	Health and Human Services Committee **Wednesday, November 7, 2018 at 5:00 PM** ***Health and Human Services Community Room*** **303 W Chapel Street** **Dodgeville, Wisconsin**	**Iowa County Wisconsin**

For information regarding access for the disabled please call 935-0399.

Any subject on this agenda may become an action item.

1	Call to order.
2	Roll Call.
3	Approve the agenda for this October 3, 2018 meeting
4	Approve the minutes of the September 5, 2018 meeting
5	Reports from committee members and an opportunity for members of the audience to address the Committee. No action will be taken.
6	Review Quarterly Financial reports
7	Review and Approve 2019-2021 Aging Unit Plan
8	VETERANS OFFICE: Department Update
9	HEALTH DEPARTMENT: Department Update
10	SENIOR UNITED NUTRITION: Department Update
11	Next meeting date December 5, 2018 @ 5:00 PM.
12	Adjournment.
	Posting Verified by: your name or title Date: _____ Initials:_____

	UNAPPROVED MINUTES **Health and Human Services Committee** **Wednesday, October 3, 2018 at 5:00 PM** ***Health and Human Services Community Room*** **303 W. Chapel Street; Dodgeville, Wisconsin**	**Iowa County Wisconsin**

1	Meeting was called to order by Chair Nankee at 5:00 PM
2	Roll Call was taken: Members present: Nankee; Davis; Paull; Rolfsmeyer; O' Brien. Others present: Bierke; Deal; Gould; Griffiths; Hiltbrand; Kruchten; Lockhart; Lindeman; Matye; McManus; Ohlrogge; Slaney; Zach Armstrong; Mathew Honer and Oellerich. Meyers entered the meeting at 5:38 p.m.
3	Approve the agenda for this October 3, 2018 meeting: Motion by Supervisor Davis to approve the agenda for the October 3, 2018 meeting. Seconded by Supervisor O' Brien. Aye: 5; Nay: 0. Motion carried.
4	Approve the minutes of the September 5, 2018 meeting: Motion by Supervisor Paull to approve the minutes of the September 5, 2018 meeting. Seconded by Supervisor Davis. Aye: 5; Nay: 0. Motion carried.
5	Comments or reports from the audience or committee members: Slaney recently attended the Wisconsin Counties Association meeting in LaCrosse along with Griffiths, Paull, Bierke and Benish. Paull attended sessions on Human Trafficking. Slaney talked about public outreach in Iowa County. Paull sees the county as a fabric that holds things together with various issues, such as, mental health and drugs. At the WCA meeting, Paull attended a presentation on the future of nursing home care and felt everyone heard something different from that session. Nankee recognized Ricky Rolfsmeyer as a new member of the UW Madison Extension Board of Visitors, which will engage in communications. Nankee shared that the county Administrator is working on A.I. (Artificial Intelligence) which helps improve healthcare delivery and saves clinicians time each day. Matye shared photos from the Wellness Expo. The theme of this year' s expo was " Fight the Flu." A photo session was offered for those who had a flu shot at the expo.
6	Review proposed budgets for: ADRC: Gould presented the worksheets for ADRC budget, which has been submitted to county finance. ADRC is requesting an increase of expenditures of $61,640 for 2019 and an increase of $40,382 for tax levy for 2019. Changes to the transportation program played a factor in budget. ADRC is looking at adding rural taxi service to Iowa County, which would serve Mineral Point and rural Iowa County residents within the borders of Iowa County. The county taxi in Dodgeville will end and currently there is talk about partnering with the city of Dodgeville to purchase the vehicle and Iowa County would provide the driver and administration. A proposed grant application may offset the costs. The ADRC bus service is going from 5 days/week to 3 days/week and running outside of Iowa County. Davis asked about the budget process. Slaney and Gould have met with Bierke and Hamilton and approval comes through Bierke to the county board. Davis asked if there is any transportation from Dodgeville to Southwest Tech. The elderly and disabled get preferred service but others can receive the service if available. The LIFT program would provide a more consistent transportation source. Nankee

asked about the current ADRC driver. Gould said the driver would be cut and there will be a couple half-time drivers and the opportunity for the current driver to apply for those positions. Rolfsmeyer inquired about the Mineral Point and rural taxi costs.

BLOOMFIELD HEALTHCARE & REHABILITATION CENTER: Kruchten said the proposed tax levy increase is from $254,364 to $574,695. Bierke said one of the big expenses is C.N.A. productive hours and, in addition, the plan is for many agency staff. There is definitely in a struggle with staffing C.N.A.s., and shortage in C.N.A.s and nurses. Iowa County is doing a very good job to compete. Nursing has an overall shortage and especially in Wisconsin. Paull expanded and shared nursing home information. Bierke said last year's budget was based on 54 residents and the 2019 budget is based on 50 beds. Paull asked about capital improvements. Bierke said there is $138,000 budgeted for capital items and they are planning to replace some windows. There will be more changes coming.

HEALTH DEPARTMENT: Mayte said that generally the Health Dept. budget is staying the same. The Health Dept. is fiscal agent for SouthCentral Wisconsin Readiness Coalition. The HeART grant was received after the budget was submitted last year and should see about $6,000 from that. Hopefully, next year, another grant from Healthy Aging in Rural Towns will be received, but that is not in the budget. O' Brien asked about the Bioterrorism grant. Mayte said that grant started after 9/11 and now is Emergency Preparedness funds from the State. There are broad objectives for use of the grant. Rolfsmeyer asked about grant revenue and Mayte expanded on the SouthCentral WI Readiness Coalition, which is federal money that the state administers. Nankee asked about this year' s flu shots. Mayte said the high dose covers three strains and the quadrivalent covers four. Many last year many were affected by the additional strain. The Health Department decision was made to cover broadly with the quadrivalent. Mayte is recommending getting the flu shot. Iowa County has already had a case of Influenza this fall. The new shingles shot is out, even if you have already had your other shingles shot, they are recommending getting the new shingles shot.

SUN: McManus explained the SUN organization as a 501(c)(3) and SUN is contracted with Iowa and Lafayette County. McManus is projecting next year' s numbers to be the same as last year. The biggest growth is Meals on Wheels, serving more meals in Dodgeville and rural areas. Site and meal costs has a huge jump of about $40,000 in home delivered meals mainly. Mileage and stipends are increasing and SUN is currently below the federal rate for mileage. SUN owns two vans and both were purchased with grants. There is a request of Iowa County tax levy of about $14,000, which is in the ADRC budget. Paull asked about SUN programs in different counties and leadership in Madison. Federal funds come through the state and the state matches at 35%. On the national level, the budget for Human Services is a $10M increase for the country. The county levy to SUN programs varies. The congregate counts tend to be down and home delivery is growing. Davis asked about the donation/participants, as well as, local income and fundraisers. Participant donations are suggested. The donation suggestion may increase by 50 cents per meal next year. Fundraisers include the American Legion; individual fundraisers at the site, such as, Soup Suppers; Iowa County Cattleman' s Association and the annual appeal. United Fund grant is received each year, Last year the United Fund grant was $7000 and a FEMA grant was received. SUN applies for community grants too. Gould questioned the depreciation line and that was discussed.

SOCIAL SERVICES: Slaney said in the social services budget there is a reduction of $112,052 and reduction of $57,670 in county levy. Social Services subcontracts with Unified for child protective services and that does not flow through the budget. The current draft budget has reduced some expenditures and updated the health and dental insurance. Slaney said out of home care has been doing good but has seven to ten placements currently. Child Protective Services casework study may impact the future. Slaney expanded on several accounts of different types of out of home placement. The line was held on prevention program providers with the exception of one. Paull asked about court ordered elderly care. Slaney said if the court orders protective placement, then Iowa County is responsible.

UNIFIED COMMUNITY SERVICE: Lockhart said this is a two county budget and gave an overview of where funding sources come from and where the money goes. There is no budget increase this year, staying at the same level. Rolfsmeyer asked if line items were the same. Lockhart said one position would be unfilled to meet budget. There is an increase in the costs for crisis intervention services between $5,000 to $10,000. Crisis calls have doubled Lockhart feels they can manage and will expand later in the report.

	agenda. Paull asked if the Northwest Connections services have improved. Lockhart feels the staff varies and Unified gives the company feedback. Ultimately, Lockhart would like to bring the service back in house. Davis asked about the AODA position that will remain unfilled. UW EXTENSION: Ohlrogge explained the permanent reduction in the 4-H agent position in the $3.6M reduction of the state budget. The extension budget reflects an increase for the county 4-H agent at 75% of that position. If the position were not approved, the possibility of a half-time position would be explored but is not optimum. Sarah Weier is the interim 4-H agent currently and contracted until December 31, 2018. Ohlrogge is ready to get the position posted when the budget is approved. The state is not approving interims. As of January 1, the position would be vacant. Several counties are budgeting for their own 4-H position. Rolfsmeyer asked about non-county revenue. Ohlrogge stated the revenue is from pesticide trainings, color trainings, etc., which is money in and money out. Tax levy figure includes the 4-H position. VETERANS SERVICE OFFICE: Lindeman said he is in the same neighborhood as he was last year. There is talk at state level about redoing/increasing outlay through the counties and increasing grant numbers for rural counties, which may come into play in 2020. Davis asked about Vets transportation and Vets relief. Lindeman said more veterans are requesting transportation to appointments. Vets relief is a state required levy and has an application process. Flags and markers are for the cemeteries and Lindeman is not going to plastic holders, as they do not stand up. Rolfsmeyer asked about donations received. Lindeman stated that number is a carry-over number, which was from Cobb Legion. Bierke said there would definitely be changes to the Bloomfield budget. SUN budget at full request and the Executive committee will decide on that.
7	Adoption of Locally Developed Regionally Coordinated Transportation Plan for Iowa County. Matthew Honer with SW Regional Planning Commission is completing the locally developed and coordinated Transit Plan, 2019-2023. The plan is to develop public transits goals and the need is federal law requirement. The process was that public meetings were held in each county, which identified goals, needs and gaps. Honer worked with county ADRCs to develop plans and brought regional transportation together. O' Brien asked about survey results and 57% that chose the option "Other." Honer said that the response might have been no response. The public survey was coordinated across several plans. Paull stated 290 people responded and Iowa county was an average response. The number one need was for help carrying things to the house. Honer attended all public meetings and the greatest need he heard was door-to-door assistance. Paull thought the survey was well done and Davis was impressed. Davis spoke to the challenge in rural communities to transport the disabled. Bierke asked if there was a mechanism in place to follow up on the goals. Gould said the implementers of the plan would review goals and make sure they are met for the next five years. Matye said one of UHH top priorities is transportation and asked if this will be an option for people who go to the hospital by ambulance to be transported home. Gould expanded on the volunteer driver program and the difficulty of emergency discharge, definitely a gap to be filled. Motion by Paull to approve the Regionally Coordinated Transportation Plan for Iowa County. Second by Rolfsmeyer. Aye: 5; Nay: 0. Motion carried.

8	Consider Bed Reduction Resolution from Bloomfield Healthcare and Rehabilitation Center. Bierke said this was proposed to the Bloomfield Committee and amended there and sent to the HHS Committee. Bierke expanded on the amendments. Davis asked if we are in discussion with the hospital and bringing the facility up to code. Bierke is in the position that the number of licensed beds will not impact the discussion with UHH. Davis asked if bringing the facility up to code would be expensive. Paull expanded on firewalls, egress such as the porches, rooms with false ceilings, electrical is not up to code. Griffiths wanted to shed light on the amendment as he drafted it. Four years ago, there was a study and in that process, Jewell did a code. It disturbs Griffiths that there are situations in nursing homes where you need to make sure you are doing it right. Four years ago, the discussion was to fix the nursing home or build new. Rolfsmeyer questioned the resolution to begin reducing January 1 and at what point will we be at 50. Bierke said that number would be attained through attrition. Kruchten said census today is 50. These are the budget numbers Bierke would like to use. Motion by Davis to approve the bed reduction resolution for Bloomfield Healthcare and Rehabilitation Center. Second by O' Brien. Aye: 5; Nay: 0. Motion carried. Bierke, Griffiths, Deal, Paull and Meyers left the meeting at 6:57 p.m.
9	Review and Approve Draft 2019-2020 Aging Unit Plan. Hiltbrand distributed the Aging Unit Plan in draft form. Davis was impressed with the plan. Hiltbrand said there was a lot of feedback on the plan, which was helpful. Focus areas were chosen by GWAR. Nankee like the detail of the plan. Hiltbrand said that they have partnered with many agencies to help fulfill the focus area goals. O' Brien said it was mentioned about a social media goal. Hiltbrand added as a local priority goal, ADRC would develop an online marketing strategy. Motion by Davis to approve the draft of the 2019-2020 Aging Unit plan. Second by Rolfsmeyer. Aye: 4, Nay: 0. Motion carried.
9	UW EXTENSION: Lafayette County Ag position with an emphasis on crop and soils is open and the Grant County Community Development position is open. Iowa County is fully staffed. One thing being told from the university is if a position is open, the position will be filled differently.
10	UNIFIED COMMUNITY SERVICES: Lockhart reported toward the beginning of this year Act 262 was passed regarding the shortage of AODA coordinators. The agency contracted a training program that mental health clinicians are receiving AODA training and will provide both services. There will an improvement in care and efficiency to see one provider. A retired child psychiatrist may be brought in one day/week in each county. Lockhart reported on the recent Iowa County Drug court graduation and expanded on the treatment and the support of the graduates in their recovery. Treatment is a piece, but reintroduction into a healthy lifestyle is important also.
11	AGING AND DISABILITY RESOURCE CENTER: Hiltbrand reported the recent Health Expo saw many great volunteers and over forty vendors with 100 meals served that day. Sixty-four meals were served to expo attendees and the remainder of the meals were home delivered. The Health Department and Walgreens gave flu shots. The Lions Club did eye screens and Veterans Service Office was represented. Approximately, 250 from the community attended. Upcoming events include: On October 24 from 10 a.m. to 12 p.m., Martin Schreiber' s program, *My Two Elaine' s* will be held at Grace Lutheran Church and an upcoming memory screen event where if interested you can meeting with a Dementia Care Specialist. Davis mentioned the Fall Mental Health Summit.
12	Next meeting will be held on October 31, 2018 @ 5:00 p.m.
12	Adjournment. Motion by Supervisor Rolfsmeyer to adjourn the meeting. Supervisor O' Brien seconded the motion. Aye: 4. Nay: 0. Motion carried. Meeting adjourned at 6:18 pm.

Minutes by: Karen Oellerich Reviewed by Bruce Paull, Secretary

AGENDA ITEM COVER SHEET

Title: 9-30-18 Financial Reports for the Health & Human Services Committee (•) Original ( ) Update

TO BE COMPLETED BY COUNTY DEPARTMENT HEAD

DESCRIPTION OF AGENDA ITEM (Please provide detailed information, including deadline):

9-30-18 Preliminary financial report with a comparison of budget to actual year-do-date for the departments that report to the Health & Human Services Committee

RECOMMENDATIONS (IF ANY):

For informational purposes only

ANY ATTACHMENTS? (Only 1 copy is needed) (•) Yes ( ) No If yes, please list below:

Preliminary 9/30/18 Financial Statements

FISCAL IMPACT:

None, status of the 2018 budgetary balances as of 9/30/18 - preliminary

LEGAL REVIEW PERFORMED: ( ) Yes (•) No **PUBLICATION REQUIRED:** ( ) Yes (•) No

STAFF PRESENTATION?: ( ) Yes (•) No How much time is needed? _____

COMPLETED BY: Roxie Hamilton **DEPT:** Finance Department

2/3 VOTE REQUIRED: ( ) Yes (•) No

TO BE COMPLETED BY COMMITTEE CHAIR

MEETING DATE: **AGENDA ITEM #**

COMMITTEE ACTION:

	A	B	C	D	E	F	G	H	I
1	Iowa County - Financial Statement - includes Departments that report to the Health and Human Services Committee								
2	For the Period Ending September 30, 2018 (prepared 10/29/18)								
3	Department	2018 Tax Levy Amount - Adopted	Budget Adjustments / Transfers	Carryovers From Prior Year	2018 Tax Levy + Budget Adjustments / Transfers / Carryovers	Revenues - other than Tax Levy	Expenditures	Excess (Deficiency) of Revenues over Expenditures	Notes
4	General Fund								
5	Health Dept.	261,268			261,268	61,013	261,192	61,089	
6	Veterans Service	90,490			90,490	10,911	71,928	29,473	
7	U.W. Extension	249,321			249,321	30,286	143,852	135,755	
8									
9	**Total General Fund**	**601,079**	-	-	**601,079**	**102,210**	**476,972**	**226,317**	
10									
11	Special Revenue & Capital Projects Funds								
12	Social Services	1,582,565			1,582,565	1,101,526	2,067,669	616,422	
13	ADRC	256,594			256,594	499,635	644,923	111,306	
14	Unified Services Fund	210,292			210,292	-	210,292	-	
15	Capital-Nursing Care Planning	25,000			25,000	-	-	25,000	
16									
17	**Special Revenue and Capital Projects Funds Total**	**2,074,451**	-	-	**2,074,451**	**1,601,161**	**2,922,884**	**752,728**	
18									
19	Enterprise Funds								
20	Bloomfield Healthcare & Rehab	254,364			254,364	3,690,014	3,660,132	284,246	
21									
22	**Enterprise Funds Total**	**254,364**	-	-	**254,364**	**3,690,014**	**3,660,132**	**284,246**	
23									
24	**Total of All Funds**	**2,929,894**	-	-	**2,929,894**	**5,393,385**	**7,059,988**	**1,263,291**	

	A	B	C	D	E	F	G	H	I
1	**Departments that Report to the Iowa County Health and Human Services Committee**						compiled 10/29/18		
2	**Preliminary - For the period ending 9/30/18**								
3	Revenue - Compare Budget to Actual	2018 Adopted Annual Budget including Tax Levy	Budget Adjustments / Transfers	Carryovers From Prior Year	2018 REVISED BUDGET	Total Department YTD REVENUES	REMAINING BALANCE	% of Year completed	Actual YTD %
4	**100 GENERAL FUND**								
5	50 COUNTY HEALTH DEPARTMENT	81,145			81,145	61,013	20,132	69%	75%
6	64 VETERANS SERVICE OFFICE	10,500			10,500	10,911	(411)	69%	104%
7	82 UNIVERSITY EXTENSION PROGRAM	6,900			6,900	30,286	(23,386)	69%	439%
8									
9	**TOTAL: GENERAL FUND**	**98,545**	-	-	**98,545**	**102,210**	**(3,665)**	**69%**	**104%**
10	**210 DEPARTMENT OF SOCIAL SERVICE**								
11	60 SOCIAL SERVICES	2,841,835			2,841,835	1,835,145	1,006,690	69%	65%
12	**220 AGING & DISB RESOURCE CENTER**								
13	85 AGING &DISABILTY RESRC CENTR	736,275			736,275	756,229	(19,954)	69%	103%
14	**230 UNIFIED SERVICES FUND**								
15	56 UNIFIED SERVICES	210,292			210,292	210,292	-	69%	100%
16	**400 CAPITAL PROJECTS FUND**								
17	32 CAPITAL PROJECTS - Nursing Care Planning	25,000			25,000	25,000	-	69%	100%
18	**610 BLOOMFIELD**								
19	54 BLOOMFIELD HLTH CARE & REHAB	6,096,916	18,582		6,115,498	3,944,378	2,171,120	69%	64%
20									
21	TOTAL OF ALL FUNDS	10,008,863	18,582	-	10,027,445	6,873,254	3,154,191	69%	69%
22									
23									
24	Expenditure - Compare Budget to Actual	2018 ADOPTED ANNUAL BUDGET	Budget Adjustments / Transfers	Carryovers From Prior Year	2018 REVISED BUDGET	Total Department YTD EXPENDITURES	REMAINING BALANCE	% of Year completed	Actual YTD %
25	**100 GENERAL FUND**								
26	50 COUNTY HEALTH DEPARTMENT	$ 342,413		16,315	$ 358,728	$ 261,192	$ 97,536	69%	73%
27	64 VETERANS SERVICE OFFICE	$ 100,990		3,750	$ 104,740	$ 71,928	$ 32,812	69%	69%
28	82 UNIVERSITY EXTENSION PROGRAM	$ 256,221		14,278	$ 270,499	$ 143,852	$ 126,647	69%	53%
29									
30	**TOTAL: GENERAL FUND**	**$ 699,624**	**$ -**	**$ 34,343**	**$ 733,967**	**$ 476,972**	**$ 256,995**	**69%**	**65%**
31	**210 DEPARTMENT OF SOCIAL SERVICE**								
32	60 SOCIAL SERVICES	$ 2,841,835		$ 9,887	$ 2,851,722	$ 2,067,669	$ 784,053	69%	73%
33	**220 AGING & DISABILITY RESOURCE**								
34	85 AGING & DISABILITY RESOURCE	$ 736,275			$ 736,275	$ 644,923	$ 91,352	69%	88%
35	**230 UNIFIED SERVICES FUND**								
36	56 UNIFIED SERVICES	$ 210,292			$ 210,292	$ 210,292	$ -	69%	100%
37	**400 CAPITAL PROJECTS FUND**								
38	32 CAPITAL PROJECTS - Nursing Care Planning	$ 25,000			$ 25,000	$ -	$ 25,000	69%	0%
39	**610 BLOOMFIELD HLTH CARE & REHAB**								
40	54 BLOOMFIELD HLTH CARE & REHAB	$ 6,096,916	$ 18,582		$ 6,115,498	$ 3,660,132	$ 2,455,366	69%	60%
41									
42	TOTAL OF ALL FUNDS	**$ 10,609,942**	**$ 18,582**	**$ 44,230**	**$ 10,672,754**	**$ 7,059,988**	**$ 3,612,766**	**69%**	**66%**

AGENDA ITEM COVER SHEET

Title: County Plan on Aging 2019-2021 ○ Original ○ Update

TO BE COMPLETED BY COUNTY DEPARTMENT HEAD

DESCRIPTION OF AGENDA ITEM (Please provide detailed information, including deadline):

Greater Wisconsin Agency on Aging Resources (GWAAR) requires that the ADRC's policy making body approve County Plan on Aging aka "Aging Plan." This plan was developed with the input of older adults from Iowa County, through survey, public meetings/forums, a Caregiver Listening Session and a public hearing. The final version was approved by the ADRC Board on 10/23/18. The only changes made to this document since the last HHS Meeting on 10/3/18 when the DRAFT was approved; is that I added in a "Public Hearing Report Form" on pages 17-18.

RECOMMENDATIONS (IF ANY):

ANY ATTACHMENTS? (Only 1 copy is needed) ○ Yes ○ No If yes, please list below:

FISCAL IMPACT:

GWAAR requires each county to complete an Aging Plan every 3 years in order to continue to receive Older Americans Act funding.

LEGAL REVIEW PERFORMED: ○ Yes ◉ No **PUBLICATION REQUIRED:** ○ Yes ◉ No

PRESENTATION?: ◉ Yes ○ No How much time is needed? 5-10 minutes if questi

COMPLETED BY: Valerie Hiltbrand **DEPT:** ADRC

2/3 VOTE REQUIRED: ◉ Yes ○ No

TO BE COMPLETED BY COMMITTEE CHAIR

MEETING DATE: **AGENDA ITEM #**

COMMITTEE ACTION:

County Plan on Aging
2019-2021

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2. Executive Summary

3. Organization and Structure of the Aging Unit
    a. Mission Statement and Description of the Aging Unit
    b. Organizational Chart of the Aging Unit
    c. Aging Unit Coordination with ADRCs
    d. Statutory Requirements for the Structure of the Aging Unit
    e. Membership of the Policy-Making Body
    f. Membership of the Advisory Committee
    g. Assessment Only - update the Commission on Aging and Aging Advisory membership

4. Context

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

6. Goals for the Plan Period
    a. Assessment Only - National Family Caregiver Support Program

7. Coordination Between Titles III and VI

9. Compliance with Federal and State Laws and Regulations

10. Assurances

11. Appendices

**Yellow Highlight indicates sections required for annual assessment*

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 2019-2021.

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 Commission on Aging Date

Signature, and Title of the Authorized County Board Representative Date

2. Executive Summary

The Aging and Disability Resource Center of Southwest Wisconsin, or ADRC, located in Iowa County includes the input of older adults in order to develop a County Plan on Aging, every 3 years. This is a mandate of the Older American's Act to secure funding. This plan also outlines an agenda for developing and strengthening current programs to meet the needs of older people in Iowa County.

The local ADRC is accountable for the implementation of programs for older individuals and adults with disabilities who are residing in Iowa County, Wisconsin. Our mission and focus is to help keep older adults and those with disabilities independent and safe in their homes through the delivery of services provided by the agency and through assistance in identification and connection to appropriate resources.

While the ADRC in Iowa County serves the residents of Iowa County, it also works closely with the other counties included in the regional ADRC of Southwest Wisconsin: Grant, Green, and Lafayette Counties. The ADRC has worked hard to develop relationships with new and different agencies, businesses, civic groups, and faith based organizations of the community. During the 2019-2021 Aging Plan period, the ADRC will continue to focus on strong community partnerships in order to meet the needs of the aging community.

Since fall of 2017, the ADRC has been collecting public input from Iowa County residents through public forums, surveys, and in person conversations. There have been options to do this verbally and in writing. There was also an online option, mail-in option or in-person option. The ADRC Board assisted in gather information from the areas of the community that they represent. ADRC staff visited each of the 4 Iowa County Dining Sites in order to gather information. The ADRC attended two public forums held by Upland Hills Hospital and Iowa County Public Health Department.

In an effort to increase the involvement of older people in the development and planning of aging-related programs, the ADRC will personally invite the Health and Human Services Committee, the SUN Program Board and Aging Unit Board to Aging Advocacy Day at the State Capital. The ADRC will also partner with another agency for a Senior Scam Prevention presentation to the community. The ADRC will also encourage older adults to vote in the 2021 Primary and General elections by offering transportation to the polls.

The agency has made plans in regards to supporting the Elder Nutrition Program and exposing older people to the benefits of this program. In addition to the current events and exposure provided to the Nutrition program, the ADRC will assist with inviting 10 influential community members to experience a Seniors United for Nutrition (SUN) congregate meal and all that it has to offer. The ADRC will also collaborate with the SUN Program for a "Dine at 5" event; inviting eligible community members and their caregiver/friend to experience and learn about the congregate SUN Dining Sites.

Another event that will take place, in 2021, will be a SUN meal being served at a Stepping On Class (prevention program).

The agency continues to focus on developing programming to support family caregivers. The ADRC, in partnership with the Caregiver Coalition, will host a Power of Attorney Workshop for Iowa County caregivers. In 2020, the ADRC will focus on educating 5 large, local employers about issues that caregivers face and the available local resources. In 2021, the ADRC will collaborate with Iowa County Emergency Management to offer a "Preparedness for Caregivers" presentation to the community.

Services to individuals with dementia have been an area of interest and focus within the agency. Our regional ADRC is fortunate to have a Dementia Care Specialist who collaborates with and educates community organizations about dementia and is also available for personal consultation for those with dementia or their family. The ADRC plans to offer a Boost Your Brain and Memory program in 2019. In 2020, the ADRC will focus on facilitating "Dementia Live" for county level employees in order to enhance the understanding of living with this disease. In 2021, the ADRC will focus on providing memory screens at a Dementia Friendly community event.

In regards to healthy aging, the ADRC will continue to grow its prevention programming by offering Powerful Tools for Caregivers in 2019. A "Know your Numbers" wellness event will be rolled out to the community in 2020; allowing Iowa County residents to be screened for things like blood pressure, memory loss and oral health. A strong focus will be placed on educating First Responders about the benefits of residents at risk of falls, participating in the Stepping On program. The education will include general education about the ADRC and the referral process.

Other local areas for improvements were also identified through surveys, interviews and public forums. Mental health and substance abuse issues effect the population that the ADRC serves. The ADRC will collaborate with the Iowa County Sheriff's Department and the Seniors United for Nutrition Program to offer a "Drug Pick-Up" on two home delivered meal routes in 2019. In 2019, the ADRC will create an online marketing strategy, which will include at least two online sources in order to promote ADRC activities and serve as a quick way to disseminate information to older adults. During the plan year 2020, the ADRC plans to collaborate with a substance abuse prevention agency or committee to educate older adults about the Opioid Epidemic. In 2021, the ADRC will receive a training on "Mental Health in Older Adults" by Unified Community Services.

3. Organization and Structure of the Aging Unit
3-A Mission Statement and Description of the Aging Unit

MISSION STATEMENT:
The Aging and Disability Resource Center of Southwest Wisconsin is dedicated to providing older adults and people with physical or developmental/intellectual disabilities with the resources needed to live with dignity and security, and achieve maximum independence and quality of life. The goal of the ADRC is to empower individuals to make informed choices and to streamline access to the appropriate services and supports.

Address of the Aging Unit:
ADRC of Southwest Wisconsin, Iowa County
303 W. Chapel St., Suite 1300
Dodgeville WI 53533

Hours of Operation:
8:00 A.M. – 4:30 P.M.
Monday through Friday

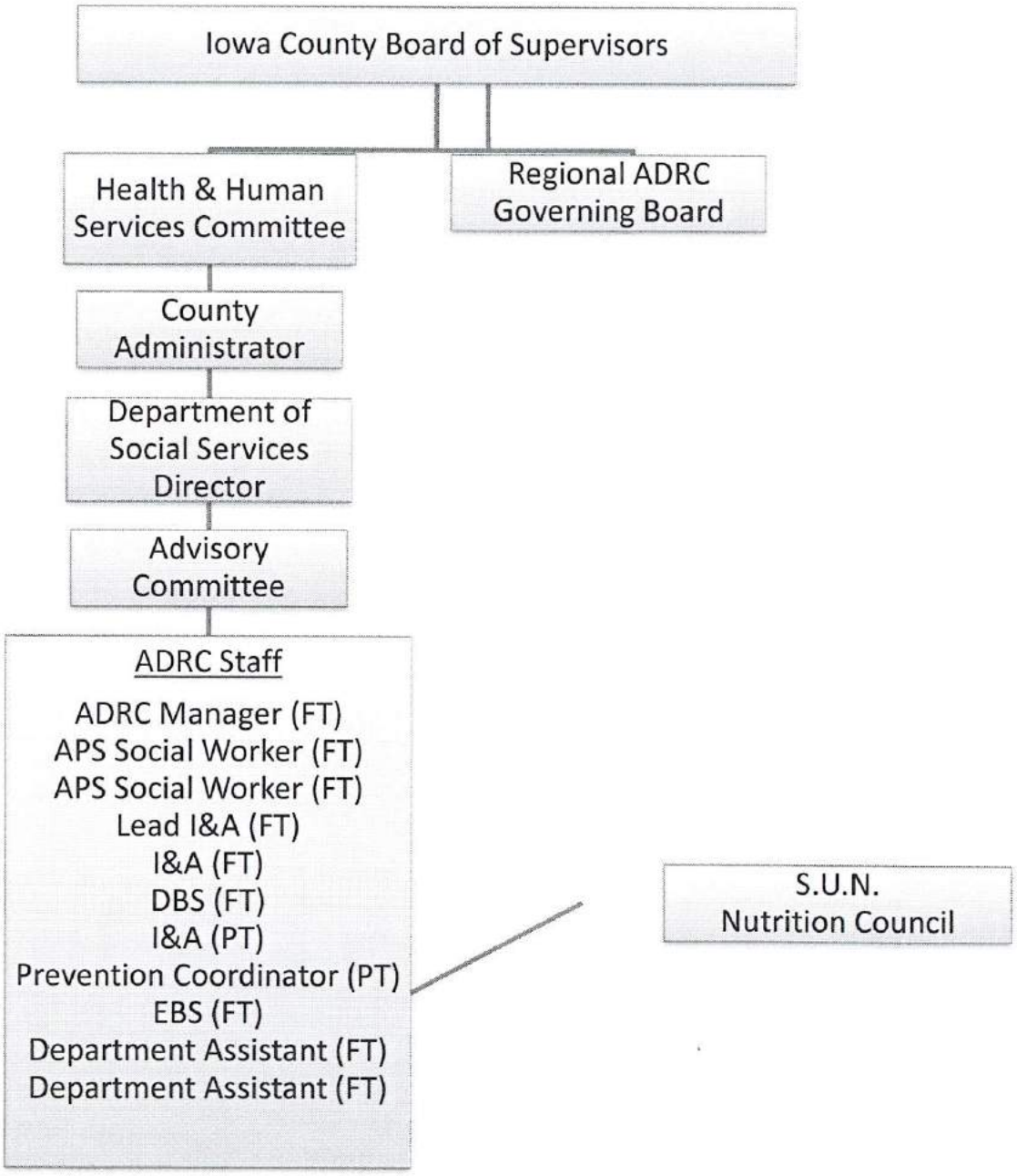
Helpful Telephone Numbers and Email Addresses:

Valerie Hiltbrand, ADRC Manager
valerie.hiltbrand@iowacounty.org
Telephone (608)930-9835
Fax (608)935-0355

Tom Slaney, Director
Iowa County Department of Social Services
tom.slaney@iowacounty.org
Telephone (608)930-9802
Fax (608)935-9754

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

Provide an organizational chart, which clearly depicts the place of the aging unit, the policy-making body, and (where applicable) the advisory committee, in relation to the county government. (Not-for-profit aging units will not include their relationships to county government in the organization chart.)



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

In Iowa County, the structure of the county Aging Unit and the Aging & Disability Resource Center is that they are integrated, by definition, that both are organizationally integrated within the ADRC, they are co-located in the same office, both managed by the same individual, and the budget is submitted as a single entity to the county. Staff is led as one united unit and work together cohesively, often teaming cases to best meet the needs of the customer and their families. Marketing, outreach, and advocacy are all completed as one entity. This includes all Aging Unit staff, ADRC staff, and Adult Protective Services staff.

This unit is also under the umbrella of the Iowa County Department of Social Services. An ADRC Manager oversees the staff and programming, but also reports to the Director of Social Services. Clerical staff is shared within the Department of Social Services and are cross-trained so that coverage for the ADRC reception area is always available.

The local ADRC services are also part of a regional ADRC service area of four counties total (Iowa, Grant, Green, and Lafayette), in which a Regional Manager provides oversight, guidance, and monitors contractual compliance. This arrangement has many advantages due to the ability to work fluidly across county lines and to expand programs that may be limited due to the constraints of small rural counties. It also allows trained staff to be available to back up neighboring counties where staff turnover or other leaves of absences may be occurring.

While the local county structure reports monthly to a local ADRC Board, made up of local consumers and county board supervisors as is required by the Older American's Act, it also reports quarterly to the Iowa County Health and Human Services committee, as well as a monthly Regional ADRC Governing Board.

As it has been since the ADRC was first incorporated into the Commission on Aging in Iowa County in 2009, the goals of this plan will be shared goals of the whole organization and will reflect the mission of the agency.

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

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

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).	
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.	
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 Aging Unit
3-E Membership of the Policy-Making Body

The commission is the policy-making entity for aging services and an aging advisory committee is not the commission. 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 three consecutive 2-year terms.

Official Name of the County Aging Unit's Policy-Making Body (list below)			
Health and Human Services Committee			
Name	**Age 60 and Older**	**Elected Official**	**Year First Term Began**
Chairperson: Dan Nankee		Yes	
Joan Davis		Yes	
Justin O'Brien		Yes	
Bruce Paull		Yes	
Richard Rolfsmeyer		Yes	

3. Organization and Structure of the County Aging Unit
3-F Membership of the Advisory Committee

If the aging unit has an advisory committee, listed below are the members of the advisory committee. *An aging advisory committee is required if the commission (policymaking body) does not follow the Elders Act requirements for elected officials, older adults and terms or if the commission (i.e. policy-making body) is a committee of the county board.*

Chapter 46.82 of the Wisconsin Statutes requires that the membership of the aging advisory committee (where applicable) must consist of at least 50% older people, and individuals who are elected to office may not constitute 50% or more of the membership.

Official Name of the County Aging Unit's Advisory Committee (list below)			
Name	**Age 60 and Older**	**Elected Official**	**Year First Term Began**
Chairperson: Judy Lindholm	Yes	Yes	2016
Jeremy Meek	Yes	Yes	2018
Justin O'Brien	Yes	Yes	2018
Linda Wetzel-Hurley	Yes	No	2017
Lynn Munz	Yes	No	2017
Bryan T. Walton	Yes	No	2017
Dianne Evans	Yes	No	2017
Lori Fisher	Yes	No	2016
Nancy Gaffney	Yes	No	2016
Kathleen Elliott	Yes	No	2018
Catherine Palzkill	Yes	No	2015
William Ladewig	Yes	No	2018
J. Patrick Reilly	Yes	No	2018
Patricia Rock	Yes	No	2015
Alvina Sturz	Yes	No	2014

For assessment only – Please update the Commission on Aging and Aging Advisory membership and answer questions below.

Please answer "Y" or "N"	2019	2020	2021	Describe
Has the organization of the *Aging Unit* changed this past year?				
Has the organization of the *Commission on Aging* changed this past year?				
Does the aging unit have a full-time aging director?				
Is the membership of the Commission on Aging in Compliance?				

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. Include additional pages as needed.

Valerie Hiltbrand ADRC Manager (608)930-9835 valerie.hiltbrand@iowacounty.org
Brief Description of Duties: This full-time position is responsible to administer the programs that operate under the Aging and Disability Resource Center of Southwest Wisconsin in Iowa County. This position also leads planning activities, supervises employees, develops and implements policies, and assists with the development of budgets.
Katherine Batton Lead Information and Assistance Specialist (608)930-9835 katherine.batton@iowacounty.org
Brief Description of Duties: This full-time position provides knowledge and research into all available options for individuals seeking information. This position is active in education and outreach activities and completes functional screens that determine an individual's eligibility to access Family Care and IRIS services. In addition, the Lead I&A Specialist acts as the person responsible for assuring the quality for functional screens.
Sarah Blake Information & Assistance Specialist (608)930-9835 sarah.blake@iowacounty.org
Brief Description of Duties: This full-time position provides knowledge and research into all available options for individuals seeking information. This position is active in education and outreach activities and completes functional screens that determine an individual's eligibility to access Family Care and IRIS services.
Brittany Mainwaring Information & Assistance Specialist (608)930-9835 brittany.mainwaring@iowacounty.org
Brief Description of Duties: This dual role position provides approximately 20-25 hours/week of knowledge and research into all available options for individuals seeking information. This position is active in education and outreach activities and completes functional screens that determine an individual's eligibility to access Family Care and IRIS services. Approximately 15-20 hours/week is also committed to the development of the agency's health and wellness programs and offering of evidence-based prevention programs.

Stacey Terrill Elder Benefit Specialist (608)930-9835 stacey.terrill@iowacounty.org
Brief Description of Duties: This full-time position assists people age 60 years or older to understand and successfully navigate the benefit programs. This includes but is not limited to facilitating Healthy Living with Diabetes, Medicare, SSI, SSA, Senior Care, housing issues, insurance issues, and Medicare Part D.
Nikki Brennum Disability Benefit Specialist (608)930-9835 nikki.brennum@iowacounty.org
Brief Description of Duties: This full-time position assists people ages 17.5-59 to understand and successfully navigate the benefit programs. This includes but is not limited to Medicaid, Medicare, SSI, SSA, housing issues, insurance issues, and Medicare Part D.
Marylee Oleson Department Assistant (608)930-9835 marylee.oleson@iowacounty.org
Brief Description of Duties: This full-time position oversees and edits the agency newsletter, assists with the transportation program, greets customers in phone and in person and directs them to the appropriate staff, completes minutes and reports for the local ADRC board, marketing projects, maintains the website and Facebook pages, and assists the ADRC with other projects as needed. This position is also largely responsible for planning the Iowa County Health and Wellness Expo and Senior Farmer Market Voucher implementation.
Paula Daentl Department Assistant/Transportation Coordinator (608)930-9835 paula.daentl@iowacounty.org
Brief Description of Duties: This full-time position is responsible for overseeing the day-to-day operation of the bus and driver escort program, volunteer driver recruitment and training, and scheduling. This individual also prepares reports and assists with other ADRC activities as needed.
Shelley Reukauf Adult Services/EAN Social Worker (608)930-9822 shelley.reukauf@iowacounty.org
Brief Description of Duties: This full-time position is responsible to administer the Supportive Home Care program, perform elder abuse and neglect investigations, and assist individuals and their families

with guardianships and protective placements. This position is also responsible to implement the Caregiver Support Program.
Janet Butteris Adult Services/EAN Social Worker (608)930-9821 janet.butteris@iowacounty.org
Brief Description of Duties: This full-time position is responsible to administer the Supportive Home Care program, perform elder abuse and neglect investigations, and assist individuals and their families with guardianships and protective placements. This position is also responsible to implement a Stepping On Program, Tai Chi Program and facilitating the county I-Team Meetings.

4. Context

Iowa County is located in southwestern Wisconsin, made up mostly of small towns. The population of Iowa County is 23,751, which is a population density of over 31 people per square mile. The County's largest city and the county seat is Dodgeville, which has a population of 4,805. Dodgeville is located 46 miles west of Madison and 49 miles northeast of Dubuque, Iowa. There are approximately 5,723 individuals 60 and older, residing in Iowa County. In 2015, Iowa County had 20.1%-25% population 60 and older. By 2020, 25.1%-30% of the Iowa County population will be 60 and older. Moreover, by 2025, 30.1%-40% will be 60 and older. Approximately 47% of individuals age 65 and older are male and 53% are female. 1,146 (or 30.8%) of Iowa County residents over the age of 65, also report having at least one disability.

There are a total of 9,692 households in Iowa County and of those households, 40% include an individual who is 60 years or older. One thousand and ninety individuals over the age of 65 reside alone; which is about 27% of the aging population in Iowa County. This number demonstrates the significant need for caregivers who support these individuals who wish to remain "aging in place" in their communities.

According to 2018 www.countyhealthrankings.org, Iowa County is above the state average of patient to primary care physician ratio, at 1,320:1. Mental health providers are available at 1580:1 ratio; this is above the state average, which is 560:1. Adult smoking is at 15%, Adult obesity is at 31% and Excessive drinking is at 25% of the county's population. The leading causes of death under the age of 75 is Malignant neoplasms, Diseases of heart, Accidents (unintentional injuries) and intentional self-harm.

According to the Alzheimer's Association "2018 Alzheimer's Disease Facts and Figures" publication, in 2018 in Wisconsin, the projected number of people with Alzheimer's is

110 thousand people; by 2025, that number will increase by 18.2% to 130 thousand. The effects of these statewide figures will be felt in Iowa County.

The older population in Iowa County is predominantly white, educated (48% completed high school and 40% have completed more than high school), and less than 10% live in poverty. Additionally, more than 18% of those over 65 are still employed. Many of the older people in the county have lived most of their lives in the area. Some are retired professionals while many are former or current farmers.

During their last published Community Health Improvement Plan (2014-2017), the Iowa County Public Health Department has identified their three top health priorities as Promoting physical activity and nutrition (reducing obesity), Alcohol and drug abuse prevention, and increasing access to mental health services. The Upland Hills Health 2016-2018 Community Health Needs Assessment notes that their top three priorities are Addiction to Medicine, Physical Inactivity, and Access to Transportation. The ADRC will be working closely with these organizations and other local agencies to promote overall better health.

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

Please use the Public Input Report form to explain how you gathered information and ideas from the public prior to developing your plan. Attach completed forms to the plan.

Before submitting the final plan to the Area Agency on Aging (AAA), the aging unit must conduct one or more public hearings on the draft plan. Please use the Public Hearing Report form to document your public hearings and attach forms to the plan.

Public Hearing 1

County or Tribe: Iowa	**Date of Hearing: 10/7/18** **4:00PM-7:00PM**
Location: Health and Human Services Building, Room 1001 **303 W. Chapel St.,** **Dodgeville, WI 53533**	**Number of Attendees:** 1
Summary of Comments: One Iowa County resident walked into the Public Hearing and noted he had read the plan and thought it was "well written."	

How was draft plan altered as a result?

It was not altered as a result of the public hearing.

6. Goals for the Plan Period

Progress notes to be completed during self-assessment process.

Aging Unit Plan Goals *(write at least one goal per focus area per year - add extra boxes as needed – put curser to the left of the box and click the + sign)*	**Progress Notes** *(briefly summarize only those activities completed as of Dec. of each year)*	**check if completed**		
		2019	**2020**	**2021**
Focus Area 6-A. Advocacy Related Activities				
In order to promote advocacy on aging topics, the ADRC will personally invite the Health and Human Services Committee, the SUN Program Board and the ADRC Board to Aging Advocacy Day May 17, 2019. There will be at least 6 Iowa County residents that will attend the event on May 17th. At the end of the day, 5 of those 6 individuals will pledge to share the information learned, with at least 5 people from their community that are over the age of 60.				
In 2020, to encourage older adults to exercise their right to vote, the ADRC will offer transportation during the Primary and General Election to the older adult population. At least 8 people will take advantage of this transportation.				
The ADRC will partner with another agency for a Senior Scam Presentation to at least 10 older adults in Iowa County by October 1, 2021. After realizing the importance of and the variety of scams, 8 out of the 10 participants will pledge; "I will not send money to someone I don't know."				
Focus Area 6-B. The Elder Nutrition Program				
To increase participation at the 4 Iowa County Dining Sites, the ADRC and the SUN Program will invite 10 influential community members for a SUN meal in order for them to experience everything the congregate site has to offer, by 12/31/19. Community members will include but are not limited to librarians, care managers, church leaders and physicians who can help spread the word about the value of this program. The goal will be to increase new participants (first time diners) by 10 people by December 31, 2019. This will be measured by asking each new participant, who they were referred by.				

The ADRC will collaborate with the Seniors United for Nutrition (SUN) Program to offer a "Dine at 5" option. In order to promote the SUN Program to a new population and to increase meals served by at least 15; "Dine at 5" will be a SUN Meal, and will encourage participation of older adults and their caregivers. A satisfaction survey will be given at the end of the event, in order to gauge people's continued interest in utilizing the SUN Program.				
By November 1, 2021, The ADRC will collaborate with the Seniors United for Nutrition (SUN) Program to provide meals before a Stepping On class by December 31, 2021 to promote the SUN meal site and to increase meals served by at least 20 meals over the course of the 6 week class.				
Focus Area 6-C. Services in Support of Caregivers				
The ADRC, in partnership with the Iowa County Caregiver Coalition, will host a Power of Attorney Workshop for the caregivers of Iowa County by May 31, 2019 where at least 10 individuals will complete the forms.				
By November 1, 2020, the ADRC will educate at least 5 large local employers (like Lands' End, Cummins, Iowa County) about caregiving issues and available resources, and the employers will agree to post caregiver resource information for their employees to access.				
The ADRC will work with Emergency Management to offer a "Preparedness for Caregivers" presentation to Iowa County caregivers by December 31, 2021, and at least 15 individuals will attend. A preparedness checklist will be provided at the meeting and each caregiver in attendance will complete this checklist so they know what they already have done and what they need to do, going forward.				
Focus Area 6-D. Services to People with Dementia				
The ADRC will offer a "Boost your Brain and Memory" evidence based program by December 1, 2019 to older adults in Iowa County. The purpose of this program is to improve the understanding of the variety of lifestyle factors that can affect brain health. A pre and post survey will be				

administered to show participants increased their knowledge by at least 10%.				
Expand the initiative of a dementia capable ADRC to county employees by providing the evidence informed "Dementia Live" event to county level employees to increase awareness and understanding of dementia in their personal and professional lives by November 1, 2020. At least 30 county employees will attend and a pre and post survey will be completed, showing that participants increased their knowledge by at least 10%.				
The ADRC will encourage early detection and intervention of dementia by hosting at least one Dementia Friendly Education Event with memory screens by December 1, 2021. At least 15 memory screens will be conducted at this event.				
Focus Area 6-E. Healthy Aging				
The ADRC will offer the evidence based Powerful Tools for Caregivers class to Iowa County caregivers by December 31, 2019 and at least 6 caregivers will complete the program.				
By November 1, 2020, the ADRC will organize a "Know your Numbers" wellness event, reaching at least 15 older adults. This event will include screenings for Blood Pressure, Memory and Oral Health.				
By December 31, 2021, the ADRC will educate at least 15 First Responders from Iowa County, on the benefits of referring patients to the ADRC for workshops similar to Stepping On, which is an evidence-based program. A pre- and post-survey will be conducted to show participants increased their knowledge by at least 10%.				
Focus Area 6-F. Local Priorities				
The ADRC will collaborate with the Iowa County Sheriff's Department and the Seniors United for Nutrition (SUN) Program to offer "Drug Pick-Up" on Home Delivered Meal routes. This will take place on at least two Home Delivered Meal routes by November 30, 2019.				

The ADRC will develop an online marketing strategy which will include at least two online sources; example: Facebook, Twitter, Website, or Email Listservs. The internet will be used to promote ADRC activities and serve as a quick way to disseminate information to the older adults of Iowa County and their caregivers. The online marketing strategy will be developed by June 2019 and will be implemented throughout the 3 year plan period.				
The ADRC will educate the older adults in Iowa County about the Opioid Epidemic by collaborating with a substance abuse prevention agency or committee, to offer a training to the public by December 1, 2020. At least 15 people will attend. A pre and post survey will be conducted to show participants increased their knowledge by at least 10%.				
The ADRC will arrange for a training by Unified Community Services on "Mental Health in Older Adults" by October 31, 2021, for the 10 ADRC staff. A pre and post survey will be completed showing participants increased their knowledge by at least 20%.				

For Assessment Only

Part IV: Progress on the Aging Unit Plan for Serving Older People – National Family Caregiver Support Program (NFCSP)

This section is not required for tribal aging units.

Minimum Service Requirements: *The minimum service requirements of NFCSP must be provided by the aging unit or contracted with another agency. Please indicate who provides these services.*

Service	Aging Unit (X)	Other Agency (please list)
Information to caregivers about available services		
Assistance to caregivers in gaining access to the services		
Individual counseling, support groups, and training to caregivers		
Respite care		
Supplemental services (e.g., transportation, assistive devices, home modifications, adaptive aids, emergency response systems, supplies, etc.)		

Caregiver Coordination: *To ensure coordination of caregiver services in the county, the aging unit shall convene or be a member of a local family-caregiver coalition or coordinating committee with other local providers who currently provide support services to family caregivers.*

Does the aging unit belong to a local caregiver coalition?

[X] **YES** [ ] **NO**

Name of Coalition: Iowa County Caregiver Coalition

If YES, please provide a brief update on coalition activities conducted each year.

If NO, please explain plan for compliance.

2019 Activities:

2020 Activities:

	2021 Activities:

7. Coordination Between Titles III and VI

If the county includes part or all of a federally recognized tribe or is home to a significant population of tribal members, describe how the County and Tribal aging units will work together to coordinate and ensure the provision of services to tribal elders. Provide a narrative describing collaboration efforts and goals for each year of the plan.

Progress notes to be completed during self-assessment process.

Provide goals for each year of the plan.	Progress Notes	2019	2020	2021

9. Compliance with Federal and State Laws and Regulations

On behalf of the county, we certify

_____

(Give the full name of the county aging unit)

has reviewed the appendix to the county plan entitled Assurances of Compliance with Federal and State Laws and Regulations for 2016-2018. We assure that the activities identified in this plan will be carried out to the best of the ability of the tribe in compliance with the federal and state laws and regulations listed in the Assurances of Compliance with Federal and State Laws and Regulations for 2016-2018.

_____

Signature and Title of the Chairperson of the Commission on Aging Date

_____

Signature and Title of the Authorized County Board Representative Date

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 confidentially 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 nine 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

Aging Resources:

ADRC of Southwest Wisconsin, Iowa County
303 W. Chapel St., Suite 1300
Dodgeville WI 53533

Hours of Operation:
8:00 A.M. – 4:30 P.M.
Monday through Friday

Telephone (608)930-9835
Fax (608)935-0355
https://adrcswwi.org/

An Iowa County Aging & Disability Resource Guide available online at:
https://adrcswwi.org/wp-content/uploads/2018/02/Iowa-County-2018-Services-Guide.compressed.pdf

Greater Wisconsin Agency on Aging Resources
1414 MacArthur Road, Suite A.,
Madison, WI 53714
Telephone (608)243-5670
Fax: (866)813-0974
https://gwaar.org/

IOWA COUNTY VETERANS SERVICE OFFICE
303 W. Chapel Street, Suite 1300 • Dodgeville, WI 53533

DEPARTMENT UPDATE TO HHS COMMITTEE
7 NOV 2018

1. CVSO attended SW Behavioral Health Summit on 23 Oct 2018. Discussed some treatment options available to veterans that may be involved in the drug court programs and enrolled in VA healthcare.
2. Promotional posters are being distributed to various community bulletin boards in an attempt to reach more county veterans.
3. Compiling information for winter edition of office newsletter. Fall edition was 936 copies mailed to county veterans.
4. Legislative concerns for "blue water" Vietnam Navy veterans.

Sincerely,

Jeffrey T. Lindeman
Veterans Service Officer

Telephone: (608) 930-9865 **Fax: (608) 935-0358** **E-Mail: vet@iowacounty.org**

Health & Human Services Committee
Health Department- Director's Report
November 7, 2018

Public Health
Prevent. Promote. Protect.

Immunization Updates

- Iowa County Schools- Influenza Vaccination Mass Clinics
- Iowa County Health Department is offering influenza vaccinations to Iowa County employees. Call for an appointment 930-9870.

Healthy Aging in Rural Towns "HeART" Coalition

- Survey Results (attached)
- Joint HeART Coalition meeting in Waupon (Oct. 17)

Communicable Disease Activity

- (Report attached)

Radon Test Kits Now Available Free of Charge - Iowa County residents

Substance Abuse Coalition/Prevention Subgroup Update

Respectfully submitted,

Sue Matye, RN, BSN
Director/Health Officer

Cumulative Report

Date Type: Closed

Date Range: 01/01/2018 to 09/30/2018

Incident Jurisdiction:

Health Jurisdiction: Health Jurisdiction

Outbreak Jurisdiction:

Transmission Status:

Resolution Status: Confirmed

Process Status:

Prepared By: WEDSS (Preparer's Title) Telephone: 9885297959 Fax: 9848999801

All diseases except HIV and Lead

Disease Name	Number of Incidents
ARBOVIRAL ILLNESS, WEST NILE VIRUS, NEUROINVASIVE	1
CAMPYLOBACTERIOSIS	13
CHLAMYDIA TRACHOMATIS INFECTION	27
CRYPTOSPORIDIOSIS	8
E-COLI, SHIGA TOXIN-PRODUCING (STEC)	8
GIARDIASIS	2
GONORRHEA	7
HEPATITIS C, CHRONIC	3
LYME DISEASE (B.BURGDORFERI)	3
MYCOBACTERIAL DISEASE (NON-TUBERCULOUS)	3
PERTUSSIS (WHOOPING COUGH)	1
SALMONELLOSIS	7
SHIGELLOSIS	1
STREPTOCOCCAL DISEASE, INVASIVE, GROUP B	1
STREPTOCOCCUS PNEUMONIAE, INVASIVE DISEASE	5
VARICELLA (CHICKENPOX)	1

Summary of Results

Survey of Caregivers in Iowa County

September 2018

The survey was conducted July through August 2018 by the

Iowa County HeART Coalition

- Sue Matye, Iowa Co. Health Department
- Bruce Paull, Iowa County Board of Supervisors
- Kari Bennett, Iowa Co. Health Department
- Valerie Hiltbrand, ADRC of Southwest WI
- Ann Thompson, Iowa Co. Health Department
- Shelley Reukauf, ADRC, Caregivers Support Program
- Michelle Carver, Upland Hills Health
- Janet Butteris, ADRC, Elder Abuse Program
- Lisa Schnedler, Upland Hills Health
- Vickie Stangel, Dodgeville Public Library
- Beth Beyler, Iowa County Dept. of Social Services
- Pamela Kul-Berg, ADRC, Dementia Care Program
- Molly Dean, Agrace Hospice & Palliative Care
- Deanna Truedson McKillips, Agrace Hospice & Palliative Care
- Sue Husom, Agrace Hospice & Palliative Care
- Cecile McManus, Seniors United for Nutrition Program
- Ricki Bishop, Independent Living Resources
- Barry Hottmann, UW Extension
- Ruth Schriefer, UW Extension
- Faye Glonek, Iowa County
- Terri DeVoss, Dodgeville
- Elsie Jane Murphy, Barneveld
- Phyl Erickson, Dodgeville
- Lois Nankee, Highland
- Linda Larsen, Dodgeville
- June Meudt, Dodgeville

The survey was initiated as part of the

Healthy Aging in Rural Towns (HeART) Project

HeART is a partnership of

- The Iowa County HeART Coalition
- The University of Wisconsin-Madison School of Nursing
- The Wisconsin Office of Rural Health

HeART is supported by Margaret A. Cargill Philanthropies

Profile of Respondents

Number of respondents.....82

Where do you live (ZIP Code)?
See map on next page.

ZIP	# of respondents
53502	1
53503	1
53506	2
53507	11
53526	2
53533	21
53535	1
53543	2
53544	5
53553	1
53554	2
53565	6
53569	1
53573	1
53574	1
53580	1
53582	2
53588	3
53593	1
53818	1
54880	1
54915	1
No response	14

What is your age?

Age	# of respondents
32	1
40–49	5
50–59	15
60–69	21
70–79	15
80–89	10
92	1
No response	14

Do you have a condition that affects your mobility?

Yes	16.18%	11
No	82.35%	56
Not sure	1.47%	1
Total		68
No response		14

What is your relationship to the person you are caring for?

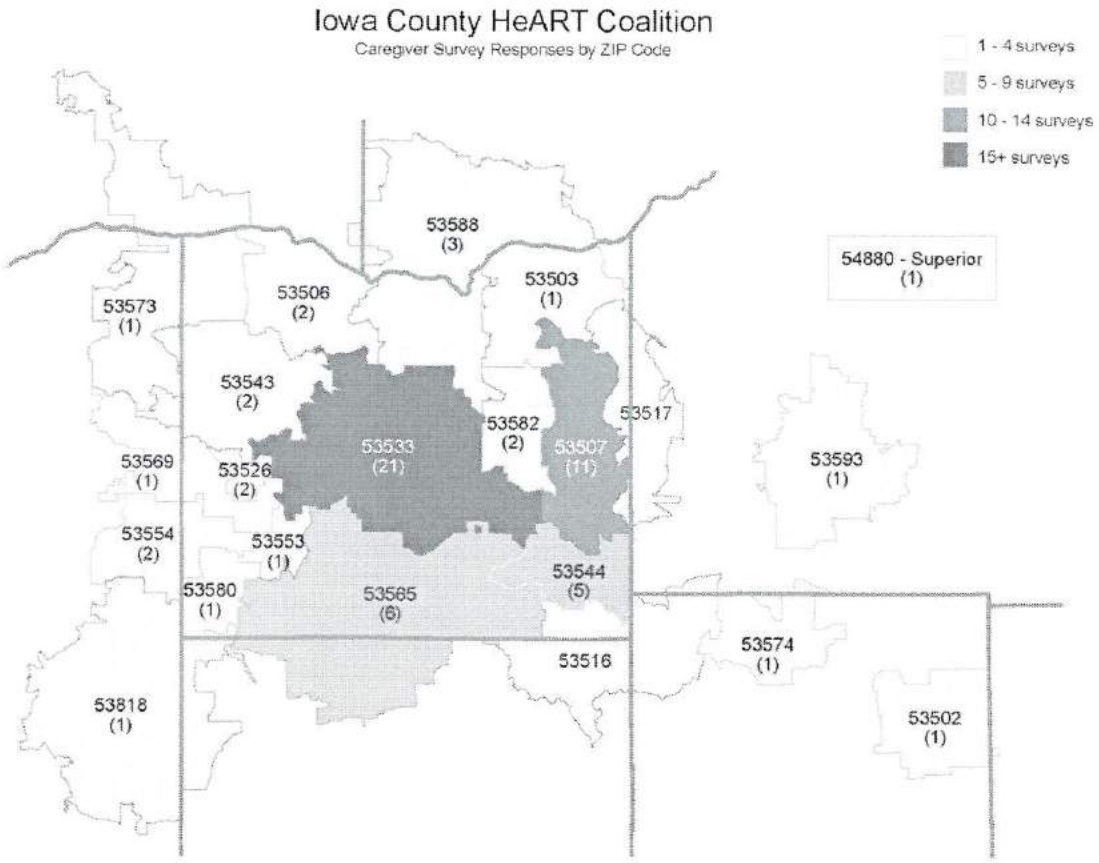
Parent or Parent-in-Law	40.6%	26
Spouse	37.5%	24
Brother or Sister	9.4%	6
Adult Child	4.7%	3
Other Relative	4.7%	3
Friend	3.1%	2
Paid or employed caregiver	3.1%	2
Neighbor	1.6%	1
Other—please specify:	1.6%	1
Grandparent	0.0%	0
Total		64
No response		18

Does this person have memory impairment, such as Alzheimer's disease or another form of dementia?

Yes	34.38%	22
No	51.56%	33
Not sure	14.06%	9
Total		64
No response		18

Where does the person for whom you have caregiving responsibility live?

With me	43.1%	28
In their own residence	43.1%	28
In a care facility (nursing home, assisted living facility, etc.)	12.3%	8
Other, please specify:	1.5%	1
With their family member	0.0%	0
With an unrelated person, such as a friend	0.0%	0
Total		65
No response		17


Iowa County HeART Coalition
Caregiver Survey Responses by ZIP Code
1 - 4 surveys
5 - 9 surveys
10 - 14 surveys
15+ surveys
54880 - Superior (1)
53588 (3)
53503 (1)
53506 (2)
53573 (1)
53543 (2)
53582 (2)
53517
53533 (21)
53507 (11)
53569 (1)
53526 (2)
53593 (1)
53554 (2)
53553 (1)
53544 (5)
53580 (1)
53565 (6)
53574 (1)
53516
53818 (1)
53502 (1)

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1. Have you been challenged by any of the following as a result of your caregiving responsibilities? 6
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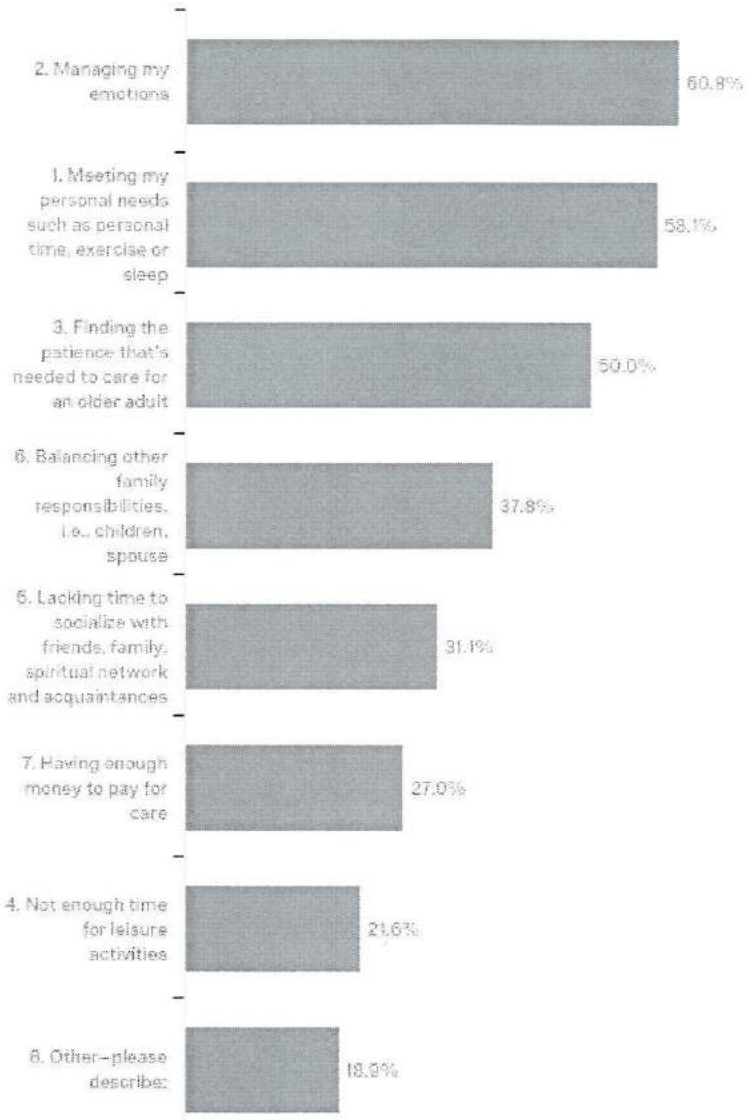
3. How comfortable do you feel providing the kinds of care you provide? 8
4. What would help you feel more comfortable providing these kinds of care? 10
5. What caregiver support services have you used in the past 12 months? 11
6. For any service you did not use, please explain why. 12
7. Please describe other reasons you did not use services listed above. 13
8. What other kinds of support services do caregivers need? 14
9. In the past six months or so, have you visited or used information from the Aging and Disability Resource Center (ADRC)? 14
10. If no (Q9), please explain why. 15
11. Have you heard of the Seniors United for Nutrition (SUN) Program that provides Meals-on-Wheels and Meal Sites? 16
12. Has the person for whom you provide care participated in the SUN program? 16
13. Where do you usually find out about services if you or the person you provide care for needs help in the home? 17
14. In the past 12 months, what caregiving-related educational/training opportunities have you participated in? 18
15. If you have not participated in these educational/training opportunities please explain why. 19
16. Through which of the following people, organizations, or services have you learned about caregiving-related educational/training opportunities? 20
17. Do you use the Internet to help with caregiving? 21
18. If you use the internet in your caregiving role, how do you use it? 22
19. Does the person you care for attend events such as festivals, school sports, parades, etc.? 23
20. If yes, what makes these events attractive and accessible to the person you care for? 23
21. Please provide examples of things that have kept the person you care for from attending an event that they wanted to attend. 24
22. Where do you live (ZIP Code)? 25
23. What is your age? 25
24. Do you have a condition that affects your mobility? 25
25. How many adults over age 60 do you provide care for? 25
26. How many hours per week do you spend giving care? 25
27. How many of those hours are paid? 25
28. What is your relationship to the person you are caring for? 26
29. Are you the primary caregiver for the individual indicated above? 27
30. Does this person have memory impairment, such as Alzheimer's disease or another form of dementia? 27
31. Where does the person for whom you have caregiving responsibility live? 27
32. How long have you been providing care for this person? 28
33. In addition to caregiving, what is your current employment status? 29
34. How much do you know about the Family Medical Leave Act (FMLA)? 29
35. Where or how did you learn about the FMLA? 30
36. Have you ever taken time off under the Family Medical Leave Act? 31
37. Do you need more information about the Family Medical Leave Act? 31

1. *Have you been challenged by any of the following as a result of your caregiving responsibilities? Please check all that apply.*



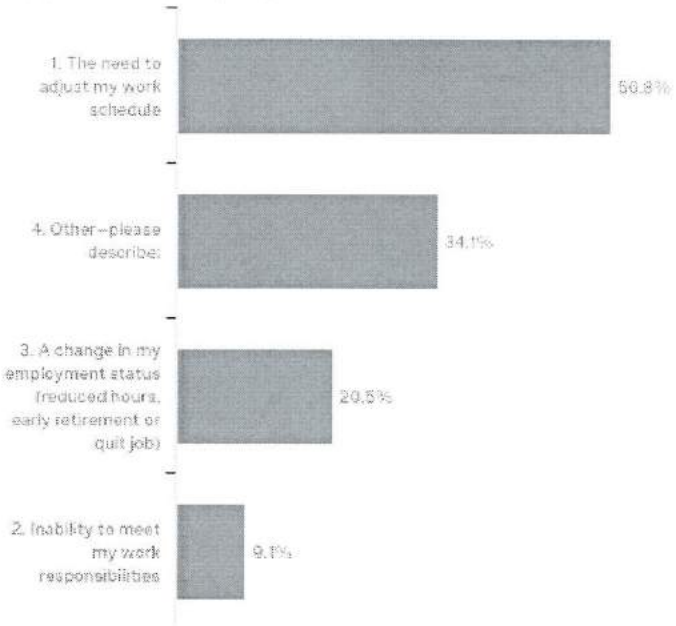
Other—please describe:

1. There are many factors that affect caregivers. But the most important is being organized - which works both ways, The person receiving care should make a list so caregiver can get many things done in a limited time and keep on schedule with their own life.
2. Nursing home costs are very expensive but in my mom's case very much needed.
3. I didn't want to go to many things as my husband was falling a lot so I didn't want to leave him alone.
4. I have no need for care, or I would check that also
5. Not all caregivers are caring for older adults. There are dementia that affect people like my husband who was only 56 when it started. There needs to be some awareness and programs for the younger population.
6. Knowing boundaries...how to be helpful without hurting their sense of self.
7. Health/Dr. Appointment
8. Getting help caring for grandchildren while parents need to work. Also help in getting my household item done by painting rooms in my house, new flooring, and mainly getting organized like I was once.
9. Home maintenance
10. I also have a son with multiple disabilities who is medically fragile.
11. Personal health issues.
12. Making sure I am not frowned upon by my boss when I have to use my sick days to take my parents to appointments.
13. None
14. none

1. Have you been challenged by any of the following as a result of your caregiving responsibilities? Please check all that apply.

2. Managing my emotions	60.8%	45
1. Meeting my personal needs such as personal time, exercise or sleep	58.1%	43
3. Finding the patience that's needed to care for an older adult	50.0%	37
6. Balancing other family responsibilities, i.e., children, spouse	37.8%	28
5. Lacking time to socialize with friends, family, spiritual network and acquaintances	31.1%	23
7. Having enough money to pay for care	27.0%	20
4. Not enough time for leisure activities	21.6%	16
8. Other—please describe:	18.9%	14
Total		74

2. *If you have a job in addition to caregiving, have you experienced any of the following employment challenges as a result of your caregiving responsibilities? Please check all that apply.*

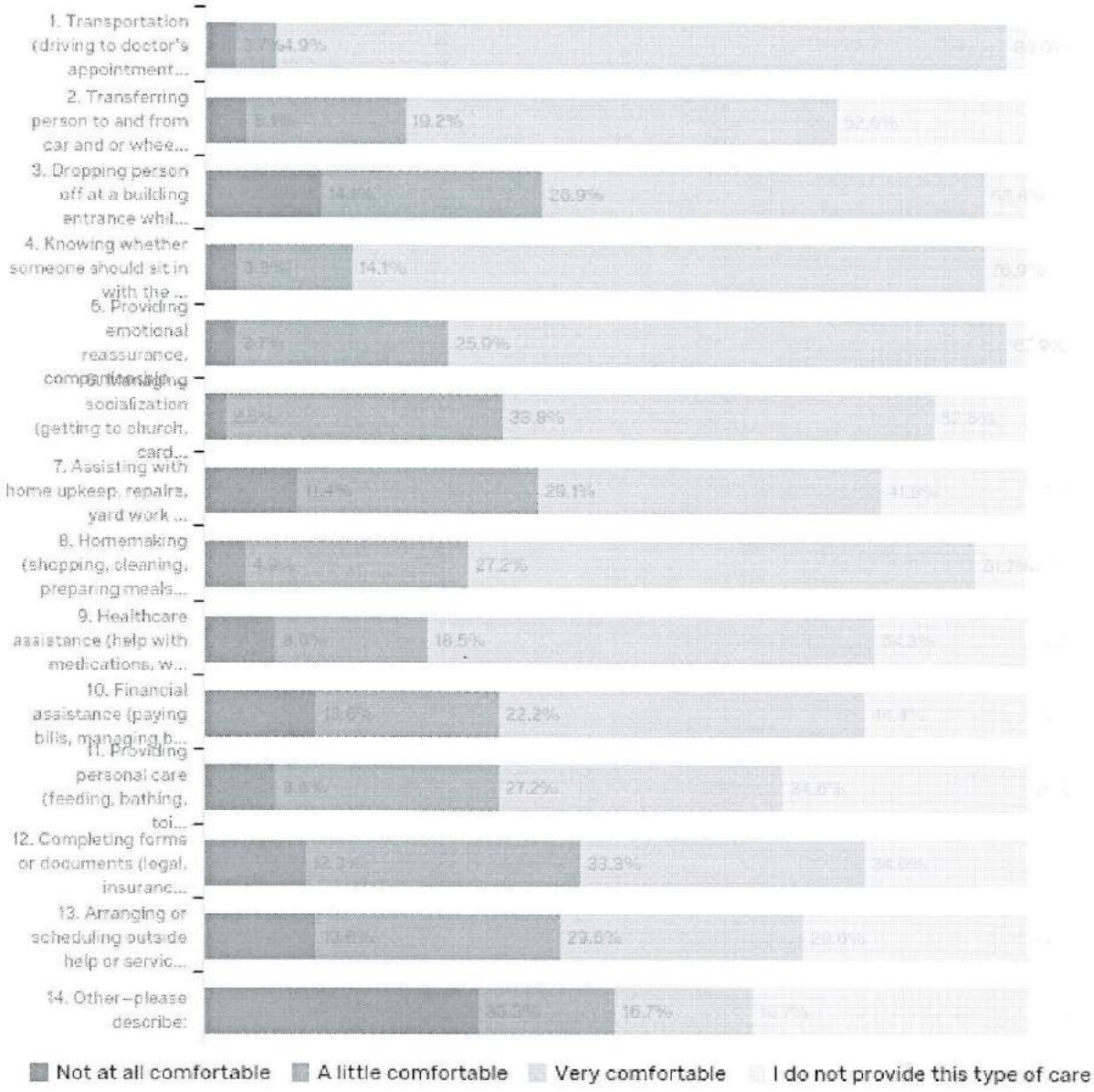


2. *If you have a job in addition to caregiving, have you experienced any of the following employment challenges as a result of your caregiving responsibilities? Please check all that apply.*		
1. The need to adjust my work schedule	56.8%	25
4. Other—please describe:	34.1%	15
3. A change in my employment status (reduced hours, early retirement or quit job)	20.5%	9
2. Inability to meet my work responsibilities	9.1%	4
Total		44

Other—please describe:

1. Most times things go well except I find when patient's family members or friends visit, they ten to forget we have a routine for responsibilities. Can you come later? No, actually I have other things going on too - so it makes it difficult.
2. I'm fortunate that my employer allows me time away to take my Mom to the doctor, etc. But I still always feel guilt and stress.
3. Recently retired
4. I am caregiver for my wife. We are both retired.
5. I have to take a lot of time off for appointments for my husband. Loss of wages is huge.
6. STRESS!!
7. Retired
8. I did work part time until 7-26-2018 for State of WI as an LTE. I am finished with that project now and will stay retired. Might take on a volunteer job down the road and get my husband involved too since I am his caregiver.
9. No job.
10. None of the above - I am retired.
11. As a self-employed store owner, I occasionally brought Mom to work with me - didn't really work out - but as the primary wage earner for our family, I couldn't adjust my work schedule.
12. Fortunately, I have built up many sick days; however, others in my workplace have been spoken to by our superiors about days taken off to help our aging parents.
13. None
14. na
15. retired

3. *How comfortable do you feel providing the kinds of care you provide? Comfort may pertain to your "technical comfort" related to your knowledge of how to perform tasks, or it could pertain to your "personal comfort" related to your personal relationship with the person you care for.*



Question #3 continued on next page.

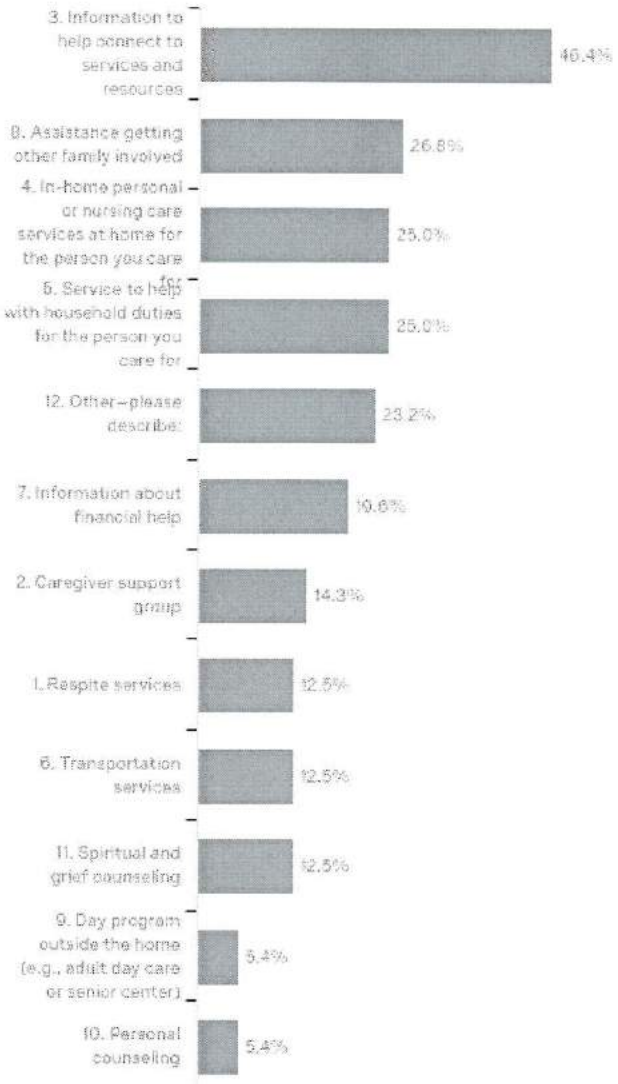
Question #3, continued.

3. *How comfortable do you feel providing the kinds of care you provide?*	Not at all comfortable		A little comfortable		Very comfortable		I do not provide this type of care		Total
1. Transportation (driving to doctor's appointments, driving for errands)	3.7%	3	4.9%	4	89.0%	73	2.4%	2	82
2. Transferring person to and from car and or wheelchair	5.1%	4	19.2%	15	52.6%	41	23.1%	18	78
3. Dropping person off at a building entrance while I park the car	14.1%	11	26.9%	21	53.8%	42	5.1%	4	78
4. Knowing whether someone should sit in with the person during a doctor appointment	3.8%	3	14.1%	11	76.9%	60	5.1%	4	78
5. Providing emotional reassurance, companionship or supervision	3.7%	3	25.9%	21	67.9%	55	2.5%	2	81
6. Managing socialization (getting to church, card group, family outings)	2.5%	2	33.8%	27	52.5%	42	11.3%	9	80
7. Assisting with home upkeep, repairs, yard work or snow removal	11.4%	9	29.1%	23	41.8%	33	17.7%	14	79
8. Homemaking (shopping, cleaning, preparing meals)	4.9%	4	27.2%	22	61.7%	50	6.2%	5	81
9. Healthcare assistance (help with medications, wound care, dressing change)	8.6%	7	18.5%	15	54.3%	44	18.5%	15	81
10. Financial assistance (paying bills, managing budget, providing money)	13.6%	11	22.2%	18	44.4%	36	19.8%	16	81
11. Providing personal care (feeding, bathing, toileting, dressing, grooming)	8.6%	7	27.2%	22	34.6%	28	29.6%	24	81
12. Completing forms or documents (legal, insurance)	12.3%	10	33.3%	27	34.6%	28	19.8%	16	81
13. Arranging or scheduling outside help or services (health care services, case managers, social workers, house cleaners, lawn services)	13.6%	11	29.6%	24	29.6%	24	27.2%	22	81
14. Other—please describe:	33.3%	2	16.7%	1	16.7%	1	33.3%	2	6

4. *What would help you feel more comfortable providing these kinds of care?*

1. Training on enteral feeding, assisting with transfers into car, etc. Just basic info on using a wheelchair, safely using a walker, etc!
2. Having someone else do the "medical" parts that I can't do/don't feel comfortable with.
3. Financial assistance. Training.
4. I live 3 hours away from my mom and dad. Having a resource close geographically to handle issues when I can't get to Dodgeville would help.
5. I could probably get help at the ADRC
6. If I thought what I was doing was actually helping.
7. I have just had one hip replaced and waiting to have the other one done - before I had the first done it was hard for me to take care of my husband. He then broke his leg and is in rehab.
8. having someone qualified do it.
9. more outside help
10. having family on board
11. It might not be that i don't feel comfortable but partially where to find the time to do all these things while working full time and taking care of kids.
12. -Having a list of "senior helpers" in rural area for minor tasks. It would "normalize" it for my mom. -Someone to teach me how to help an older person walk, transfer, etc. What to do if someone seems to cough a lot when eating. Do you give them water or avoid water, etc.
13. Assistance when needed financial help.
14. Medical staff recognizing that you are not trained to do everything.
15. More time. More helpers. It's hard to find in-home care for older adults in Iowa County small towns. More volunteer/paid people needed.
16. Some sort of classes for basic in home care. Nothing too complicated.
17. More care for doing the errands. Personal care - toenails - bathing.
18. I have needed to make many decisions on my own as other family members not available or do not live near to help much. Father is very stubborn and refuses to give up as he see's it control such as driving, financial, etc so makes it very hard.
19. A support group that would be available on line. I work night shifts and sleep during the day, support is not only needed 9 am-5pm, monday thru friday.
20. If spouse were more encouraging and agreeable.
21. Having enough income to hire help.
22. Home support
23. Building my confidence in what I'm doing.
24. Free time ..... back-up by a reliable, acceptable person.
25. Cooperation from Mom - as a senior with advanced dementia, she was mostly combatitive and uncooperative with cleaning her home & being "forced" to take care of her personal hygiene
26. More time
27. More ability to assess needs and client proficiency.
28. I really like the inserts that accompany our weekly Shopping News. Maybe have more informational flyer-type physical paper printouts (not Internet-generated) such as the nice sturdy flier from your Center for Aging and Research and Education that came in today's mail. I have a feeling there are programs and activities out there, but do not know where they are.
29. No issues
30. knowing where to find in home care givers - how do you find these people and are they trust worthy strangers to come into the home?
31. Weekly phone contact with a representative to either the care given or the person receiving care.

5. *What caregiver support services have you used in the past 12 months? Please check all that apply.*



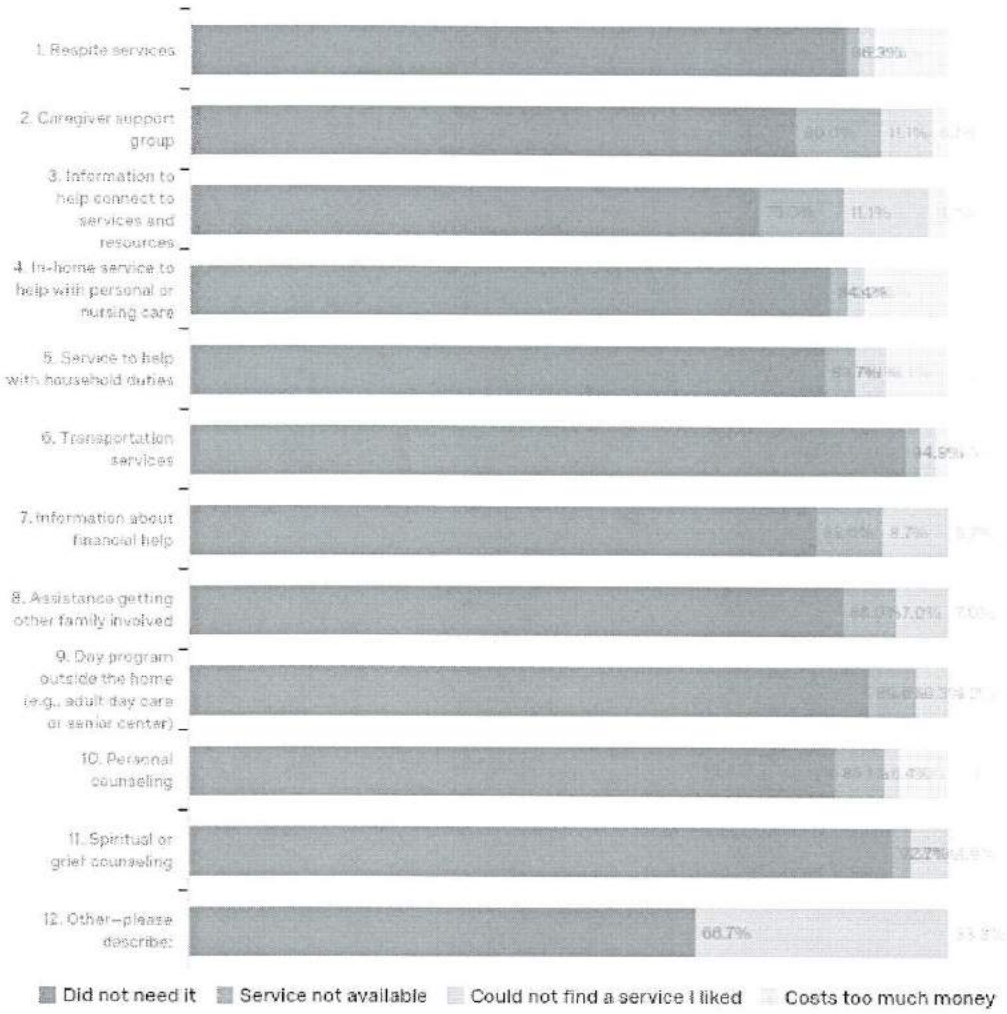
Other—please describe:

1. Met with Mom and sibling to discuss future plans.
2. Meals delivered to Dad 5 days a week is very helpful.
3. Taking advantage of exercise classes.
4. My sons have been good about helping with transportation
5. The caregiver support group in online since the ones in my area are during the day...again for the older population. There are no adult daycare services in my rural area.
6. Therapy for various situations
7. Friend who comes in to make Breakfast for a few days at a time so I can go to work.
8. Na
9. Gilda's Club has been very helpful. I had been reluctant to avail myself to the opportunity because I didn't want to lessen the relationship established between Gilda's staff and my spouse.
10. Mom has been gone for almost 4 years now-I'm participating in this survey in the hope to help determine need of services for others - potentially for myself in time!
11. I have contacted ADRC about having meal delivery to my parents' residence.
12. None
13. Meals on Wheels

5. What caregiver support services have you used in the past 12 months? Please check all that apply.

3. Information to help connect to services and resources	46.4%	26
8. Assistance getting other family involved	26.8%	15
4. In-home personal or nursing care services at home for the person you care for	25.0%	14
5. Service to help with household duties for the person you care for	25.0%	14
12. Other—please describe:	23.2%	13
7. Information about financial help	19.6%	11
2. Caregiver support group	14.3%	8
6. Transportation services	12.5%	7
11. Spiritual and grief counseling	12.5%	7
1. Respite services	12.5%	7
9. Day program outside the home (e.g., adult day care or senior center)	5.4%	3
10. Personal counseling	5.4%	3
Total	100%	56

6. For any service you did not use, please explain why. Please check all that apply.



Question	Did not need it		Service not available		Could not find a service I liked		Costs too much money		To tal
1. Respite services	86.27%	44	1.96%	1	1.96%	1	9.80%	5	51
2. Caregiver support group	80.00%	36	11.11%	5	6.67%	3	2.22%	1	45
3. Information to help connect to services and resources	75.00%	27	11.11%	4	11.11%	4	2.78%	1	36
4. In-home service to help with personal or nursing care	84.44%	38	2.22%	1	2.22%	1	11.11 %	5	45
5. Service to help with household duties	83.67%	41	4.08%	2	4.08%	2	8.16%	4	49
6. Transportation services	94.34%	50	1.89%	1	1.89%	1	1.89%	1	53
7. Information about financial help	82.61%	38	8.70%	4	8.70%	4	0.00%	0	46
8. Assistance getting other family involved	86.05%	37	6.98%	3	6.98%	3	0.00%	0	43
9. Day program outside the home (e.g., adult day care or senior center)	89.58%	43	6.25%	3	4.17%	2	0.00%	0	48
10. Personal counseling	85.11%	40	6.38%	3	2.13%	1	6.38%	3	47
11. Spiritual or grief counseling	92.68%	38	2.44%	1	4.88%	2	0.00%	0	41
12. Other—please describe:	66.67%	2	0.00%	0	33.33%	1	0.00%	0	3

7. Please describe other reasons you did not use services listed above:

1. Patient has family members and other resources.
2. Mainly because I didn't know they existed!
3. Haven't need them YET but I see it on the horizon SOON.
4. Does not apply to me.
5. Feel responsible and do not want to burden others. Plus, I do not want my mother and brother to feel uncomfortable.
6. Some are not needed. Others my dad doesn't want to use even if it would be helpful.
7. We aren't at that "stage of the game" quite yet
8. Are not at the point we need these services
9. My husband is 91 - still can do some personal care himself
10. As a wife I took care of husband.
11. Did not think I needed them at this time.
12. My husband didn't like me to have help.
13. Did not know where to find. Would love to have other family but too far away.
14. Sometimes the help I received was sub standard or people did not return. My person did not want some of the in-home help.
15. Mother's in a nursing home with mild dementia
16. Don't offer the services on too much.
17. Services not available when I needed them. See previous answer about night shift hours.
18. Haven't had the time to really took into the programs and services.
19. Mother-in-law pretty private person.
20. I don't understand the marks on questions.
21. I did not feel the need for additional help - I have great support from family members.
22. Spouse able at this time
23. The caregiving is done in our home and haven't needed outside help yet but feel I will in the future.
24. This whole situation is cumbersome. Outside help feels like an intrusion.
25. Mostly just not needing to add to our and Mom's stress level for "forcing" other strangers into her life. Services for me? I could have used caregiver support - my own life/home suffered due to the time I needed to spend providing care to Mom. Again, it would have added to our stress if we had forced strangers into Mom's life - yes, cost was a factor.
26. I'm a in home caregiver. I am limited in power.
27. I'm not even sure if I should be filling this survey out, I care for my 27 year old son who had a stroke 3 years ago, who is now a nonverbal, quadriplegic on a feeding tube and required 24 hour/day care. He is a participant in the state run IRIS program, so he has 8 caregivers who take different shifts throughout the week.
28. Because I live only a mile from my parents, I am able to tend to a lot of their needs. Dad will be 90 in November and his mobility is limited, but I bought him a rollator which has greatly helped. Mom has dementia and again, I am able to be there daily to help with her needs. If/when they become more debilitated, I feel I will need more of these resources as I teach full time and am already feeling stress with the end of summer approaching.
29. I call for questions or assistance and the lady never called back!!!!!!
30. None needed
31. I am not the primary care giver.
32. haven't gone yet

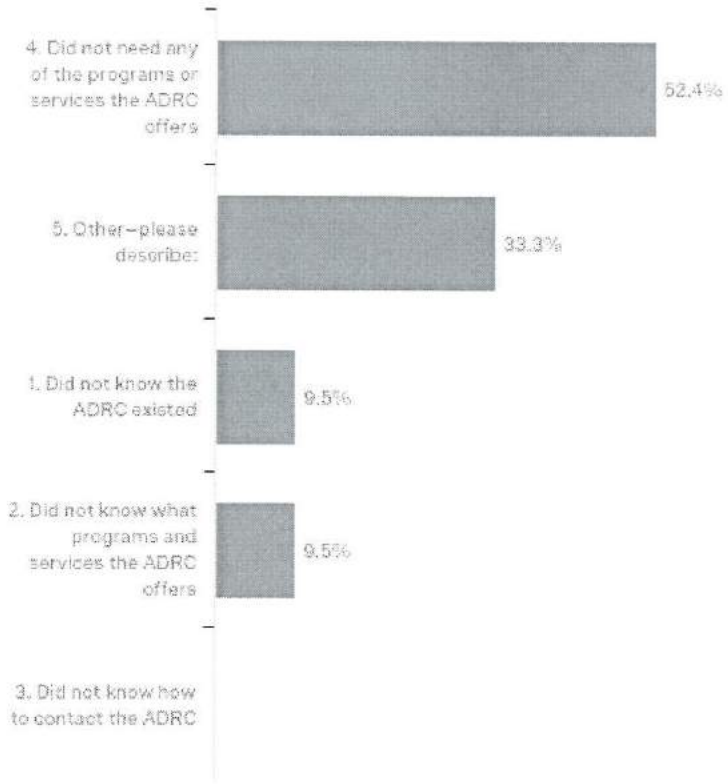
8. *What other kinds of support services do caregivers need?*

1. I'd love to hire a responsible high school student to play board games etc. with my mom 2x a week.
2. After cataract surgery someone to help with eye drops for Dad would have been a big help.
3. Services that can be covered by long term healthcare
4. I get stressed about about what he needs to do and doesn't want to do.
5. None
6. help with meals
7. Checklist of documents/plans "every aging household" needs or something like that. I don't know what I don't know.
8. Someone to talk to. Time away to do things that isn't involved with care giving.
9. A break.
10. Dealing with difficult family members, support for what is best for the person who is getting the care in the home. Help with parent or whoever that refuses help when safety is an issue.
11. on line
12. Sometimes I just need to vent but then I feel guilty for complaining.
13. This probably isn't within the parameters of this program, but caregivers should be allowed to claim a tax deduction as a dependent.
14. More ability to correspond with other caregivers. Networking with a total plan. I spend more time with these people than anyone. Some need more care, and some are taking advantage of services they do not need. I feel that some refuse to follow a health care plan but demand services because they are funded while others do not have another advocate besides me and struggle. I have no recourse as my boss only cares about the money, and social services and VA don't want to bother to listen to me.
15. I would love to speak to other caregivers about their trials and triumphs with caring for someone with dementia.

9. *In the past six months or so, have you visited or used information from the Aging and Disability Resource Center (ADRC)?*

Yes	67.61%	48
No	26.76%	19
Not sure	5.63%	4
Total	100%	71

10. *If no (Q9), please explain why.*



10. If no (Q9), please explain why.

1. Did not know the ADRC existed	9.5%	2
2. Did not know what programs and services the ADRC offers	9.5%	2
3. Did not know how to contact the ADRC	0.0%	0
4. Did not need any of the programs or services the ADRC offers	52.4%	11
5. Other—please describe:	33.3%	7
Total	100%	21

Other—please describe:

1. Feel we are not ready for this care
2. Wasn't sure just what they had in services or programs
3. Do not believe we qualify. People of different ages need caregivers. It's not always an older family member.
4. I have heard it's hard to get the people they need to help others.
5. We have a family member helping with yard work.
6. I've visited the ADRC a few times, but it's been over a year ago.
7. Mother just moved in

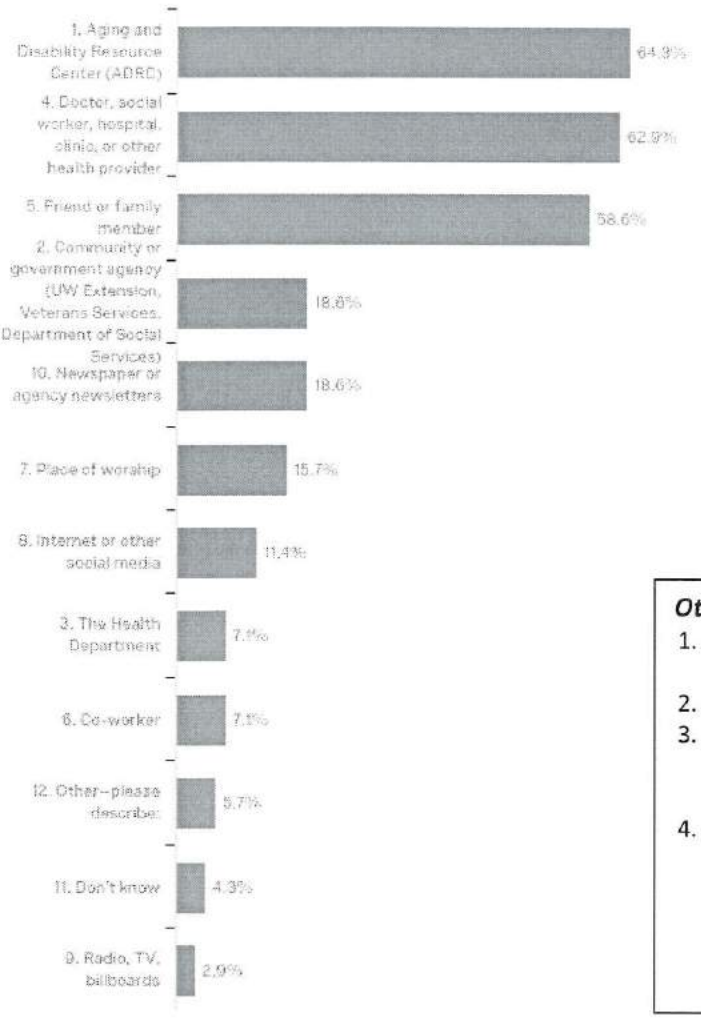
11. Have you heard of the Seniors United for Nutrition (SUN) Program that provides Meals-on-Wheels and Meal Sites?

Yes	88.89%	64
No	11.11%	8
Total	100%	72

12. *Has the person for whom you provide care participated in the SUN program?*

Answer	%	Count
Yes	37.50%	27
No	62.50%	45
Total	100%	72

13. *Where do you usually find out about services if you or the person you provide care for needs help in the home? Please check all that apply.*



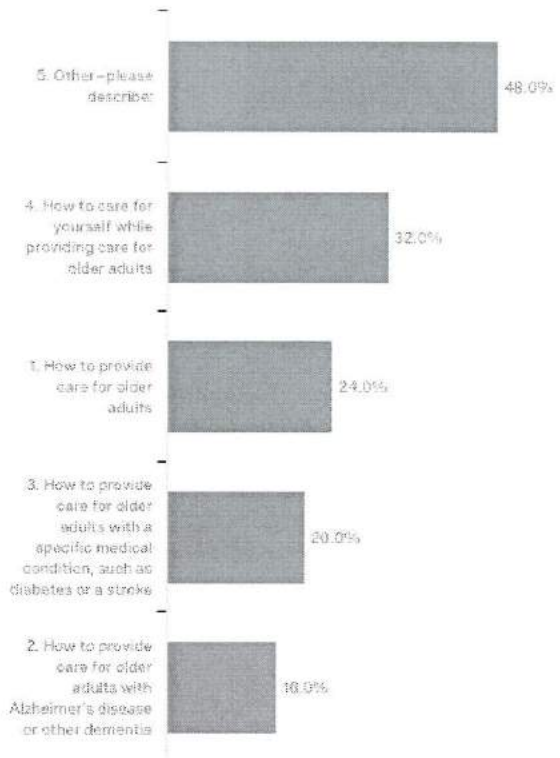
Other—please describe:

1. Past experience with Dad so we know how/who to ask for help.
2. Food pantry.
3. I am best informed there - the support group and [name of a person]. She is excellent help.
4. its kind of hard to figure out what outside help we can get, on a limited basis. not sure if can hire someone for short amount of time several days a week.

13. Where do you usually find out about services if you or the person you provide care for needs help in the home? Please check all that apply.

1. Aging and Disability Resource Center (ADRC)	64.3%	45
4. Doctor, social worker, hospital, clinic, or other health provider	62.9%	44
5. Friend or family member	58.6%	41
10. Newspaper or agency newsletters	18.6%	13
2. Community or government agency (UW Extension, Veterans Services, Department of Social Services)	18.6%	13
7. Place of worship	15.7%	11
8. Internet or other social media	11.4%	8
6. Co-worker	7.1%	5
3. The Health Department	7.1%	5
12. Other—please describe:	5.7%	4
11. Don't know	4.3%	3
9. Radio, TV, billboards	2.9%	2
Total	100%	70

14. *In the past 12 months, what caregiving-related educational/training opportunities have you participated in? Please check all that apply.*



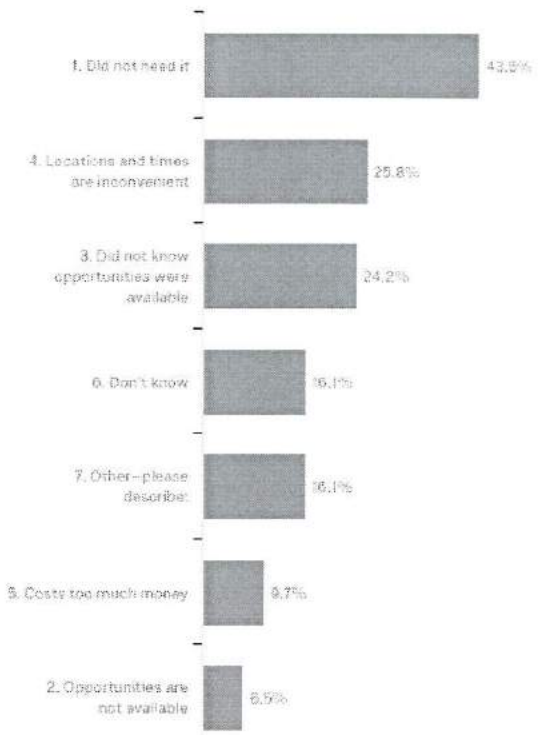
14. In the past 12 months, what caregiving-related educational/training opportunities have you participated in? Please check all that apply.

5. Other—please describe:	48.0%	12
4. How to care for yourself while providing care for older adults	32.0%	8
1. How to provide care for older adults	24.0%	6
3. How to provide care for older adults with a specific medical condition, such as diabetes or a stroke	20.0%	5
2. How to provide care for older adults with Alzheimer's disease or other dementia	16.0%	4
Total	100%	25

Other—please describe:

1. none
2. Again...everyone of your questions refers to older adults
3. None
4. I am a nurse and have worked with above for many years so have not.
5. No training. Self tough.
6. I worked at a care center and worked with all types of older people. Great help!
7. Na
8. again, Mom has been gone for 4 years now, so in the past year, I haven't needed to research or participate in any of the above. While providing for her, I read a lot on-line and read books to help understanding the progression of Alzheimer's/dementia so I could provide the best care I could for Mom
9. I read each client and research their needs.
10. As I stated prior, I care for my 27 year old son. But have not participated in any caregiving-related training.
11. Moving Forward Series in Madison for Parkinson support
12. programs provided by ADRC

15. *If you have not participated in these educational/training opportunities, please explain why. Please check all that apply.*



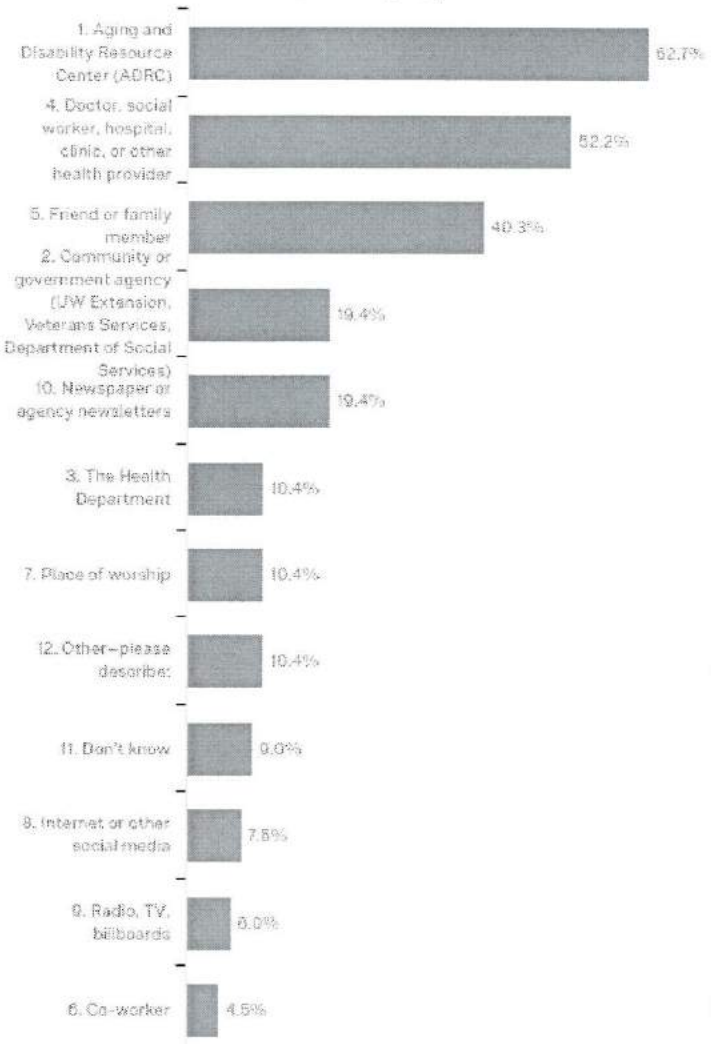
15. If you have not participated in these educational/training opportunities, please explain why. Please check all that apply.

1. Did not need it	43.5%	27
4. Locations and times are inconvenient	25.8%	16
3. Did not know opportunities were available	24.2%	15
6. Don't know	16.1%	10
7. Other—please describe:	16.1%	10
5. Costs too much money	9.7%	6
2. Opportunities are not available	6.5%	4
Total	100%	62

Other—please describe:

1. I do more outside work than actual personal care.
2. I learned as things came up. Talked to different people with experience.
3. No good reason, it's not that bad yet.
4. They are all for people caring for older adults - not adults with disabilities
5. Those seem like advanced care topics. My parents aren't sick, they just need more help around the house and starting to worry about mom driving.
6. The adult I care for is able to assist with most. We talk about what assistance is needed/wanted.
7. Job commitment
8. [Name] has cancer. I care for my best brother on my own.
9. Wasn't who could help me out so I could go to trainings, etc.
10. I have very little personal time, and my employer is not interested.

16. ***Through which of the following people, organizations, or services have you learned about caregiving-related educational/training opportunities? Please check all that apply.***



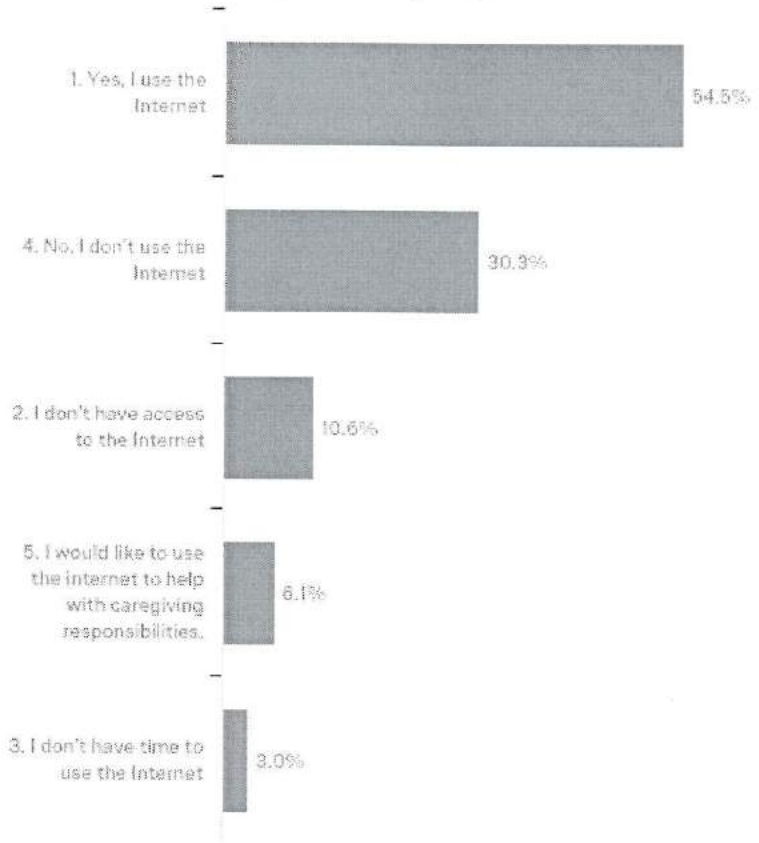
Other—please describe:

1. Past experience with Hospice and my Dad
2. One daughter is an EMT, other daughter is a home health care nurse
3. Training from assisted living facility where I worked.
4. Pretty much on my own. Watched parents care for their parents.
5. Seminars
6. My mom was caregiver for six years. Then when [name] got sick I was only person who help him.
7. Work

16. Through which of the following people, organizations, or services have you learned about caregiving-related educational/training opportunities? Please check all that apply.

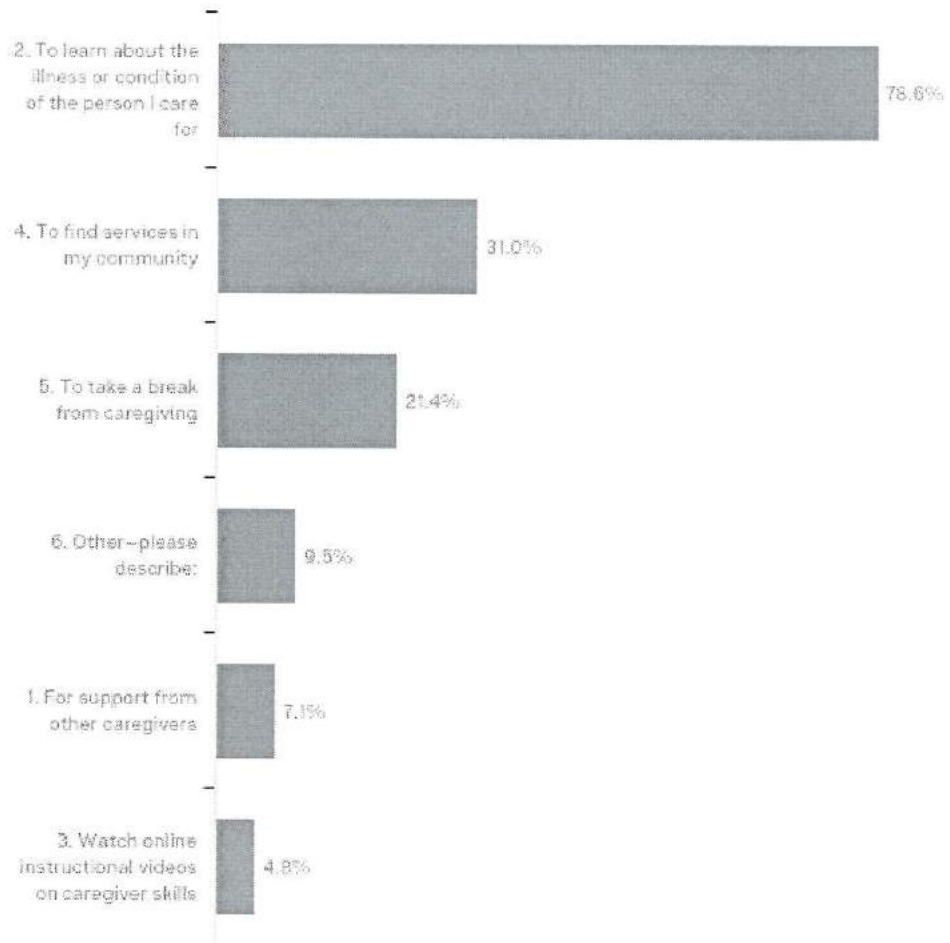
1. Aging and Disability Resource Center (ADRC)	62.7%	42
4. Doctor, social worker, hospital, clinic, or other health provider	52.2%	35
5. Friend or family member	40.3%	27
10. Newspaper or agency newsletters	19.4%	13
2. Community or government agency (UW Extension, Veterans Services, Department of Social Services)	19.4%	13
3. The Health Department	10.4%	7
12. Other—please describe:	10.4%	7
7. Place of worship	10.4%	7
11. Don't know	9.0%	6
8. Internet or other social media	7.5%	5
9. Radio, TV, billboards	6.0%	4
6. Co-worker	4.5%	3
Total	100%	67

17. *Do you use the Internet to help with caregiving? Please check all that apply.*



17. *Do you use the Internet to help with caregiving? Please check all that apply.*		
1. Yes, I use the Internet	52.17%	36
2. I don't have access to the Internet	10.14%	7
3. I don't have time to use the Internet	2.90%	2
4. No, I don't use the Internet	28.99%	20
5. I would like to use the internet to help with caregiving responsibilities.	5.80%	4
Total	100%	69

18. *If you use the internet in your caregiving role, how do you use it? Please check all that apply.*



18. If you use the internet in your caregiving role, how do you use it? Please check all that apply.

2. To learn about the illness or condition of the person I care for	78.6%	33
4. To find services in my community	31.0%	13
5. To take a break from caregiving	21.4%	9
6. Other—please describe:	9.5%	4
1. For support from other caregivers	7.1%	3
3. Watch online instructional videos on caregiver skills	4.8%	2
Total	100%	42

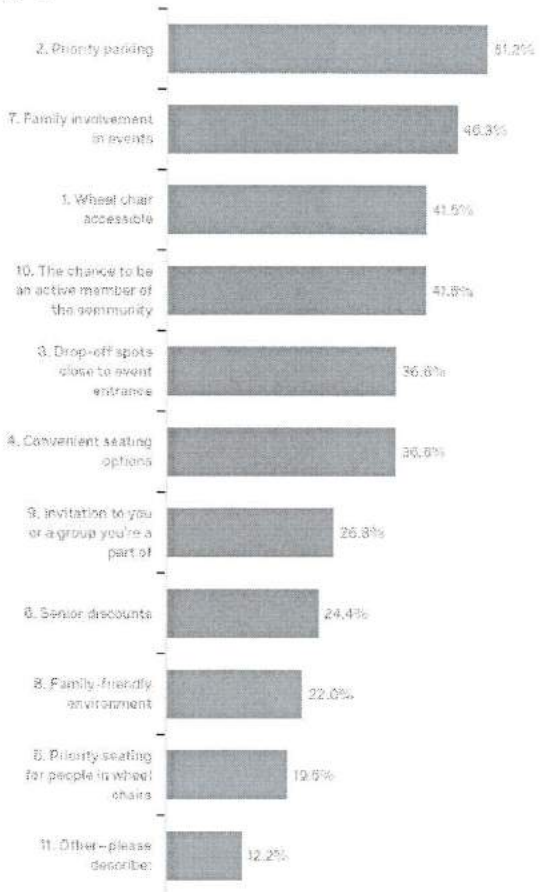
Other—please describe:

1. Help from DMV on driving skills, field tests. Wisconsin only makes us take a visual test every 8 years, this is terrible and unsafe!
2. None of these
3. No internet.
4. I do not use the computer at this time for information.

19. *Does the person you care for attend events such as festivals, school sports, parades, etc.?*

Yes	51.47%	35
No	48.53%	33
Total	100%	68

20. **If yes, what makes these events attractive and accessible to the person you care for? Please check all that apply.**



Other—please describe:

1. Bathroom availability
2. Social
3. Chairs, water, bathroom closeby
4. I try to get my clients to any activities that interest them.

20. If yes, what makes these events attractive and accessible to the person you care for? Please check all that apply.

2. Priority parking	51.2%	21
7. Family involvement in events	46.3%	19
1. Wheel chair accessible	41.5%	17
10. The chance to be an active member of the community	41.5%	17
3. Drop-off spots close to event entrance	36.6%	15
4. Convenient seating options	36.6%	15
9. Invitation to you or a group you're a part of	26.8%	11
6. Senior discounts	24.4%	10
8. Family-friendly environment	22.0%	9
5. Priority seating for people in wheel chairs	19.5%	8
11. Other—please describe:	12.2%	5
Total	100%	41

21. *Please provide examples of things that have kept the person you care for from attending an event that they wanted to attend.*

1. 21. Please provide examples of things that have kept the person you care for from attending an event that they wanted to attend.
2. Unsure of accessibility - parking can be an issue, as can restrooms (porta-potties for wheelchairs, for example). Worried that some people won't appreciate someone with dementia's presence at a public event (although many are supportive).
3. Bad weather
4. Too loud. Too many people. Too cold/hot.
5. Lack of mobility. It's very difficult for dad to expend the energy for events. He used to when younger and had better mobility.
6. Too much walking. His knees and back hurt
7. Having someone to go with
8. His memory, doesn't like crowds.
9. my time and availability
10. Mom often has nobody to attend with unless it's a church activity.
11. No room to maneuver wheel chair.
12. Not feeling well/incontinence.
13. Too tired, too depressed, but often is interested. Wears out easily.
14. Physical therapy to keep them moving no matter how old.
15. Nothing
16. no transportation available on weekends for wheel chairs that have low or no costs attached to them.
17. Tires easily and limited mobility. Mentally over-whelmed.
18. He refuses to go out.
19. My brother [name] has cancer. He is now being cared by hospice care. He is always tired.
20. Problems with walking - shortness of breath. Cannot stand for very long.
21. Not interested.
22. Just not feeling the best
    1. too many steps (overture center for example) 2. some outdoor events where walking on grass is required 3. too late in the evening when event is over
23. Health
24. Just too tired or may be too stressful getting there. May also be temperature related.
25. At first, just her unwillingness to participate - or just to leave the security of her home - her "safe place". Then it became a problem for her needing to be (very) close to a bathroom - we had a few massive accidents in public - after that, it was only trips to the Dr. Office.
26. Lack of mobility issues and my ability to transport.
27. My daduses a cane and rollator, and he just isn't comfortable around others as he feels he is a nuisance (not true). Mom, with her dementia, is reluctant to do anything without Dad—even though I would happily accompany the both of them to such activities,
28. Depression cost
29. na

22. Where do you live (ZIP Code)?

ZIP	# of respondents
53502	1
53503	1
53506	2
53507	11
53526	2
53533	21
53535	1
53543	2
53544	5
53553	1
53554	2
53565	6
53569	1
53573	1
53574	1
53580	1
53582	2
53588	3
53593	1
53818	1
54880	1
54915	1

23. What is your age?

Age	# of respondents
32	1
40–49	5
50–59	15
60–69	21
70–79	15
80–89	10
92	1

24. Do you have a condition that affects your mobility?

Yes	16.18%	11
No	82.35%	56
Not sure	1.47%	1
Total		68

25. How many adults over age 60 do you provide care for?

# over 60	# of respondents
0	4
1	50
2	10
3	1
6	1

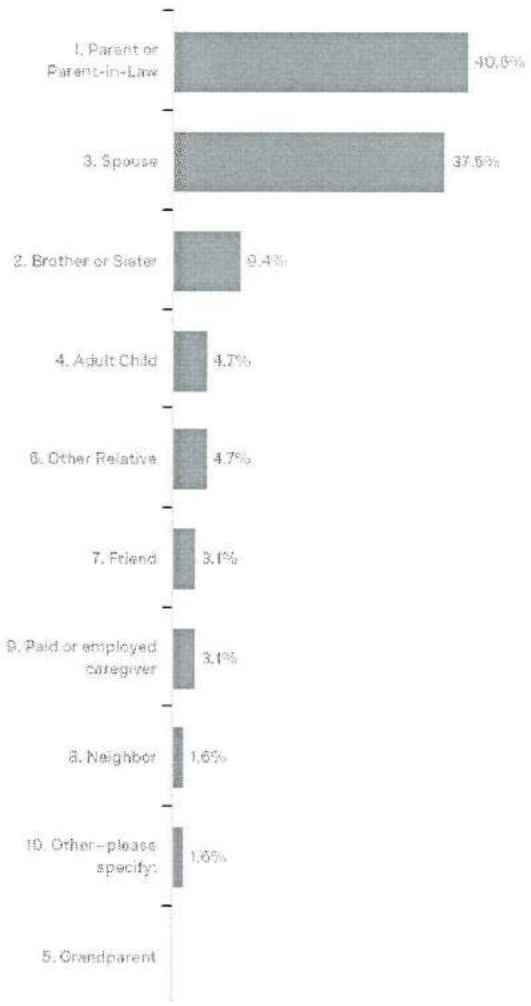
26. How many hours per week do you spend giving care?

Hours	Respondents
1–9	13
10–19	13
20–29	9
30–39	3
40–49	2
50–59	2
60–69	1
70–79	1
80–89	2
120	1
144	1
168	3

27. How many of those hours are paid?

# of hrs paid	Respondents
0	45
4	1
8	1
12	1
21	1
32	1
40	1

28. What is your relationship to the person you are caring for?



28. What is your relationship to the person you are caring for?		
1. Parent or Parent-in-Law	40.6%	26
3. Spouse	37.5%	24
2. Brother or Sister	9.4%	6
4. Adult Child	4.7%	3
6. Other Relative	4.7%	3
7. Friend	3.1%	2
9. Paid or employed caregiver	3.1%	2
8. Neighbor	1.6%	1
10. Other—please specify:	1.6%	1
5. Grandparent	0.0%	0
Total	100%	64

Other—please specify:

1. I just put my husband in a nursing home facility 6 weeks ago. So right now I am not caring for him, but I had been for a long time.

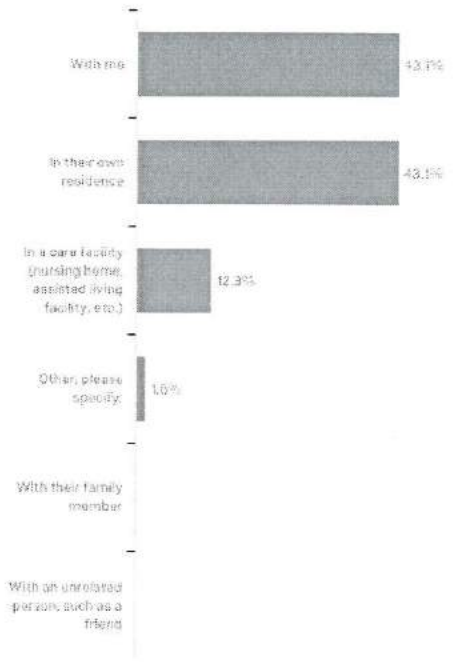
29. *Are you the primary caregiver for the individual indicated above?*

Yes	76.92%	50
No	21.54%	14
Not sure	1.54%	1
Total	100%	65

30. *Does this person have memory impairment, such as Alzheimer's disease or another form of dementia?*

Yes	34.38%	22
No	51.56%	33
Not sure	14.06%	9
Total	100%	64

31. *Where does the person for whom you have caregiving responsibility live?*



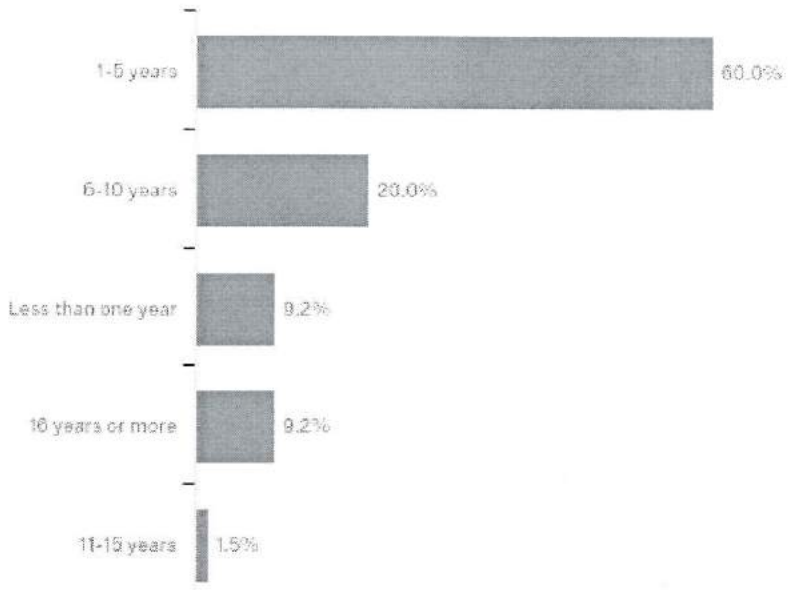
Other:

She lived alone in a separate home on our country property. For the last 6 months of her life, when I could no longer provide the 24/7 care she needed, she went to a nursing home (SNAKE PIT). I continued to provide care for her there and advocate for her nearly every day-or I'm certain she wouldn't have lived that long - I needed to feed her - walk her - help her to toilet - and provide mental/emotional stimulation while she was there.

31. Where does the person for whom you have caregiving responsibility live?

With me	43.1%	28
In their own residence	43.1%	28
In a care facility (nursing home, assisted living facility, etc.)	12.3%	8
Other, please specify:	1.5%	1
With their family member	0.0%	0
With an unrelated person, such as a friend	0.0%	0
Total	100%	65

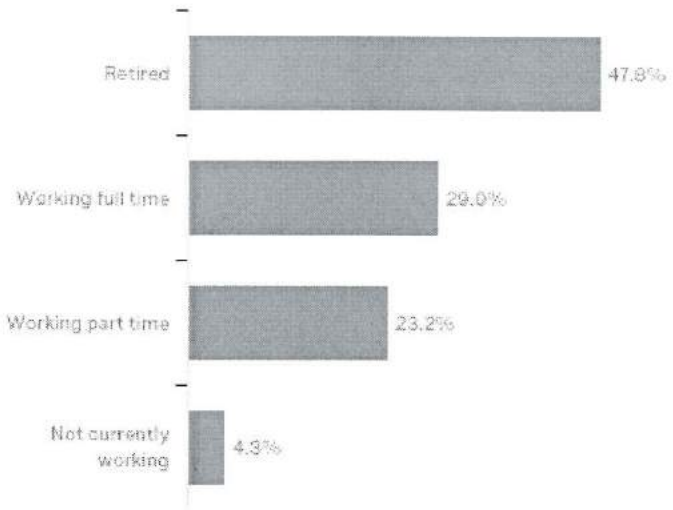
32. How long have you been providing care for this person?



32. How long have you been providing care for this person?

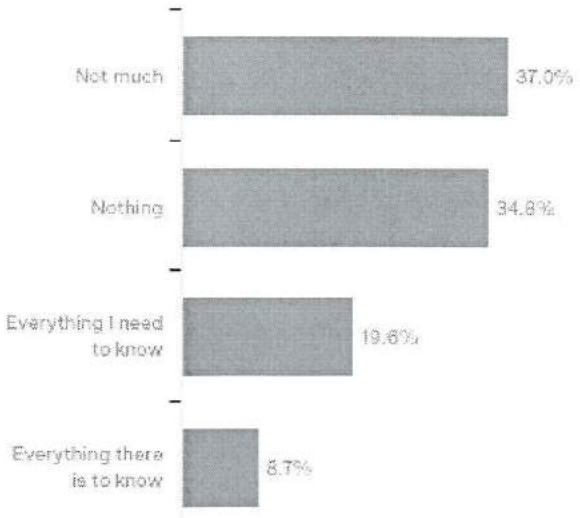
1-5 years	60.0%	39
6-10 years	20.0%	13
Less than one year	9.2%	6
16 years or more	9.2%	6
11-15 years	1.5%	1
Total	100%	65

33. In addition to caregiving, what is your current employment status? Please check all that apply.



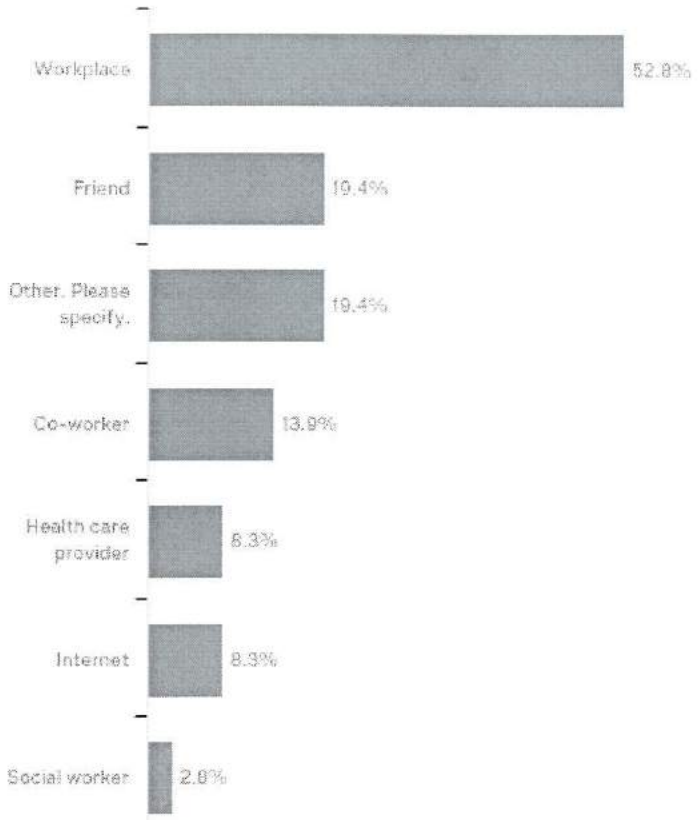
Working full time	29.0%	20
Working part time	23.2%	16
Not currently working	4.3%	3
Retired	47.8%	33
Total		69

34. How much do you know about the Family Medical Leave Act (FMLA)?



Not much	37.0%	17
Nothing	34.8%	16
Everything I need to know	19.6%	9
Everything there is to know	8.7%	4
Total		46

35. Where or how did you learn about the FMLA?



Workplace	52.8%	19
Friend	19.4%	7
Other. Please specify.	19.4%	7
Co-worker	13.9%	5
Health care provider	8.3%	3
Internet	8.3%	3
Social worker	2.8%	1
Total	100%	36

Other. Please specify.

1. experience
2. don't know about it
3. rumor mill - people using it after pregnancy
4. Retired
5. as a self-employed business owner, that program couldn't help me
6. N/a

36. Have you ever taken time off under the Family Medical Leave Act?

Yes	32.69%	17
No	63.46%	33
Not sure	3.85%	2
Total		52

37. *Do you need more information about the Family Medical Leave Act?*

Yes	13.46%	7
No	73.08%	38
Not sure	13.46%	7
Total	100%	52

Summary of Results

Survey of Adults in Iowa County

September 2018

The survey was conducted July through August 2018 by the

Iowa County HeART Coalition

- Sue Matye, Iowa Co. Health Department
- Bruce Paull, Iowa County Board of Supervisors
- Kari Bennett, Iowa Co. Health Department
- Valerie Hiltbrand, ADRC of Southwest WI
- Ann Thompson, Iowa Co. Health Department
- Shelley Reukauf, ADRC, Caregivers Support Program
- Michelle Carver, Upland Hills Health
- Janet Butteris, ADRC, Elder Abuse Program
- Lisa Schnedler, Upland Hills Health
- Vickie Stangel, Dodgeville Public Library
- Beth Beyler, Iowa County Dept. of Social Services
- Pamela Kul-Berg, ADRC, Dementia Care Program
- Molly Dean, Agrace Hospice & Palliative Care
- Deanna Truedson McKillips, Agrace Hospice & Palliative Care
- Sue Husom, Agrace Hospice & Palliative Care
- Cecile McManus, Seniors United for Nutrition Program
- Ricki Bishop, Independent Living Resources
- Barry Hottmann, UW Extension
- Ruth Schriefer, UW Extension
- Faye Glonek, Iowa County
- Terri DeVoss, Dodgeville
- Elsie Jane Murphy, Barneveld
- Phyl Erickson, Dodgeville
- Lois Nankee, Highland
- Linda Larsen, Dodgeville
- June Meudt, Dodgeville

The survey was initiated as part of the

Healthy Aging in Rural Towns (HeART) Project

HeART is a partnership of

- The Iowa County HeART Coalition
- The University of Wisconsin-Madison School of Nursing
- The Wisconsin Office of Rural Health

HeART is supported by Margaret A. Cargill Philanthropies

Profile of Respondents

Number of respondents..... 254

What is your home zip code?

53503	8
53506	15
53507	37
53516	1
53517	1
53526	4
53533	104
53543	9
53544	8
53553	5
53554	1
53563	1
53565	19
53569	2
53580	3
53582	10
53588	6
53733	1
53588 for mailing purposes only	1
No response	18

What is your age?

38	1
50–59	10
60–69	76
70–79	102
80–89	40
90–99	7
No response	18

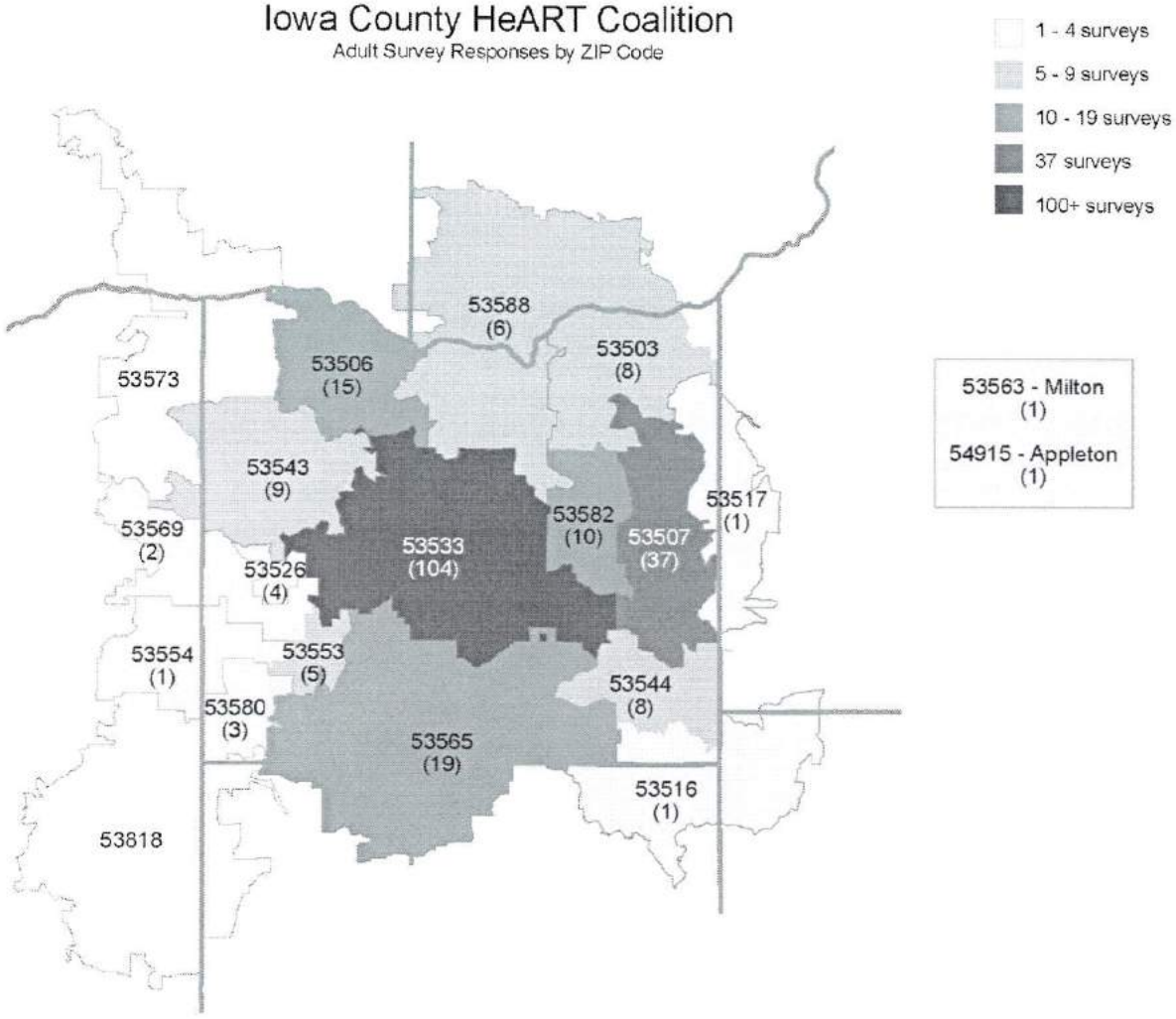
Do you have a condition that affects your mobility?

Yes, all of the time	8.8%	21
Yes, some of the time	28.6%	68
No	60.1%	143
Not sure	2.5%	6
Total	100%	238
No response		16

	Yes		No	
1. *Do you live alone?*	35.8%	86	64.2%	154
2. *Do you live in an assisted living/nursing home?*	1.7%	4	97.4%	229
3. *If no, do you plan to move into an assisted living/nursing home within the next six months?*	0.4%	1	98.7%	228
4. *Do you have someone that checks in with you regularly, at least once a week (via phone call, text, email, or visit)?*	54.5%	115	22.7%	48
5. *Do you have someone you can call in an emergency (other than 911)?*	93.6%	221	5.9%	14
6. *Do you need assistance leaving your home in the event of an emergency or disaster?*	10.6%	25	88.6%	209
1. *Do you currently drive?*	92.3%	227	7.7%	19
2. *Do you have a dependable vehicle or other means of transportation?*	97.1%	235	2.9%	7
3. *Do you need transportation assistance?*	10.4%	25	89.6%	215
4. *In the last six months or so, have you missed appointments or been unable to shop because of transportation issues?*	5.4%	13	94.6%	228

Iowa County HeART Coalition

Adult Survey Responses by ZIP Code



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4.	Are there other services that would help you?	11
5.	Are there services available that respond to the needs of people with Alzheimer's disease or other dementia?	12
6.	If yes, please describe.	13
7.	In the past six months or so, have you visited or used information from the Aging and Disability Resource Center (ADRC)?	13
8.	If no, please explain why.	14
9.	Have you heard of the Seniors United for Nutrition (SUN) Program that provides Meals-on-Wheels and Meal Sites?	15
10.	Have you participated in the SUN program?	15
11.	How have you learned about available services?	15
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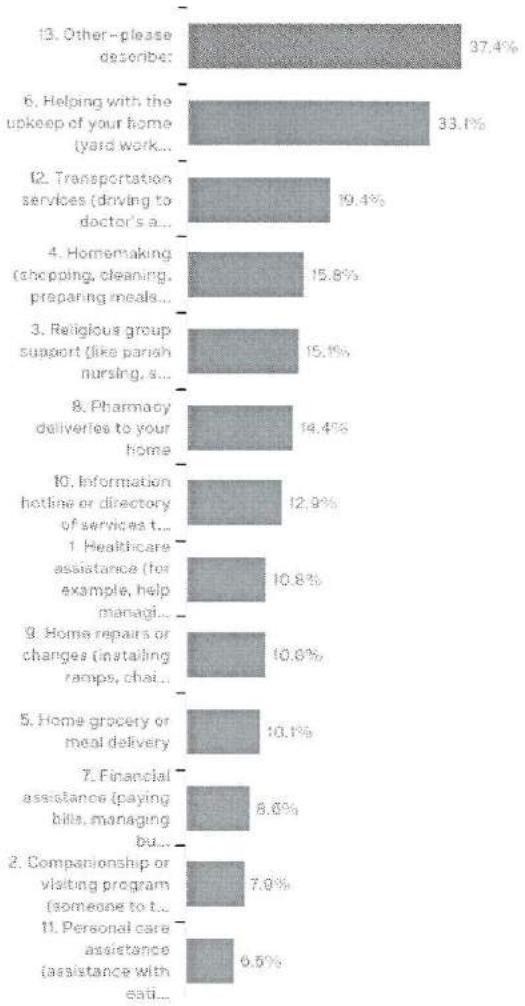
13.	Where do you go to visit your healthcare providers?	18
14.	Do you have trouble going to the doctor or dentist due to lack of doctors accepting Medicaid/medical assistance?	19
15.	Have you used or participated in any of the following preventative health services in the past year?	20
16.	Do you attend events such as festivals, school sports, parades, town hall meetings, etc.?	21
17.	If yes, what makes these events attractive and accessible?	21
18.	Please provide examples of things that have kept you from attending an event that you wanted to attend.	22
19.	How safe do you feel in your community?	23
20.	If you do not feel safe, please explain why.	24
21.	If there is an emergency, how comfortable do you feel calling 911?	24
22.	If you do not feel comfortable calling 911, please explain why.	25
23.	Please select Yes or No for the following.	26
24.	How do you usually get to and from appointments, meetings, errands, and events?	27
25.	Please describe any public places in our community that should have priority parking and drop-off spots for older adults but don't.	27
26.	Please select Yes or No for the following.	29
27.	What is your home ZIP code?	29
28.	What is your age?	30
29.	Do you have a condition that affects your mobility?	30

1. *Which of the following services have you used in the past six months? Please check all that apply.*



1. Which of the following services have you used in the past six months? Please check all that apply.

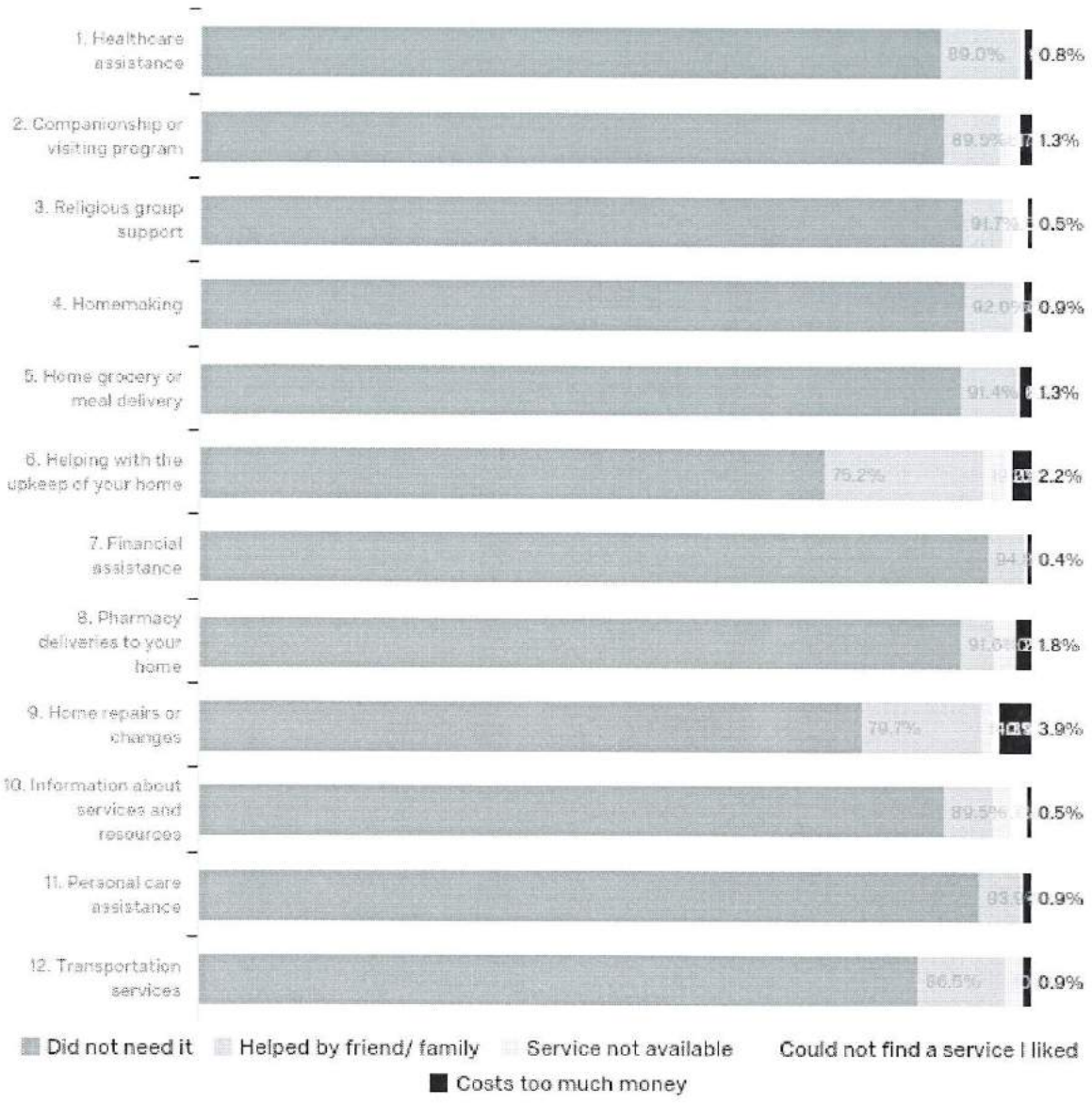
13. Other—please describe:	37.4%	52
6. Helping with the upkeep of your home (yard work, snow removal, painting)	33.1%	46
12. Transportation services (driving to doctor's appointments, driving for errands)	19.4%	27
4. Homemaking (shopping, cleaning, preparing meals)	15.8%	22
3. Religious group support (like parish nursing, spiritual counseling, prayer group)	15.1%	21
8. Pharmacy deliveries to your home	14.4%	20
10. Information hotline or directory of services to help connect you to services and resources	12.9%	18
9. Home repairs or changes (installing ramps, chair lifts, wider doorways, handrails, non-slip tiles)	10.8%	15
1. Healthcare assistance (for example, help managing medications, dressing change)	10.8%	15
5. Home grocery or meal delivery	10.1%	14
7. Financial assistance (paying bills, managing budget)	8.6%	12
2. Companionship or visiting program (someone to talk to, read with, keep company)	7.9%	11
11. Personal care assistance (assistance with eating, bathing, mobility, dressing, grooming)	6.5%	9
Total		139

Question #1, continued.

Other—please describe:

1. I just had one hip replaced so I had Home Health Care. I will have the other one done later. My husband is in Rehab as he broke his leg.
2. Tai Chi class, step up class
3. Hire person to mow lawn and to flower garden.
4. I have not used these services from the county but I have hired a couple of young people to do yard work.
5. none
6. Haven't needed any of these
7. We are a family of three, husband is 88 and needs a walker, daughter is 58 and is wheelchair bound, wife (me) is still recuperating from a broken femur from 2 years ago - age 85. We have 5 support people. Our biggest concern is transportation. Daughter drives, but is a chore to transfer to car for a quick run. I don't know if we would use it, but at present that is our biggest need. I'm sure 3 of the support people would work us into their schedule, but is definitely a loss of freedom.
8. None of these yet.
9. I, and other family members, are providing several of these for our Mother who has cancer
10. None
11. None
12. haven't had any kind of need for those services
13. Have not used any of the above services.
14. ADRC consulting about Medicare options.
15. However all out medical care is at UW and Unity Point-Meriter
16. Grooming only (hair)
17. Misc. home up keep as needed by children and sons in law as requested.
18. We have not had to use any of these services. I think they are great and I hope they will be affordable if my husband or myself reach that point that we need assistance. We are able to take care of ourselves and maintain our home and yard work.
19. Not many used now, but may need more services in the future - especially transportation help since I live in the country and hope to stay here.
20. Exercise at Upland Hills Hospital, Physical Therapy
21. these services were all private pay
22. none of the above
23. No need of help
24. AARP tax service
25. None
26. Not needed yet.
27. N/A
28. N/A
29. Right now I do all of the above myself except for one doctor's appointment where one of our daughters attend which happens about every 6 months.
30. Right now my wife does most of these services
31. None
32. Get ride from family or friend to Doc.
33. None of the above
34. I certainly could use help with fall and spring clean up with leaves of my flower beds.
35. Haven't had to use any.
36. Will use services when needed.
37. [NAME DELETED] has a lady hired approx. 20 hours weekly. She helps with cleaning, gardening, brings groceries, helps with some cooking, and driving. [NAME DELETED] pays for this herself. She also has family that assists with home maintenance, snow removal, lawn mowing, driveway maintenance, grocery purchases, bill pay, and mail/correspondence needs. The driver or family members drive [NAME DELETED] to medical appointments. [NAME DELETED]'s mail box is 1 mile from her dwelling in rural Iowa County. Her Minister visits maybe once every 6 months.
38. Have not yet needed/required these services.
39. Did not need.
40. I get meals on wheels.
41. None
42. none
43. N/A
44. I am 80, but feeling very healthy. My problem today is that recovering from hip surgery is going very slowly. I have a good friend living with me who does the heavy lifting, but can't count on him forever. Not ready for the services offered, but happy to know they are out there, as I plan to stay in my own home to the end.
45. none! I'm still "young" and doing ok! fingers crossed.
46. none of above
47. Recently moved into Stonefield Apts. For senior citizens
48. None - have not needed services
49. None of the above.
50. Class through ADRC
51. Classes: Tai-Chi services, Stepping On, Stengthening class, Living Well. These are extremely helpful with mobility! Thank you!
52. yoga class

2. ***For the services you did not use, please explain why. Please check all that apply.***



Question #2 continued on next page.

Question #2, continued.

2. *For the services you did not use, please explain why. Please check all that apply.*	Did not need it		Helped by friend/ family		Service not available		Could not find a service I liked		Costs too much money		Total
1. Healthcare assistance	89.8%	211	9.8%	23	0.0%	0	0.4%	1	0.9%	2	235
2. Companionship or visiting program	89.9%	213	6.8%	16	1.3%	3	1.3%	3	1.3%	3	237
3. Religious group support	92.2%	200	4.6%	10	1.4%	3	1.8%	4	0.5%	1	217
4. Homemaking	92.4%	207	5.8%	13	0.9%	2	0.4%	1	0.9%	2	224
5. Home grocery or meal delivery	91.8%	213	6.9%	16	0.4%	1	0.0%	0	1.3%	3	232
6. Helping with the upkeep of your home	77.3%	170	19.5%	43	2.7%	6	0.9%	2	2.3%	5	220
7. Financial assistance	94.8%	220	4.3%	10	0.0%	0	0.4%	1	0.4%	1	232
8. Pharmacy deliveries to your home	92.4%	206	4.0%	9	2.7%	6	0.0%	0	1.8%	4	223
9. Home repairs or changes	81.1%	184	14.5%	33	1.3%	3	0.9%	2	4.0%	9	227
10. Information about services and resources	90.0%	188	5.7%	12	2.4%	5	1.9%	4	0.5%	1	209
11. Personal care assistance	93.9%	214	4.8%	11	0.4%	1	0.0%	0	0.9%	2	228
12. Transportation services	87.2%	198	10.6%	24	2.2%	5	0.0%	0	0.9%	2	227

3. Please describe other reasons you did not use services listed above:

1. Not needed at this stage - but I might need it as time goes on.
2. Didn't need it. Can do it myself.
3. Unneeded at this time.
4. I can drive and arrange and pay for services.
5. I can do all of the services above - partner could not if I couldn't
6. Do not feel it is necessary at this time.
7. Right now I do not need these services.
8. Never knew some of this was available.
9. We need drivers for dialysis 3 times a week but were told we could only get it one day a week. It is offered through CAP but it is expensive and all ride places only run until 4 pm.
10. My son, who lives with me. He has a mental illness and helps me with various chores.
11. Still can do it myself
12. When one of us needed help the other spouse could take care of it. If we did not have the help of our spouse, our answer would be much different.
13. N/A
14. Healthy and able to take care of myself and family members.
15. I am very healthy and independent
16. I didn't know they were available.
17. Helped by family.
18. Am still able to care for myself
19. I have not had recent serious health problems.
20. I am still working full time.
21. I personally don't need these services at this time. Would appreciate them and need them in the future. I do care for my husband though.
22. I live in apartment. I can drive. Can do my own yet. If I need I can call someone.
23. Didn't need any
24. Between the 3 of us, managed and an effort to stay self sufficient.
25. I (66 yrs) am responding to this survey simply because I live in Iowa County and may need some of these services at some point in the future. Thankfully, I do not help with any of the above at this time.
26. I paid for someone to mow my lawn and do some repairs in my home.
27. I am healthy and enjoy my independence and doing things for myself
28. My wife does most things
29. No reason other than I did not need them
30. Haven't needed them. Get pharmacy services from VA.
31. No available to help with home repairs
32. Mother in a nursing home with slight dementia.
33. Just over income guidelines for home repairs.
34. Already in church every week - sometimes 3 times a week. My son does anything I need done.
35. At this point in my life I am not in need of these services.
36. I am able to take care of myself.
37. I help wife, wife helps me
38. Do not need it yet.
39. We are in good health and able to take care of ourselves. We do think these are good programs.
40. Didn't know about some of them.
41. Wife in care center.
42. Did not need, only 58
43. Did not need help
44. Paid for what we needed.
45. My family helps me a lot.
46. I'm able to take care of myself
47. Used postal service and local businesses for many needs.
48. I didn't need the service.
49. None
50. Not yet to the point of needing these services
51. I am still employed and working every day. I have student assistance at the University. I have home assistance from my family and a hired student worker. I do need a lot of the above, but, so far, these things have been handled. I am disabled. I do have a prosthesis and need much assistance with daily living components. I do use ADRC to take me to Madison appointments.
52. still pretty good shape
53. We are part-time (mainly summer through fall) residents of a second home in Iowa county. Although retired, we are currently fit and able, and have relatives within the area.
54. good health
55. I am able to drive and take care of my meds.
56. Healthy
57. Wasn't really needed.
58. No need yet.
59. I am of sound mind and body.
60. We're healthy and in good physical condition
61. Able to do myself.
62. I'm capable yet to be on my own.
63. Able to do for myself
64. None needed.
65. Wasn't sure who to contact
66. I don't drive anymore because doctor suggested this. Wife tries to do the best she can.
67. I am ambulatory and can drive.
68. Able to do on my own.
69. Family and friends do and take care of what I need.
70. I'm only 75 and in very good health.
71. N/A
72. All good ideas, but so far still do it myself.
73. Don't need them right now.

74. Fortunately do not need these services at this time, but may in the future as I am 79.
75. ?
76. Healthcare assistance: what is available? Pharmacy deliveries: They would send US mail, but then sit in her mail box 1 mile from her house that is not a valid solution. Information about services and resources: is this Social Services? Personal care assistance: what is available? Transportation services: This has not been a workable alternative to her hiring her own driver.
77. Unaware of the availability of services
78. I am able to help myself most of the time. I did have a brief illness and had all the help I needed from my children and friends.
79. Healthy enough to be able to care for myself.
80. Do not need them at this time.
81. [NAME DELETED] has a language barrier (Switzerland) so that makes services difficult.
82. I am healthy and mobile and these tasks are quite routine and easy to accomplish myself.
83. Healthy,able to do all on my own yet.What I can't do I have two sons who can do.
84. Husband needed some in home therapy after an operation, but I was able to do all normal activities.
85. So far at 69 i am able to take of myself and my medical needs are taken care by the V.A. All my medication are sen to me by mail
86. Limited availability
87. Independent to date on most things. Able to pay for repairs needed by local contractors.
88. I am able to do these things on my own.
89. Some of the above items are taken care of through the Veterans programs and I get them in other ways.
90. I can drive myself for groceries, dentist, pharmacy, etc. My healthcare is very complete with medical help. I am still able to keep myself and house in order for now. Put me on your waiting list.
91. At this stage, my husband and I are healthy, active and more often in a position to help than be helped.
92. We are in mid 60's and are very independent, not needing services at this point.
93. don't need these services at this time.
94. I'm still mobile and can more or less care for myself.
95. At this point I am fortunate not to need these services.
96. I am 68 and still working.
97. 71 years old and still healthy.
98. I have been blessed so that I am still able to take care of my wife and I and our home.
99. I really don't have a need for them at this juncture in my life.
100. able to take care ourselves
101. At this time in my life I have not needed the help yet.
102. NA
103. Only in our mid 70's, haven't needed any.
104. I am currently still able to do everything for myself.
105. Did not need services.
106. Still young enough to handle all these needs myself.
107. Self sufficient-did not need any services.
108. She lives in another county.

4. *Are there other services that would help you? Please describe:*

1. Places to live at low cost, when I can no longer take care of my house.
2. Having a hard time finding someone to come for home chores. Has two workers, one moved on, other way fired. Homeward bound can't seem to find anyone to come here.
3. Financial
4. I am lucky to have my family all living close and my sister is staying with me. She is in good health. My home is a ranch type with no stairs. I thank God for good health.
5. We find there are services, but most are for the poor. Our question is who pays for the County Taxi? It only runs in the city of Dodgeville. Why call it a county taxi?
6. No
7. I wished we had delivery service for groceries here.
8. N/A
9. Please keep transportation services for doctors appointments. Might need help grocery shopping.
10. Not at this time.
11. I am restricted to daylight driving - would appreciate a driver to attend evening events.
12. No
13. Companion, shopping, and housekeeping - not enough people available to help and hard to find on my own
14. I would like the opportunity to volunteer but don't know how to find out how.
15. A place I could take my husband for caregiver respite. NOT in home.
16. Do not need
17. No
18. At times it would be great to call for transportation, but probably would try to work with our support people.
19. No
20. Don't know at this time
21. some one to contact in regards to renter/landlord problems
22. need some one to help with a ramp or some kind of lift to get my power chair in my van & also a ramp by my back door to get outside
23. But as a parent of disabled adult I'd like to say this county desperately needed respite services.
24. N/A
25. None at this time.
26. Transportation available for non-urgent affairs.
27. Who cut my grass. Who shovels my snow.
28. None that I feel a need for at this time.
29. Hobby networking - Perhaps you can connect people, institutions, and resources with mutual hobby/work interests.
30. A maid, housecleaner
31. Nothing
32. At this time, I am healthy and able-bodied, but I assume someday I won't be and will need services. I probably don't even realize what assistance I will need.
33. I am not currently aware of which services are available in the country as I need very few right now. And which ones are available to country residents.
34. None at this time
35. Information about future availability of services
36. A grocery shopping and delivery service would be well used.
37. not at this time
38. None
39. Mow my yard and wash the car
40. No
41. No
42. Not yet, thank you!
43. N/A
44. Dodgeville needs more nice rental units for seniors who are looking for assisted living.
45. No.
46. Would like to know who might help get me and my husband to a dementia study group at UW Hospital.
47. Have someone to talk to about military things since I'm a Veteran. I also liked to hunt but can't do that anymore. Need male to talk to.
48. List of people who do various yard/outside work.
49. A group that played cards or games closer than Dodgeville. Nothing in our small town. We always have to travel to Dodgeville when watching pennies too many miles are not acceptable.
50. Local, easily available taxi
51. No
52. No
53. Eventually I may need some of these services, just not now.

54. As needs change and expand, it would be nice to know what is available. Is it possible to have a case worker that [NAME DELETED] could be in contact with?
55. help me with the upkeep of my home (e.g. snow removal, grass cutting, etc...)
56. Not at this times
57. no
58. No.
59. Bus services for folks 5 miles out of town so I could participate more on offered outings and shopping
60. no
61. no
62. Yard work is difficult but we have a renter who does some trimming for us. Will need more help with yard yard eventually.
63. No
64. Assistance with financial planning
65. Resources of physicians and services that help people as they age in home.
66. Some day I will need all your services.
67. not yet
68. have been asking around for leads to lawyers who will act as power of attorney, health proxy, executor, etc ..... and for info on any death-with-dignity organizations here. .... I have no will, or any legal prep done because there is no name to fill the slots ... surely I am not the only one with no family for these roles!
69. Not that I know of
70. no.
71. lawn mowing, some yard work and snow shoveling.
72. Transportation outside of Dodgeville - to Madison and Dubuque - that is frequent and convenient.
73. no
74. None come to mind.
75. Classes for internet and smart phone use.
76. None
77. Help around the property of 5 acres and house cleaning.
78. Not that I can think of.
79. Not right now.
80. Can't think of any.
81. Yoga. More Tai-Chi and any other classes.
82. Surgeries - Someone to drive you to and from hospital. If you need 24 hour care for 1 day after surgery, someone to stay with you.
83. Hired help with outside chores.
84. Hired a cleaning lady. Attend classes at ADRC. Go to beauty parlor.
85. Not yet but in future - transportation

5. ***Are there services available that respond to the needs of people with Alzheimer's disease or other dementia?***

Yes	22.8%	52
No	6.6%	15
Not sure	70.6%	161
Total	100%	228

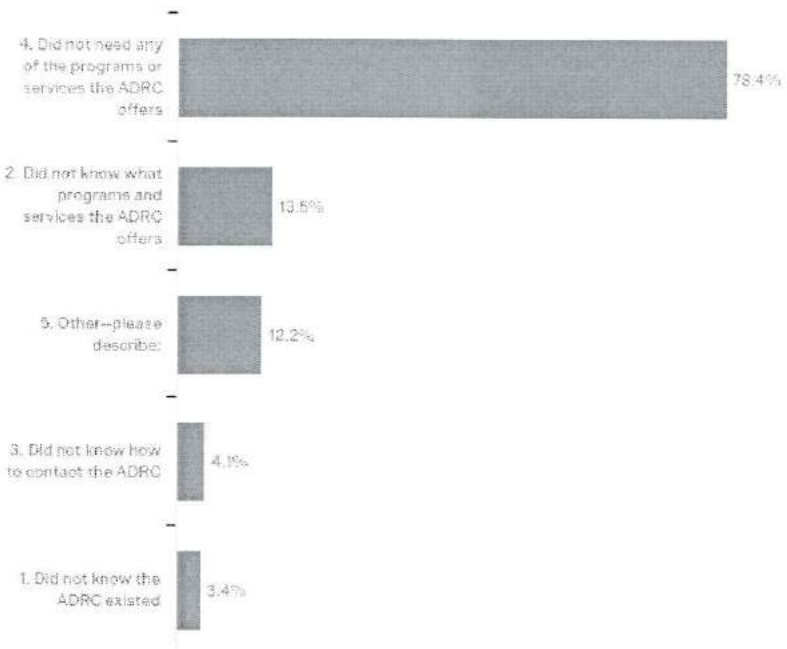
6. *If yes (Q5), please describe:*

1. The ADRC helps the caregiver if the person with dementia.
2. I believe so, nursing homes, stores, etc., trainings to help.
3. My parents both had dementia. At the time I was a caregiver there was little support perhaps that has improved
4. Memory cafe. I've been there but I know it is available.
5. Caregiver support group.
6. ADRC, Dove's Wing at Bloomfield
7. Dementia-friendly business have been identified - not really a "service", but is available in our area.
8. We used ADRC to consult about services available for my dad, who passed away in 2016.
9. In a full care nursing home.
10. I presume the county has a day program, but I haven't needed it. Even if I did, it would be at a distance, likely, making it hard to use often.
11. Slight memory impairment due to mild strokes.
12. I think there are support groups.
13. Nursing homes that specialize in Alzheimers care.
14. ADRC provides many resources. I read their newsletter and am impressed by what they offer.
15. Care home in Mineral Point
16. ADRC/Bloomfield
17. ? haven't needed them recently
18. caregiver support group, library memory kits
19. I know they have been educating businesses and communities about Alzheimers.
20. Alzheimers Association, Alzheimers Alliance, Crestridge Memory care, ADRC
21. Dementia friendly stores and Alzheimer's wings at area NH.
22. Work with merchants to help, ADRC gives preliminary test to check on dementia
23. Don't know - don't need/
24. available at ADRC
25. Memory cafe.
26. ADRC
27. My Doc.
28. I'm aware there are facilities/care centers
29. Haven't needed them but am sure they are available.
30. Services provided by Upland Hills and other health care institutions.
31. ADRC
32. A friend uses the service.
33. We have medical insurance but don't know if there is in-home care for Alzheimer's patients.
34. There are two facilities in my area that would help someone w/either of the above mentioned diseases.
35. Nursing homes, asst. living facilities, in-home personal care, hospice
36. Haven't had the need to find out how these programs work, just know something is available.
37. The ADRC, also there is an Alzheimer's coalition.
38. Yes, we have Homes and the hospital that helps with these issues.
39. The ADRC has several local group meetings and relief agencies.
40. Iowa County Health Dept. - great resource Religion connection Assisted Living MD
41. I'm not exactly sure what they are but know that I can go to the Health Department ADRC to find out.
42. Support Groups, Memory Cafe
43. would contact ARDC
44. Staff are trained, memory care facilities, support group for care givers
45. ADRC services, nursing home services
46. ADRC

7. *In the past six months or so, have you visited or used information from the Aging and Disability Resource Center (ADRC)?*

Yes	38.9%	95
No	58.6%	143
Not sure	2.5%	6
Total	100%	244

8. *If no (Q7), please explain why.*



8. If no, please explain why.	%	Count
4. Did not need any of the programs or services the ADRC offers	78.4%	116
2. Did not know what programs and services the ADRC offers	13.5%	20
5. Other—please describe:	12.2%	18
3. Did not know how to contact the ADRC	4.1%	6
1. Did not know the ADRC existed	3.4%	5
Total	100%	148

Other—please describe:

1. Year ago - Medicare enrollment help
2. Will use soon for retirement information
3. Some information is misleading to our problems. Always a catch why we can't use them.
4. Sign up for social security
5. Not really sure of all the services I might use. Do know where to go when I may need help.
6. missed/lost stepping-up classes due to illness
7. I'm a driver
8. I utilized their services initially when I needed them and don't require their help other than meals on wheels and turning in information for Medicaid.
9. I used to be a caregiver. The ADRC is needed by many . I use the ADRC when it is time to pick supplemental prescription company. The people have been very helpful.
10. I think highly of the ADRC - recommended it to others.
11. I do use meals on wheels
12. I did not need these services
13. haven't a need yet
14. have used them ... am not sure of date last time ...
15. Have needed them for advice in the past.
16. Did not need it at present time
17. Did not know if ADRC had long-term planning program
18. Have not yet required or needed this type of service.

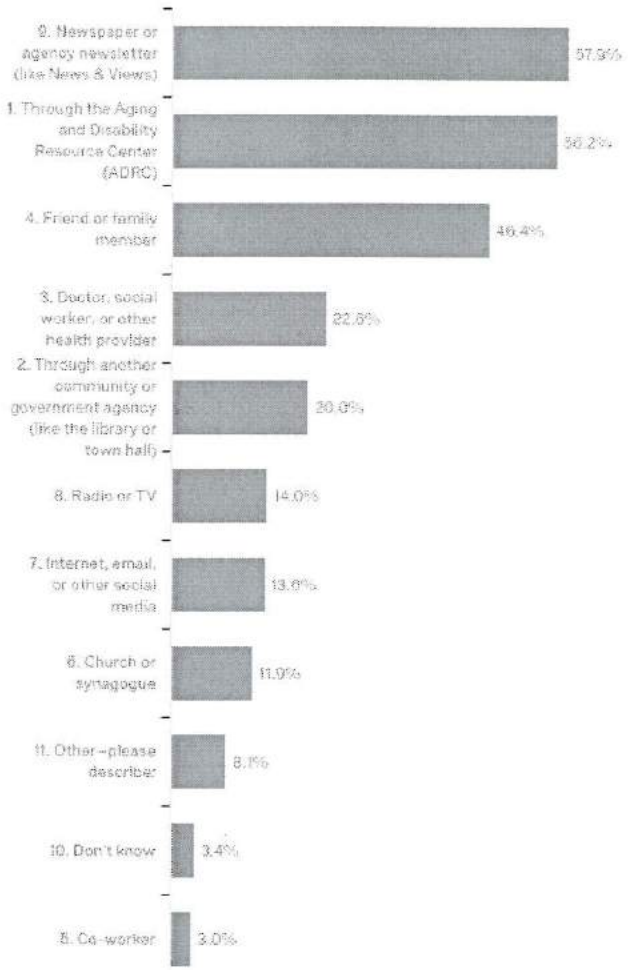
9. ***Have you heard of the Seniors United for Nutrition (SUN) Program that provides Meals-on-Wheels and Meal Sites?***

Yes	91.5%	226
No	8.5%	21
Total	100%	247

10. ***Have you participated in the SUN program?***

Yes	19.8%	49
No	80.2%	198
Total	100%	247

11. ***How have you learned about available services? Please check all that apply.***



Question #11 continued on next page.

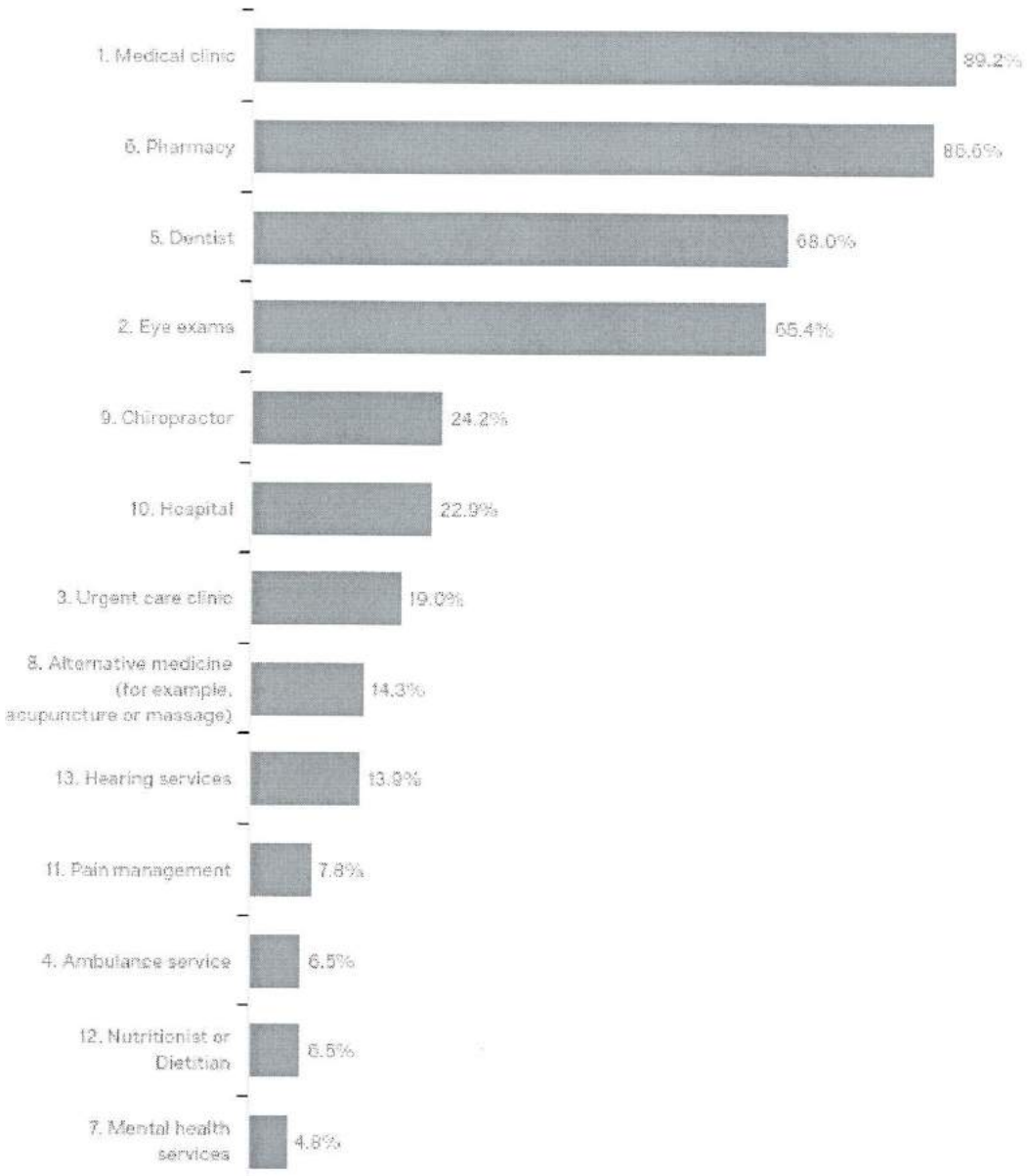
Question #11, continued.

11. How have you learned about available services? Please check all that apply.		
9. Newspaper or agency newsletter (like News & Views)	57.9%	136
1. Through the Aging and Disability Resource Center (ADRC)	56.2%	132
4. Friend or family member	46.4%	109
3. Doctor, social worker, or other health provider	22.6%	53
2. Through another community or government agency (like the library or town hall)	20.0%	47
8. Radio or TV	14.0%	33
7. Internet, email, or other social media	13.6%	32
6. Church or synagogue	11.9%	28
11. Other—please describe:	8.1%	19
10. Don't know	3.4%	8
5. Co-worker	3.0%	7
Total		235

Other—please describe:

1. It is great that our county has the ADRC available to us seniors.
2. Transportation is the issue.
3. Caregiver support meetings.
4. general knowledge / awareness
5. Brochures at library etc. Poster on store bulletin boards
6. Never looked into it.
7. Friends, referrals
8. I'm board member of United Fund of Iowa Co. and have reviewed proposals from SUN and ADRC for support.
9. I work with the ADRC
10. cafe i use
11. Only services received have been after a visit to primary healthcare provider. This has been a visit from visiting nurse.
12. Have heard of some services due to my parents needing them. Again, have had no need for them as of yet.
13. Retired RN
14. A a past member of the county board i am well aware of the services offered at ADRC.
15. I volunteered at a SUN program before.
16. SWCAP - occasional volunteer and see resources posted there.
17. I am a retired nurse, aware of ADRC and have provided these resources when I did work, which was mostly in Dane Co, not Iowa. but did know Iowa did have these resources available.
18. Haven't needed them yet but would be nice to have info on what is available before I need it.
19. I used to work in the same building

12. ***Which of the following healthcare services have you used in the past six months? Please check all that apply.***



Question #12 continued on next page.

12. ***Which of the following healthcare services have you used in the past six months? Please check all that apply.***

1.	Medical clinic	89.2%	206
6.	Pharmacy	86.6%	200
5.	Dentist	68.0%	157
2.	Eye exams	65.4%	151
9.	Chiropractor	24.2%	56
10.	Hospital	22.9%	53
3.	Urgent care clinic	19.0%	44
8.	Alternative medicine	14.3%	33
13.	Hearing services	13.9%	32
11.	Pain management	7.8%	18
4.	Ambulance service	6.5%	15
12.	Nutritionist or Dietitian	6.5%	15
7.	Mental health services	4.8%	11
Total			231

13. ***Where do you go to visit your healthcare providers? In space provided please list the name of the city/town.***

Dentist

Antioch 1
Black Earth 2
Cottage Grove 1
Cuba City 4
Darlington 1
Dodgeville 75
Don't have dentist 1
Don't need one 1
Have no dentist, no teeth 1
Dubuque 1
Elmhurst, IL 1
Fennimore 1
Highland 1
Iowa County 5
Lancaster 5
Madison 23
Maple Grove 1
Middleton 2
Mineral Point 30
Monroe 1
Mt. Horeb 31
Platteville 5
Richland Center 5
Spring Green 15
Sussex 2
Verona 2
Weyauwega 1
Barneveld 2
Cross Plains 1
Dodgeville 109
Fennimore 1
Highland 6
Hines, IL 1
Iowa County 6
Madison 27
Mazomania 2
Mineral Point 30
Monroe 1
Montfort 2
Mt. Horeb 10
Oregon, WI 1
Platteville 3
Richland Center 4
Sauk City 1
Spring Green 5
Verona 3
Dr Gary Grunow 1
Dr Wolk 1
Dr. Fox 1
Dr. Geoffrey White 1
Dr. Grunow 1
Jodi McGraw 1

Primary care provider

Baraboo 1

Specialty care provider

Dodgeville 82
Hines, IL 1
Iowa County 4
Madison 69
Middleton 3
Mineral Point 1
Mt. Horeb 10
Platteville 5
Richland Center 1
Sauk 2
spring green 2
Verona 1
Wisconsin Dells 1
Dr. Nicholas 1

Mental healthcare provider

Dodgeville 8
Hines, IL 1
Madison 6
N/A 8
Platteville 1
Sauk Prairie 1

Hospital

Dodgeville 132
Madison 31
Mercy in Dubuque IA 1
Monroe 1
Mt. Horeb 1
N/A 1
Platteville 3
Richland Center 3
Sauk City 5

Pharmacy

ss Plains 1
Dodgeville 142
Hines, IL 1
Iowa County 8
Janesville 1
Lancaster 1
Madison 9
Mail 6
Middleton 1
Mineral Point 14
Monroe 1
Mount Horeb 15
N/A 1
Platteville 4
Richland Center 7
Spring Greek 7
Verona 2
Hartig Drug #15 1
Walmart 2
Walgreens 1
Hometown Pharmacy 1
Ivey's Pharmacy 2

Urgent care

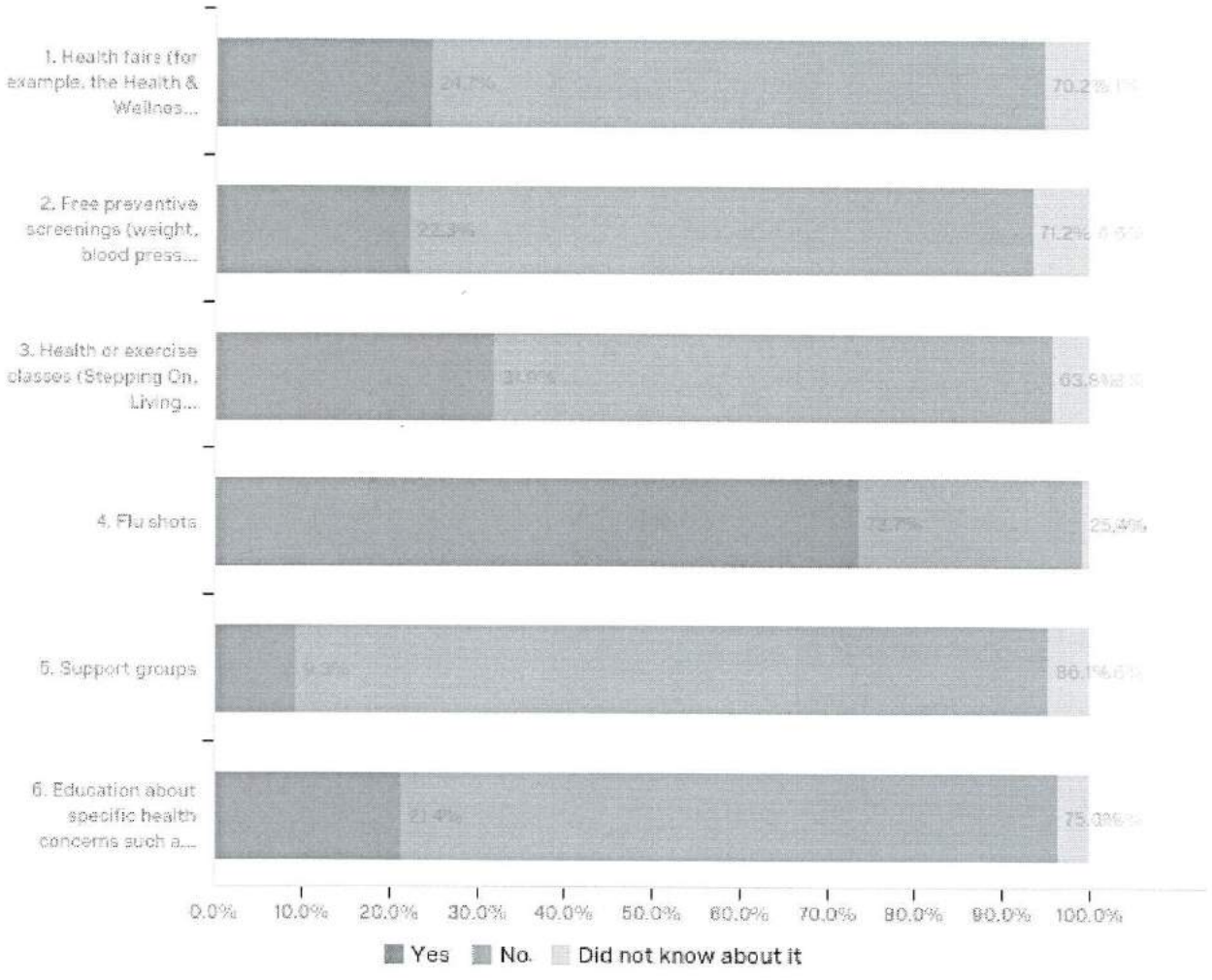
Dodgeville/Upland Hills 110
Iowa County 7
Madison 13
Middleton 1
Monroe 1
N/A 3
Platteville 2
Richland Center 4
Sauk City 4
Spring Green 1

14. Do you have trouble going to the doctor or dentist due to lack of doctors accepting Medicaid/medical assistance?

Yes	6.9%	12
No	93.1%	161
Total	100%	173

15. Have you used or participated in any of the following preventative health services in the past year?

	Yes		No		Did not know about it		Total
1. Health fairs (for example, the Health & Wellness Expo)	24.7%	58	70.2%	165	5.1%	12	235
2. Free preventive screenings (weight, blood pressure checks)	22.3%	51	71.2%	163	6.6%	15	229
3. Health or exercise classes (Stepping On, Living Well with Diabetes, Tai Chi, Yoga)	31.9%	75	63.8%	150	4.3%	10	235
4. Flu shots	73.7%	174	25.4%	60	0.8%	2	236
5. Support groups	9.3%	20	86.1%	186	4.6%	10	216
6. Education about specific health concerns such as heart disease or diabetes	21.4%	48	75.0%	168	3.6%	8	224

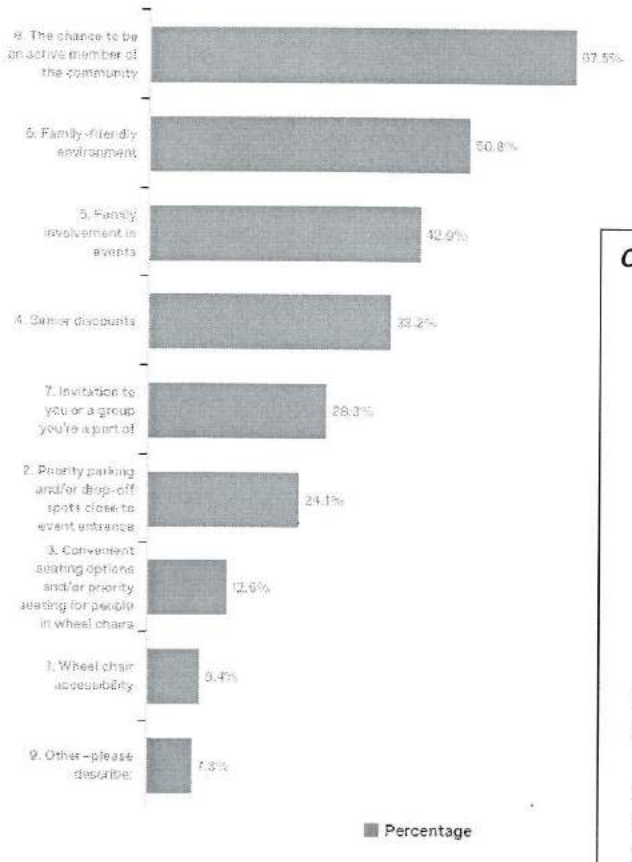


16. ***Do you attend events such as festivals, school sports, parades, town hall meetings, etc.?***

Yes	77.8%	189
No	22.2%	54
Total	100%	243

17. ***If yes, what makes these events attractive and accessible? Please check all that apply.***

8.	The chance to be an active member of the community	67.5%	129
6.	Family-friendly environment	50.8%	97
5.	Family involvement in events	42.9%	82
4.	Senior discounts	38.2%	73
7.	Invitation to you or a group you're a part of	28.3%	54
2.	Priority parking and/or drop-off spots close to event entrance	24.1%	46
3.	Convenient seating options and/or priority seating for people in wheel chairs	12.6%	24
1.	Wheel chair accessibility	8.4%	16
9.	Other—please describe:	7.3%	14
Total			191



Other—please describe:

1. If it happens with my work schedule
2. We like to see our grandchildren and friends there with their grandchildren.
3. Information
4. friendly community environment
5. Advocacy against Power Line proposal, climate change awareness and activism, solar energy
6. Unable to attend as souse needs attention.
7. Go with family.
8. Doesn't utilize due to language barrier and social issues.
9. Cause I want to see the event.
10. Service offered by the V.A.
11. only a very few, all political ... will be even less after Nov.
12. Event needs to be interesting or relevant.
13. n/a
14. grandchildren

18. *Please provide examples of things that have kept you from attending an event that you wanted to attend:*

1. I don't drive too far or in a lot of traffic. Stay home in bad weather. I am making my garage easier to use. Friends provided ride for events that happen at night, etc.
2. Sometimes weather or busy schedule.
3. Nothing tangible - too tired - not an interest
4. Mental issues
5. Time, place, date (interferes with other plans)
6. I am a caregiver and are responsible for my husband's health. We could attend activities sometimes on Tuesday and Thursday when there isn't dialysis, but we noticed most County events for older people are usually on Wednesday.
7. Weather. Sickness.
8. Transportation if located in high traffic cities.
9. Hard to take my husband. First I had heart trouble. Have an updated pacemaker. Now need a new hip.
10. Don't think I could stand or walk long periods. Not enough seating. Don't always feel like I belong.
11. Rain - transportation
12. Not interested
13. Weather - unable to drive to event. Don't like to go alone.
14. Alone, no one to go with, don't like to drive, don't have the money, anxiety
15. No one to go with
16. No kids or grandkids in school anymore.
17. Crowds. Convenience of getting there. Seating.
18. Too far to walk
19. wasn't seeing something of interest busy
20. We prefer being in our own house. There is no place like home and it familiar settings.
21. Back pain
22. Right now I have a broken leg and can't drive so I'm limited to where I can go.
23. too busy
24. Work, inconvenience
25. Hot weather
26. the time of the event is usually at a time i am sleeping or getting redy for work
27. to hard to get around without help with not being to get my power chair in my van
28. Too many commitments and not enough energy
29. health
30. Need to take care of my elderly mother out of town Lack of energy to drive the distance
31. Road conditions - like winter driving.
32. My schedule/timing did not work out.
33. I cannot do a lot of walking, as I am on oxygen all the time.
34. Difficulty walking - inadequate "handicap" parking
35. No special parking within walking range
36. Sore, painful hip condition requires cane to walk, limits fishing, and use of my boat. All fishing friends are now dead.
37. No one to go with me
38. Long distance driving
39. Too busy with other things such as other community orgs. such as library board, Iowa County Historical Society, Dodgeville Fed. Woman's Club, Historic Preservation commission, driving doe business, helping with business errands.
40. Time
41. transportation, no interest
42. Distance and companionship
43. Still working - have enough social interaction
44. So far, if I want to attend an event, I can.
45. Number of events in summer go on at the same time.
46. Notices of agendas commonly absent or too brief
47. I need assistance to get to events...to get in and out of my car.
48. held in Harris Park which is big, dark, depressing, and a difficult place to hear
49. nothing
50. N/A
51. Busy schedule
52. Inconvenience of traveling with wheelchair.
53. None
54. N/A
55. Unable to attend as souse needs attention.
56. Was gone for vacation when they had Health Fair and also the Tai Chi class.
57. Cost, distance
58. Weather is sometimes a problem. Sometimes I'm to tired from teaching all day or other projects.
59. Farming
60. Suffer from agoraphobia. Lack of money. Depression. Health - celiac disease - diabetes - IBS
61. N/A
62. My memory but family keeps worth that.
63. No one to go with
64. Steps, location of handicap parking. The location of bathrooms and how many handicap stalls are being used by young adults. Also a lot of doors are hard to open when using a cane.
65. Can't drive at night.
66. Lack of companion
67. Distance to work.
68. I don't drive at night anymore and I just don't go out and about very often - I'm a "home body"
69. None
70. My age and health
71. Nothing.

72. Having available driver to transport [NAME DELETED] to the event, wait for the event to complete, and then take her home. Cold temperatures prevent her attendance along with snowfall.
73. Am working full time yet in my profession - do not plan on retiring until at least age 72 - will continue working as long as I am physically and mentally capable of doing so. Also other activities such as travel, horseback riding, hiking, etc.
74. Anything that requires walking very far or standing for a long period of time.
75. Doesn't utilize due to language barrier and social issues.
76. pain
77. none
78. DNA
79. Rain Snow extreme cold
80. Transportation...no valid license, permit only
81. Large crowds and difficulty hearing.
82. If there is too much walking, or no place to sit down.
83. Scheduling/transportation
84. inertia .... or cost of entry, or expected 'donation' .... sometimes just being too fat to do it physically ... (like installing political road signs)
85. Not applicable
86. none
87. No one to attend with; don't like going solo. Summer heat keeps me from attending.
88. I don't drive at night.
89. My work schedule
90. Busy with work or family schedule.
91. Don't have enough time.
92. health
93. none
94. So far this has not been an issue.
95. None
96. Weather
97. Weather too hot, too many people.
98. Transportation

19. How safe do you feel in your community?

Very safe	78.8%	193
Somewhat safe	20.4%	50
A little safe	0.8%	2
Very unsafe	0.0%	0
Total	100%	245

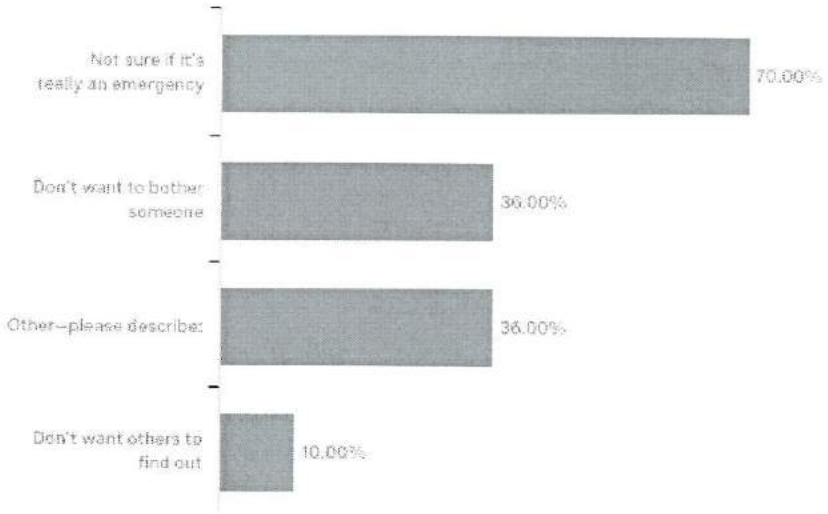
20. *If you do not feel safe, please explain why:*

1. I live near the pool the pool and many people walk by who are "strangers". I've never seen them before. In days gone by, they were "neighbors" I knew.
2. Bullying by other people
3. Rural area
4. Too many kids with nothing to do, like vandalize and not enough police coverage.
5. I tripped on a city sidewalk and until that happened I felt very safe...now I'm a little wary.
6. Rising crime
7. pervasive drug culture/use Incidents of theft/break-ins locally
8. hav to leave my door unlocked so others can gh in; such as meal home delivery &/or EMT's
9. Somewhat safe. Have gun - will kill.
10. We live in a small town and a lot of new people have moved into town we do not know. The news of things that happen in small churches and schools is very bad. How ever we do not stay home because we refuse to live in fear.
11. There have been incidents with strangers in yard, in neighbors house!
12. People on streets strange looking
13. Speeding auto & truck traffic, poorly maintained roadways, scarce sheriff patrols
14. At county road.
15. I live across from St. Joseph's driveway/parking lot. Kids ride bikes, skateboard, and the pool is just 4 doors down to the pool and Centennial Park. I believe young people (hide) smoke in the trees at St. Joe's south side. If it's cigarettes or drugs, I don't know.
16. Do not know many people anymore.
17. N/A
18. Need enter locks on doors.
19. no
20. Have had problems with disruptions and threats by drug users/dealers.
21. I've had trespassers on my property before.
22. Our communities that were once safe, are changing - too many people out there preying on those of us in small-town America that trust the good in others.
23. Lack of police presence in Rewey, people driving too fast and not attentive--texting while driving, intoxicated drivers are common including ATV/UTV drivers
24. NA
25. Village doesn't have full time cop pn duty.

21. *If there is an emergency, how comfortable do you feel calling 911?*

Very comfortable	76.3%	187
Somewhat comfortable	16.7%	41
A little uncomfortable	3.3%	8
Very uncomfortable	3.7%	9
Total	100%	245

22. *If you do not feel comfortable calling 911, please explain why. Please check all that apply.*



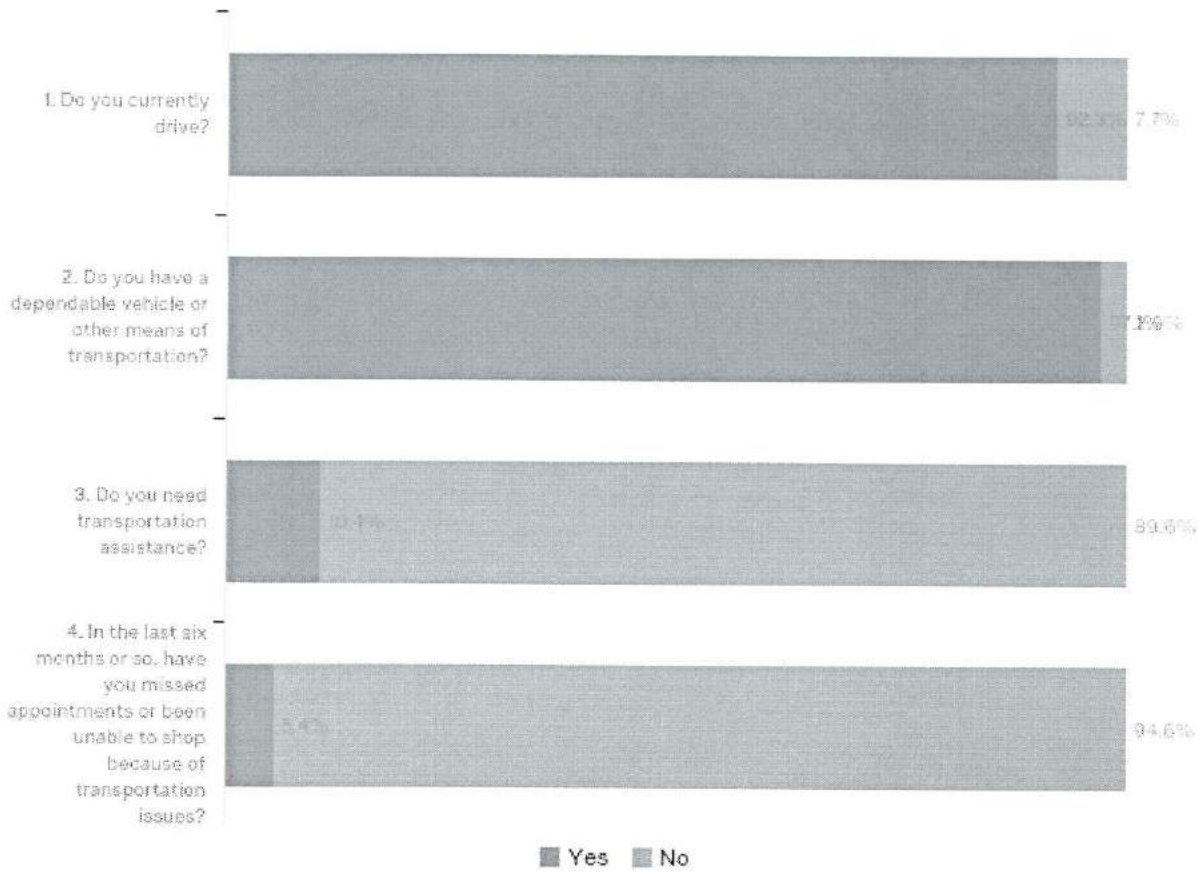
22. *If you do not feel comfortable calling 911, please explain why. Please check all that apply.*

Not sure if it's really an emergency	70.0%	35
Don't want to bother someone	36.0%	18
Don't want others to find out	10.0%	5
Other—please describe:	36.0%	18
Total		50

Other—please describe:

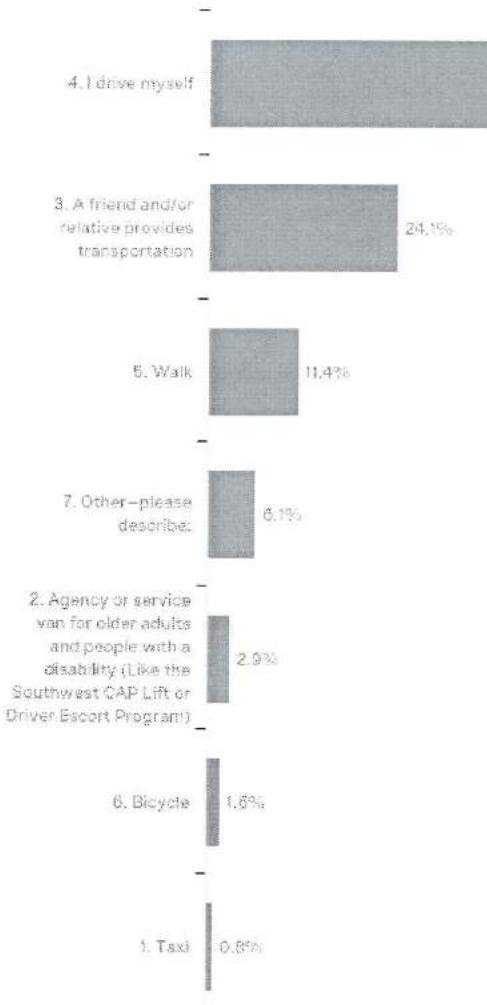
1. Cost of ambulance
2. Distance
3. Town gossip
4. Not sure it's the best way to get help in some situations
5. Experience with dispatcher who wanted to call me back! Roadway accident--motorbike and deer, severe injuries to rider. Argument over Montfort rescue team or Dodgeville, the latter only 3 miles distant.
6. I'm blessed to have 2 dear friends who are my POAs. They've been "by my side" many times.
7. My memory, I have dementia.
8. Ambulance are expensive - count on family or friends.
9. Cost of services
10. Language barrier-doesn't use the phone. Family checks on me.
11. I live in a rural area & need to drive out on the street to make sure I get access with a cell phone if my land line dies for some reason (i.e. no electricity). Not sure I'd be able to drive out to call.
12. lack of/poor cell reception
13. Distance from emergency medical providers and law enforcement for our community.
14. NA
15. I live in a remote location. I can get to emergency services faster than they can get to me. Services are too costly. The 911 service I am assigned to is not the one closest to my home and will not take me where I need to go (VA Hospital in Madison WI).
16. Response time.
17. I called the regular number.
18. cost if medical transport needed

23. Please select Yes or No for the following:



23. Please select Yes or No for the following:	Yes		No		Total
5. Do you currently drive?	92.3%	227	7.7%	19	246
6. Do you have a dependable vehicle or other means of transportation?	97.1%	235	2.9%	7	242
7. Do you need transportation assistance?	10.4%	25	89.6%	215	240
8. In the last six months or so, have you missed appointments or been unable to shop because of transportation issues?	5.4%	13	94.6%	228	241

24. How do you usually get to and from appointments, meetings, errands, and events? Please check all that apply.



Other—please describe:

1. I think we have to realize that times have changed and families don't live nearby. There are many people that could use a reliable taxi service.
2. Usually - if necessary I ask for transportation - seldom offered - but always accommodate.
3. use MTM state transportation for medical appointments, which is a nightmare to deal with
4. My husband drives me sometimes.
5. I have a family member with me so family is aware of my health etc.
6. I drive myself, but I need help getting in and out the car.
7. Car pool with family
8. Husband drives
9. [NAME DELETED] pays for a driver.
10. Due to language issues, a famiy member attends with me.
11. Spouse also drives.
12. Spouse also drives.
13. My husband can drive, but I often do so I can accompany him at appointments.
14. Veterans van
15. Very limited in places I want to go. If it's outside of the city, forget it.

24. How do you usually get to and from appointments, meetings, errands, and events? Please check all that apply.

4.	I drive myself	91.4%	224
3.	A friend and/or relative provides transportation	24.1%	59
5.	Walk	11.4%	28
7.	Other—please describe:	6.1%	15
2.	Agency or service van for older adults and people with a disability (Like the Southwest CAP Lift or Driver Escort Program)	2.9%	7
6.	Bicycle	1.6%	4
1.	Taxi	0.8%	2
Total			245

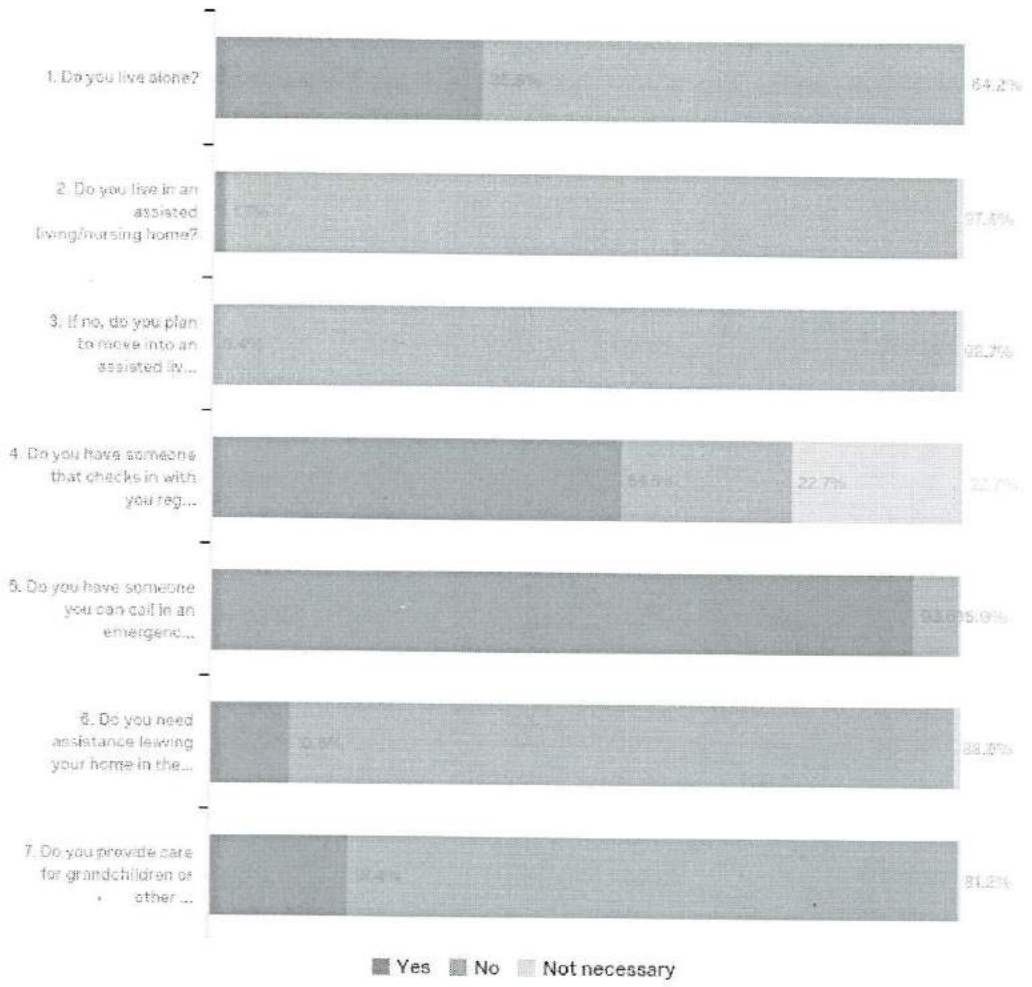
25. Please describe any public places in our community that should have priority parking and drop-off spots for older adults but don't.

1. Not sure!
2. Not sure.
3. Clinic, department stores, bank, gas stations, schools.

4. I have a mother that uses a walker and from what I can tell Southwest WI has adequate parking for those whose mobility is compromised.
5. Rural Grocery Store
6. High school - differentiate between handicapped and older adult parking
7. Many need handicap parking, but parking is so limited. We go to Dodgeville to the doctor as the parking at the clinic in Mineral Point, even with 2 handicapped spaces is difficult also must cope with a curb and if using a wheelchair is a challenge.
8. Main Street businesses
9. Main Street Dodgeville - there are designated spaces for handicapped parking, but none specifically for older adults.
10. Public library
11. any place that has handicap parking should be closer to the doors
12. any handicap place should spots MUCH CLOSER TO THE ENTRY DOORS
13. Can't think of any
14. There always seem to be plenty everywhere I go.
15. Hair salons, public library, too few handicapped spaces.
16. I can not answer this because I have not had a problem myself and I should pay more attention if not for myself, for other people.
17. Can't answer
18. Merchants parking on Main Street in front of businesses.
19. I haven't noticed because I don't need them yet.
20. Unaware, since I don't need them yet.
21. None
22. I'm not sure.
23. More at school areas.
24. More at schools.
25. Some eating places handicap is a long way from doors.
26. Priority parking for disabled is good, "able" elderly would benefit from priority parking too.
27. High St., Mineral Point Iowa St., Dodgeville
28. It would be nice if all pharmacies had priority parking or drop off spots.
29. Not sure if any.
30. I can not think of a place that should have priority parking based on age alone.
31. Can't think of any right at the moment.
32. I've never seen public places that have priority parking & drop off for older adults, only for handicapped folks. I think there should be parking for older adults, like what Metcalf has for senior citizens.
33. Library, grocery stores, police departments, convenience stores, courthouse, financial institutions, drug stores, restaurants, schools.....all public places. Some of these may already have this. I don't need priority parking or drop off spots yet but many do, and I imagine one day I will too. Communities need to set good examples and step up for older folks!
34. Downtown stores and restaurants.
35. I don't have a need for this so I really don't know.
36. I don't know since I rarely look for them.
37. None I can think of
38. Home Town Pharmacy in Dodgeville
39. Iowa County Fairgrounds. Horrible for elderly and handicap individuals
40. Dentist
41. Not sure.
42. Grocery store

26. *Please select Yes or No for the following.*

	Yes		No		Not necessary		Total
7. Do you live alone?	35.8%	86	64.2%	154	0.0%	0	240
8. Do you live in an assisted living/nursing home?	1.7%	4	97.4%	229	0.9%	2	235
9. If no, do you plan to move into an assisted living/nursing home within the next six months?	0.4%	1	98.7%	228	0.9%	2	231
10. Do you have someone that checks in with you regularly, at least once a week (via phone call, text, email, or visit)?	54.5%	115	22.7%	48	22.7%	48	211
11. Do you have someone you can call in an emergency (other than 911)?	93.6%	221	5.9%	14	0.4%	1	236
12. Do you need assistance leaving your home in the event of an emergency or disaster?	10.6%	25	88.6%	209	0.8%	2	236
13. Do you provide care for grandchildren or other children under the age of 18?	18.4%	43	81.2%	190	0.4%	1	234



27. *What is your home zip code?*

53503 8
53506 15
53507 37

53516 1
53517 1
53526 4
53533 104
53543 9
53544 8
53553 5
53554 1
53563 1
53565 19
53569 2
53580 3
53582 10
53588 6
53733 1
53588 for mailing purposes only. I live in Dodgeville Township.

28. What is your age?

38 1
50–59 10
60–69 76
70–79 102
80–89 40
90–99 7

29. Do you have a condition that affects your mobility?

Yes, all of the time	8.8%	21
Yes, some of the time	28.6%	68
No	60.1%	143
Not sure	2.5%	6
Total	100%	238

UPDATE FOR THE SUN PROGRAM FOR HHS MEETING – NOVEMBER 7, 2018

1. Contracts for food providers for 2019 have been sent or given to five of the six providers: Bloomfield Health and Rehab, Lafayette Manor, Hodan Community Services, Viking Café (Blanchardville) and Betsy's Restaurant (Highland). Lafayette Manor and the Viking Café have verbally said there would be no increase. The others will respond by November 12, so this can be considered at the next SUN Board meeting on November 15. The 6th provider, UW Platteville (for Linden) changes pricing on July 1.

2. Revised budget was presented to Board on October 18, with projected levy increase from Iowa County of $14,000. Anticipated increase in federal and State allocations, based on recent additional funds provided of around $9000. Will be asking for an increase in suggested donation of .50/meal. This will be presented to our PAC committee (Policy Advisory Committee) on November 6. Also included a 2% increase for staff.

3. We are working on our Annual Appeal letter and a logo, with the help of Justin O'Brien. This will be mailed to about 400 businesses, individuals, churches and service organizations around Dec. 1. Also looking at other fundraising ideas, such as online donations through our own website, Facebook, etc. and events such as a golf outing.

4. September meals served: total of 3643. Iowa 2099, Lafayette 1544. Breakdown is still about 31% congregate, and 69% home delivery.

5. Things are going well so far in Highland, with the changeover in ownership of the restaurant there providing our meals. Name change from Grandma's Kitchen to Betsy's. Also still serving Avoca, Monday, Wednesday, and Friday. Driver comes from Avoca on Mondays and Wed; from Highland on Friday.
   New contract to end this year with new owner and name.