Building
A Common Identity
For the Aging Network

"We, the Leadership Council, realize and agree the Aging Network <u>MUST</u> change in order to survive. The Council, a diverse group of individuals, considered many points of view, engaged others, and explored the fiscal, political, technological, and geographical realities of change. We created this plan to assure that older people have a strong voice in public policy in Wisconsin and to assure that quality core services are readily accessible to older people. We believe this plan achieves this goal and honors the principles of the Older Americans Act."

Recommendations to assure quality accessible services for all older people in Wisconsin

Prepared by:
Aging Network Leadership Council
February 2007

Preface

To Interested Persons:

If you are an adult, you should read this report, because even if you are not "older," we all touch the lives of older people.

The history, definitions and recommendations concerning services to older people in the State of Wisconsin are contained in this report. All of the recommendations are positive, but will require changes to the delivery systems of services to older adults. We all know that it is difficult to react to change unless we see the immediate impact of the change on us. Well, there is some immediacy to the changes recommended in this report.

At the very beginning of this report, you will find eight principles, called the **COMMON MESSAGE**, that define how the quality of services in the aging network should be measured. Neither the **stated principles** nor **quality** are just words. They are the backbone of the network and the message that will be delivered by older adults and all others who have the responsibility to insure that older people will not be forgotten as systems change in Wisconsin.

The Older Americans Act, passed in 1965 and renewed by Congress periodically, affirms that older adults throughout the United States have access to a network of services that promotes dignity and independence. In an effort to insure that these services are accessible and of superior quality, this council met over a year and a half to consider the current systems and hammer out recommendations which will protect the rights outlined by Congress.

We ask that when you read this report, you do it carefully. There are 22 pages none more important than the other. The majority of council members are older adults and all, over the meetings' time frame, came to realize that older adults need to speak with one voice to be heard in these changing times.

With the advent of Aging and Disability Resource Centers, Family Care and other State programs, all of which are referenced in this report, it became apparent that older people must help in defining their place in the delivery of services, as well as taking charge of what happens to them in the future.

The Older Americans Act calls for the aging network in general and older people in particular to be advocates. So does this report.

Respectfully Submitted,

Bernadette E. Janz
Leadership Council Member

Executive Summary

To keep the Wisconsin Aging Network vibrant and relevant in the coming decade, the Bureau on Aging and Disability Resources (BADR) convened The Aging Network Leadership Council in late 2005. The members of the Council were chosen to represent the rich variety of people and organizations in the Network. Over half the members of the Council are older people. For the next fifteen months, the Council met periodically to advise the bureau and the entire Wisconsin Aging Network on what changes must be made to meet the challenge of serving more seniors while continuing to assure that older people have a strong voice in the public policies that affect their lives.

The pages that follow contain over forty recommendations developed by the Leadership Council to move the network forward and assure that seniors have access to quality services wherever they live in Wisconsin. Their recommendations are clustered within eight general areas:

1. Individual and Organizational Advocacy
2. Seniors Really In Charge
3. Core Services Provided Statewide
4. Statewide Expertise In Aging Services and Systems
5. Consistent Quality Services
6. A Focus on Community Collaboration
7. Convenient Service Areas
8. Volunteers Are Key to Service Delivery

This is a vision of the characteristics of the future Wisconsin Aging Network. Taken together, these characteristics give the aging network, at all levels, its common identity. The title of this report "***Building a Common Identity for the Aging Network,"*** reflects the intent of the Leadership Council.

The members of the Leadership Council were aware that people throughout the Wisconsin Aging Network expected the Council to make recommendations on the future structure of the Network. The structure of the Network could not be discussed in isolation and needed to be placed within the broader context of how and what services would be delivered in the future. The recommendations about the structure of the future aging network can be found in # 7 – *Convenient Service Areas* section of the report.

Recommendations were adopted using a SMART goal format (Specific, Measurable, Attainable, Results-based, and Time-bound) to ensure that progress could be measured and the direction of the desired changes would be clear to everyone. The recommendations for each of the eight elements are listed by the organization responsible in order to clarify who has the lead role in implementing the proposed change.

A Common Identity for the Aging Network

Principles

1. **Individual and Organizational Advocacy**

2. **Seniors <u>Really</u> in Charge**

3. **Core Services Provided Statewide**

4. **Statewide Expertise in Aging Services and Systems**

5. **Consistent Quality Services**

6. **A Focus on Community Collaboration**

7. **Convenient Service Areas**

8. **Volunteers Are Key to Service Delivery**

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Introduction

When you are finished changing, you are finished.

-Ben Franklin

The Wisconsin Aging Network is at a critical juncture. Since the Aging network (consisting of the state Bureau on Aging and Disability Resources (BADR), Area Agencies on Aging (AAA), and Aging Units) developed in the 1970s it has remained basically unchanged. Although the Aging network has done a great job of serving our state's older citizens for the past 30 years, circumstances demand that the network change - change to remain relevant and change in order to survive.

Important Note: For purposes of this initiative, the term aging network is limited to the following organizations:

* Bureau of Aging and Disability Resources
* Area Agencies on Aging
* Aging Units[1]

This definition is not meant to diminish the importance of the broad array of public and private organizations that serve Wisconsin's elderly, whose dedication and importance cannot be overstated. The Leadership Council used this more limited working definition in recognition of the focused scope of the modernization effort.

Funding Has Not Increased With an Expanding Population

Public programs often struggle with the problem of providing increasingly costly goods and services without the support of increased funding. In recent years school districts, law enforcement agencies, social service agencies, fire departments, and a wide range of other public entities nationwide have faced budget shortfalls and, in some cases, service cutbacks as their funds, especially federal, remained stagnant.

In this context, the situation for organizations that provide services for older people is not unique. Aging services mandated under Title III of the Older Americans Act are funded primarily through annual Older Americans Act allocations from the Administration on Aging. A large share of aging network programming is supported by these federal funds, and the funding has not increased from year to year to keep up with inflation. It should be noted that states, counties, local governments and older people can and do contribute additional money.

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[1] For purposes of this report, the council is using aging unit as an inclusive term covering both county and tribal aging units.

"If you have always done it that way, it is probably wrong."
-Charles Kettering

What is significant about the aging network's financial situation is that the population it serves is growing very rapidly, and will nearly double in size over the next 25 years[2]. Stagnant funding levels must not only pay for services whose costs are increasing due to inflation; they also must pay for services for an expanding number of individuals. With the first "Baby Boomers" turning 60 in 2006 and becoming eligible for OAA Title III services, the Aging network will find its resources strained as never before. This section of the report provides information about the extent of the problem identified above and the way funding gaps are likely to play out over the next ten years.

The Combined Impact of Inflation and Population Growth

Over the past 10 years (from 1996 to 2006), changes in the Consumer Price Index (CPI)[3] indicate that goods and services that cost $1.00 to provide in 1996 now cost $1.29. In addition, in Wisconsin the growth in the number of people age 60 and older means that Title III dollars must be stretched to serve almost 90,000 more people in 2006 than they did in 1996 (an increase of 10.2 percent).

During this 10-year period, Wisconsin's Title III allocation from the Administration on Aging increased by about two million dollars across all program areas[4]. But as Table One shows, the allocation would have needed a total increase almost twice that size, $4.2 million in all, just to keep up with inflation and population change since 1996. If the allocation had kept up with inflation and population change, it would have totaled about $21 million (excluding Title III-E/NFCSP funds) in 2006.

Table 1. Wisconsin's Title III Allocations in 1996					
	1996 Actual	1996 adjusted for CPI changes	1996 with both CPI and population increases	2006 Actual	2006 Shortfall (considering inflation and pop growth)
Allocation Total	$14,688,219	$18,957,071	$20,890,692	$16,673,172	-$4,217,520
Estimated population age 60+	882,743	882,743	972,530	972,530	89,787
Allocation dollars per capita	$16.64	$21.48	$21.48	$17.14	-$4.34

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[2] Wisconsin Department of Administration Demographic Services Center, Population Projections.

[3] This inflation adjustment is based on the Consumer Price Index-Urban (CPI-U). Inflation calculators based on CPI-U show that inflation-adjusted 1996 dollars were worth $1.29 in 2006. Inflation-adjusted 2001 dollars were worth $1.14 in 2006.

[4] Because Title III-E, the National Family Caregiver Support Program, was initiated in 2001, it is excluded from this analysis. The dollar amounts cited for 2006 do not include NFCSP allocations in order to maintain comparability to 1996.

When these allocation totals are broken down into per-person numbers, the impact of stagnant funding is most apparent. The Title III allocation in 1996 provided $16.64 annually to serve each Wisconsin resident age 60 and older (including administrative costs). By 2006, the annual per-capita total had increased by 50 cents to $17.14 per person. If the allocation had kept up with inflation, over the course of the decade, the per-capita total would have been $21.48, which means an additional $4.34 would have been available to serve each person. Viewed from a different perspective, the per-capita allocation in 2006 fell $4.34 short of what was needed to provide the same goods and services paid for by the 1996 allocation.

The older population will increase very rapidly in coming years, mainly due to the aging of Baby Boomers born in the post-World War II era. The first Baby Boomers, born in 1946, turned 60 in 2006 and became eligible for Older Americans Act/Title III services. Over the next 20 years, more Boomers will "cross over" into Title III eligibility, swelling the ranks entitled to service through the Aging network. Table Two shows the dollars needed to serve the growing numbers of older people over the next ten years, maintaining per-capita funding at 2005 levels (without any adjustments for inflation).

Table 2. Dollars needed to maintain per-capita funding at 2005 levels			
	2005	**2010**	**2015**
Estimated population age 60+	961,325	1,079,897	1,242,180
Allocation dollars per capita	$20.04	$20.04	$20.04
Total allocation dollars	$19,264,953	$21,641,136	$24,893,287

To deal with population growth alone, an increase of $5.6 million would be required over the next 10 years simply to keep up with expected future growth in the 60+ population. This would represent an increase of 29%. Given that the allocation has increased by less than 14% in the past 10 years, this large an increase seems unlikely for the coming decade. And as noted above, this increase would not account for inflationary increases in the cost of providing goods and services.

The combination of static funding and a rapidly expanding elderly population will create an escalating level of pressure on the network. It is unlikely that there will be sufficient resources to support the current locally-based infrastructure without diminishing the level of service the network provides.

The Wisconsin Department of Health and Family Services, Division of Disability and Elder Services, has embarked on an initiative to expand managed long-term care options in Wisconsin. In his February 2006 State of the State Address, Wisconsin Governor Jim Doyle announced his goal to expand the Family Care program and promote the integration of long-term care and health care services over the next five years. The Department of Health and Family Services has awarded grants to ten groups to carry out intensive planning activities to achieve this goal. A key element of the state's strategy for managed care expansion is the development of Aging and Disability Resource Centers (ADRCs)

ADRCs offer the general public a single source for information and assistance on issues affecting older people

Aging and Disability Resource Centers offer the general public a single source for information and assistance on issues affecting older people, people with disabilities, and their families. These centers are welcoming and convenient places to get information, advice and access to a wide variety of services. As a clearinghouse of information about long-term care, they will also be available to physicians, hospital discharge planners, or other professionals who work with older people or people with disabilities. The ADRC is also the single entry point into the public long term care system. Services are provided via telephone or in visits to an individual's home.

The creation of a statewide system of ADRCs offers the potential for a greatly enhanced Aging network. At the same time it raises numerous questions about the viability of aging-specific aging units in the future. Given the growing support for ADRCs as the model for service delivery, it is imperative for the Aging network to clearly define their role in the ADRC structure and take leadership as they expand statewide.

Pine Ridge Group Sets the Stage

*The **Common Identity** will equip us to be leaders in advancing the growth, achievement and security of older people.*

In the first quarter of 2005, the Bureau of Aging and Disability Resources (BADR) convened a small group of practitioners and consumers with representatives from Aging units, AAAs, information and assistance providers, and BADR staff to help frame some of the issues that should guide the modernization effort. They adopted the name, "***The Pine Ridge Group***, after the location where they met.

The group was charged with defining the necessary characteristics the future network would need to best serve older people. Over the course of three meetings this group focused on using the shared values of the Aging network to construct a vision of how the network needs to look to preserve those values while becoming more relevant to older people in the first half of the 21st century.

They did not attempt to draft organizational structures, policies, and procedures but instead developed a framework entitled, **"*A Common Identity for the Aging Network.*"** Its purpose is defined as follows: "The Aging Network has framed a *Common Identity* to respond to the realities of the aging community. This *Common Identity* will equip us to be leaders in advancing the growth, achievement, well-being and security of older people."

Aging Network Leadership Council

We, the Leadership Council, realize and agree the Aging Network MUST change in order to survive.

A Common Identity for the Aging Network presented an outline of the critical elements of the aging network of the future. Moving beyond that framework to a plan required far greater input from people both within and outside of the network. That task fell to the newly formed Aging Network Leadership Council.

In the autumn of 2005, the Director of Bureau of Aging and Disability Resources (BADR) appointed the membership of the Aging Network Leadership Council to help solicit public involvement regarding the desired outcomes identified in the *Common Identity* and create a fully developed plan to modernize the network. The members of the Council were chosen to represent the rich variety of people and organizations in the Aging Network, as well as other interested constituencies. As a way to endorse a key element of the *Common Identity*, "Seniors <u>Really</u> in Charge," a majority of the members (13 of 20) on the Leadership Council were older people. To guide their work, they developed the following purpose

"We, the Leadership Council, realize and agree the Aging Network <u>MUST</u> change in order to survive. The Council, a diverse group of individuals, considered many points of view, engaged others, and explored the fiscal, political, technological, and geographical realities of change. We created this plan to assure that older people have a strong voice in public policy in Wisconsin and to assure that quality core services are readily accessible to older people. We believe this plan achieves this goal and honors the principles of the Older Americans Act."

We believe this plan achieves and honors the principles of the Older Americans Act.

The Council met seven times over 15 months to create a plan intended to modernize all levels of the Aging Network. They reviewed all eight elements outlined in the *Common Identity* and developed recommendations to promote the implementation across Wisconsin.

Recommendations were adopted using a SMART goal format (Specific, Measurable, Attainable, Results based, and Time bound) to ensure that progress could be measured and the direction of the desired changes would be clear to everyone. The recommendations for each of the eight elements are listed by agency/organization responsible in order to clarify who has the lead role in implementing the proposed change. The entities responsible are: Bureau of Aging and Disability Resources (BADR), Area Agencies on Aging (AAA), Aging Units, and the Aging Network Leadership Council.

Common Identity 1: Individual and Organizational Advocacy Recommendations

At its January 2006 meeting, the Leadership Council crafted the following definitions for both individual and system advocacy.

Advocacy Definition
To promote understanding and clear communication across the network, the Leadership Council adopted the following definition for advocacy:

Advocacy: Speaking, acting, writing on behalf of the interests of a person or group, in order to promote, protect and defend the welfare of, and justice for, either individuals or groups. *Individual advocacy* involves action to resolve an issue for yourself or other individual(s). *System Advocacy* involves action to influence a policy, practice or law to change its intended effect

Bureau of Aging and Disability Resources

Real Life Example:

Working with a cadre of volunteers, the Clark County Aging Office convinced the county board to keep the Colby Nutrition Center open.

- To promote more effective advocacy, BADR will ensure that all state, area, aging unit plans use SMART language to define their roles and responsibilities related to advocacy for older adults, as outlined in the OAA, beginning January 1, 2007. (implemented)

- To increase the opportunities for older people to share personal stories with decision makers at all levels, BADR will develop a variety of educational materials that will teach individuals how to tell their stories. These materials will be developed by June 30, 2008 for use in the Aging Network.

- In order to help carry out the advocacy mission identified in the OAA, BADR will identify and publish a report of best practices related to advocacy by December 31, 2007.

Area Agencies on Aging

- Professional associations and grass roots aging organizations such as: Coalition of Wisconsin Aging Groups (CWAG), AARP, Wisconsin Association of Area Agencies on Aging (W4A), and Wisconsin Association of Aging Unit Directors (WAAUD) and the Wisconsin Association of Nutrition Directors (WAND) will be asked to collaborate in creating six advocacy messages that will spur their memberships to act for their benefit and the benefit of other seniors by January 30, 2008.

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Individual and Organizational Advocacy

- To make advocacy a core function of the Network by July 1, 2008, 75% of the Aging Network staff statewide will receive training from experienced aging issues advocates thus enabling them to better recruit and train individual senior advocates.

Aging Units

- To ensure that the interests of older people are represented in the long-term care reform effort in Wisconsin, all aging units will be formally involved in consortia and ADRC planning efforts by July 1, 2007.

- By June 30, 2008, all aging units will have job descriptions for board members that identify advocacy as a basic responsibility of every member. This will include support for aging unit staff who perform one to one advocacy.

Aging Network Leadership Council

- The Aging Network Leadership Council will develop a list of at least 20 public and private stakeholders to share the Council's mission, goals, and common messages by March 31, 2007 for the purpose of strengthening relationships with these key individuals, groups and organizations. (complete)

Common Identity 2: Seniors Really in Charge Recommendations

Bureau of Aging and Disability Resources

- To promote the visibility of seniors in leadership roles, by January 1, 2008, BADR will publish 15 stories that illustrate meaningful participation by older adults in the development, implementation, and/or evaluation of programs involving seniors.

- To ensure that seniors are really in charge, BADR will require documentation that illustrates the involvement of older adults in the development, implementation, and evaluation of all programs from all organizations in the Aging Network by January 1, 2008.

Area Agencies on Aging

Real Life Example:

Two seniors really in charge created the Milwaukee Co. Department of Aging Senior Hall of Fame & Intergenerational Council.

- By December 31, 2007, all AAA's will include in their policy manuals or by-laws, standards for recruiting board and advisory members to assure that these organizations have enough experience to promote advocacy consistent with the intent of the OAA.

Aging Units

- By December 31, 2007, all Aging units will include in their policy manuals or by-laws, standards for recruiting board and advisory members to assure that these organizations have enough experience to promote advocacy consistent with the intent of the OAA.

- All aging unit governing boards will develop a mentoring program for all new members to assure strong advocacy by seniors by April 1, 2008.

Common Identity 3: Core Services Provided Statewide Recommendations

Bureau of Aging and Disability Resources

- BADR will develop best practice guidelines and training for implementing the core services by July 31, 2008 to promote uniformity of service delivery across aging units.

- To promote quality services for seniors everywhere in Wisconsin, BADR will create contract language that ensures the following core services are included in all state contracts for aging services by January 1, 2008.

> **Advocacy Services**: Speaking, acting, writing on behalf of the interests of a person or group, in order to promote, protect and defend the welfare of, and justice for, either individuals or groups.
>
> **Information and Assistance**:
> - Provide individuals with information on services for seniors available within the community;
> - Link individuals to the services and opportunities that are available within the community;
> - Establish adequate follow-up procedures, to the maximum extent practicable.
>
> **Outreach and Public Education**: Intervention with individuals initiated by an agency or organization for the purpose of identifying potential clients (or their caregivers) and encouraging their use of existing services and benefits.
>
> **Prevention and Early Intervention Services**: Services to promote effective disease prevention/self-management efforts to keep seniors healthy, independent, and socially engaged.
>
> **Benefits Counseling**: A service to help older persons determine what benefits they are entitled to and inform them what they must do to receive them.
>
> **Emergency Response**: Services to assure that people are connected with someone who will respond to urgent situations that might put someone at risk, such as a sudden loss of a caregiver.

Core Services Provided Statewide

Elder Abuse Reporting: Activities designed to substantiate a report of elder abuse and then an offer of services to prevent or relieve abuse.

Long Term Care Options Counseling: Consultation and advice about the options available to meet an individual's long-term care needs.

Nutrition Services:
- Congregate Meal - A meal provided to a qualified individual in a congregate or group setting;
- Home-Delivered Meal - A meal provided to a qualified individual in his/her place of residence.

Transportation Services:
- Transportation – Provision of a one-way trip from one location to another;
- Assisted Transportation - Assistance and transportation, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation.

Family Care Giver Support and Assistance: Services that sustains a caregiver's role and maintains their emotional and physical health.

- To ensure that the *Common Identity* is implemented statewide, BADR will include the eight elements of the *Common Identity* as contract language for ADRC services beginning January 1, 2008.

Common Identity 4: Statewide Expertise in Aging Services and Systems Recommendations

Bureau of Aging and Disability Resources

- BADR staff are being asked to develop a plan to create statewide expertise in the following areas by December 31, 2007.

    - All Core Services
    - Public Benefits (SSI, Medicare, Medicaid, and all other areas of governmental assistance)
    - Alzheimer's Disease
    - Assistive Technology: Assistive technology includes any item, piece of equipment, device or practice that is used to increase, maintain, or improve how a person performs some task of daily living
    - Housing
    - Crisis Needs – Emergency food, shelter, prescription drugs etc.
    - End of Life issues
    - Advanced Directives

Area Agencies on Aging

- W4A will convene a two-day planning retreat for staff and board leadership to develop a written compact that defines the value, relevance, and effectiveness of AAAs regarding implementation of the *Common Identity*, ADRCs, and Family Care expansion by October 31, 2006. (complete)

Common Identity 5: Consistent Quality Services Recommendations

Bureau of Aging and Disability Resources

- To provide a consistent approach to quality improvement, BADR will hire a consultant to develop a generic quality toolkit (best practices) by June 30, 2008 to assist aging network staff to break down the processes within their services, assign responsibility to staff and make improvements.

- BADR, in conjunction with AAAs, will provide 6 training sessions by December 31, 2008 on holistic, evidenced-based disease prevention/self-management programs to aging network staff to equip them to implement consistent prevention programming statewide.

- BADR will develop quality measures for all aging services provided as part of ADRC contracts by December 31, 2008 to ensure that seniors receive quality services.

- By December 31, 2007 BADR will develop a survey, which will assess the satisfaction of the users involved with at least two of the services. (Initial recommendation: start with Congregate Meal Sites)

- BADR will develop on-line best practice guidelines and training for implementing the core services by December 31, 2007 to promote uniformity of service delivery across aging units.

Common Identity 6: A Focus on Community Collaboration Recommendations

Bureau of Aging and Disability Resources

- To increase understanding about successful community collaborations involving senior services, BADR will prepare a report describing the results of a successful state level collaboration by July 31, 2008.

Area Agencies on Aging

- To promote a better understanding of community collaboration involving senior services, each AAA will develop a protocol to identify innovative approaches to collaboration and will publicly recognize two such examples within their region by December 31, 2007.

Real Life Example:

The Grant County Commission on Aging worked out a deal with the Potosi School District to serve senior meals.

Aging Units

- To ensure the interests of older people are represented in the long-term care reform effort, all aging units will be formally involved in consortia and ADRC planning efforts by July 31, 2007.

Aging Network Leadership Council

- By December 31, 2006, The Leadership Council will clearly define the broad parameters of advocacy so that all members of the aging network understand and use a common definition for this important concept. (complete)

Common Identity 7: Convenient Service Areas
Recommendations

Bureau of Aging and Disability Resources

"There is nothing comparable to the Aging Network and the support systems available to older folks"

- Complete a restructuring of BADR to achieve more visibility within DHFS by December 31, 2007. The restructure effort should accomplish the following:
  - Include aging staff within an ADRC team
  - Have the bureau serve as the state aging advocate
  - Refocus the state office to be a leader in collaborations across state government
  - Be provided with adequate staff with expertise to match all core services
  - Elevate visibility by having an 800 number and an easily accessible website
  - Set strong standards & enforce them
  - Magnify funding to meet the demands of the growing aging population.
  - Develop strong oversight standards for AAA contracts.

- To promote quality services statewide, W4A in collaboration with BADR will begin to make the following changes to the AAA structure by October 1, 2007:

  - Create one tribal AAA to meet the unique needs of the tribes
  - Create one statewide, cooperative, collaborative organization designated as the AAA that will serve all counties except Milwaukee and Dane with the following structure:
    * A minimum of four regional offices to ensure access to technical assistance statewide
    * Regional offices would report to the Executive Director of the larger statewide office.
    * All regional offices would have a council that would have a significant oversight role related to regional services, including advocacy

  - Require the new AAA to provide the following services: QA/QI for OAA programs, QA/QI for ADRC services, promotion of Common Identity at levels & all areas of WI, senior leadership development, QA/QI related to board development, administrative services

**Convenient
Service Areas**

    – Require that the organization be governed by a board of directors, some of whom would be selected from regional councils

- BADR will provide maps of population centers of older people to planning consortia by December 31, 2007 to help promote convenient service areas.

Aging Units

To assure quality services and access to core services statewide, WAAUD and BADR will work collaboratively to make the following changes to aging units:

- Examine existing statutes that govern both the aging units and the ADRC's and make recommendations by May 1, 2007 regarding changes to ensure the principles of the *Common Identity* are incorporated into the language.

- All aging units will be integral to the development and operation of state funded Aging and Disability Resource Centers.

Common Identity 8: Volunteers are Key to Service Delivery Recommendations

Area Agencies on Aging

- To strengthen volunteer activities in the network, all AAA will identify successful recruiting methods used by existing volunteer programs in their region and share the findings with all agency network partners by December 31, 2007.

- By December 31, 2007, all AAA will conduct at least one regional training with aging units and other community organizations that use volunteers for the purpose of training volunteer coordinators about how to create and maintain "meaningful" volunteer opportunities.

Aging Units

Real Life Example:

Using volunteers to help spread the word, Taylor County enrolled more seniors in Senior Care per capita, than any other county in Wisconsin.

- Aging units will develop an effective story to illustrate what volunteers accomplish by August 31, 2007 in order to achieve a 5% increase in the number of volunteers and funding for volunteers in the following year.

Aging Network Leadership Council

- The Leadership Council respects and values the contributions of all volunteers in the Aging Network. Therefore, by April 1, 2007, the Leadership Council will craft a simple, powerful message that members of the Network can use to recognize volunteers as the backbone of the network in all aspects of the advocacy, governance and service delivery.

Common Message and Feedback Approach

To promote widespread communication about the work of the Aging Network Leadership Council, time was devoted at every meeting to developing a common message about the key themes and decisions made at that meeting. Copies of the common message were distributed to all members who then shared it with individuals and groups back in their local area. The intent was to share the work of the Council as well as solicit feedback from seniors and other key stakeholders about the recommendations that were being developed. Over time the Council adopted a more systematic approach with members volunteering to speak with specific groups/individuals and then reporting back at the next meeting about what they had learned. The regular and consistent use of feedback from key stakeholders in local communities was an important influence in development recommendations contained in earlier sections of this report. The following list summarizes some of the key themes that were reported back using a common message feedback approach.

- The pace of change is increasing rapidly --- Are we ready for all this?

- It's difficult for the average consumer to understand the big picture.

- ADRC development, Long Term Care reform, and modernization - it's all very confusing. How does it all fit together?

- The current system is working so why change?

- Where's the money coming from to implement all this change?

- What do people with disabilities have to say about all this?

- We are not talking to enough of the right people.

Moving Forward

This report reflects the work of the Aging Leadership Council, whose charge was to develop recommendations for modernizing the aging network. The charge was predicated on the dramatic demographic changes Wisconsin will be facing in the next ten years and beyond. This group began its work in October of 2005, prior to the Department of Health and Family Services (DHFS) undertaking the expansion of both Aging and Disability Resource Centers and Family Care. The Leadership Council subsequently took careful consideration of these two major initiatives when it examined the new roles and structures for the aging network in this changing landscape.

As leaders within the aging network, members of the Council believe strongly in the recommendations contained in this report and will do their part to see that the report is widely discussed and its recommendations are carried out. We further request the Secretary of the Department of Health and Family Services give priority to these recommendations and direct the Division of Disability and Elder Services to carry them out through the Bureau of Aging and Disability Resources beginning in 2007.

Leadership Council Membership

We the undersigned endorse the recommendations contained in this report.

---

s/Sunny Archambault
Brown County ADRC

s/Eva Arnold
Board on Aging and Long Term Care

s/Rose Boron
ADRC of Central Wisconsin

s/Dr. David Donarski
Bay Area Agency on Aging

s/Pete Esser
Grant Co. Center on Aging

s/Jon Hockammer
Dane Co. Area Agency on Aging

s/Bernie Janz
SE Wisconsin Area Agency on Aging

s/Robert Kellerman
Age AdvantAge Area Agency on Aging

s/James Kimble
Consumer Advocate – Milwaukee County

s/Lola Longyhore
Buffalo Co. Aging Unit

s/Nell Mally
Consumer Advocate – Dane County

s/Deb Menacher
ADRC of Central Wisconsin

s/Ken Mosentine
Coalition of Wisconsin Aging Groups

s/Violet Pederson
Age AdvantAge Area Agency on Aging

s/Florence Petri
Oneida Nation Elderly Services

s/George Potaracke
Board on Aging and Long Term Care

s/Mary Sladich
Clark County Aging Unit

s/Stephanie Sue Stein
Milwaukee Co. Department on Aging

s/Judy Troyk
Northern Area Agency on Aging

s/Janet Zander
ADRC of Portage County