Assessment Screening

- *In 2012, the Aging and Disability Resource Specialists were trained on providing memory assessments and screening. In 2012, 14 memory screens were provided. Our goal would be to increase our number of assessments by 50% during the year 2013. In 2013, 23 consumer were assessed using the memory screens.*



ADRC Services



2008	2009	2010	2011	2012	2013
1171	3585	3509	5126	5271	5828

Consumer Age Group

Contacts	Age Group
87	1-17 year old
2,248	18-59 year old
3,493	60-150 year old

Information and Assistance

Older persons and persons with disabilities are the focus of our service. Their needs, values and wishes are primary. We strive to empower the caller and his/her family by accepting them as they are and by encouraging him/her to use their own skills and abilities to manage formal and informal resources more effectively.

People seek information for many different reasons. They are often motivated by many different emotions and situations. Some callers are just looking for a few specific pieces of information while others need months of close involvement and advocacy. Some callers don't really know what they want or need and can't describe their thoughts on how to solve their problem. The extent of involvement offered by the Aging & Disability Resource Specialist depends on the strengths of the callers, their requests, and the nature of the problem. Aging & Disability Resource Specialists staff need to know how to decipher the caller's requests and determine the appropriate intervention. Involvement is generally expected to be short term, which is defined as 60 days or less, unless extenuating circumstances exist.

Customer Contacts

- A contact represents an individual interaction or conversation that has occurred between an ADRC staff and a person who contacts the ADRC.
- In 2013, 5,828 contacts were made requesting information and assistance. The average is about 485 contacts per month. That is an increase of about 50 a month from 2012.
- Our highest callers, are people calling for information for themselves—1,067 contacts

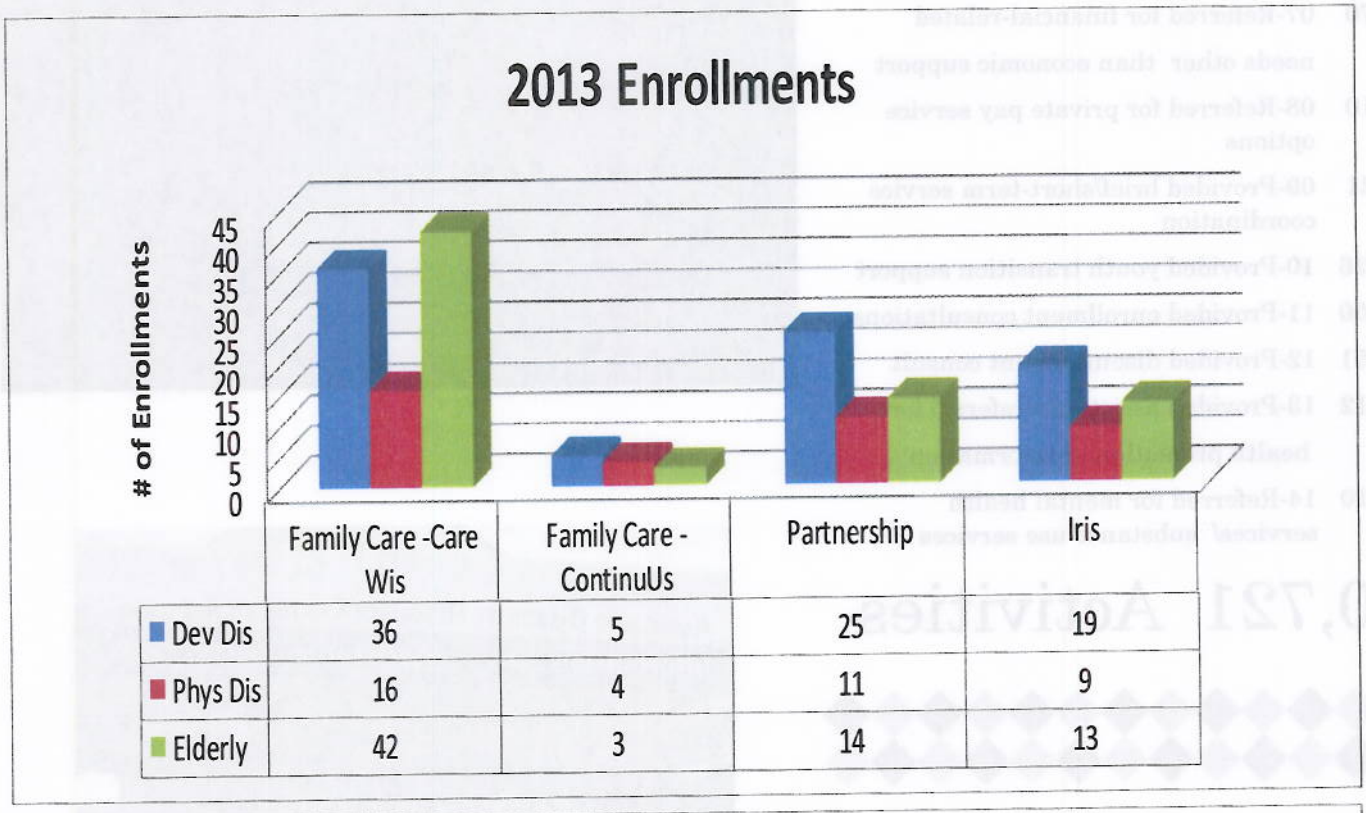
Out of the 5,828 contacts the ADRC Resource Specialists made in 2013, the majority were made to individuals who never enrolled in publicly-funded long term care.

Annual Call Type	
Email	*354*
Fax	*51*
Home visits	*602*
Incoming calls	*2,686*
Office Visits (scheduled)	*209*
Outgoing calls	*1046*
Walk- in	*217*
Written Correspondence	*663*
Total	*5,828*

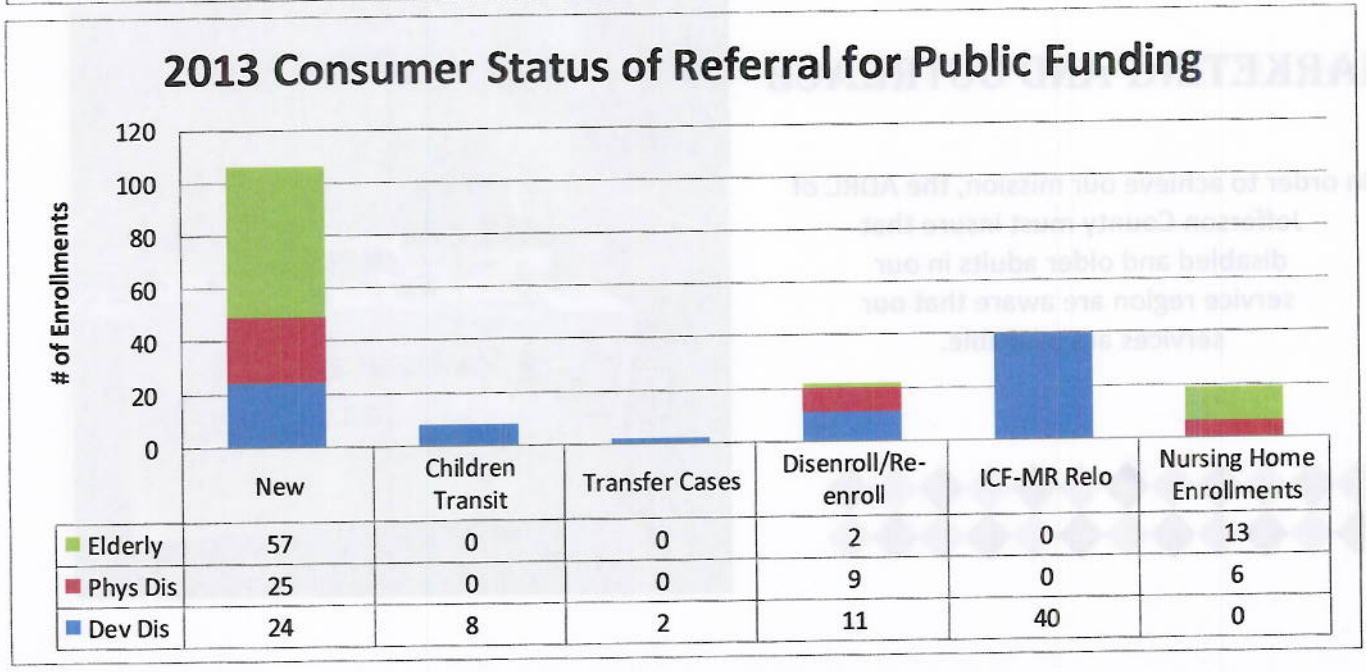
Enrollment Counseling

For individuals who need publicly-funded long term care, the ADRC enrolled 197 individuals into the Family Care, Partnership or IRIS (I Respect, I Self-direct) programs, providing community-based care to disabled and older adults who were functionally and financially eligible. In August of 2013, an additional Managed Care Organization, ContinuUs became eligible to provide Family Care services to Jefferson County residents.

Out of the 197 enrollments, 59 individuals were thru ICF- MR/Nursing Home relocations. With the average publicly funded cost of a nursing home in 2013 was $7,406 a month or $88,872 per year, a lower cost community setting means huge savings in tax dollars, and at the same time, provides individuals choice and independence.



	Family Care -Care Wis	Family Care - ContinuUs	Partnership	Iris
Dev Dis	36	5	25	19
Phys Dis	16	4	11	9
Elderly	42	3	14	13



	New	Children Transit	Transfer Cases	Disenroll/Re-enroll	ICF-MR Relo	Nursing Home Enrollments
Elderly	57	0	0	2	0	13
Phys Dis	25	0	0	9	0	6
Dev Dis	24	8	2	11	40	0

2013 ADRC Activities

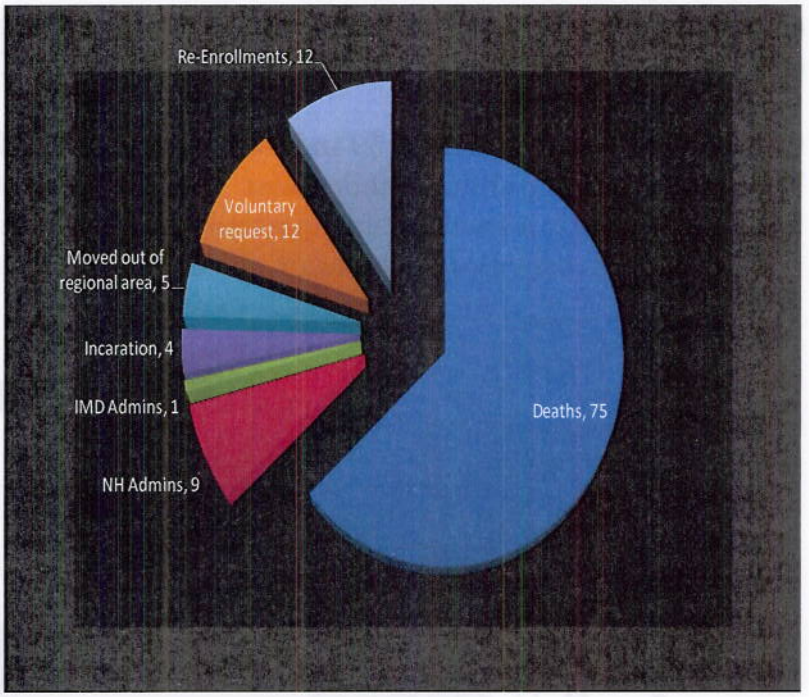
5,772	01-Provided Info & Assistance
160	02-Provided options counseling
816	03-Provided follow-up
207	04-Admin Long Term Care FS
33	05-Referred to economic support
309	06-Provided assist w/Medicaid app
270	07-Referred for financial-related needs other than economic support
210	08-Referred for private pay service options
21	09-Provided brief/short-term service coordination
26	10-Provided youth transition support
250	11-Provided enrollment consultations
51	12-Provided disenrollment consult
12	13-Provided assistance/referral for health promotion or information
10	14-Referred for mental health services/ substance use services

10,721 Activities

MARKETING AND OUTREACH

In order to achieve our mission, the ADRC of Jefferson County must insure that disabled and older adults in our service region are aware that our services are available.

WHY DO PEOPLE DISENROLL FROM PUBLIC FUNDED PROGRAMS: INFORMATION ON THE 118 DISENROLLMENTS IN 2013



The second advocacy opportunity has to do with the Medicare Qualified Individual (QI) Program. The QI program pays Medicare Part B premiums for beneficiaries with incomes of about $14,000-$15,500, most of whom already must spend over a quarter of their meager income on health care. If the bills fail to make the QI program permanent, low-income seniors could be forced to drop the Part B benefit and lose access to their doctors, or pay over $1,200 in new, additional premiums. This means that a senior with just a $14,000 income would only have $9,000 left for all their other living expenses. Advocates are asked to email or call their members of congress and ask them to make the QI program permanent to protect low-income people with Medicare.

ADRC Report

Olson said that implementation of the Affordable Care Act have been delayed to 4/1. Wisconsin is implementing its own plan and due to glitches at the federal level, will also seek legislative approval to delay implementation to 4/1. This has a negative effect on all of the people who have been waiting for insurance coverage who have been on waiting lists.

Olson also reported that Jefferson County is in compliance with the state's plan for nursing home relocations. The ADRC meets or exceeds their expectations.

Several new resource guides that the ADRC developed were shared. One is about choosing a nursing home and the other is about choosing an assisted living facility. These are used in options counseling.

Transportation

A. Torum reported that the Human Services Board reviewed the draft 85.21 Specialized Transportation Plan and is in agreement with the proposed changes. They support the hiring of two additional part-timer drivers and ordering two new vehicles, which have been ordered since they take between 30-90 days to be delivered. They also support the contract with Brown Cab and are interested in furthering intracounty transportation discussions. The issue of co-payment when people use the cab as opposed to volunteers or paid drivers was discussed and the plan for 2014 is to request the same co-pay for all services. The public hearing was held and no-one attended, however, some van passengers who will see changes in 2014 did call in with questions. No-one posed any formal objection. The plan was reviewed and approved in a motion made by Ronk, seconded by Battenberg and passed unanimously.

B. The 2013 Coordinated Plan was reviewed and discussed. The plan has at least three goals that directly relate to the 85.21 plan which is a requirement.

Home Delivered Meal Assessments & Services, Sharon Endl, Assessor

Sharon Endl walked through the process of receiving a home delivered meal assessment from start to finish. She explained that the assessment she does is not solely restricted to the questions as on the assessment form provided by the Greater WI Agency on Aging Resources, GWAAR. As an LPN, Endl reviews medications, home safety concerns and health issues. She pays particular attention to the individual's overall condition: is the person clean? are there oral issues involving the teeth or gums, is dehydration a concern? She is quite familiar with community resources and regularly makes referrals to the ADRC or other organizations. When there are questions, she will make additional

homevisits to check on the individual's well-being and when in doubt errs on the side of helping people. Committee members applauded Endl for the contributions she is making to the seniors she is serving.

Stengel handed out information she got from Mueller Drugs about the services they provide in the area of medication management. She had bubble packs and written materials.

Alzheimer's Family Caregiver Support Program (AFCSP)

The annual AFCSP budget is due for 2014. A program overview was provided by Torum. Jefferson County will receive $19,009 in 2014 and this is expected to serve approximately 5 families because the maximum benefit of $4,000 is provided. Members were told that this could be reduced, however, the needs of families caring for someone with dementia requires 24/7 supervision and assistance so prior committees have always opted to provide families with the maximum allowed. There was agreement that this practice should continue.

ADRC Annual Update 2014

The annual update is due 12/10. The document was reviewed and any questions were answered. Olson is working on writing up a NIATx project that needs to accompany the plan. The project was on Options Counseling. That information will be shared at a future meeting.

Set next meeting date and possible agenda items

The next meeting will be on January 7, 2014. Discussion will include a program report on Senior Dining.

Adjourn

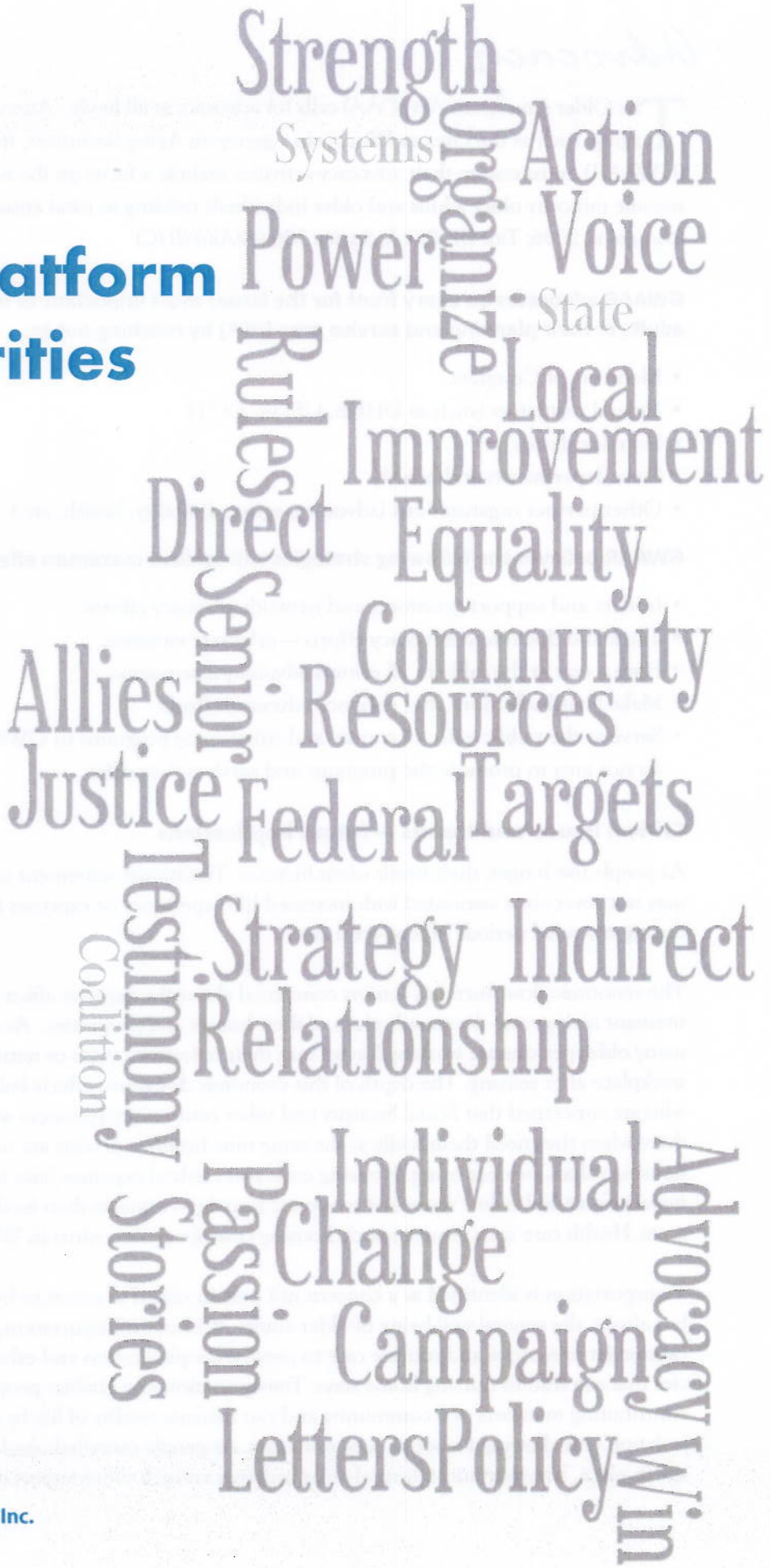
A motion to adjourn was made by Battenberg, seconded by Schaefer and passed unanimously.

Respectfully submitted,

Susan Torum, Division Manager
Aging & Disability Resources

2014 – 2015

GWAAR Legislative Platform & Policy Priorities



GWaar
Greater Wisconsin
Agency on Aging Resources, Inc.

Advocacy

The Older Americans Act (OAA) calls for advocacy at all levels. Area agencies on aging, such as the Greater Wisconsin Agency on Aging Resources, Inc. (GWAAR), must ensure their advocacy activities include a focus on the needs of low-income minority older adults and older individuals residing in rural areas – OAA, *as amended in 2006; Title III, Part A, Section 306 (4)(A)(i) (I) (C)*

GWAAR advocates on every front for the issues most important to older adults in their planning and service area (PSA) by reaching out to:

- Members of Congress
- Federal regulators (such as DHHS, USDA, DOT)
- State legislators
- State departments and boards
- Other partner organizations (advocacy, aging, disability, health, etc.)

GWAAR believes the following strategies will achieve maximum effectiveness:

- Initiate and support grassroots and network advocacy efforts.
- Track and document advocacy efforts – celebrate victories.
- Have a seat at the table in all critical advocacy discussions.
- Make board selections that enhance advocacy efforts.
- Serve as the public voice of county and tribal aging programs in GWAAR's service area to promote the programs and services they offer.

Critical issues and trends – future implications

As people live longer, their needs often increase. Traditional retirement savings may not cover costs associated with increased life expectancy or expenses incurred during extended periods of long-term care.

The economic downturn has seniors concerned about the negative effect on their retirement savings and decreased values of their houses and properties. As a result, many older persons are working longer into their retirement years or returning to the workplace after retiring. The depth of this economic downturn affects baby boomers who are concerned that Social Security and other community resources won't be there when they need them while at the same time health care costs are rising and housing values are decreasing. Housing costs and medical expenses have the greatest impact on an individual's sense of economic security – more so than food and fuel costs. Health care costs almost match housing costs for most seniors in Wisconsin.

Transportation is identified as a concern not only in regard to access to health care, but also in the general well-being of older adults. Without transportation, seniors cannot get preventive and routine care to prevent hospitalization and other emergencies that can lead to nursing home stays. Transportation also enables people to be contributing members of a community and can increase quality of life by preventing isolation and allowing for social connectedness. As people overwhelmingly prefer to age in place, transportation in rural areas becomes an even more important issue.

What is GWAAR?

The Greater Wisconsin Agency on Aging Resources, Inc. (GWAAR) is a non-profit agency committed to supporting the successful delivery of aging programs and services in 70 counties and 11 tribes in Wisconsin.

We provide aging lead agencies in our service area with training, technical assistance, and advocacy to ensure the availability and quality of programs and services to meet the changing needs of older people in Wisconsin.

Guiding Principles

The aging network in Wisconsin bases its work on the eight principles of the ***Common Identity***. These principles are the backbone of Wisconsin's aging network and guide GWAAR's advocacy efforts and agency mission:

1) Both individual and organizational advocacy are critical.
2) Seniors are really in charge of the services and programs that support them.
3) Core services must be provided statewide.
4) Statewide expertise in aging services and systems is critical.
5) Consistency in the high quality of services is imperative.
6) Community collaboration is a focal area.
7) Ensuring that programs and services are convenient for users is a priority.
8) Volunteers are the key to service delivery.

Platform Development Process

This document represents the first-ever collection of the organizational principles and positions on public policy. It is intended to:

- Express the ongoing public policy goals of the counties/tribes in GWAAR's planning and service area (PSA) as well as its Advisory Council and Board;
- Represent the wide range of federal and state issues important to older adults in the planning and service area; and
- Provide the foundation for policy development, advocacy action, and organizational priorities.

In September 2013, GWAAR initiated a process to develop its platform and policy priorities by asking county and tribal aging unit directors throughout the service area to gather information from their board members, advisory council members, program participants, and other older adults in their area. The directors were asked to find out what concerns people have and what they believe are the major issues facing older adults in striving for economic security and a quality life in their communities. Information gathered by the counties and tribes was then brought to the October 2013 PSA meetings – one in Madison and the other in Wausau – where the issues were shared and prioritized by those in attendance. Participation included both those who were able to attend the meetings in person and those who attended by phone. Several GWAAR Advisory Council members were also able to participate in the meetings. In addition, GWAAR Board members contributed to the issue identification and prioritization process during their meeting on October 25, 2013.

Input from the two PSA meetings and GWAAR's Board meeting was then consolidated into one GWAAR Priorities Summary document. The priority issues were: transportation, housing options, economic/financial security, OAA programs, caregiver supports, health care, Alzheimer's/dementia services and supports, and long-term services and supports. While not all of the over 40 issues identified in the sessions are addressed in *GWAAR Legislative Platform & Policy Priorities*, a number of issues related to, and were added under, broader policy headings.

GWAAR Legislative Platform & Policy Priorities was shared with both GWAAR's Advisory Council and Board members for their review and feedback with final action to adopt the plan taking place at the December 2013 meeting of the Board. The approved platform is now a guide for GWAAR's advocacy efforts for the next two year period. *GWAAR Legislative Platform & Policy Priorities* is intended to be a living document subject to change as the organization positions itself to meet new opportunities and challenges with and for an aging population.

To support older adults who overwhelmingly prefer to age in their own homes, connected to their communities, with the information needed to make informed decisions about their future, GWAAR is committed to developing a coordinated advocacy strategy that will promote the health, security, and well-being of older adults. To achieve this, GWAAR is advancing the following seven policy priorities.

Demographics of aging in Wisconsin

Wisconsin spans 72 counties spread over 54,310 square miles. Seventy of these counties and all eleven of Wisconsin's Native American nations are within the GWAAR service area.

Population density ranges from under 10 people per square mile in rural areas to around 3,000 people per square mile in urban areas. A significant portion of Wisconsin is rural—even just outside the highly-populated cities. Rural areas are disproportionately populated with older people, people with low incomes, and veterans.

Older people are the fastest-growing demographic group increasing 11% since 2000. This trend is expected to continue expanding the older population to more than 1.3 million by 2030 with the far northern areas of the state aging the fastest.

The 2010 U.S. Census identified 777,314 people living in Wisconsin who are age 65 or older — almost 14% of the total population. Most are between the ages of 65-74 (400,496). A significant number are age 75-84 (258,313), and 85 or older (118,505).

Of these who are over 65, 30% live alone and 1 in 5 is living at or below the poverty level. The minority population of those over 65 is also growing.

In the 2010 census, over 9,000 people over 65 reported an ethnicity of Hispanic/Latino; 2,702 reported being non-white; 2,861 reported being two or more races. There are approximately 3,400 Native Americans over age 65 in Wisconsin.

Policy Priorities for Older Adults

Promoting Community Living and Mobility

Transportation & Housing

GWAAR supports:

- Policies and legislation that encourage and promote the availability, use of, and adequate funding for transportation including volunteer drivers programs and other modes of specialized transportation.
- Reauthorization of the federal surface transportation act to ensure stable, balanced, and long-term funding for all modes of transportation and keeping transportation funding in a dedicated Transportation Fund at the state and federal level.
- Transportation coordination at the state and local level to allow for comprehensive planning among all modes of transportation and enabling local and regional decision making on system design and funding.

Livable communities are defined as places where citizens can grow up and grow old with maximum independence, safety, and well-being. Overwhelmingly, older people want to age in place and remain active in their communities. Without the appropriate land use regulations, housing opportunities, and transportation systems — including bike and pedestrian facilities — aging in place is not a feasible option for many.

- Policies and legislation that support the creation of *livable communities* that integrate land use planning, housing, and transportation to create infrastructure that enables older adults to age in place in the community.
- Policies and legislation that promote community living by increasing the supply of housing options that are accessible, affordable, transit-accessible, and accommodate the changing needs of people who choose to age in place by providing affordable options for maintaining, repairing and modifying existing homes.

Why it's important . . .

One in five Wisconsin residents aged 65 and older does not drive. Men outlive their driving ability by an average of six years and women by 10 years. This is a significant amount of time to rely on others in order to get to essential services and to stay connected to the community. In Wisconsin, 53% of non-drivers over the age of 65 stay isolated in their homes. (*Aging Americans: Stranded Without Options,* 2004.)

Eighteen percent of Wisconsin seniors with mortgages will pay almost three times more for housing than seniors who have paid off their mortgages. Twenty-five percent of Wisconsin seniors are renters and most spend one-third of their monthly incomes on rent. Those counties with the highest rent have renters devoting 43% of their spending on housing (*Elders Living on the Edge,* p. 3).

Preserving the Safety Net

Social Security, Economic/Financial Security & Planning

GWAAR supports:

- Addressing the long-term solvency of Social Security separate from discussions of the federal deficit and efforts to strengthen Social Security that ensure the adequacy of benefits – particularly for lower income, vulnerable older adults.

Reforms or changes to important safety net programs such as Medicare and Social Security must take a close look at the impact of such changes on the most vulnerable older adults. Achieving income levels necessary to live independently and with dignity and obtaining access to essential health care services including prevention services to help avoid more costly and invasive care are high priorities.

- Adoption of a new measure of economic security that more accurately reflects living expenses for older adults in today's economy and identifies what an adequate income level is for older individuals in Wisconsin planning to "age in place" (*Elder Economic Security Standard Index*).
- Legislation that educates the public and provides for prevention and protection of vulnerable elders from financial scams, fraud, and abuse
- Public policy that supports retirement plan coverage for all workers.
- Legislation that promotes the availability of retirement planning, financial literacy education, tools, and resources for people of all ages.

Why it's important . . .

Many older adults struggle to make ends meet. The modest cost of living adjustments received by Social Security recipients has not kept pace with rising housing and health care costs, resulting in a spend down of retirement savings and/or increasing debt loads. The economic downturn has seniors concerned about the negative effect on their retirement savings and decreased values of their houses and properties. As a result, many older people are working longer into their retirement years or returning to the workplace after retiring. The depth of this economic downturn affects baby boomers who are concerned that Social Security and other community resources won't be there when they need them.

Deficit reduction discussions continue to include debates on reforms to Social Security and Medicare such as reducing the cost of living adjustment to Social Security benefits and increasing the contributions toward medical care required of Medicare beneficiaries. According to the "official" federal poverty measure which was created in the early 1960's, of the population of people age 65 and older in Wisconsin, 7.8% are living at or below the poverty level (2010 U.S. Census Data). This current measure of poverty is outdated and no longer provides an accurate picture of individuals' incomes or financial resources. In response, the Census Bureau released an alternative poverty measure in 2011 referred to as the supplemental poverty measure which deducts health expenses from income. Under the supplemental measure, poverty rates for adults age 65 and older are more than twice as high — 11% vs. 5% over the period 2009-2011. ("Current Population Survey 2009, 2010, 2011" *Annual Social and Economic Supplement*).

Sustaining the Capacity of Older Americans Act (OAA) Programs

GWAAR supports:

- Passage of legislation to reauthorize the Older Americans Act.
- Adequate funding of OAA programs to ensure these cost-effective services continue to help low-income seniors who would otherwise fall through the cracks, remain independent and not in institutions.
- Modernization of OAA programs to provide the flexibility needed to meet the current and future needs of seniors.

Why it's important . . .

The OAA is widely considered to be the major vehicle for the organization and delivery of social and nutrition services to older Americans and their caregivers. OAA funding is used to provide a range of cost-effective programs that offer home and community-based services as well as social and volunteer opportunities for older people, especially those at risk of losing their independence. Sequestration, combined with eroding program funding and growth in the aging population, is negatively impacting the aging network's ability to sustain the systems that help people age in place.

Investing in Caregiver Supports and Services

GWAAR supports:

- Initiatives that ensure caregivers have affordable health insurance and guaranteed retirement security to offer protections against the financial, physical, and emotional impacts of caregiving that jeopardize their own health and well-being.
- Innovative service options and the expanded use of technology to maximize access to services that assist caregivers as they support older adults who want to remain in the community.

Increases in life expectancy and a growing movement toward community living have made informal caregiving an essential element of our long-term care system.

- Expansion of the Family and Medical Leave Act to include individuals caring for grandparents and grandparent caregivers and promotion of paid family and medical leave.
- Caregiver-friendly work environments and employment benefit packages that support family caregivers of frail elders.
- Funding for programs and services that support a growing number of informal caregivers in their efforts to assist family, friends, and neighbors to remain in their homes including access to ongoing education and training and affordable, readily available, quality respite care.

Why it's important . . .

According to the Rosalyn Carter Institute, unpaid care by family and friends provides for about 90% of the care needs of older adults — valued at approximately $375 billion per year nationally. Nationwide, nearly one out of every four households is involved in caregiving to persons age 50 and older. In 2004 the Family Caregiver Alliance already reported that almost 550,000 individuals were serving as caregivers in Wisconsin. These caregivers are critical to meeting the needs of the quickly-aging population.

Several factors, including the fact that women now make up almost half of the labor force and family members often do not live in close proximity to older family members, have created additional strain on the informal caregiver network. In addition, older relatives are discharged from hospitals or acute care settings with increasing complex care needs, at the same time the number of health care workers is shrinking and the costs of health and long term care are rising. All of this adds up to more responsibility for family members and friends who often find themselves ill-prepared and inadequately trained.

Enhancing the Health and Well-Being of Older Adults

GWAAR supports:

- Medicare reforms that strengthen protections for the most vulnerable and emphasize prevention, coordination, and efficiencies without jeopardizing quality or access to necessary services.
- Health care transparency – allowing consumers the ability to shop for health care based on cost and quality.
- Funding to meet the growing demand for information and assistance on the Medicare Part D prescription drug benefit and other Medicare-related benefits.
- Policies and legislation that support access in both urban and rural areas to basic, affordable, high-quality health care including prescription drug coverage, dental care, mental health services, prevention services, and durable medical equipment and supplies.
- Maintaining Wisconsin's SeniorCare prescription drug program and securing state funding for statewide outreach efforts.
- Improved access to and investment in evidence-based chronic care interventions.
- Consumer advocacy in health care transitions and dissemination of best practices.

Why it's important . . .

Health care is consistently identified as a major concern of seniors. Not just access to medical care, but changes in Medicare and Medicaid and the high cost of prescription drugs all play into the apprehension many feel and contribute to fears of economic instability.

Health-related services provided through the OAA, information and assistance services, and links to essential aging network and other community-based programs play an important role in the integration of acute and home- and community-based services. Effective coordination between aging network programs and health care systems is a key factor in successfully transitioning older adults from acute care settings back to their own homes with improved health outcomes and lower rates of re-hospitalization.

Over 80% of adults age 65 and older have at least one chronic condition; 50% have two or more. Chronic conditions are costly in terms of health care expenses (95% of health care expenses for older adults) and disability (decreased productivity and ability to live independently).

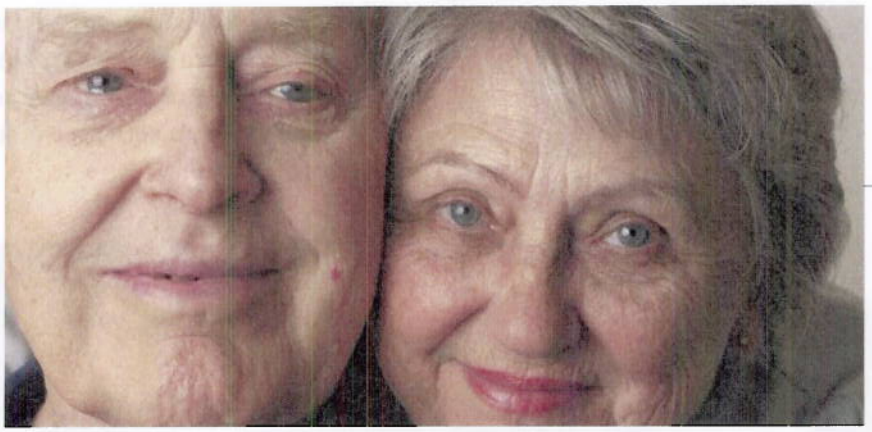
Expanding Alzheimer's/Dementia Services and Supports

GWAAR supports:

- Policies and legislation that will lead to a dementia-capable service system.
- Public policy that encourages collaborative efforts to create an integrative community model for living well with dementia (dementia-friendly communities).

Caregivers of people with Alzheimer's and other dementias are also much more likely to be involved in advocating for their family member with government agencies and service providers or arranging and supervising paid caregivers.

- Expansion of and funding to support the role of the aging unit/ADRC in the early diagnosis and treatment of memory loss.
- Increased availability of evidence-based programs for both individuals with Alzheimer's or a related disorder and their family caregivers.



Why it's important . . .

According to the 2013 *Alzheimer's Disease Facts and Figures* released by the Alzheimer's Association, Alzheimer's disease is the sixth leading cause of death in the U.S. (fifth among persons age 65 and older) and one in three seniors dies with Alzheimer's or some other dementia.

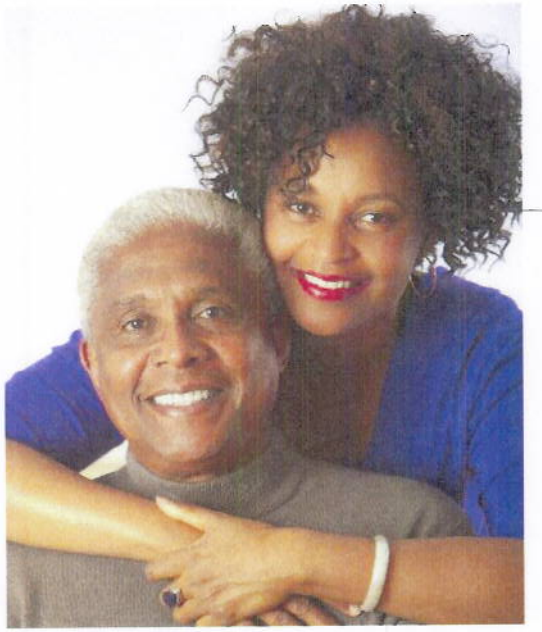
As the population ages, the prevalence of chronic conditions also increases. Of these, Alzheimer's disease and other dementias are among the most rapidly increasing. In the 2012 facts and figures report released by the Alzheimer's Association, Wisconsin had over 110,000 residents over age 65 diagnosed with Alzheimer's disease. As the baby boom generation ages, it is estimated that an additional 10 million people will develop Alzheimer's disease nationwide, taking a heavy toll on caregivers.

Caregivers of people with Alzheimer's disease and other dementias tend to provide more extensive assistance. Family caregivers of people with dementia are more likely than caregivers for older adults without dementias to be providing assistance with activities of daily living – dressing, bathing, feeding, toileting, etc. Caregivers for individuals with dementia are also often faced with trying to manage neuropsychiatric and behavioral problems. Nearly 60% of these caregivers report being employed full- or part-time.

Improving Access to Long-Term Services and Supports

GWAAR supports:

- Statewide entitlement to MA waiver funding for home- and community-based services (Family Care, Family Care Partnership, IRIS).
- Medicaid policies that recognize the ongoing financial needs of community-dwelling older adults with long-term care needs who must still maintain homes and manage other expenses (eligibility criteria, asset limits, estate recovery, etc.).
- Public policy that supports the development of user-friendly call centers (Economic Support Consortia) accessible to local community members.
- Improved access to affordable, culturally-competent home- and community-based services across the continuum of care – information and assistance, health and wellness, in-home services, and community services.
- Development of a state long-term care investment fund.
- Funding for programs and services that supports a growing number of informal caregivers including access to ongoing education and training and affordable, readily available, quality respite care from providers with dementia training and experience.



Why it's important . . .

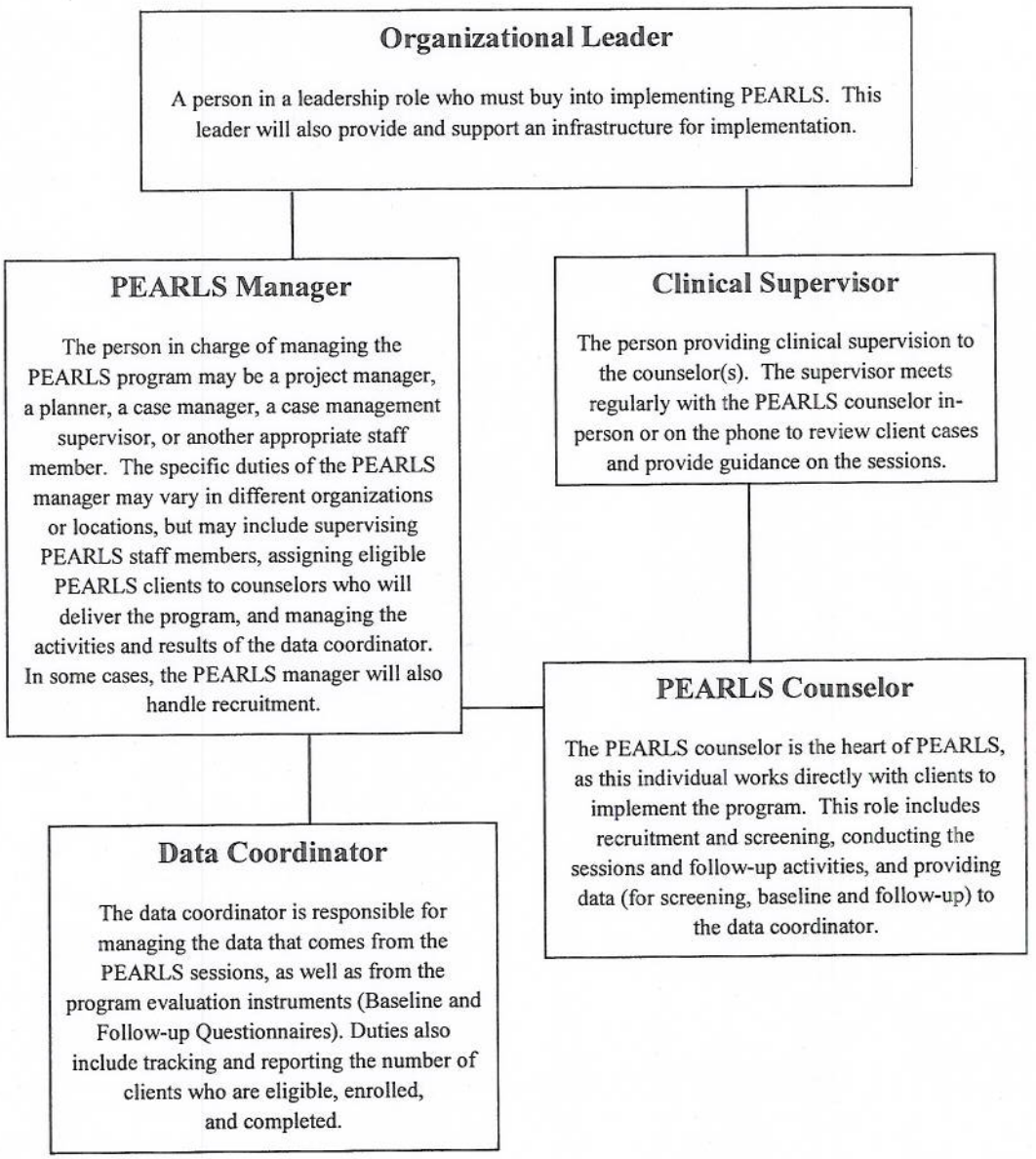
The population of adults age 85 and older is growing at a dramatic rate and is expected to increase by 69% over the next two decades. This age group is most likely to need long-term services and supports. Yet, many older adults are living just above the poverty line — ineligible for many public assistance programs and unable to afford needed services.

Despite the desire of many older adults to remain living in their own homes, the majority (58%) of the frail elders in Medicaid (MA) long-term care programs are residing in institutional settings while only 42% are residing in community settings. The majority of individuals paying privately for nursing home care must turn to Medicaid for assistance within one year. According to AARP's "Across the States 2012: Profiles of Long-Term Services and Supports" report, on average, Medicaid dollars can support roughly three people with home- and community-based services for every person in an institution.

In 2010, one out of every five people age 65+ was non-white or Hispanic. The racial and ethnic diversity of this population is expected to continue to increase.

Implementing PEARLS: A Collaborative Effort

In the last sub-section, we learned about the research that showed the benefits of PEARLS. Now, we'll take a closer look at how to implement PEARLS within an agency. First and foremost, the success of PEARLS is based upon a collaborative effort among several key roles. In different agencies these roles, or duties, may be the responsibility of one person or may be divided among several individuals. In either case, it is important that whoever assumes these roles work closely together. The following flow chart illustrates the relationships among these team members.



Nearly 1 in 5 Americans 65 or older experiences symptoms of depression.

Often occurring with chronic illness and other losses later in life, depression can negatively affect older adults' quality of life and ability to function.

Healthy IDEAS ensures older adults get the help they need to manage symptoms of depression and live full lives.

Our Story

Healthy IDEAS was initially developed by Baylor College of Medicine's Huffington Center on Aging as part of the Model Programs Project sponsored by the National Council on Aging (NCOA) and funded by the John A. Hartford Foundation. An extensive demonstration was subsequently funded by the U.S. Administration on Aging to further enhance and evaluate the program. Baylor College of Medicine and the Houston Center for Quality Care and Utilization Studies at the Michael E. DeBakey Veterans Affairs Medical Center conducted the evaluation of Healthy IDEAS for the Administration on Aging.

Care for Elders provided management and staff support for the development and local implementation of Healthy IDEAS during its demonstration phase. Care for Elders is a Houston-based partnership of more than 80 organizations committed to increasing access to services, improving quality of care and enhancing the quality of life for older adults. Care for Elders and Baylor College of Medicine now manage the dissemination of Healthy IDEAS to potential adopters.

BCM Baylor College of Medicine

Care for Elders
Leading ideas. Enhancing life.

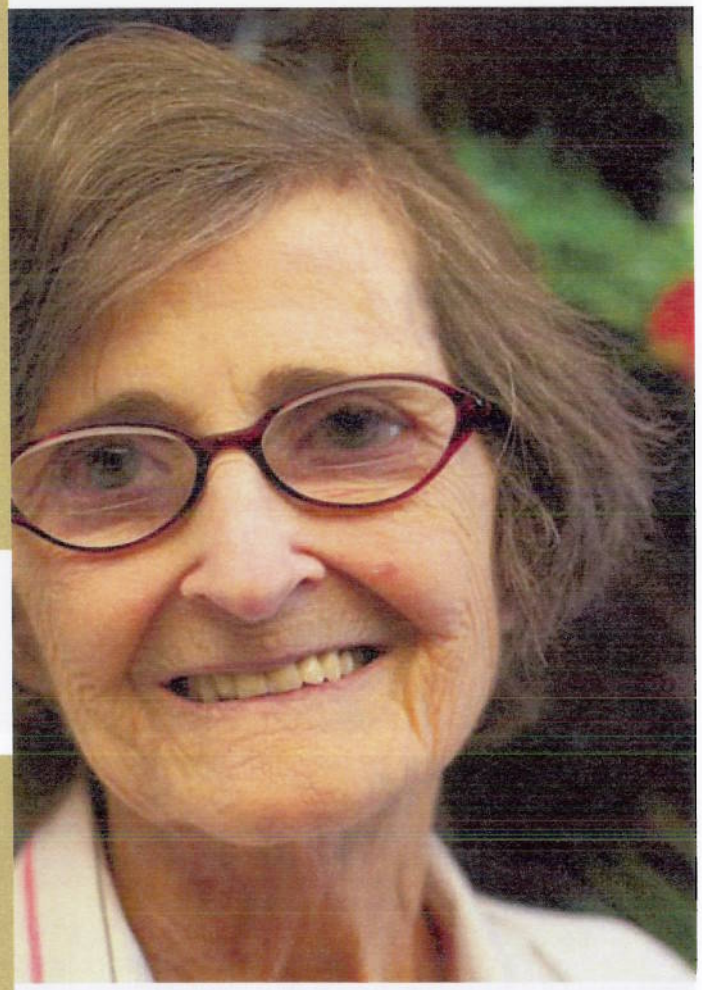
TO LEARN MORE

For more information on implementing Healthy IDEAS or to pursue training opportunities, visit **http://www.careforelders.org/healthyideas.**

This brochure was made possible by support from TXU Energy

Addressing Depression in Older Adults

Healthy IDEAS: Identifying Depression, Empowering Activities for Seniors



Evidence-BASED Healthy Aging Program

Healthy IDEAS

How it Works

Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors) is an evidence-based program that integrates depression awareness and management into existing case management services provided to older adults.

HEALTHY IDEAS IMPROVES QUALITY OF LIFE BY:

- **Screening** for symptoms of depression and assessing their severity
- **Educating** older adults and caregivers about depression
- **Linking** older adults to primary care and mental health providers
- **Empowering** older adults to manage their depression through a behavioral activation approach that encourages involvement in meaningful activities

"Healthy IDEAS was the answer to our prayers. We knew we wanted to address depression and this was an evidence-based intervention with proven results. Healthy IDEAS fits well into our case management program and really helped reduce our clients' depression and pain."

PROGRAM DIRECTOR,
Sheltering Arms Senior Services, Houston, TX

Proven Impact

Healthy IDEAS is a national model with measurable results and demonstrated benefits for older adults, service providers and community mental/behavioral health practitioners.

FOR OLDER ADULTS:

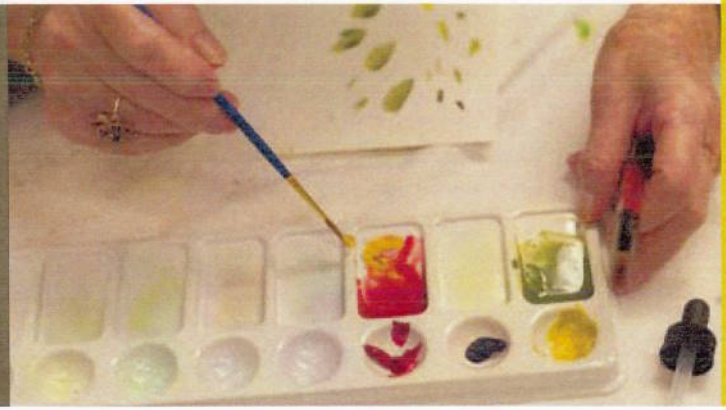
- Fewer symptoms of depression
- Decreased physical pain
- Better ability to recognize and self-treat symptoms
- Improved well-being through achievement of personal goals

FOR SERVICE PROVIDERS:

- Expanded capacity to address depression
- Better communication and stronger partnerships with mental health providers
- Opportunity to deliver a proven, successful program that addresses critical client needs
- Improved staff knowledge and confidence in helping clients

FOR COMMUNITY MENTAL/BEHAVIORAL HEALTH PARTNERS:

- Increased opportunity to work with diverse populations of older adults
- Strengthened connections to community agencies
- Greater opportunity to reach and help underserved older adults



Why Healthy IDEAS?

Healthy IDEAS brings together community service providers, the mental/behavioral health community and healthcare practitioners to provide a low-cost, practical way for addressing depression among older people.

Healthy IDEAS is a proven program that can be flexibly integrated into the regular routines of existing staff. Special training and detailed tools to deliver the program are available at minimal cost. Healthy IDEAS can be used with older adults of any age, race or economic status.

Healthy IDEAS also offers an opportunity to create or strengthen partnerships between public and private service providers, funding organizations, and academic institutions to achieve meaningful and significant benefits for older adults and their families.

Recognition

The U.S. Administration on Aging has designated Healthy IDEAS as an evidence-based program and recommends it for nationwide replication. Healthy IDEAS has also received a Substance Abuse and Mental Health Services Administration (SAMHSA) Science to Service Implementation Award in the mental health category.