



Aging & Disability Resource Center Advisory Committee
Minutes of Meeting

Tuesday, February 7, 2012

Call to Order

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

Roll Call

Present: Nancy Haberman, Chair, Dick Jones, Jim Mode, Marian Moran, Leah Getty, Mary Ann Steppke & Sharon Van Acker.

Also Present: Sue Torum & Sharon Olson, ADRC staff.

Certification of Compliance with Open Meetings Law

Torum certified compliance.

Review Agenda

The agenda was reviewed without comment.

Public Comment

None.

Approval of 1/3/12 Minutes

A motion to approve the 1/3/12 minutes was made by Jones and seconded by Van Acker. The motion passed unanimously.

ADRC Monthly Activity Report

Olson passed out the Activity Report for January. Since 2008 the numbers per month continue to increase and January was a very busy month!

Family Care Legislation and Sustainability Initiatives

There was a lot of discussion about the proposed 2011-2012 Long Term Care Sustainability Initiatives. Olson reviewed each one and pointed out the highlights. She informed the committee that the ADRC is planning to have staff trained in *Chronic Disease Self Management* and the *Stepping on Programs*. Prevention programming is a requirement of the contract with the Department of Health Services and ADRC involvement in evidenced based prevention programs is a main message point under the *Living Well at Home and in the Community Initiative*.

Olson also informed the committee about the proposed efficiencies in Family Care, Partnership and IRIS. The proposals would allow Care Management Organizations and IRIS consultants to identify natural supports before providing services and including information about the importance of cost effectiveness as part of care planning. The trend is to look at other options that can help people before using public funding.

Mode said that the legislature has not taken action on lifting the Family Care caps yet. Olson said that her staff is prepared to begin enrollments as soon as the caps are lifted. DHS has allowed us to carryover funds from 2011 so that we can compensate staff for overtime worked.

2011 Satisfaction Surveys

Olson gave a report on customer satisfaction surveys. She pointed out that two different instruments were used in 2011, but said that the results were consistent. Olson explained that the ADRC received a Qualitative Quality Indicator form to review for consumer outcomes and that is why there were two survey instruments. The surveys are reviewed to work on improving customer satisfaction, but some of the indicators may need to be clarified. One example she gave was in the area for accessibility, the indicator on parking at the ADRC is “% of customers who indicate that parking was excellent.” In the 2011 Survey report, fourteen of the forty-five respondents rated parking as excellent, eleven rated good, one poor and twelve checked they did not enter – the default would be those who did not check that area probably did not enter the ADRC. According to the satisfaction survey results, fourteen consumers of the twenty-six consumers who visited the ADRC rated parking as excellent, although the other eleven rated parking as good. In this example, using the qualitative indicator would result in that 54% of the consumers are satisfied with parking at the ADRC. The results of some ADRC’s was to create better parking facilities for their consumers by having designated parking areas for ADRC consumers. On the other hand, are consumers finding that parking is an issue when it appears 25 out of 26 people rated parking as good or better? Olson will request some clarification from the state. Overall, respondents replied very favorably to the questions asked and most consumers added comments of positive feedback on staff being knowledgeable and personalized their special circumstances.

Environmental Scan: Preliminary Results

As part of the 2013-2015 Aging Unit Planning Process, members were given “homework” at the January meeting. They had decided that there are two questions they will ask people they encounter: 1) what are the three most important issues facing you or other older people in your community? And 2) if you are on Family Care, Partnership or IRIS, what has been your experience and do you have any suggestions for ways to improve any of these programs?

Over the past months, members have spoken to various groups including the: Knights of Columbus, Christian Mothers Group, an RCAC and a St. Vincent DePaul Board. They have also spoken to individuals participating in the meals on wheels program and blood pressure screenings at a senior center. Following are the issues, in no particular order:

Housing

- Taxes continue to increase as do other costs and there are concerns about being able to remain at home.
- The housing market prevents people from moving into affordable options.

- Property taxes in WI are very high; fear of losing homestead tax credit to help pay.
- Elderly property owners should not have to pay higher taxes to support schools.

Health Care

- A local hospital has undergone many changes and people are looking to get health care elsewhere.
- Hospitalists do not call primary MD's to let them know their patients are ill.
- Lack of communication and billing errors are concerning.
- The health care system is too fragmented.

Paying for Health Care

- Insurance rates continue to increase.
- Prescriptions drug plans don't do enough.
- Fear of losing Senior Care.

Finances

- Elders are helping adult children and their families with no end in sight.
- Not enough money to eat healthy because other costs don't allow enough money at the end of the month for recommended foods.
- Fear of outliving retirement income/assets.
- Lack of trust in the stock market.

Transportation

- Rural community – very limited options.
- Lack of demand response options.
- Maintaining and operating personal vehicles can be cost-prohibitive.

Other

- How to get people to participate in programs so that they don't lose them, i.e. Senior Dining Centers
- Women have more social opportunities than men
- Current volunteer base is aging and they are beginning to rely on other volunteers to help them, capacity is diminishing.
- Lack of affordable fee-for-services in the community increases demand for volunteerism and these networks cannot meet current demand, much less anticipated future demands.

Family Care/Partnership/IRIS/ADRC

- Family Care is needed.
- Things have improved since when they first started (better response to needs).
- Waiting list needs to end so people don't need to move when in placement or cannot access placement.
- Reimbursements are too low for assisted living options.
- Providers are expected to provide transportation to residents and this is a problem.

Senior Dining Program Survey

Torum briefly mentioned that she is working on a survey to see what non-food related things the Senior Dining Program might do to encourage attendance. This is part of the state's modernization efforts.

Aging Unit Plan Self-Assessment

Copies of the Self-Assessment were handed out and each page was reviewed. There was very little discussion since each of the goals and activities are recurring agenda items so the committee was well aware of the unit's accomplishments.

A motion to approve the assessment was made by Steppke, seconded by Getty and passed unanimously.

Set next meeting date and possible agenda items

The next meeting will be on March 6th at the ADRC. Discussion will include standing items, information gathered for the environmental scan, 2011 transportation statistics and any advocacy issues.

Adjourn

A motion to adjourn was made by Getty, seconded by Moran and passed unanimously.

Respectfully submitted,

Susan Torum, Manager
Aging & Disability Resources Division