

Wednesday, May 21, 2025

8:30 AM

McFarland Municipal Center
5915 Milwaukee St, McFarland
Conference Room A

AGENDA

1. CALL TO ORDER, ROLL CALL.
2. PUBLIC APPEARANCES.
 - a. This is an opportunity for members of the public to address the Senior Outreach Services Committee. Members of the public who wish to address the Committee should fill out a public comment form and turn into the meeting chairperson. Members of the public may speak during public appearances or during their selected agenda item as they designate on the public comment form. Please adhere to the 3-minute time limit. Additionally, you may send your public comments to senior.outreach@mcfarland.wi.us to be included as part of the meeting.
3. APPROVAL OF MINUTES.
 - a. Motion to approve the minutes of the March 19, 2025 meeting.
4. BUSINESS.
 - a. Older American's Month Proclamation.
 - b. Dementia Friendly Initiative
 - c. Review Senior Services Planning Document
 - d. Update on programs and services.
5. SCHEDULE NEXT MEETING DATE.
 - a. Wednesday, July 16, 2025 at 8:30a.m.
6. ADJOURNMENT.

Any person who has a qualifying disability as defined by the Americans with Disabilities Act that requires the meeting or materials at the meeting to be in an accessible location or format should contact the McFarland Municipal Center at (608)838-3153, 5915 Milwaukee Street, McFarland, Wisconsin, or village.clerk@mcfarland.wi.us by 2:00 p.m. at least 5 business days prior to the meeting so that any necessary arrangements can be made to accommodate each request. If the meeting or request is less than 5 business days from the meeting, requests for accommodations may still be made and reasonable efforts will be made to accommodate each request.

VILLAGE OF MCFARLAND

Senior Outreach Services Committee Minutes

Wednesday, March 19, 2025 - 8:30 AM

1. CALL TO ORDER, ROLL CALL.

Village Trustee Lowell Prill called the Senior Outreach Services Committee to order at 8:30 am in the Conference Room A of the McFarland Municipal Center.

Members present: Lowell J. Prill, Carolyn Clow, Jerry Adrian, Colleen McCormick, Diane Mikelbank, Barb Vander Werff

Members not present: Vito Griseta

Staff Present: Matt Schuenke, Katie Gletty-Syoen, Andrea Anderson, Dawn Wallace

2. PUBLIC APPEARANCES.

There were no public appearances.

- a. *This is an opportunity for members of the public to address the Senior Outreach Services Committee. Members of the public who wish to address the Committee should fill out a public comment form and turn into the meeting chairperson. Members of the public may speak during public appearances or during their selected agenda item as they designate on the public comment form. Please adhere to the 3-minute time limit. Additionally, you may send your public comments to senior.outreach@mcfarland.wi.us to be included as part of the meeting.*

3. APPROVAL OF MINUTES.

- a. *Motion to approve the minutes of the December 18, 2024 meeting.*
Motion by Carolyn Clow, second by Diane Mikelbank, to approve minutes dated 12/18/24. Motion carries 6 - 0 - 0 by acclamation.

4. BUSINESS.

- a. *Update regarding the recruitment for the Senior Outreach Director position.*
Andrea Anderson provided an overview of the application and interview process for the position of Director of Senior Outreach. There were two rounds of interviews with staff, department heads, and outside directors. Katie Gletty-Syone participated in a final interview with the Village Board. Her appointment was then confirmed by vote.
- b. *Discussion regarding a general update to Departmental operations.*
Matt Schuenke provided an update on department processes and the transition plan. The first step is to fill the case manager position in the next few months.
- c. *Update regarding proposed programming and events for 2025.*
Katie Gletty-Syoen presented the 2025 McFarland Senior Outreach events and programming schedule. Barb VanderWerff inquired about men's-only programming in our area. Diane Mikelbank noted that there is a men's dining group (ROMEO) as well as a veteran's group in Monona. Colleen McCormick and Jerry Adian will forward information to Katie Gletty-Syoen regarding men's groups currently meeting in McFarland as we consider adding groups.

5. SCHEDULE NEXT MEETING DATE.

a. Wednesday, May 21, 2025 at 8:30 am.

6. ADJOURNMENT.

Motion by Diane Mikelbank, second by Colleen McCormick, to adjourn at 9:03am.

Pursuant to law, written notice of this meeting was given to the public and posted on the public bulletin board in accordance with Open Meetings Law.

Respectfully submitted,
Dawn Wallace
Nutrition Manager


VILLAGE OF
McFarland
SUMMARY SHEET

MEETING DATE: Wednesday, May 21, 2025

SECTION: Business

DEPARTMENT: Outreach

CONTACT:

AGENDA ITEM: Older American's Month Proclamation.

PREVIOUS ACTION:

ISSUE SUMMARY:

FINANCIAL/BUDGET IMPACT:

VILLAGE PLAN REFERENCE:

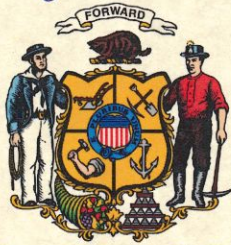
ORDINANCE REFERENCE:

BOARD, COMMISSION OR COMMITTEE RECOMMENDATION:

ATTACHMENTS:

1. Proclamation Older Adult Month

STATE of WISCONSIN



OFFICE of the GOVERNOR

Proclamation

WHEREAS; aging and older adults across Wisconsin have shared their time, talent, and life experiences for the betterment of their communities and society; and

WHEREAS; whether by serving as caregivers for family and community members in need, volunteering in their local communities, or providing leadership and knowledge to future generations, older adults make countless contributions to the state; and

WHEREAS; the state of Wisconsin strives to build strong and vibrant communities that encourage, engage, and support aging and older Wisconsinites in pursuing personal interests and social activities that promote vitality, independence, and the opportunity to age with dignity, choice, and respect; and

WHEREAS; the state of Wisconsin remains committed to helping all individuals live healthier, longer lives in the communities of their choice for as long as possible while dismantling systems and barriers that create a disproportionately poorer quality of life for historically underserved populations; and

WHEREAS; the theme of this year's Older Americans Month, "Flip the Script on Aging," recognizes that everyone is aging, and by raising awareness of implicit bias towards older people, policies, and programs, all Wisconsinites will benefit; and


WHEREAS; this month, the state of Wisconsin celebrates all aging and older Wisconsinites for their wisdom, advocacy, hard work, and volunteerism and reaffirms its commitment to assisting them in caring for their health by supporting them and those who care for them;

NOW, THEREFORE, I, Tony Evers, Governor of the State of Wisconsin,
do hereby proclaim May 2025 as

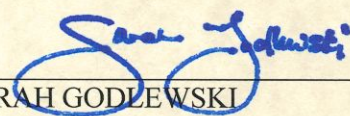
OLDER AMERICANS MONTH

throughout the State of Wisconsin, and I commend this observance
to all our state's residents.

IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused the
Great Seal of the State of Wisconsin
to be affixed. Done at the Capitol in
the City of Madison this 25th day
of April 2025.


TONY EVERS
GOVERNOR

By the Governor:


SARAH GODLEWSKI
Secretary of State


VILLAGE OF
McFarland
SUMMARY SHEET

MEETING DATE: Wednesday, May 21, 2025

SECTION: Business

DEPARTMENT: Outreach

CONTACT:

AGENDA ITEM: Dementia Friendly Initiative

PREVIOUS ACTION:

ISSUE SUMMARY:

FINANCIAL/BUDGET IMPACT:

VILLAGE PLAN REFERENCE:

ORDINANCE REFERENCE:

BOARD, COMMISSION OR COMMITTEE RECOMMENDATION:

ATTACHMENTS:

1. DHS A Toolkit for Building Dementia Friendly Communities



A TOOLKIT FOR

Building Dementia-Friendly Communities

WISCONSIN'S HEALTHY BRAIN INITIATIVE (HBI) PROJECT

Wisconsin's Healthy Brain Initiative Project is a partnership effort between the Department of Health Services, the Alzheimer's Association of Southeastern Wisconsin and AARP Wisconsin to support the implementation of the Wisconsin Dementia Care System Redesign Plan. Lessons learned were gathered from local dementia-friendly community projects throughout the state and incorporated into the toolkit as promising practices. An essential component of the project is the active engagement of local public health agencies as primary partners in addressing dementia as a chronic disease within communities. Wisconsin's HBI Project is focused on educating the public, businesses and government entities on effective strategies for working with individuals with dementia and their caregivers.

OUR PARTNERS



WISCONSIN DEPARTMENT OF HEALTH SERVICES

alzheimer's  association® OF SOUTHEASTERN WISCONSIN



AARP WISCONSIN



The following Wisconsin dementia-friendly community initiatives contributed their insights, experiences and stories to this Toolkit.

- Chippewa County Dementia Coalition, Chippewa Falls, WI
- Dementia Friendly Ozaukee County, Ozaukee, WI
- Dementia-Friendly Community, Middleton, WI
- Fort Atkinson Wisconsin Dementia-Friendly Community, Fort Atkinson, WI
- The Fox Valley Memory Project, Appleton, WI
- Watertown Dementia Awareness Coalition, Watertown, WI

Table of Contents

Foreword by Kitty Rhoades, Secretary, Department of Health Services . . .	4
Executive Summary	5
Using the Toolkit	5
Shifting Our Perceptions of Dementia	6
o The Faces of Dementia	7
o What is Dementia?	10
Dementia-Friendly Communities	12
o What is a Dementia-Friendly Community?	13
o Steps to Building a Dementia-Friendly Community	14
o Dementia-Friendly Businesses	26
o Easy to Navigate Environments	30
o Specific Strategies for Community Members	34
• Business Sector	35
• Community Organizations Sector	38
• Health Care Sector	42
• Public Services Sector	47
Public Health as a Key Partner	56
Dementia’s Impact	58
o Dementia in Wisconsin	59
o Impact on Caregivers	59
o Personalizing Communication	60
o Living a Meaningful and Productive Life with Alzheimer’s and Other Dementias	62
Wisconsin-Specific Organization and Service Resources	64
o Aging and Disability Resource Centers	65
o Dementia Care Specialist Program	65
o Memory Clinics (Wisconsin Alzheimer’s Institute)	66
o Alzheimer’s Association	66
o Alzheimer’s & Dementia Alliance	67
o Educational Opportunities	67
Wisconsin-Specific Community Program Resources	68
o Memory Cafés	68
o Volunteers: The Background of Community	71
o Wisconsin Music and Memory Program	73
o Silver Alert	75
o Project Lifesaver	75
o Safety Services	76
o Transportation	76
o Assisted Living	76
o Adult Day Centers	78
References and Resources	79

Foreword

A diagnosis of dementia doesn't mean a person has lost their dignity, nor should it mean that they give up those daily routines or practices that make their life fulfilling. "Dementia-friendly communities" are designed to help a person with dementia do things such as go to the bank and make a deposit, go to the grocery store and find the frozen foods aisle, or go to their favorite coffee shop to order an espresso, even if they can't quite remember why they are there.

Community means that we're all in this together, and whether you are an established dementia-friendly community or taking the steps toward becoming one, this toolkit was created to help you find helpful and respectful ways to include people with dementia as important members of your community.

We're all in this together, and working together, we can be successful!



Executive Summary

Wisconsin's Toolkit, *Building Dementia-Friendly Communities*, provides information, resources, lessons learned and steps for building a dementia-friendly community. The toolkit is a collaborative effort with contributions from project partners from the Wisconsin Department of Health Services, the Alzheimer's Association of South-eastern Wisconsin, AARP Wisconsin and local communities throughout the state that have implemented dementia-friendly projects.

The toolkit is designed to be a user-friendly resource guide for implementing and sustaining dementia-friendly community efforts. The toolkit features several Wisconsin communities' dementia-friendly programs. Specific sections include information for use by professionals, businesses, public health, families, and individuals with dementia and include resources and services available from state-specific organizations and programs. Alzheimer's disease and other dementias are identified as chronic diseases to be addressed by local and state public health agencies as an increasing public health issue.

The toolkit is unique to Wisconsin, drawing from the direct experience of local and state partners and agencies that are currently working on projects to improve the quality of life for those with Alzheimer's disease and other dementias and their caregivers.



Using the Toolkit

The *Building Dementia-Friendly Communities Toolkit* is:

- a resource guide for individuals and community leaders who are interested in creating a dementia-friendly community initiative.
- a tool to assist communities with existing dementia-friendly community initiatives in their efforts to become sustainable.

The *Building Dementia-Friendly Communities Toolkit* is a collection of resources based on lessons learned from promising practices gathered from dementia-friendly community initiatives from state, national and international experiences. This toolkit will be available online at the Wisconsin Department of Health Services' website, where it will continue to evolve and grow as more is learned about dementia and dementia-friendly communities.

Any resources, examples or information contained in this toolkit are to be used to support and encourage local community initiatives and are not to be confused with state certification or monitoring standards.

Any reference to a business or agency should not be considered an endorsement by the Wisconsin Department of Health Services.



shifting our perceptions of dementia

A flourishing community seeks to honor, value and include all of its members in a common life. It actively seeks creative improvements in a shared life because it understands that meeting the needs of the most vulnerable and dependent members cannot be separated from its own.

— Reverend John McFadden
Fox Valley Memory Project

The Faces of Dementia

Dementia can affect anyone regardless of age, culture, gender, income status and education. As in the photograph below from the Alzheimer's Association of Southeastern Wisconsin, individuals with Alzheimer's disease or other dementias include all ages and many different professions, including interior designers, managers, beauticians, pharmacists, systems analysts, supervisors or journalists.

Most individuals with dementia do not fit the stereotype of someone who is confused and living in either an assisted living or nursing home facility. The World Health Organization states, "According to different estimates, between 2% and 10% of all cases of dementia start before the age of 65." Four percent of the more than five million Americans affected with Alzheimer's are estimated to be under the age of 65 and considered "early" onset.¹ Alzheimer's disease and other dementias may be present for decades before symptoms begin to interfere with daily life.

Individuals with dementia are most likely neighbors, co-workers, customers or relatives who live independently and access community businesses, such as banks, grocery stores, department stores and restaurants. Seventy percent of individuals with dementia are living in communities. According to the Wisconsin





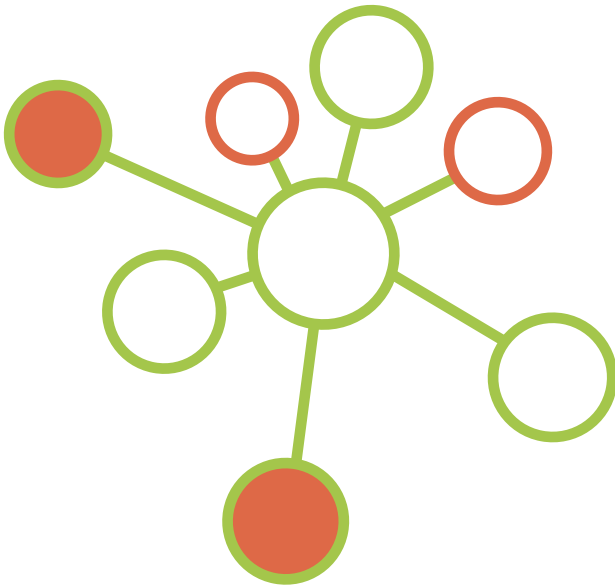
Division of Long Term Care dementia population estimates, there are approximately 100,000 individuals in Wisconsin with dementia who reside in their homes, with 22 percent living alone.

African Americans and Latinos are at increased risk for dementia when compared with the Caucasian population. Latinos are at one and a half times the risk, and African Americans at twice the risk of developing dementia. Possible explanations for this disparity include the large number of people from communities of color with chronic health conditions, including diabetes, obesity, heart disease and other cardiovascular illnesses that are known to increase risk for developing dementia. Limited access and lower utilization of medical care, including preventative care, are also considered to increase risk among these two groups. It is important for local and state public health agencies and communities of color to understand this increased risk when working to create dementia-friendly communities.

Native Americans are thought to be at increased risk due to a higher incidence of chronic conditions. Tribal governments and structures that oversee businesses, schools and health care systems on tribal grounds are in a position to implement dementia-friendly concepts throughout the tribal community.



The number of Americans with Alzheimer's disease and other dementias will grow each year as the number and proportion of the U.S. population age 65 and older continues to increase. The number will escalate rapidly in coming years as the baby boomer generation ages. — Act on Alzheimer's



As the population in the United States ages, the number of individuals with Alzheimer's disease and other dementias is expected to increase as well. Current estimates predict those with dementia will double by 2030 and more than triple by 2050.² Providing care for individuals with dementia can occur over a long period of time. The number of people whose lives are altered by dementia, combined with the social, economic and health care issues faced by families and communities, supports the importance of considering dementia a public health priority.

As the symptoms of those living with dementia slowly increase, they may worry about others noticing their difficulties and retreat into their homes. Without stimulation, social interaction and physical exercise, individuals with dementia decline more rapidly.

According to the Alzheimer's Society (United Kingdom), those with dementia report the following barriers to daily living: lack of confidence, being worried about becoming confused, fear of getting lost, mobility difficulties, physical health issues and not wanting to be a burden to others.³ Individuals with dementia also report fearing the reactions of others and a lower perceived status within society. These perceptions lead to social exclusion, a reluctance to seek help, a sense of shame and inadequacy, low self-esteem, depression and an overdependence on the caregiver.⁴

Creating a community where all are included, where all can experience a sense of belonging and where all can continue to express themselves is critical to dementia-friendly community efforts.

What is Dementia?

Dementia is a term used to describe the symptoms of a group of more than 100 conditions characterized by a decline in memory or other thinking skills that affects a person's ability to perform everyday activities. Alzheimer's disease is the most common type of dementia. Because Alzheimer's disease is underdiagnosed, as many as half of the estimated 5.2 million Americans with Alzheimer's may not be aware that they have the disease.⁵

The most common types of dementia are:

- Alzheimer's Disease (60-80 percent)
- Vascular Dementia
- Lewy Body Dementia
- Frontotemporal Dementia
- Parkinson's Disease Dementia
- Mixed Dementia
- Creutzfeld-Jakob Disease
- Substance-Induced Dementia

When medical care providers and aging persons collaborate to promote heart and vascular health, the age of onset of dementia can be delayed and prevalence reduced.

— Vladimir Hachinski, CM, MD, FRCPC, DSc Ontario

Additional information on these and other types of dementia are available on the following websites:

- www.alz.org (Alzheimer's Association)
- www.alz.org/downloads/Facts_Figures_2014.pdf (2014 Alzheimer's Disease Facts and Figures)
- www.alzusc.org (Alzheimer's & Dementia Alliance of Wisconsin)

The same risk factors that contribute to other chronic diseases, such as heart disease and stroke, diabetes and cancer, are also linked to Alzheimer's disease and other dementias. To delay the onset of dementia and other chronic diseases, health care providers recommend incorporating healthy behaviors into an individual's lifestyle, such as regular exercise, a healthy diet, moderate alcohol use, staying socially active, and avoiding tobacco products. Taking

responsibility for a healthy lifestyle contributes to a better quality of life and the ability to continue to participate in daily activities, not only for a person diagnosed with Alzheimer’s disease or other dementias, but for everyone.

Early Warning Signs and Symptoms

Many dementias are progressive, with signs and symptoms starting out slowly and gradually getting worse. While symptoms of dementia can vary greatly, at least two of the following core mental functions must be significantly impaired to be considered dementia.

- Judgment
- Perception
- Reasoning
- Organizational Abilities
- Memory
- Abstract Thinking
- Communication and Language
- Ability to Focus and Pay Attention
- Orientation to Time and Place
- Awareness of Socially Appropriate Norms
- Ability to Filter Emotional Responses



According to the Alzheimer’s Association, the following are the 10 early signs and symptoms of Alzheimer’s disease.

- Memory loss that disrupts daily life
- Challenges in planning or solving problems
- Difficulty completing familiar tasks at home, at work or at leisure
- Confusion with time or place
- Trouble understanding visual images and spatial relationships
- New problems with words in speaking or writing
- Misplacing things and losing the ability to retrace steps
- Decreased or poor judgment
- Withdrawal from work or social activities
- Changes in mood and personality, including apathy and depression

Additional information about the signs and symptoms of Alzheimer’s disease is available on the Alzheimer’s Association’s website at www.alz.org/10signs.



dementia-friendly communities

A dementia-friendly community is a place where people living with dementia are supported to live a high quality life with meaning, purpose, and value.

For people with younger onset dementia, this also means being given the opportunity and support to stay at work or volunteer.

— Kylie Watkins
Alzheimer's Australia



What is a Dementia-Friendly Community?

A dementia-friendly community is a place where individuals with dementia:

- Are able to live good lives.
- Have the ability to live as independently as possible.
- Continue to be part of their communities.
- Are met with understanding.
- Are given support where necessary.

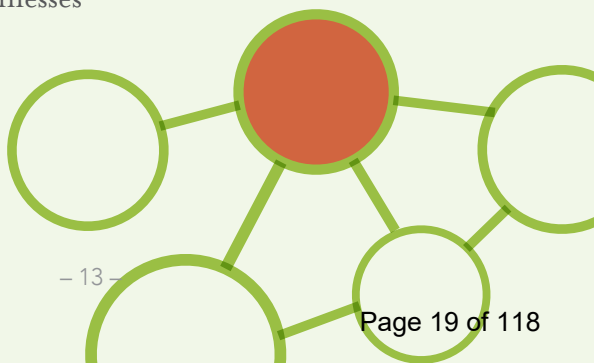
According to *Innovations in Dementia (2012)*, individuals with dementia described a dementia-friendly community as one that enabled them to:

- Find their way around and be safe.
- Access local facilities they are used to and where they are known (such as banks, shops, cafés, cinemas and post offices).
- Maintain their social networks so they feel they continue to belong.

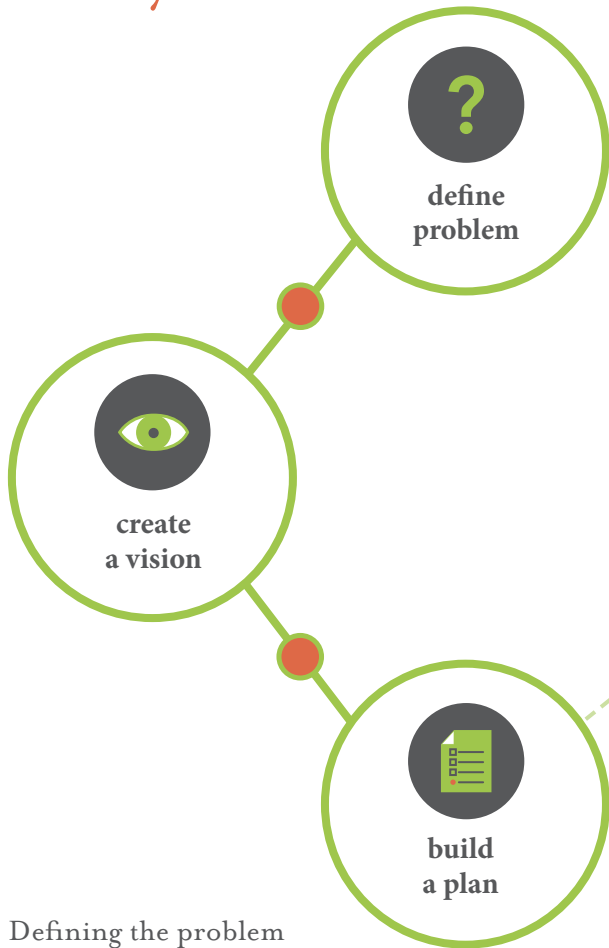
Dementia-friendly communities build infrastructure to support and take responsibility for enlarging the beneficial effect of services for individuals with dementia and their caregivers. To accomplish these goals, communities can develop new models of collaborative service delivery and advocacy.

Areas of need to be addressed include:

- Public awareness
- Promotion of early detection
- Creation of environments that calm and support the reduction of anxiety for those with dementia
- Crisis capacity for mobile crisis teams
- Development of emergency placement facilities
- Successful care transition management between settings
- Voluntary sheriff registry and wandering programs
- Dementia-friendly businesses

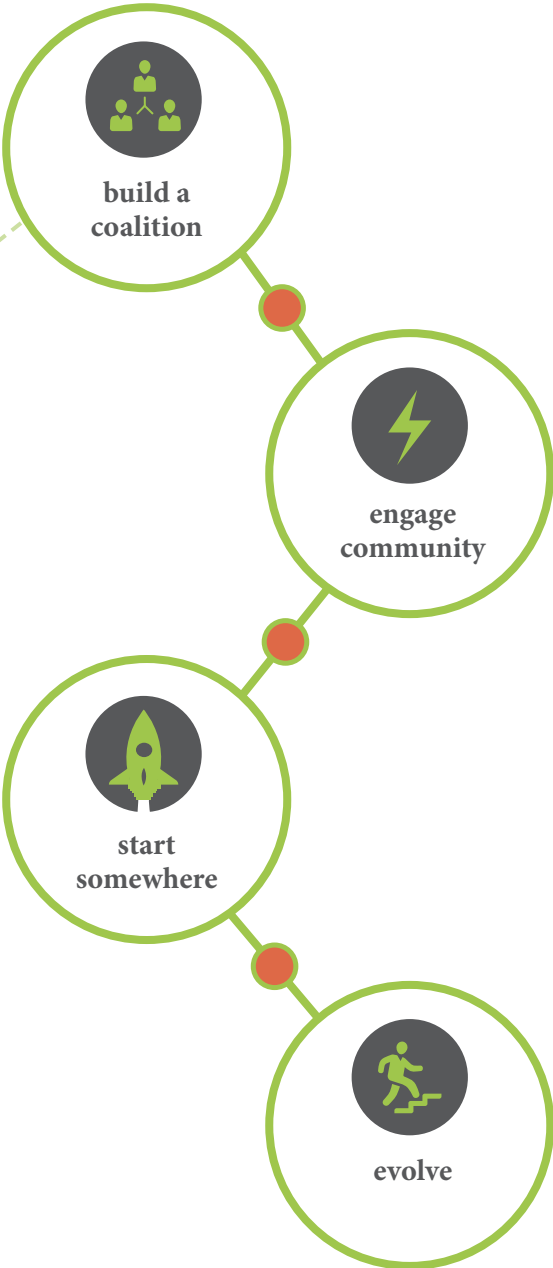


Steps to Building a Dementia-Friendly Community



- Step One:** Defining the problem
- Step Two:** Creating a vision
- Step Three:** Building a plan
- Step Four:** Building a coalition or network
- Step Five:** Engaging a community
- Step Six:** Starting somewhere
- Step Seven:** Evolving the initiative

The process for building a dementia-friendly community includes these recommended steps. However, a new initiative may start anywhere within the process to accommodate the uniqueness within a community. Communities should ask specific questions that are relevant to their individual needs and ascertain resources that are available and/or needed to create a successful and effective dementia-friendly initiative.





Step One: Defining the Problem

This step includes asking questions that will help define the problem and assist in finding the data and resources to move forward in a community initiative. These questions may include:

- What community issues exist related to Alzheimer's disease and other dementias?
- What are the immediate issues and community needs?
- What data exist that will help define the number of individuals in the community living with dementia?



Step Two: Creating a Vision

This step includes developing a vision and/or mission statement for the initiative that creates the bigger picture of the dementia-friendly initiative. It defines a timeline and goal and helps to answer the question of what the initiative means to the community and why the community is engaging in this effort.

Example of a vision or mission statement:

Within 18 months, our community will create a sustainable dementia-friendly community that includes an effective and sustainable infrastructure to support individuals with dementia and their caregivers.



Step Three: Building a Plan

This step includes the assessment of existing resources within a community and the engagement of key leaders, stakeholders and partners to build a plan that is unique to a community. The views and opinions of the individuals with dementia and their caregivers must be at the center of any consideration or decision. This engagement provides for a sense of ownership, investment, responsibility and connectedness to the community for individuals with dementia and their caregivers.

Assessment activities may include:

- Individual interviews with potential partners and members of the project.
- Group meetings with key community leaders and members to identify the issues and assess current strengths and gaps.
- Organized events specifically to address dementia-friendly issues.

Sample questions or types of information may include:

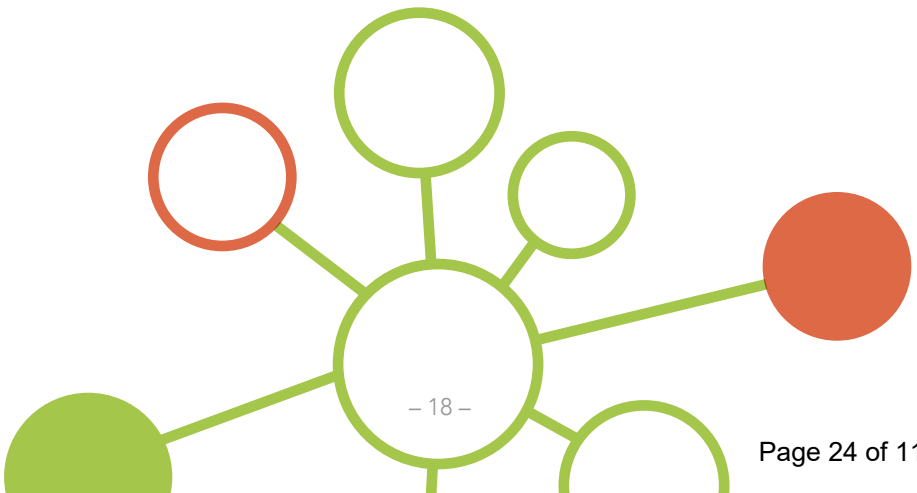
- What issues motivate stakeholders to take action?
- Who are the individuals directly involved and affected by a dementia-friendly community initiative?
- What services does the community already have for individuals with dementia and their caregivers?
- Who is currently providing these services for individuals with dementia and their caregivers?

STEP THREE: BUILDING A PLAN *continued...*

- What is working within the community related to dementia-friendly activities?
- What is not working within the community related to dementia-friendly activities?
- What are the key issues as defined by interviews with key stakeholders and partners?
- What one activity for each identified issue could be implemented first or immediately?

Assessment of current existing networks in the community may include the following for communication, education and volunteers:

- Aging and Disability Resource Centers (ADRC)
- Local Public Health Departments
- Hospitals
- Health Care Clinics
- Faith-Based Organizations and Churches
- Senior Centers
- Nutrition Sites
- Businesses
- Clubs, Service Organizations or other Voluntary Groups
- Chambers of Commerce
- Banks
- Shops
- Libraries
- Restaurants
- Cinemas
- Post Offices
- Law Enforcement
- First Responders
- Fire Departments
- Emergency Medical Technicians



Several dementia-friendly community initiatives in Wisconsin began with a community event to engage leaders, stakeholders and potential partners. The following example is from the Jefferson County Aging and Disability Resource Center (ADRC):



The Jefferson County ADRC collaborated with the Alzheimer’s Association of Southeastern Wisconsin to plan and implement a dementia summit in August 2013. The summit was held at the local hospital and brought together community stakeholders who had a vested interest in providing the resources needed for a sustainable infrastructure for those individuals with Alzheimer’s disease and other dementias and their caregivers in Jefferson County. Attendees included caregivers of those with dementia and professionals from assisted living facilities, nursing homes, day centers, ADRCs, media, law enforcement, faith-based organizations, emergency room personnel and many others. During the summit, all participants were asked to share issues they had experienced with dementia in their individual sectors. The issues were then organized into nine categories. Nine task groups were formed to determine projects for each identified issue and bring back results for a follow-up summit that was held in May 2014. After the second summit, an-ongoing Dementia Network (coalition) was formed. The network, called “Living Well with Dementia in Jefferson County,” continues to meet monthly and utilizes a Facebook page for communication and outreach.



Step Four: Building a Coalition or Network

This step includes building a coalition or network to plan, implement, evaluate and sustain the efforts of a dementia-friendly community initiative. Coalitions that implement best practices consist of mutually engaged creative partnerships that honor each other's individual talents, ideas and resources and clearly communicate needs, abilities and desires. Several Wisconsin dementia-friendly coalitions began with dementia-friendly activities, such as memory cafés and dementia-friendly businesses, rather than a more formal coalition building process.

Coalition building activities may include:

- Checking with all local organizations and agencies to assess interest.
- Recruiting potential partners from local community groups, agencies or organizations, such as aging and disability resource centers, local public health departments, managed care organizations, hospitals, first responders, local government leaders, individuals with dementia and their caregivers, advocacy organization staff, assisted living or nursing home facilities, volunteer agencies and service organizations or agencies.
- Building small ad-hoc task groups or subcommittees and assigning activities from each identified issue.

Additional information on coalition building is available on the following websites:

- www.countyhealthrankings.org/resources/community-health-partnerships-tools-and-information-development-support (County Health Rankings & Roadmaps)
- www.countyhealthrankings.org/sites/default/files/eightstep.pdf (Developing Effective Coalitions: An Eight Step Guide)



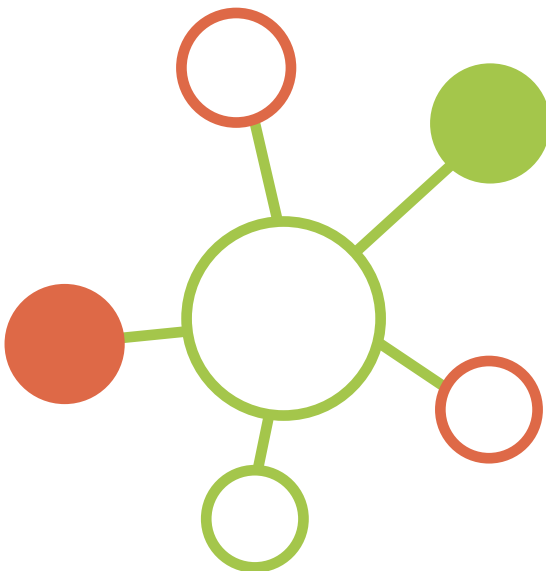
Step Five: Engaging a Community

This step includes implementing activities that reach out to, educate and engage community members in dementia-friendly community initiatives through personal stories, events and other communication activities. Several Wisconsin dementia-friendly initiatives have implemented these types of activities, including those in Chippewa Falls, Jefferson County and Waukesha County.

Suggested community outreach activities include:

- Finding and sharing personal stories with the media from individuals with dementia and their caregivers.
- Planning and implementing an event focused on educating the public and local leadership on the importance and need for a dementia-friendly community initiative. Events can include a community meeting, listening session or press conference with personal testimony or data relating to the need for dementia-friendly activities.
- Utilizing social media for the project, such as a Facebook page, website or Twitter. The following is a website example: www.foxvalleymemoryproject.org.
- Developing and distributing dementia-friendly community brochures, flyers or letters, such as the Fox Valley Memory Project brochure, Living Well with Dementia.
- Contacting a local radio program for a story or interview.
- Developing a collaborative partnership with a local newspaper.
- Securing presentations for service clubs such as rotaries, chambers of commerce and other organizations and groups.
- Creating and hosting displays at local events, such as health fairs.

- Creating and delivering informational packets for local businesses that include:
 - An introductory letter explaining the initiative and available resources to help in becoming a dementia-friendly business.
 - Contact information for the local aging and disability resource center and the dementia care specialist, if one is available.
 - A brochure, brief explanation or one-page information sheet with:
 - The definition of a dementia-friendly community.
 - The role of a dementia-friendly business.
 - The advantages in becoming a dementia-friendly business.
 - The components of a dementia-friendly business environment.
 - Information about how a business can become dementia-friendly.
 - A training outline for employees.





Step Six: Starting Somewhere

This step focuses on selecting and implementing activities as first steps to creating a dementia-friendly initiative. Many communities began with a single project or activity that engaged the interest of individuals and organizations and created momentum and success for the projects. Building upon existing activities that are already working is a first step. Learning is key, along with trying and following the examples of other successful dementia-friendly communities. Examples of possible activities include starting with one dementia-friendly business, hosting memory cafés, implementing community events and conducting memory screenings.



Step Seven: Evolving the Initiative

This step emphasizes the importance of evaluating your efforts, adding enhancements and creating opportunities for sustaining a dementia-friendly community initiative. As each dementia-friendly activity is implemented, communities should assess their next steps.

Questions that may assist in this process include:

- What activities have been conducted?
- What activities are working?
- What activities are not working?
- What is the next step needed to move the initiative forward?



Sustainability

The elements for sustaining dementia-friendly community initiatives may include the following:

1. Coalitions

The establishment of a coalition of key partners working collaboratively within an existing organization, such as a local public health department or an aging and disability resource center, provides stability and an organizational structure for a dementia-friendly community.

2. Membership Diversity

A more diverse coalition composed of many different members who represent all facets of the community creates a higher capacity for effective functioning and sustainability.

3. Funding

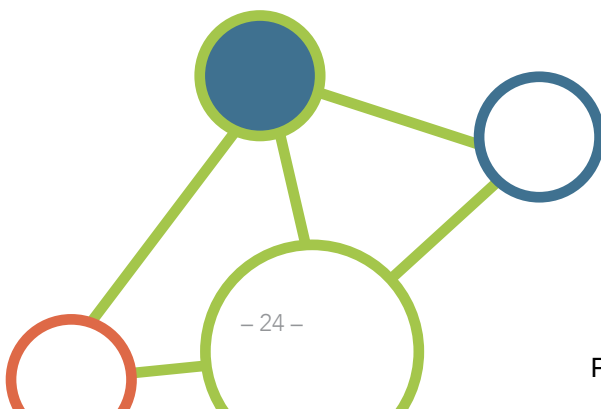
Some dementia-friendly community initiatives have been successful with no funding. Others have secured resources through grant writing, local fundraising events and in-kind support through existing organizations that have similar missions.

4. Nonprofit Status

A dementia-friendly community initiative may consider pursuing nonprofit status.

5. Other Elements

- Community awareness and buy-in
- Local business support
- Communication and marketing
- Engaged local officials
- Engaged individuals with dementia and their caregivers
- A local champion who is passionate for the cause and serves as an active advocate





CHIPPEWA FALLS BUSINESSES GO DEMENTIA-FRIENDLY



Chippewa Falls accomplished this program within three months and other communities can too. A dementia-friendly community is one that shows a high level of public awareness and understanding of dementia.

Recommended steps:

- 1.** Survey local businesses for interest in the project.
- 2.** Engage key partners such as the Alzheimer's Association, the Aging and Disability Resource Center, local hospitals, clinics and nursing homes.
- 3.** Each organization takes a piece of the puzzle.
- 4.** Meet regularly for updates and refining the program.
- 5.** Notify local media.

For further information:
Teri Ouimette, Executive Director
Chippewa Falls Main Street
514 North Bridge Street
Chippewa Falls, WI 54729
715-723-6661 • teri@cfms.us



Dementia-Friendly Businesses

Enhancing hospitality and positive experiences for customers and employees can be considered good business practices, including respectful and responsive services for individuals with Alzheimer's disease and other dementias and their caregivers. A business that is dementia-friendly becomes a stakeholder in the well-being of the community.

As there is a financial cost for a business to have its employees engaged in activities other than their normal work functions, it is critical that dementia-friendly business training be conducted in a manner that considers the business's schedule, timing and distinct needs. Initial training can raise awareness and is usually implemented in 30 minutes or less, allowing questions and time to discuss specific issues relevant to an individual business.

The following topics are important considerations when training businesses to become dementia-friendly.



WHY IS IT IMPORTANT FOR BUSINESSES TO BE DEMENTIA-FRIENDLY?

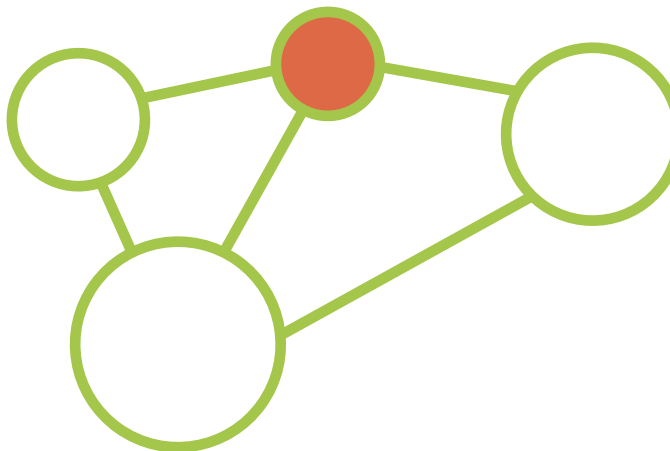
- They may have customers with dementia or customers who are caregivers of individuals with dementia.
- They may have employees in the beginning stages of dementia or caregivers of individuals with dementia as employees.

A DEMENTIA-FRIENDLY BUSINESS IS A BUSINESS THAT:

- Is able to recognize the signs of dementia.
- Can communicate effectively with individuals with dementia.
- Knows how to locate resources and assistance for themselves and for individuals with dementia.

COMPONENTS FOR TRAINING BUSINESSES TO BE DEMENTIA-FRIENDLY INCLUDE:

- Effective training materials that address the needs of individual businesses.
- A time frame that meets the businesses' schedules (usually 20-30 minutes).
- A training protocol for maintaining a dementia-friendly status.
- A sticker with the dementia-friendly community symbol.
- Materials for evaluating the business's physical environment for safety and ease of navigation for an individual with dementia.



TRAINING MATERIALS AND TOPICS FOR EMPLOYEE EDUCATION INCLUDE:

- What is a dementia-friendly community and how can it enable individuals with dementia to continue to safely access resources and services?
- How and why a dementia-friendly business fits into the larger picture of a dementia-friendly community?
- The viewpoint of the individual with dementia.
- Signs and symptoms of an individual with dementia.
- How to approach and interact successfully with an individual with dementia.
- Responses that might be helpful in communicating with an individual with dementia.
- Discussion of possible issues that have or may have occurred in a particular business and appropriate strategies to address them.
- What is a dementia-friendly physical environment?

PROTOCOL FOR MAINTAINING A DEMENTIA-FRIENDLY BUSINESS

Once a business has received the designation as a dementia-friendly business, best practice recommends that a protocol be instituted to maintain this status. Typically, businesses completing satisfactory training for dementia-friendly efforts are provided with the dementia-friendly community symbol to communicate this status to individuals with dementia and their caregivers.



The dementia-friendly community symbol is the universal symbol for dementia and is available at no cost at www.purpleangel.org.uk/downloads.htm.

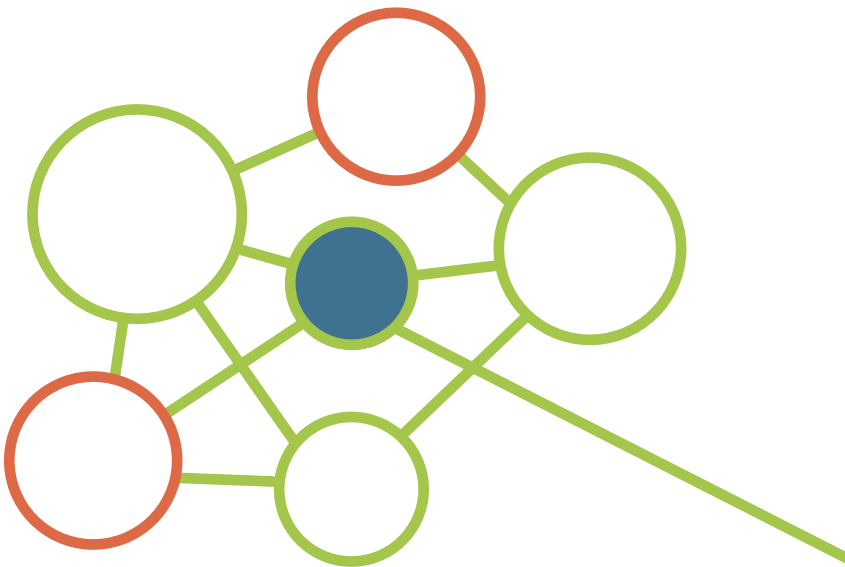


A protocol used by the Middleton, Wisconsin and other dementia-friendly communities that are sponsored by the Alzheimer's & Dementia Alliance includes the following requirements before a business can receive the purple angel status.

- At least 50 percent of frontline staff participates in training.
- Management is required to attend the training.
- A team leader must be appointed as a liaison.
- The business is open to discussion regarding environmental changes to enhance safety.
- The business commits to share training with new hires and those who weren't able to attend the original training.
- The business agrees to an annual on-site follow-up visit.

The following Wisconsin dementia-friendly community initiatives have developed PowerPoint presentations for training dementia-friendly businesses and are willing to share with other communities.

- Waukesha County Aging and Disability Resource Center dementia care specialist at 262-548-7848
- Greater Wisconsin Alzheimer's Association at www.alz.org/gwwi
- Alzheimer's & Dementia Alliance of Wisconsin at www.alzwisc.org






Easy-to-Navigate Environments

The way individuals live in communities today directly relates to their chances of developing chronic diseases later in life. People's health, well-being and resilience are affected by the quality of their community environment. Individuals with Alzheimer's and other dementias benefit from environments that are easy to navigate when they are in the community engaging in daily activities.

Terms that are associated with communities that are safer and more engaging include livability, age-friendly and dementia-friendly. What these terms have in common is that they enhance the participation of residents with varying needs and capacities to remain healthy, active and engaged in their community, thus improving the quality of their life.

A business that knows an individual with dementia who is a customer or client should consider asking them what their experience has been dealing with their business. Individuals will often tell you directly if there are difficulties in navigating in the business environment.



It doesn't matter where they live — in a big city, a suburb or a rural town, the vast majority of older adults want to remain in their homes for as long as possible. — AARP

LIVABILITY

Livability is a term used to describe a community's quality of life for all individuals, including built and natural environments, economic prosperity, social stability and equity, educational opportunity and cultural, entertainment and recreation possibilities. Livable communities generally have walkable neighborhoods, public transportation options, affordable housing, safe streets, easy access to shopping, green spaces and indoor and outdoor places for people to gather and stay connected.

Healthy aging is most likely to be achieved in safe physical environments and communities that support adopting attitudes and behaviors known to promote the health and well-being of the community.

— The National Association of Chronic Disease Directors

AGE-FRIENDLY COMMUNITIES

In an age-friendly community, policies, services and structures are set up to assist senior citizens to live safely, enjoy good health and stay involved. Age-friendly indicates that a community includes special elements that are conducive to older adults.

The World Health Organization's Global age-friendly checklist provided by AARP is an effective checklist to assess a community's strengths and deficiencies for older adults. This checklist includes eight domains: outdoor spaces and buildings, transportation, housing, social participation, respect and social inclusion, civic participation and employment, communication and information and community and health services.

Additional information can be found at the AARP website.

- www.aarp.org/agefriendly
(AARP Network of Age-Friendly Communities and the Checklist of Essential Features of Age-Friendly Cities)



DEMENTIA-FRIENDLY ENVIRONMENTS

Dementia-friendly environments enable individuals with dementia to engage in daily activities within their communities, such as shopping, trips to the library, dining out, attending church, going to movies, attending sporting events or concerts, and taking walks. An ideal community includes features designed for individuals with dementia so their use is obvious, unambiguous and includes attention to signage, lighting, flooring, seating and navigation.

Signage provides clues to help individuals with dementia understand where they are, what is expected of them in a particular space and the direction they need to proceed.

Signs should:

- Be clear in bold typeface with good color contrast between text and background.
- Have contrast between the sign and the surface it is mounted on.
- Be fixed to the doors they refer to, not on adjacent surfaces.
- Be at eye level and well lit.
- Avoid the use of highly stylized or abstract images or icons as representations.
- Be placed at key decision points for someone who is trying to navigate premises for the first time.
- Indicate the locations of bathrooms and exits.
- Ensure that glass doors are clearly marked.

Lighting for entrances should be well lit and make as much use of natural light as possible. Pools of bright light and deep shadows should be avoided.

Flooring should avoid highly reflective and slippery floor surfaces, and all changes in floor finish should be flush.

Seating should be provided in larger premises, especially in areas where individuals are waiting. Individuals with dementia prefer seating that looks like seating, for example, a wooden bench rather than an abstract metal Z-shaped bench.



NAVIGATION

Research shows that individuals with dementia use landmarks to navigate, at both inside and outside locations. The more attractive and interesting the landmark, the easier it is for an individual with dementia to use it.

Additional information can be found at:

<http://innovationsindementia.org.uk>

(Developing Dementia-Friendly Communities)

ALZHEIMER'S & DEMENTIA ALLIANCE OF WISCONSIN



The Alzheimer's & Dementia Alliance of Wisconsin (ADAW) started a pilot program in Middleton, Wisconsin with the goal of helping communities become dementia-friendly throughout Dane County and South Central Wisconsin. They gathered a group of citizens, business members and city staff to meet monthly to plan the best approach.

Business trainings and flip charts developed by ADAW are now used to offer "train the trainer" sessions for volunteers. ADAW created information that managers can use to train new hires. Procedures were put in place to establish criteria and to review businesses annually. Informational cards were created to engage new businesses with Quick Reference guides to help employees better understand concepts.

The group is working to create a memory trail on yet to be developed public lands. All city management departments are involved, including first responders. Specific training was created. ADAW is now working with other communities to support them as they become dementia-friendly.

Components utilized by ADAW to build dementia-friendly communities include:

- | | |
|----------------------------|------------------------|
| Business trainings | First responders |
| Flip charts | Park/memory trail |
| Train the Trainer sessions | Informational meetings |
| Business promotions | Evaluation criteria |
| Quick reference guides | Annual review |

ADAW is currently supporting more dementia-friendly community initiatives in Dane County. For more information: Alzheimer's & Dementia Alliance of Wisconsin: www.alzwiss.org • 608-232-3400 or 888-308-6251



Specific Strategies for Community Members

A dementia-friendly community initiative is an opportunity for people in all walks of life to learn about dementia and share their experiences of living with or caring for someone with dementia.

This section contains special challenges and specific strategies for community members to support a dementia-friendly community initiative in the following sectors: business, community organizations, health care and public services. This is not an all-inclusive list, but a collection of recommendations for the places and people that most commonly interact with individuals with dementia and/or play an important role in supporting these efforts in the community.

The suggestions described here are derived from best practices in effective communication with individuals with dementia and from consultation with a representative from each setting. Some areas include a description of what the special challenges may be in a particular setting, along with suggestions on how to address those challenges.



Business Sector

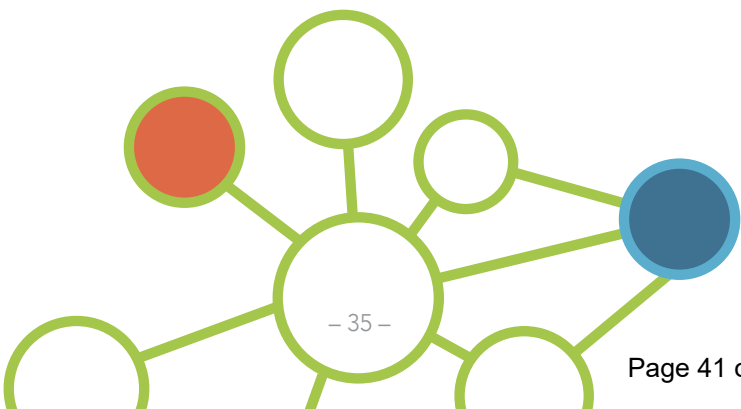
LOCAL CHAMBER OF COMMERCE

A chamber of commerce can provide leadership in a dementia-friendly community initiative by encouraging its business members to participate in training staff on how to best serve an individual with dementia as their customer. Providing opportunities for discussion at chamber meetings and providing meeting space or materials for the initiative can greatly enhance the reach and effectiveness of a dementia-friendly community effort.

GENERAL BUSINESS SETTING

SPECIAL CHALLENGES The memory loss and confusion that can accompany dementia make it difficult for individuals to carry out daily activities such as shopping, banking and moving throughout the community. Misunderstanding prices and sales, forgetting to pay prior to leaving the store, difficulty with debit or credit cards and being unable to find the desired item or even come up with the name of the item are common problems that can result from dementia.

WHAT TO DO If an individual with dementia is having difficulty in a store or other business, having trained employees can greatly assist the situation. If an individual appears confused or is having trouble, employees can approach them and ask if they need any assistance. Speaking clearly and slowly and giving enough time for the customer to respond, helping them to find items, and helping them to complete their tasks one at a time are all very helpful approaches. Other strategies include providing easy-to-follow maps at key locations in the store, ensuring signage that is easy to see and unambiguous, and minimizing the number of questions asked at checkout. The *Building Dementia-Friendly Communities Toolkit* has examples of training for businesses on how to provide dementia-friendly customer service.





BANKS AND CREDIT UNIONS

SPECIAL CHALLENGES Community banks and credit unions have a special role in assisting customers with dementia. Individuals with dementia are more vulnerable to scams and other types of financial exploitation. Financial abuse can come from family members or others close to the person, as well as typical online or telephone-based scams.

WHAT TO DO Being aware of a customer's spending habits can be very helpful in protecting the individual with dementia. Signs to look for can include frequent overdrafts, bounced checks, atypical mathematical errors, sudden changes in spending that are either significantly higher or lower each month and large sums of money being withdrawn or transferred to another person.


It is helpful to develop protocols for employees to handle situations that may arise regarding concerns about a customer who may no longer be able to manage their finances or may be the victim of financial abuse. The protocol may include speaking with the individual directly to determine an explanation for the behavior or to contact the local adult protective services agency to report a concern of financial abuse. Adult protective services agencies have the authority to investigate allegations of abuse, including financial abuse, and will look into possible abuse even when the amount of money involved may not rise to the level that law enforcement would investigate.

Bank and credit union staff can also attend county interdisciplinary team (I-Team) meetings, which are typically convened by adult protective services staff and include law enforcement, crisis workers and others. These meetings provide an opportunity for discussion of concerns and for various county services and stakeholders to assess how local systems could work more effectively to address community needs.



GROCERY STORES

SPECIAL CHALLENGES Grocery stores can be especially challenging for individuals with dementia because shopping for groceries is a complex task that requires memory for what is needed, what each item is called and where it is located in the store. Self-service can



be overwhelming as bulk food items must be labeled with the proper code and/or weighed and packaged prior to checkout. Having to recall special customer numbers or other discount code information can also cause anxiety at the checkout. It can be difficult for individuals with dementia to follow sets of instructions or directions containing multiple steps. Using debit or credit cards to pay often requires answering five or more questions on the payment keypad, which can be overwhelming and frustrating for someone with dementia.

WHAT TO DO The Middleton, Wisconsin dementia-friendly initiative promotes the concept of a relaxed lane for checkout. This lane is designated as one that provides additional time and assistance to customers. Other ways to assist individuals with dementia at grocery stores include the following:

- Clear signage with basic black letters on a light background in large font at the end of each aisle.
- Limiting how often items change locations in the store.
- Providing staff to assist and accompany customers to complete their tasks.
- Offering an order and delivery component.

RESTAURANTS

SPECIAL CHALLENGES Going out to eat is an important social activity for many people. Difficulty with memory can make ordering food, casual social conversation and finding and returning from the restroom challenging. Restroom signs in different themes, such as *roosters and hens* rather than *men and women*, can be confusing. The size and scope of the menu can be overwhelming, and individuals with dementia may forget what they have ordered. Difficulty in ordering and repeating questions and requests of wait staff can be frustrating for both staff and customers.

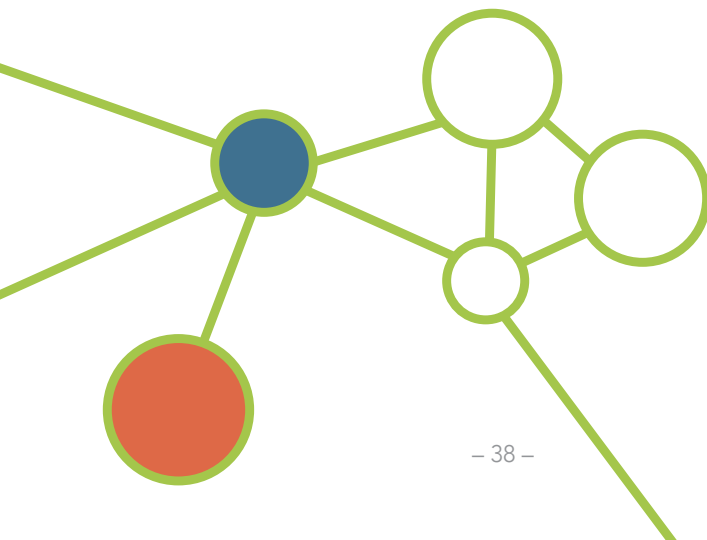
WHAT TO DO Training staff to provide dementia-friendly customer service and to understand the challenges facing individuals with dementia will help alleviate many issues. Wait staff can assist individuals with dementia by asking questions about the kinds of food they like to narrow possible options in ordering. Directional signage for the restrooms should be clearly placed in key visual areas and be easily understood. Restroom doors need to be clearly labeled with a sign placed directly on the door.

Community Organizations Sector

COMMUNITY, CIVIC AND OTHER ORGANIZATIONS

Any community-based organization can become involved with a dementia-friendly community initiative. The Jaycees, Lions, Kiwanis, Elks, Rotary, YMCA, parent-teacher organizations, United Way chapters, AARP chapters and neighborhood associations are all examples of groups that would add value to any initiative. These organizations can assist with recruiting volunteers to assist the initiative, providing space for meetings, filling leadership roles for committees and volunteering to help individuals with dementia.

Community organizations may be able to provide a structure for fundraising, offer channels for communication and marketing to the community and donate materials and resources, such as binders for training. They may also experience benefits from involvement in the dementia-friendly community effort through promotion of their agency as a supportive member. Dementia-friendly community efforts should include education and training for community organizations.





FAITH COMMUNITIES

SPECIAL CHALLENGES Attending a religious service can be challenging for the individual with dementia and their caregiver. Individuals may have difficulty finding selected pieces within larger books, such as hymns or scriptures, reading the signs that contain the references to each piece, and following the service, even if it has been a familiar service. A trip to the restroom may also be difficult for individuals with dementia as they may be searching for the correct door to use or have trouble finding the way back to their seats.

Individuals with dementia may say and do things that are not appropriate during a service, such as talking loudly during times of quiet and disturbing others around them. This behavior can be embarrassing for the family member who accompanies them and may prompt the family member to stop attending services. Finding transportation to a service may be an obstacle for those individuals who no longer drive, which may lead to isolation and a loss of connection with their faith community.

WHAT TO DO Dementia-friendly faith communities can improve the quality of life for those with dementia. Recognizing when someone stops attending services and asking why is the first step to helping individuals with dementia maintain a connection to their faith. Activities can include educating members about dementia, carrying out a review of changes that can be made in buildings, and holding a Dementia Day service of worship focused around those with dementia and their caregivers. When members of faith communities are educated on dementia, behaviors of individuals with dementia can be better accepted, and less stigmatization can result for the individual and his/her family.

A dementia-friendly worship is one that is inclusive and engaging for the individual with dementia. The service is short and simple and has a structure with a clear beginning and end. It is helpful if written materials, such as weekly bulletins, are in large print with black letters on white paper and are not overwhelming in content. Signs should be large enough to be easily seen with large black letters on a white background.



Volunteers can assist as buddies in the pew for members who may have difficulty in following the service or finding the proper passages in books. If someone is struggling, simply sitting near them and offering to let them follow along can be very helpful. The buddy can assist with finding and returning from the restroom. To address transportation issues for individuals with dementia, faith communities can identify volunteers who are willing to provide rides to services, or if a community owns a van or bus, it could be used for rides as well.

Restrooms that are close by and indicated by obvious signs can alleviate difficulty for individuals with dementia. If someone is unable to sit quietly, access to outside or garden space can be used to go for a walk or to converse. Aisles and walkways should be well lit and devoid of small rugs or complex patterns, as these may be perceived as holes or other obstacles by an individual with dementia.

Faith communities can play an important role in bringing joy to the lives of their members with dementia through engagement in music and art. A special chorus consisting of individuals with dementia and their caregivers or friends can be a way to allow these members to actively participate in services. The following link provides an example of a special chorus with individuals with dementia and their caregivers:

<http://aging.med.nyu.edu/research/chorus>.

Starting a memory café is another way to provide opportunities for joy. Memory cafés can take place in any comfortable setting where people can gather to have fun. They can include food and drink as well as someone knowledgeable about dementia to provide assistance and answer questions. A memory café is not a support group or educational program, but a safe place where individuals with dementia and their caregivers can go to engage socially without fear of embarrassment. Memory cafés can include music, art, games or anything of interest to the attendees.

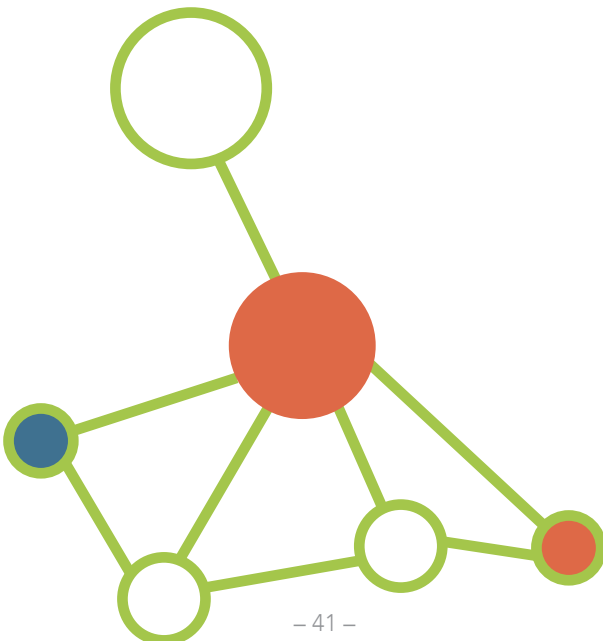
Additional information and tips for faith communities are available on the following website:

www.dementiafriendlychurches.com.

SPORTS AND RECREATIONAL PROGRAMS

SPECIAL CHALLENGES Staying active and socially engaged is very important for individuals with dementia to maintain their abilities as long as possible. Aerobic exercise increases blood flow to the brain and has been shown to increase the size of the part of the brain responsible for memory. Engaging in conversation and other recreational activities helps individuals with dementia to avoid isolation. Sports leagues, fitness centers, bowling alleys, as well as card clubs, bird watching clubs, book clubs, knitting clubs and other recreational groups can support members within a dementia-friendly community.

WHAT TO DO Creating league play that is less competitive and more supportive can help individuals with dementia continue to play the game they love while getting exercise and staying socially connected. At golf courses, tennis clubs and other venues, providing a partner who is willing to provide support and encouragement to an individual with dementia will help that individual enjoy continued participation. This partner can help the individual with dementia navigate a course, keep track of the score and assist in other parts of the game where short-term memory may fail them.



Health Care Sector


HOSPITALS

SPECIAL CHALLENGES Hospitals can be stressful places for individuals with dementia. Bright lights, noise and many people talking at once can be overwhelming. When individuals with dementia become overwhelmed, it can be very difficult to understand and follow directions. They may become upset and may not cooperate with medical personnel.

Memory loss may cause individuals with dementia to wander and not stay in their hospital beds. They may not remember why they are in the hospital and may try to leave. Infections and untreated pain may be difficult to assess in individuals with dementia as they may cause delirium, agitation and a refusal to cooperate. However, these conditions must be assessed to determine appropriate treatment.

WHAT TO DO When working with someone with dementia, hospitals can calm their environments by eliminating unnecessary noise, conversation, flashing lights or buzzers and unnecessary personnel. Moving to a quiet location and, if possible, including a family member or other familiar person in the assessment process can help. When the person with dementia does not remember, someone who is living with the individual with dementia can be a critical source of information to provide answers to questions about the condition and circumstances that led to the hospital visit. They can also help the individual remain calm and help in understanding what is happening. When individuals with dementia refuse needed tests and other diagnostic procedures, be aware of the many options available for obtaining samples and gathering the information needed to make a diagnostic determination.





Wandering is one of the most common symptoms for individuals with dementia. When someone with dementia is admitted to the hospital, they will likely be bored and not stay in bed, and may wander. Depending on their condition, allowing individuals with dementia to go for walks will help alleviate many potential challenges in providing care. Engaging family, friends or volunteers to stay with the person can be very helpful.

PRIMARY CARE CLINICS

SPECIAL CHALLENGES Patients may be reluctant to discuss their concerns about memory loss or other cognitive issues due to the stigma and fear of dementia. If someone has a dementia, it will complicate all other aspects of their care and inhibit the person's ability to follow through with treatment plans, properly take medications, manage chronic conditions and even recognize the need to seek medical treatment.

WHAT TO DO Making the diagnosis of dementia as early in the disease process as possible is critical. The goal of a dementia-friendly community is to assure that individuals who receive a diagnosis of dementia can continue to enjoy life. Primary care providers should encourage connections with community resources and programs so individuals can stay physically and socially active. To support the individual with dementia, providers should be aware of his/her limited ability to follow instructions and provide or connect him/her with additional support through family members or other professionals who can continue to provide support in the home.

PHARMACISTS

SPECIAL CHALLENGES Dementia can affect an individual's judgment, memory and ability to follow instructions independently and, as a result, create difficulty in taking medications as directed. Many older adults see more than one physician who prescribes medications, which can result in medication interactions and unintended side effects. Having diabetes also increases an individual's risk of developing dementia.



WHAT TO DO

Pharmacists have a unique opportunity to observe changes in someone who may have an unrecognized dementia. Possible signs of dementia include not properly managing chronic conditions such as diabetes, erratic compliance in taking medications, repeated contacts to the pharmacy for the same issue and failure to pick up important prescriptions in a timely manner. Contacting the local adult protective services staff can serve as a means to alert others in a position to help the individual with dementia.

PHYSICAL THERAPY, OCCUPATIONAL THERAPY AND HOME HEALTH


SPECIAL CHALLENGES

Memory loss can make it difficult to remember appointments. Individuals with dementia may not come to therapy appointments or be home for home health visits. Dementia makes it difficult to independently follow an exercise or other therapy plan and to arrive at goals within a specific time frame. Appointments in the home of an individual with dementia can provide insight into other challenges the person may be facing and may make it easier to identify what to do with concerns outside of home health or therapy.

WHAT TO DO

Calling ahead to remind an individual with dementia of appointments only works if it happens very close to the time of the appointment. A call the day before or even several hours earlier may be forgotten. Therapists and home health staff should (1) be aware of whether the individual with dementia has a caregiver, (2) ascertain if the caregiver lives with the individual or provides transportation, and (3) if necessary, obtain the proper permission to communicate with the caregiver directly about appointments and care plans. If an individual is having difficulty following an exercise plan or other instructions, the therapist or staff should suggest a recorded video to follow or provide a written guide with the exercises and instructions that can be shared with the caregiver or family members. For individuals with dementia, it is important to keep the exercise program and instructions short and simple. Occasional follow-up telephone calls can be





helpful to check in regarding any questions or concerns and as a reminder to individuals to view the video or written instructions.

When in the home of an individual with dementia, the therapist or home health staff should contact the local adult protective services unit to share any concerns regarding abuse. If other unmet needs or special challenges are observed, ask if the individual with dementia or their caregiver shares the concern and provide a referral to the aging and disability resource center in the county to provide information and assistance.

DENTISTS

SPECIAL CHALLENGES Individuals with dementia have challenges maintaining good oral health due to changes with their cognitive status and functional ability. Older adults have additional oral health challenges that put them at higher risk for dental conditions, such as dry mouth making a person more susceptible for dental caries/cavities, poor nutritional intake that lessen a person's ability to fight infection and bone loss, and gingival tissue/gum infection from periodontal disease. Cognitive issues can make it difficult for the individual to remember the tasks needed to accomplish oral health care tasks. Decreased dexterity from conditions like arthritis may require adaptive aids to facilitate the ability to perform oral health care tasks. People in more advanced stages of disease may not be able to communicate their needs and are at higher risk of experiencing pain and oral disease.

WHAT TO DO Caregivers who have firsthand knowledge on the preferences and personality of the individual with dementia can provide vital information to the oral health care provider on strategies for a successful dental care experience. Every individual with dementia should be screened daily or weekly for oral health changes with plans provided to address these changes. When the individual with dementia seeks dental care in an unfamiliar setting, the oral health care provider should allow a family member or friend to sit by the person to maintain eye contact or hold his/her hand as a calming influence. As long periods sitting in a dental chair may be more difficult for individuals with dementia, limiting the time length of appointments is helpful.



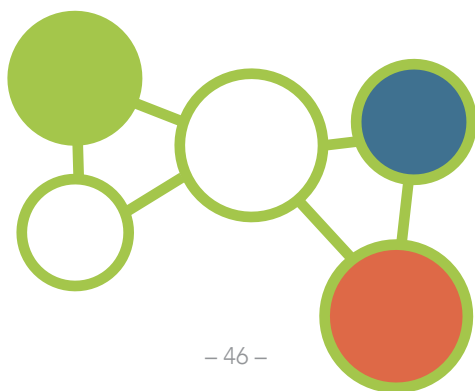
Creating a calm environment where noise and other stimulation are kept to a minimum will help an individual with dementia remain calm and cooperative. Practicing good chairside manner and always alerting the individual to what is about to happen will help to maintain his/her cooperation. It is very important for the individual with dementia, the caregiver and the oral health care provider to work together. When performing dental procedures on an individual with dementia, all caregivers and oral health care providers should remember to explain the experience to the individual, let the family be involved and allow the individual to set the pace.

RESIDENTIAL CARE PROVIDERS

Residential care facilities support dementia-friendly community efforts in several ways. As members of the community with special knowledge of dementia, they can provide training to increase awareness and understanding of dementia as well as the needs of individuals with dementia. As business owners, they can reach out to other businesses to engage them in the initiative, offer meeting spaces and other materials and initiate dementia-friendly community efforts.

DEMENTIA AGENCIES AND PROGRAMS

The Alzheimer's Association and the Alzheimer's & Dementia Alliance of Wisconsin are leaders in the development of dementia-friendly communities and are critical to the success of any initiative. These organizations have experts in the field of dementia care with a wide variety of information and educational materials and programs to support families and caregivers of individuals with dementia. Inviting these entities to participate in local dementia-friendly community efforts is an important component of any effort. They can provide leadership, meeting space and informational presentations to a variety of audiences.



Public Services Sector

COUNTY AGENCIES

Office on Aging/Aging and Disability Resource Centers (ADRC)

Offices on Aging and ADRCs have a substantial role to play in the development of dementia-friendly communities. They can partner with local public health departments to support dementia-friendly community development. A dementia-capable Office on Aging or ADRC has staff who are knowledgeable about dementia, offers cognitive screens and family caregiver supports and has information about all resources and programs available in the community for individuals with dementia and their families.

Offices on Aging and ADRCs can provide (1) meeting space and leadership, (2) support for coalition building with dementia service agencies, other local agencies, businesses and citizens and (3) important health promotion and falls prevention programs to the community. ADRCs with dementia care specialists act as catalysts in sparking interest and support for the development of dementia-friendly communities.



ADULT PROTECTIVE SERVICES (APS)

Adult protective services programs play a critical role in the community in helping both individuals with dementia and their caregivers. Often, APS workers become involved in cases with individuals with dementia after they have experienced a crisis. Other times, they may receive calls from concerned family or



friends about someone they feel is at risk of harm. In many APS cases, law enforcement, care facilities, hospitals and county crisis staff have been involved with the individual in question. Creating partnerships with these entities can help everyone understand and address concerns with how these services interact and, more importantly, how this interaction affects individuals with dementia and their families.


APS programs become dementia capable through educational programming for staff, assessing the outcomes for individuals with dementia and working to improve outcomes as needed. Development of policies and procedures that are dementia specific and ensuring that staff know when and how to use those policies will improve dementia capability.

COUNTY CRISIS RESPONSE

County crisis units respond to the immediate needs of anyone in their county at imminent risk of harm. There are a wide variety of situations where crisis workers must be able to navigate, from abuse to mental health issues to dementia. Understanding the special needs of individuals with dementia will improve the effectiveness of a crisis response program and will help identify the appropriate root cause of the crisis.

There are several things county crisis units can do to become dementia capable. The first is to ensure that all staff complete the required training that satisfies Chapter DHS 34, Wisconsin Administrative Code, requirements with an emphasis on dementia. Another way is to access regular and ongoing clinical supervision with a psychologist who can review medications and provide immediate feedback to the crisis team when working with someone they suspect has dementia. Regular attendance at the crisis network and regional crisis meetings where dementia issues are discussed can increase knowledge and lessons learned from others in the field.





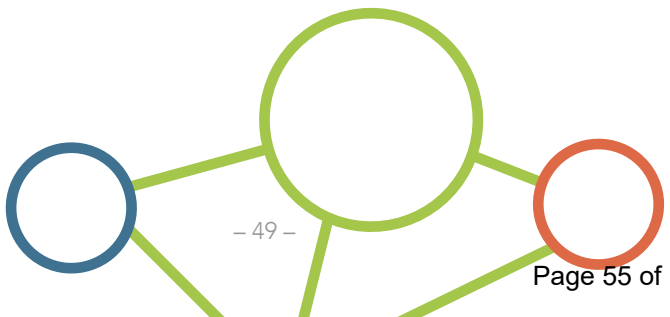
It is important for crisis programs to connect with the other agencies serving individuals with dementia in the community. Regular participation in the county I-Team improves dementia capability, as this venue allows for different agencies to discuss issues and cases in common. These meetings typically include the aging and disability resource center and aging office, adult protective services, law enforcement, hospitals and other care facilities, the county attorney and other community agencies or businesses involved in supporting people in crisis or at increased risk for crisis. Developing referral and communication protocols with dementia services organizations is helpful, as they are familiar with the unique characteristics and needs of the dementia population.

SENIOR NUTRITION PROGRAMS

Most communities have senior nutrition programs that consist of Meals on Wheels programs to the homebound and locations in the community where meals are served to older adults on a donation basis. These programs provide a friendly face for the homebound or a chance to socialize and meet other people in the community.

Volunteers with Meals on Wheels programs have the opportunity to ensure individuals who receive meals are safe and provide a connection to help if needed. A training resource for Meals on Wheels volunteer drivers that provides tips and how to help is available on: <http://gwaar.org/for-professionals/transportation3/10-articles/aging-programs-and-services/219-for-home-delivered-meal-drivers.html>. Staff at senior dining centers should have an understanding of dementia and how to support the individual with dementia and his/her caregiver.

Dining centers are natural places to hold a memory café. Memory cafés are places in the community where individuals with dementia and their families and friends can gather for conversation and fun activities in a nonjudgmental social atmosphere. At the café, information and resources are available on dementia, with the focus being purely social and fun.






LAW ENFORCEMENT/FIRST RESPONDERS

SPECIAL CHALLENGES Individuals with dementia can easily become lost and unable to remember how to get home on foot, using public transportation or driving in a car. When someone with dementia is lost, they may be anxious, afraid, agitated and aggressive toward anyone unfamiliar who approaches them. Individuals with dementia may leave a place of business and forget to pay for their purchases. Store security or employees may detain them or call law enforcement to report a theft. When arriving at the scene, it may be difficult to determine whether someone may have a dementia or other condition, making it difficult to determine the best response.

WHAT TO DO Law enforcement officers and other first responders should be encouraged to receive dementia-specific training. There are many opportunities for training from local dementia agencies and online programs and through law enforcement associations. To prevent recurring incidents, communities should promote the existence of Silver Alert and connect with the aging and disability resource center, adult protective services agency and county crisis response agency to determine a follow-up protocol once an individual has been located and returned home.

Programs such as Project Lifesaver and Project Safe Return can be housed in the sheriff's office or local police department. These programs offer a means for faster recovery of someone with dementia who has been reported missing. A transmitter is provided for the person to wear that can be traced and located by mobile equipment housed with law enforcement.

Law enforcement can create a voluntary registry for individuals with dementia. The registry provides the name, home address and contact information for family members should the individual with dementia become involved with law enforcement.



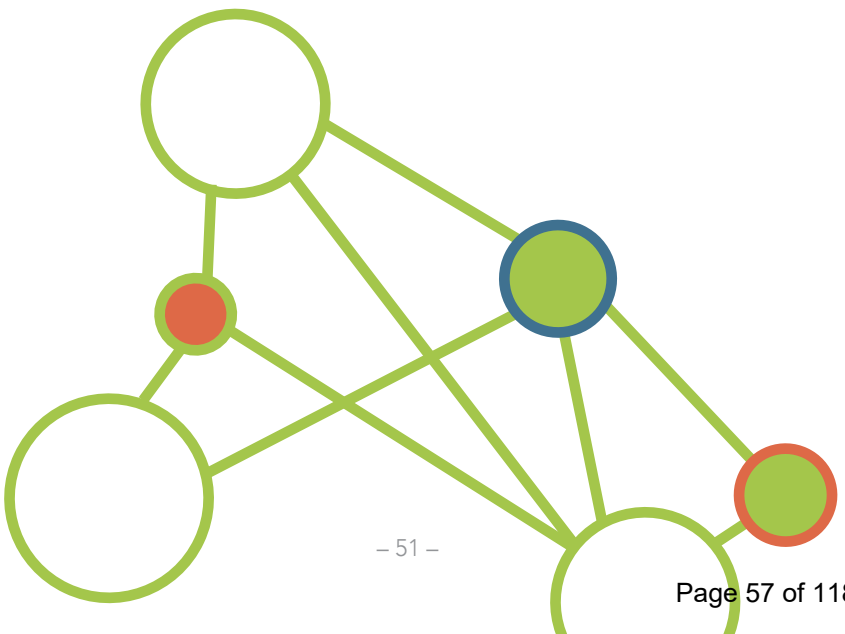
File of Life is a program that places a packet of information intended for use by first responders and other emergency personnel inside or outside the door of a residence or prominently displayed on the refrigerator. This file contains information critical to crisis response, including emergency contacts and important medical information. Individuals can also contact their 911 center and have information added to their residential file indicating to first responders that there is someone living at that residence with dementia or memory loss.

Additional information is available on the following websites:

- Law Enforcement Training from the Alzheimer’s Association
www.alz.org/care/alzheimers-dementia-safety.asp
- Project Lifesaver Home Page
www.projectlifesaver.org
- Safe Return Program
www.alz.org/care/dementia-medic-alert-safe-return.asp
- File of Life
www.folife.org/about.htm

COMMUNITY ENVIRONMENTS

SPECIAL CHALLENGES Individuals with dementia may suddenly feel lost when traveling to a familiar place whether on foot or by car. Signs can be difficult to understand, especially if they are highly stylized or designed to match the surrounding environment. Complex and non-standard intersections and one-way streets can be especially challenging.





CITY PLANNER/ARCHITECT

WHAT TO DO When looking to create something new or renovate an existing structure, it is important to keep age-friendly and dementia-friendly design in mind. A dementia-friendly community includes places and buildings that are established with obvious functions, changes that are small in scale and incremental, and designs for architectural features and street furniture that are familiar or easily understood by older adults. The environment also includes latent cues positioned where visual access ends, especially at decision points, such as junctions and turnings with entrances to places and buildings that are clearly visible and obvious. Dementia-friendly community design ensures that urban and building form is varied; there is a variety of landmarks, including historic and civic buildings, and there are distinctive structures and places of activity. In these communities, there is a variety of welcoming open spaces, including squares, parks and playgrounds, architectural features in a variety of styles, colors and materials, and a variety of aesthetic and practical features, such as trees and street furniture.



PUBLIC SIGNAGE

WHAT TO DO Being able to navigate in public areas can be difficult for individuals with dementia. In a dementia-friendly environment, signage is minimal, giving simple, essential information at decision points with large graphics and realistic symbols in clear color contrast to the background, preferably dark lettering on a light background. It is helpful if directional signs are on single pointers, signs locating important places and buildings are perpendicular to the wall, and signs have non-glare lighting and non-reflective coverings.



STREETS AND SIDEWALKS

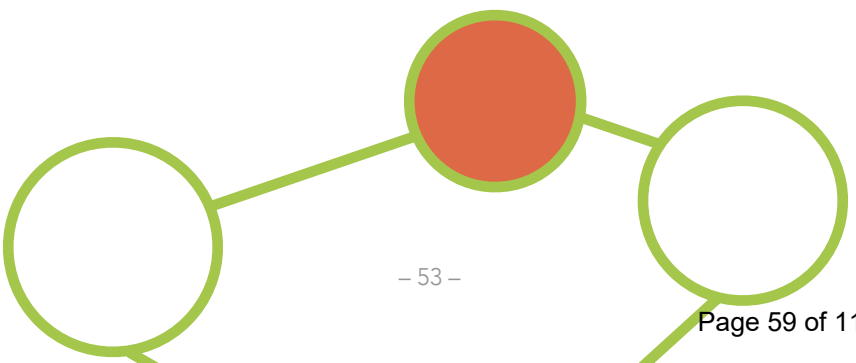
WHAT TO DO Becoming lost in familiar surroundings is a common symptom of Alzheimer’s disease and dementia. Street and sidewalk design that is dementia-friendly can help reduce confusion about current location and the route toward an individual’s destination. In a dementia-friendly community, there is a hierarchy of street types, such as main streets, side streets, alleyways and passages. Blocks are small and laid out on an irregular grid based on an adapted perimeter block pattern that has buildings on all sides surrounding an open central area with short and fairly narrow streets. In dementia-friendly design, streets are well connected and gently winding with open-ended bends to enable visual continuity. Forked and T-junctions are more common than crossroads.

Additional information is available on the following websites:

- Neighborhoods for Life
www.housinglin.org.uk/_library/Resources/Housing/Support_materials/Other_reports_and_guidance/Neighbourhoods_for_Life_Findings_Leaflet.pdf
- Age-Friendly Cities
www.who.int/ageing/publications/Age_friendly_cities_checklist.pdf
- Global Age-friendly Cities: A Guide
<http://apps.who.int/iris/bitstream/I0665/43755/1/9789241547307-eng.pdf>

MAYOR

The mayor of a city, town or other community is an important leader to include in dementia-friendly community initiatives. His/her support increases the opportunities for local public services to become dementia-friendly. These services include parks, public transit, libraries, senior centers, museums, community gardens and public events. The mayor can also assist in publicizing the initiative and creating awareness in the community.





PARKS

Including circular walking paths clearly marked with easy-to-understand directional signs can be a first step toward creating a dementia-friendly park. Providing maps in multiple places, ensuring walking paths are smooth and free from obstacles and providing multiple places to sit are other ways to incorporate dementia-friendly concepts. Shelters, restrooms and sports fields should be clearly delineated and marked with signs to be easily recognized and located. When developing programming for the park, include multi-generational events that engage individuals of all ages.

PUBLIC TRANSPORTATION

Public transportation is critical for adults who do not drive to carry out the necessary tasks of day-to-day living. For individuals with dementia, navigating public transportation can be very challenging. Operators and drivers need to be aware of the special challenges faced by individuals with dementia, as well as how to recognize the signs that someone may need help. A small amount of assistance can be the difference between someone getting lost or arriving safely at their destination. Individuals with dementia may need assistance in determining if they are on the correct route for their trip. Individuals with memory loss may forget their destination or the purpose of their trip and may need assistance.

LIBRARIES

Libraries are part of the heart of many communities and can provide support for dementia-friendly community initiatives. Libraries offer meeting spaces, a venue for public education and channels of communication with the larger community. They are locations for holding public awareness events, memory cafés and other events specifically for individuals with dementia and their caregivers and can help in the recruitment of volunteers and interested parties to join the initiative.

SENIOR CENTERS

Senior centers are places that provide communities with information and activities geared toward older adults. They are a natural partner in the development of dementia-friendly communities and can provide meeting space and materials, committee leadership and opportunities to share information on the initiative.



MUSEUMS

Special programs have been created to assist museums in the development of dementia-friendly programming for visitors. These programs provide an opportunity for arts appreciation and socialization for people with dementia who may not otherwise attend the museum.

Additional information on how a museum can develop a dementia-friendly program is available on the following websites:

- www.moma.org/meetme
- www.alz.org/sewi/in_my_community_I9695.asp
- www.mpm.edu/plan-visit/calendar/spark-programs

COMMUNITY GARDENS

A community garden can be dementia-friendly by ensuring the garden is physically accessible and has opportunities for individuals with dementia to contribute to the garden. Individuals with dementia are capable of doing many garden tasks and may bring experience and insight. Holding dementia-friendly community events can showcase the benefits of a community garden.

SCHOOLS AND HIGHER EDUCATION

Providing dementia education in middle and high school health classes can help children understand how to have a meaningful and loving relationship with a family member who has dementia and can improve the quality of life for both the child and the individual with dementia. A curriculum on dementia will be available from the Wisconsin Department of Public Instruction for use in middle and high school health classes beginning in fall of 2015. Encouraging students to participate in dementia-friendly community initiatives can provide required service hours, offers the opportunity to learn more about dementia and makes a connection with the older generation.





public health as a key partner

Local and state public health agencies are important partners in the establishment of dementia-friendly community initiatives. The consideration of dementia as a public health issue is supported by its increasing occurrence, as well as the social, economic and health impact on families, caregivers and communities.

Public health agencies, local health care providers, and aging and disability resource centers can promote strong cross-sector participation in planning, implementing and evaluating community health efforts for dementia-friendly initiatives. These efforts will help ensure the promotion of health and well-being and actively engage individuals in decisions that affect health.

Alzheimer's Disease burdens an increasing number of our nation's elders and their families, and it is essential that we confront the challenge it poses to our Public Health...

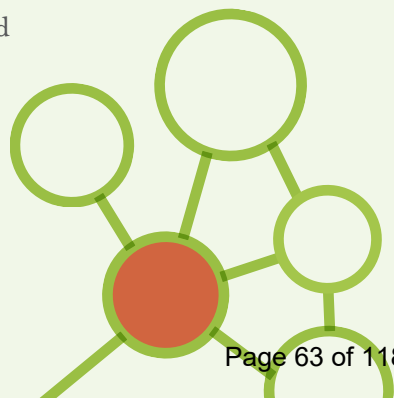
— President Barack Obama

According to the 2012 World Health Organization's "Dementia, a Public Health Priority," improvements in health care in the past century have contributed to people living longer and healthier lives. The number of Americans surviving into their 80s, 90s and beyond is expected to grow dramatically, resulting in an increase in the number of people with non-communicable diseases, including dementia.²

Currently, there is a lack of awareness and understanding regarding dementia. Although Alzheimer's disease and other dementias are now viewed as chronic diseases, many individuals still perceive dementia as a mental illness or consider it a normal part of aging. Factors that increase the risk for Alzheimer's disease and other dementias overlap with those of other chronic diseases, such as heart disease and stroke, diabetes and cancer. These modifiable risk factors include tobacco use, poor nutrition, physical inactivity and alcohol misuse. Public health has played a key role in strategies to address these risk factors through partnership efforts.

The national Healthy Brain Initiative is a call to action. It is also a guide to the implementation of a coordinated approach to moving cognitive health into public health practice.⁴ Collectively, the role of public health assures the health of a community by utilizing a cross-sector approach that encompasses the core functions of assessment, assurance and policy development.

Wisconsin's state health plan, *Healthiest Wisconsin 2020*, (HW2020) serves as the statewide agenda for improving health in the state. HW2020 includes chronic disease prevention and management as one of the 12 health focus areas. As Alzheimer's disease and other dementias are chronic diseases, their inclusion in state and local health plans should be priorities for the implementation of strategies and activities to improve the health of communities.





dementia's impact

There is so much pain to endure when watching a loved one suffer with Alzheimer's disease. There is the pain of perpetual grief. There is the raw wound of continual loss. There is the struggle to preserve dignity and the desire to respect the present and cling to the past. However, in the midst of the heartache there is a small glimmer of light that exists to remind us of the things that Alzheimer's can't take away... the warmth of a touch, the importance of smiles and laughter, and the knowledge of what it truly means to experience unconditional love and acceptance. –Unknown



Dementia in Wisconsin

Even as the number of people who will face dementia in their lives increases, the number of people who are the primary source of caregiving is decreasing. In Wisconsin in 2015, it is predicted that there will be 6.6 people between the ages of 45 and 64 for every one person over the age of 80.

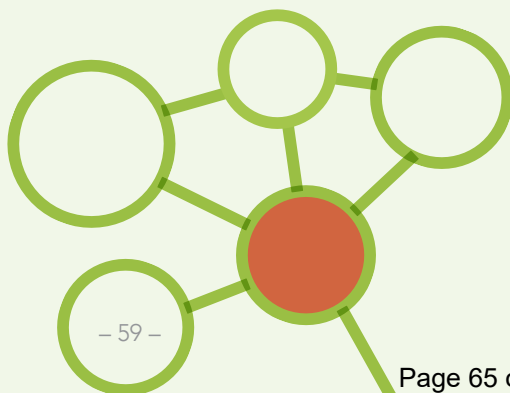
The average age of caregivers is 49, and in 2040, the projected number of people at that age will decrease to 2.7 for every one person over the age of 80. Because the chances of developing a dementia are one in three at age 85, it is anticipated that there will be an increased demand for support for people with dementia and a shortage of family caregivers.⁶

The establishment of dementia-friendly initiatives in Wisconsin can provide assistance to meet the anticipated needs of individuals with dementia, their caregivers and communities.

Impact on Caregivers

In 2013, Americans provided 17.7 billion hours of unpaid care to people with Alzheimer's disease and other dementias.⁷ Providing care for an individual with dementia can place demands on a caregiver's own health and emotional well-being. Although caregivers report some positive feelings, including family togetherness and the satisfaction of helping others, they also report high levels of stress related to providing care, including a strain on finances and family relationships.

Caregivers can also experience depression, sleep disturbances and an impact on their physical health. As a result of the chronic stress, physiological changes can occur, including high levels of stress hormones, reduced immune function, and slow wound healing, resulting in an increased use of health care by caregivers.⁷



Additional information on the impact on caregivers can be found at the following websites:

- www.alz.org/downloads/Facts_Figures_2014.pdf (2014 Alzheimer's Disease Facts and Figures)
- www.alz.org/care (Alzheimer's Association)

Note: The term caregiver has been used in the Toolkit to refer to anyone who provides care to an individual with dementia. Increasingly, people in the dementia field are referring to *care partners* as individuals who provide various forms of unpaid care to individuals with dementia whether at home or in long-term care. The term caregiver is being used for individuals who are paid for providing care to the individual with dementia.

The stress of dementia caregiving is influenced by...dementia severity, how challenging the caregivers perceive certain aspects of care to be, available social support and caregiver personality.

— Act on Alzheimer's Minnesota



Personalizing Communication

Person-centered care is based on recognizing personhood as the foundation for caring for those with dementia and includes recommended approaches for communication, interaction and engagement. This form of personal communication focuses on the strengths, abilities and life stories of the person with dementia rather than on limitations. The opportunities for meeting the individual's psychological needs for attachment, comfort, identity, occupation and inclusion are enhanced through this approach and can result in an improvement of the responses from the person with dementia. A personalized approach concentrates on the positives by knowing what is meaningful to the person with dementia and honors his/her current reality.

Stop thinking, 'This person is confused; she has dementia,' and start thinking, 'I'm confused; I don't know what she is trying to tell me.' -Unknown

Below is an example of personalized communication that can assist community members when interacting with an individual with dementia.

"When a person with dementia is troubled, try to think of magic words to make them feel better if you were in their shoes."

Examples:

- I will be here all day if you need anything.
- Don't worry. I'll take care of it.
- You are pretty important around here.
- If you need anything, just let me know.
- I do silly things like that, too.
- Between the two of us, we will be OK.
- You are a pretty special person.
- Wow, you are so smart!
- Thank you, I couldn't have done it without you.
- That's a good idea. I'll have to try that!
- You always look out for me.

Source: "Creating Moments of Joy" by Jolene Brackey





Living a Meaningful and Productive Life with Dementia

There are many individuals with dementia leading meaningful and productive lives. Many tools and resources exist that can significantly improve quality of life as an individual goes through the stages of dementia. Dementia need not be viewed as an individual tragedy; instead, it can be better understood as an experience of personal change that occurs within a community.

Proactively managing changes and symptoms can significantly improve the quality of life through all stages of the disease for individuals with dementia and their caregivers. Education and caregiver support that works to identify and acknowledge what the individual with dementia can still do, while enhancing the ability of the family to provide care, helps to maintain the individual's independence as much as possible. Through lifestyle changes and support systems, the family can help the individual with dementia manage his/her symptoms, maintain functional abilities, understand changes, prepare as needed to make adjustments, and allow involvement in planning for the individual's future.⁴

Individuals with dementia and their caregivers describe what is needed to live well in **The Seven Quality of Life Outcomes** (below). The following list provides guidance for consideration when implementing dementia-friendly community initiatives. Communities should acknowledge the potential for all to live as independently as possible and continue to access activities safely.

1. I have personal choice and control or influence over decisions about me.
2. I know that services are designed around me and my needs.
3. I have support that helps me live my life.
4. I have the knowledge and know-how to get what I need.
5. I live in an enabling and supportive environment where I feel valued and understood.
6. I have a sense of belonging and of being a valued part of family, community and civic life.
7. I know there is research going on which delivers a better life for me now and hope for the future.

(The National Dementia Declaration for England, Dementia Action Alliance 2010)

DEMENTIA-FRIENDLY COMMUNITY EFFORTS IN OZAUKEE COUNTY



The groundwork for becoming a dementia-friendly Ozaukee County began at an Aging Consortium meeting in late 2013. The community was invited to hear about the initiative and gauge local interest. Attendees included senior programs and services professionals, government representatives, caregivers and advocates.

A workgroup was formed to assess where to start and who to involve. The county I-Team addressed the topic at every meeting. The Aging and Disability Resource Center (ADRC), the Alzheimer's Association of Southeastern Wisconsin and the Caregiver Coalition of Ozaukee County collaborated on a memory café that started in April 2014 at the Flipside Café in Grafton. The memory café became so popular that an additional café location began in January 2015 at the Riveredge Nature Center.

Those involved in the countywide effort addressed underutilization of the Wanderers Registry, a free service to county residents coordinated by the ADRC and law enforcement to maintain a database for those who may be at risk if they live alone. The application and information was revised and is now called the Safety Registry and includes all information necessary to issue a Silver Alert. Additional information was added for law enforcement to make their interactions more positive.

Dementia-friendly business training is beginning. Two businesses had staff participate in awareness training and evaluated their environments and procedures to be supportive of individuals with dementia. Other business trainings are scheduled or in the planning process.

Dementia awareness is growing, and collaborative efforts continue in Ozaukee County.

For information, contact the Ozaukee County Dementia Care Specialist at kglaser@co.ozaukee.wi.us.



wisconsin specific
**organizations,
resources &
dementia related
topics**



*A flourishing community is one that
practices hospitality and acceptance of all
persons, regardless of physical or mental status.*

— John McFadden



Aging and Disability Resource Centers

Wisconsin Aging and Disability Resource Centers (ADRC) provide information and assistance on long-term care for adults regardless of age or income; available services in specific areas, such as home health care; and instructions on how to sign up for programs such as Meals on Wheels or Family Care.

Family caregivers may call the ADRC with questions on how to provide care for their loved ones. ADRC professionals are available by telephone, via email or through in-home visits to discuss options for care.

ADRC benefit specialists are available to answer questions about eligibility for Medicare, Medicaid, Social Security or other public programs, as well as questions about benefit changes, and can provide assistance with applications.

The Dementia Care Specialist Program

In 2015, the Dementia Care Specialist Program is available at 16 ADRCs across 26 counties in Wisconsin. Dementia care specialists provide dementia-specific support and services. The dementia care specialists support the ADRC to be dementia-capable and provide guidance and leadership to dementia-friendly community initiatives and assistance in helping individuals stay in their homes longer.

A dementia-capable ADRC is able to provide memory screens for individuals who may be concerned about memory or increased confusion, is knowledgeable about all the resources and programs available in the community for people with dementia and their caregivers, and can help individuals and families plan for future needs.

Anyone interested in creating or joining a dementia-friendly community effort may contact the dementia care specialist. The specialist can provide assistance in developing dementia-friendly coalitions in communities and in the use of Wisconsin's *Building Dementia-Friendly Communities Toolkit*.

Information on contacting a dementia care specialist in a specific Wisconsin county is available at: www.dhs.wisconsin.gov/adrc/dementia-care-specialist-program.htm



Memory Clinics (Wisconsin Alzheimer's Institute)

The Wisconsin Alzheimer's Institute Affiliated Dementia Diagnostic Clinics are located around the state and offer a comprehensive evaluation of memory and other cognitive concerns. An individual should first contact their physician to discuss any concerns regarding memory loss or any of the warning signs of dementia, such as increasing confusion, changes in behaviors or difficulty with everyday activities. To seek a second opinion, individuals may contact one of the memory clinics in their area. To find a memory clinic, click on www.wai.wisc.edu/clinics/cliniclist.html.

Alzheimer's Association

The Alzheimer's Association works on a global, national and local level to enhance care and support for all those affected by Alzheimer's disease and other dementias. The Alzheimer's Association has a 24/7 help line: 1-800-272-3900. The Association provides support groups, a dementia caregiver center, an online navigator who offers step-by-step guidance and customized actions plans, education programs and clinical studies.

The Alzheimer's Association raises awareness and funds for care support and research, advocates for policy resources, and educates and engages decision makers. Safety service options provided through the Alzheimer's Association include: Comfort Zone, Medic Alert & Safety Services, and the Alzheimer's Association Safe Return program.



For additional information on any of these services, please call 1-800-272-3900 or contact a local chapter at:

- www.alz.org (for local chapter information)
- www.alz.org/sewi (for the Southeastern Wisconsin Chapter)
- www.alz.org/scwisc (for the South Central Wisconsin Chapter, serving Columbia, Dane, Green, Grant, Iowa, Lafayette, Richland, Rock and Sauk counties)
- www.alz.org/gwwi (for the Greater Wisconsin Chapter, serving Chippewa Valley, Fox Valley, Green Bay, La Crosse, Rhineland, Spooner, Superior and Wausau)

The Alzheimer's and Dementia Alliance of Wisconsin

The Alzheimer's & Dementia Alliance of Wisconsin (ADAW) can provide support and assistance to individuals navigating the course of Alzheimer's disease and other dementias. ADAW guides individuals with dementia and their caregivers by offering personal consultations, education and access to resources and advocacy.

ADAW provides programs and services in south central Wisconsin, and resources and advocacy on dementia-related issues.

ADAW promotes Alzheimer's disease research and helps people access cognitive testing for early detection of memory disorders, clinical evaluations, treatment options and research opportunities. ADAW serves as a partner along the journey for someone who suffers from memory loss or cares for someone with Alzheimer's disease or other dementias.

For information on any of these resources go to: www.alzwise.org (Alzheimer's & Dementia Alliance of Wisconsin)

Educational Opportunities

Educational opportunities are available for individuals, families and communities to receive information on the disease process of Alzheimer's and other dementias, including the progressive disease stages and behaviors, and to build skills to support individuals with Alzheimer's disease and other dementias.

Additional information and resources:

The Alzheimer's Association:

- www.alz.org (for local chapter information)
- www.alz.org/sewi (for the Southeastern Wisconsin Chapter)
- www.alz.org/scwisc (for the South Central Wisconsin Chapter, serving Columbia, Dane, Green, Grant, Iowa, Lafayette, Richland, Rock and Sauk counties)
- www.alz.org/gwwi (for the Greater Wisconsin Chapter, serving Chippewa Valley, Fox Valley, Green Bay, La Crosse, Rhineland, Spooner, Superior and Wausau)

The Alzheimer's & Dementia Alliance of Wisconsin

- www.alzwise.org




wisconsin specific
**community
program resources**

Memory Cafés

Memory cafés are unique structured social gatherings that provide opportunities for individuals with dementia, along with their family, friends and caregivers, to enjoy interactions with others in a setting free from awkwardness and stigma. They are not intended as support groups.

The cafés provide a safe environment for individuals living with dementia to meet others experiencing the same challenges and to talk openly about issues. For caregivers, a community of support is established to help with the feelings of isolation, powerlessness, disorganization and stress.

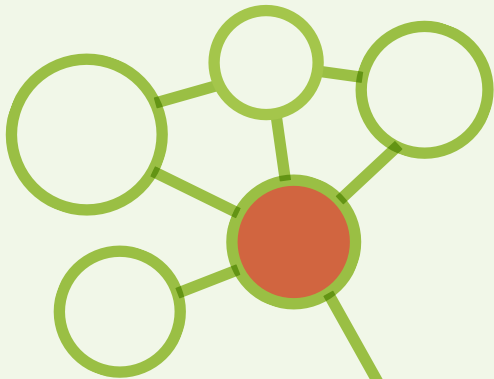


Generally, memory cafés meet for an average of two hours once or twice a month in coffee shops, libraries, restaurants, museums, churches or any other place that participants feel comfortable gathering in public. Participants are welcomed by volunteers who help them with nametags, refreshments and meeting others. At least one professional with specialized dementia knowledge is present for consultation.

Often, memory cafés are created in partnership with the Alzheimer’s Association and other agencies with resources and expertise. Local dementia networks or coalitions may be able to secure funding to support memory cafés as part of a collaborative, multifaceted approach to creating a dementia-friendly community. The funding can be used to support a program coordinator to establish and oversee multiple café sites. The coordinator recruits and trains memory café volunteers, manages a small budget for supplies, publishes the monthly list of activities, updates website schedules, meets with volunteer café facilitators, and leads outings for participants.

We have argued that supportive social interaction in a non-stigmatizing environment meets a basic human need and promotes physical and mental well-being.

– Susan H. McFadden,
Research and Development Consultant
for Fox Valley Memory Project





THE FOX VALLEY MEMORY PROJECT



The Fox Valley Memory Project began in Fall 2012 with support from the Basic Needs Giving Partnership of the Community Foundation for the Fox Valley Region (CFFVR) and the Helen Bader Foundation (HBF). A part-time program director was hired to organize the launch of memory cafés, recruit café facilitators and train volunteers. The director plans and leads quarterly outings that attract over 50 memory café participants. The outings are funded in part by donor-advised funds at the CFFVR.

Both the CFFVR and HBF have continued to support the Project through small grants. These funds allowed the project to hire a chorus director for the "On a Positive Note" chorus and to provide training in creative arts programs for long-term care staff. Many programs have been requested by individuals with dementia and their caregivers, such as a men's group at the Memory Loss Resource Center that meets once a month to work on projects that support the work of the FVMP. The group constructed and painted bird houses and bird feeders (in Green Bay Packer colors) to raise funds for FVMP programs. Currently, the group is building drums to be used by staff in long-term care residences to use in leading drum circles for residents with dementia.

The Project has community celebrations with residents who come to the Thompson Community Center. These events for families and community members showcase the imagination and creativity of individuals with dementia who live in long-term care facilities. The Project offers many community education programs at the Memory Loss Resource Center, a place where people can drop in to get information and to talk with a professional memory loss care coordinator. Large-scale community education programs are also offered.

Members of the Executive Coordinating Committee present at conferences in the Fox Valley region and throughout the state. The Project identified an acute need for holistic, person-centered cognitive assessments and teamed up with the Fox Valley Family Medicine Residency Program to offer assessments and follow-up with family physicians. The Project is working with Goodwill Industries of North Central Wisconsin to educate employers about the needs of employees with cognitive difficulties as well as employees who are providing care for individuals with dementia.

The Project's memory cafés continue to be popular and are now offered in seven locations in the service region. In the memory cafés, people enjoy two hours of fun and camaraderie. Friendships are formed, and groups often meet at other programs sponsored by the FVMP or programs like the SPARK! Alliance of arts and cultural institutions that provide engaging offerings for individuals living with dementia. The Purple Angel Project, which is linked with the international Purple Angel Dementia Awareness project, educates local businesses about providing hospitality to people with memory loss. Many memory café participants are now nominating restaurants and stores where they have noted exceptional service, patience and understanding.

More information: <http://foxvalleymemoryproject.org>

Additional information on memory cafés is available on the following websites:

- www.agingtogether.blogspot.com
(Popular Memory Cafés in Wisconsin's Fox Valley Battle Social Isolation)
- www.thirdageservices.com/MemoryCafe/html
(Neighborhood Memory Café Tool Kit)
- www.alz.org
(for local chapter information)
- www.alz.org/sewi
(for the Southeastern Wisconsin Chapter)
- www.alz.org/scwisc
(for the South Central Wisconsin Chapter, serving Columbia, Dane, Green, Grant, Iowa, Lafayette, Richland, Rock and Sauk counties)
- www.alz.org/gwwi
(for the Greater Wisconsin Chapter, serving Chippewa Valley, Fox Valley, Green Bay, La Crosse, Rhinelander, Spooner, Superior and Wausau)

Volunteers: The Backbone of Community

Volunteers are a key component of dementia-friendly community initiatives. Volunteers can participate in activities ranging from companions for those individuals with dementia to leadership and advocacy efforts within a coalition.

The benefits for the community of engaging volunteers in dementia-related activities include:

- A positive impact on the mood and functioning of someone in early stages of dementia.
- A respite for caregivers.
- Expanded reach and ability to train businesses.

When developing a dementia-friendly community, finding volunteers may be a challenge. Places to connect with individuals who may be potential volunteers include the following:

- Schools (both high schools and colleges)
- Local hospitals
- Civic groups
- United Way
- VolunteerMatch.org
- RSVPs
- Personal contacts
- Churches and faith-based organizations



Wisconsin Music & Memory Program

The Wisconsin Music & Memory Program is part of a national program designed to assist individuals with Alzheimer's disease and related dementias in finding renewed meaning and connection in their lives through the gift of personalized music.

The program's goals include the following:

- Reduce reliance on anti-psychotic and anti-anxiety medications.
- Reduce agitation and wandering.
- Enhance engagement and socialization, fostering a calmer social environment.
- Provide enjoyment through personalized music to persons with dementia.
- Offer an enjoyable, fulfilling activity.
- Increase cooperation and attention and reduce resistance to care.
- Increase fulfilling engagement between people with dementia, staff, family, friends and their community.

Additional information on the Music & Memory Program can be obtained by sending an email to DHSMusicMemory@dhs.wisconsin.gov or at the following websites:

- www.dhs.wisconsin.gov/music-memory
- www.aliveinside.us



FORT ATKINSON WISCONSIN DEMENTIA-FRIENDLY COMMUNITY



Currently, the Fort Atkinson community has six dementia-friendly businesses that were started in 2013 by the Jefferson County dementia care specialist (DCS), as part of creating a dementia-capable county. The initial in-person contact with businesses was made by the DCS. Each business owner or person in charge was provided with a folder that included a letter explaining the initiative, a brochure specific to Fort Atkinson that defined a dementia-friendly community, a letter detailing why it is important for a business to be prepared to serve individuals with dementia, a brief description of a dementia-friendly business environment, an employee education outline, the DCS's business card and a brochure from the Aging and Disability Resource Center.

The DCS provided businesses with training that lasted 30 minutes or less and a Purple Angel logo to display. Each business learned how to identify someone who might have dementia, how to interact with the individual, how to connect with resources if they or the individual with dementia needed them, and how to assess their physical environment for safer and easier access for those with dementia.

The Jefferson County Sheriff's Department collaborated with the DCS on a form that can be voluntarily filled out by an individual with dementia or their caregiver for the purpose of including them in a dementia registry. First responders can then access important information if they receive a call about this person or find them wandering. The form includes a section with helpful suggestions on how to approach the individual so they won't be frightened and provides information on how to reach the caregiver or family members.

Jefferson County also utilizes Project Lifesaver, in which an individual with dementia wears a bracelet that can be tracked by trained members of the Jefferson County Sheriff's Department to find the individual if they become lost.

For information, contact the Jefferson County dementia care specialist at 920-675-4035.



Silver Alert

The Silver Alert Program was signed into law in Wisconsin on April 11, 2014, as a notification program for older adults with cognitive impairments who go missing (similar to Amber Alerts for children). This program enables law enforcement throughout the state to use the existing Crime Alert Network to promptly send statewide notices when a senior citizen with Alzheimer's disease or other dementia is missing. To use this alert system, individuals should call 911 to report a missing older adult.

Project Lifesaver

Thirty-three Wisconsin counties have teamed up with the Project Lifesaver national organization to help bring peace of mind to residents whose loved ones have cognitive disorders.

Project Lifesaver is a system that helps locate and rescue individuals with cognitive disorders who are at risk of wandering, including those individuals with Alzheimer's disease, Autism, Down's syndrome or other cognitive disabilities.

Project Lifesaver provides equipment, training, certification and support to law enforcement, public safety organizations and community groups. The program consists of a tamper-resistant locator worn on the individual's wrist or ankle that is set to broadcast a specific frequency. If the individual is lost, trained law enforcement officers can dial into that frequency to locate the person. The system has helped reduce the average search time from hours to approximately 30 minutes.

Additional information can be found by contacting a local sheriff's office or www.projectlifesaver.org.

Safety Services

Alzheimer's Association Comfort Zone[®] is a web-based GPS location management service. MedicAlert[®] + Alzheimer's Association Safe Return[®] is a 24-hour nationwide emergency response service for individuals with Alzheimer's disease or a related dementia who wander or have a medical emergency. The service provides 24-hour assistance, no matter when or where the person is reported missing.

Additional information regarding these services and programs can be found at: www.alz.org (Alzheimer's Association)

Transportation

Transportation is an important element in planning a dementia-friendly community initiative. Individuals with dementia need access to engage in opportunities within the community. In areas that have public transportation options, such as bus and cab drivers, transportation agency staff should receive the same training as businesses on how to assist an individual with dementia.

Assisted Living

Assisted living facilities provide living and care arrangements for individuals with dementia. Assisted living facilities vary greatly in appearance, services offered, and cost and generally offer a home-like setting. Assisted living facilities are able to care for a variety of individuals who need assistance with daily activities, such as housekeeping, meal preparation, medication management, bathing, grooming, dressing and other daily needs.



WATERTOWN DEMENTIA AWARENESS COALITION



A community that supports a safe and independent quality of life for people living with dementia.

When Heritage Homes, a senior community offering independent living, assisted living and memory care, had the idea to implement dementia education with the businesses in Watertown, they had no idea they would create so much momentum. They knew that there was a need for more education and awareness but didn't realize just how eager the community was for this information.

The Watertown Dementia Awareness Coalition (WDAC) was launched in November 2013 and is very active in promoting dementia-friendly communities throughout Wisconsin. To launch the initiative, Heritage Homes sponsored a community event to introduce the idea of Watertown becoming dementia-friendly. Businesses were canvassed and personally invited to the event. Pledge sheets were handed out, and businesses were able to share information to request education and/or become a part of the coalition. An evening of education was provided by Alzheimer's Speaks and included networking by local businesses. Local and state media were invited, and the resulting coverage helped WDAC share their experiences and suggestions with communities in Wisconsin and nationally that wanted to start their own dementia-friendly communities.

Currently, the coalition has 27 businesses represented; all have very motivated and passionate volunteers. Watertown has 10 businesses proudly displaying the Purple Angel dementia-friendly symbol. A business earns a Purple Angel symbol when they receive education for their staff on basic dementia information, communication skills, the signs that an individual may have dementia and environmental design elements that can make it easier for an individual with dementia and their caregivers to frequent their business. WDAC is proud to be collaborating with other dementia-friendly initiatives to help individuals living with dementia provide input in their communities.

For information, contact the Wisconsin Dementia Awareness Coalition President Jan Zimmerman, RN, Heritage Homes, at jjzimmerman@tlha.org or 920-567-2001.

In Wisconsin, there are three types of assisted living settings:

- Adult Family Home (AFH)
- Residential Care Apartment Complex (RCAC).
- Community-Based Residential Facility (CBRF)

Additional information regarding assisted living facilities can be found at the following links:

- www.dhs.wisconsin.gov/guide/afh.htm
- www.dhs.wisconsin.gov/guide/rcac.htm
- www.dhs.wisconsin.gov/guide/cbrf.htm



Adult Day Centers

Adult day centers offer respite for caregivers of individuals with dementia by providing planned program activities to promote well-being through social and health-related services. The centers are designed for those who can no longer manage independently at home and promote socialization while providing needed care services. Adult day centers can be public or private, non-profit or for profit.

Adult day centers operate during daytime hours, and some in Europe are adding night hours to accommodate the individual with Alzheimer's disease and other dementia clients whose awake cycle occurs during the nighttime hours.

Additional information regarding adult day centers can be found at:

- www.dhs.wisconsin.gov/regulations/adultdaycare/introduction.htm
- www.dementiacareaustralia.com
- www.youtube.com/watch?v=vZCPpMy7Jd4&feature=playerembedded

(Rekindling the Spark of Life video, Dementia Care Australia)

REFERENCES & RESOURCES

1. Alzheimer's Association, 2014 Alzheimer's Disease Facts and Figures, Alzheimer's & Dementia, Volume 10, Issue 2. www.alz.org/alzheimers_disease_facts_and_figures.asp
2. World Health Organization and Alzheimer's Disease International, Dementia: a public health priority. www.who.int/mental_health/publications/dementia_report_2012/en
3. Alzheimer's Society 2013 UK, Building dementia-friendly communities: A priority for everyone. www.alzheimers.org.uk/dementiafriendlycommunities
4. Alzheimer's Association and Centers for Disease Control and Prevention, The Healthy Brain Initiative: The Public Health Road Map for State and National Partnerships, 2013-2018: Chicago, IL: Alzheimer's Association; 2013 www.cdc.gov/aging/pdf/2013-healthy-brain-initiative.pdf
5. Alzheimer's Association, 2014 Alzheimer's Disease Facts and Figures, Alzheimer's & Dementia, Volume 10, Issue 2. www.alz.org/alzheimers_disease_facts_and_figures.asp
www.who.int/mental_health/publications/dementia_report_2012/en
www.cdc.gov/aging/pdf/2013-healthy-brain-initiative.pdf
6. Wisconsin Department of Health Services 2015
7. ACT on Alzheimer's – Preparing Minnesota for Alzheimer's www.actonalz.org



For more information about this publication, contact

Wisconsin Department of Health Services

P.O. Box 2659

Madison, WI 53701-2659

www.dhs.wisconsin.gov/disease/chronic-disease

P-01000 (04/2015)

Funding for the Toolkit:

This publication was supported by Grant/Cooperative Agreement Number 5U58DP002579-4 from the Centers for Disease Control and Prevention by the below institutes:

National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)

Office of the Director, Centers for Disease Control and Prevention (ODCDC)

National Center for Environmental Health (NCEH)

Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention, the Department of Health and Human Services, or the National Association of Chronic Disease Directors.


McFarland
SUMMARY SHEET

MEETING DATE: Wednesday, May 21, 2025

SECTION: Business

DEPARTMENT: Outreach

CONTACT:

AGENDA ITEM: Review Senior Services Planning Document

PREVIOUS ACTION:

ISSUE SUMMARY:

FINANCIAL/BUDGET IMPACT:

VILLAGE PLAN REFERENCE:

ORDINANCE REFERENCE:

BOARD, COMMISSION OR COMMITTEE RECOMMENDATION:

ATTACHMENTS:

1. 2021 Senior Outreach Planning Document

Senior Outreach/Community Center Planning

We all have seen statistics which indicate the rising Senior population. Dane County and McFarland are also seeing growth not only in the general population but seniors as well. The latest group of seniors bring some newer issues to the forefront, along with some ongoing concerns.

Some of the trends that are being seen-

Aging Orphan Seniors who have no significant other or children involved in their lives

Distinction between younger old, middle old and oldest old -Seniors now represent a wide range of ages from 60's to over 100. This also represents a range in interests and functional abilities and needs.

Health consciousness- desire for educational classes and self-advocacy has given rise to evidenced based education, variety of physical fitness classes and change in diet

Aging in Place-more seniors remaining at home

Personal choice- aging population is used to many options and freedom in choosing supports just as options become more limited in certain categories

Disparity in financial status

Ongoing concerns that will need to be addressed by governmental and social service agencies include -

Housing types and affordability

Transportation options

Economic stability and cost of living

Programs to address a variety of functional changes including physical and cognitive abilities

Health related coaching and support

Rising dementia and mental health support and programs

Substitute care givers for services that historically have been filled by family members, including help with Activities of Daily Living and Independent Living skills, home maintenance, and informal and legal decision making

So, planning for this cohort will require innovative community based social service programs, prioritizing caregiving role and supports, evidenced based health teaching, increased opportunities for decision making when possible, and innovative housing options.

In addition, developing a sense of community, embracing diversity /cultural/ functional abilities to enrich the group, and the values of sustainability and green living will be important factors for this group as well in aging.

A vibrant community space to accommodate these needs must be welcoming and comfortable, provide adaptable and accessible space, and must promote sustainability and inclusivity.

Population trends for McFarland

Based on projections from the McFarland Community Development department, growth is estimated in three ranges- high, mid, low. For our purposes we looked at mid-range growth projections.

From the American Community Survey (ACS) it is estimated that the medium population estimate for McFarland in 2040 will be 12,847

The overall population is expected to grow by 3984.

2020-2025	862
2025-30	946
2030-35	1038
2035-40	1138

Our area has around 22 % seniors. At 22% that adds 876 seniors.

The number of clients we are requested to serve through our Dane County contract reflects 3.5% of the senior population in *all* our service area, which is currently estimated at 5121 seniors or 179 clients.

An increase in 876 McFarland seniors would be an increase in **31 clients**.

Population trends for Senior Outreach Service Area

Dane County estimates a 15 % overall increase in senior population. Our supervisory district had a 22.4-25 % population over age 60 as reported in the Dane County Aging plan

Most of the townships in our contracted service area are concerned about their aging populations, as stated in their strategic long-range plans. None mentioned McFarland Senior Outreach specifically.

Based on their published strategic plans-

Cambridge currently has 351 seniors with a 6.8% annual growth for 2019. And a 32 % growth since 2000.

Christiana has seen a decrease in the number of seniors

Town of Dunn There were 25% over 60 in 2010 with an estimated decline of the overall population by 5.6 % by 2035. Yet the median age increases by 6.5 years

Rockdale no information

Pleasant Springs average age of its population is increasing. Estimate overall population increase is 8.6% by the year 2035.

Clients from the outlying areas have typically made up around 40% of our reported case management units. However, based on expected growth patterns it appears as Cambridge could add 13 clients, Pleasant Springs 7 new clients and the rest remaining the same or declining for a total of 20 new clients, by the year 2037. Please keep in mind this a narrowly focused group of individuals based on contract criteria. This does not include responsibilities, expectations or services towards clients that do not meet the reportable criteria.

Overall impact on Case management needs/staffing

An increase of 51 clients (31 McFarland and 20 outlying areas) represents a 60/40 split.

Currently we spend an average of 4 hours per client a month. An increase of 51 clients would raise the case management hours by 17 hours a month or 204 hours a year for an overall increase of 30%.

Appendix- McFarland Population projections (McFarland Community Development based on American Community Survey data)

McFarland population by Age group – McFarland Strategic Plan

Historic Population trends 1980-2010 Town of Dunn strategic plan

Fulltime employees by Department/Function Village of McFarland Strategic plan

Case management

The primary purpose of the department is to provide Case management and Outreach to seniors in a specific geographical area which is defined as the Village of McFarland, Cambridge, Town of Dunn, Pleasant Springs, Village of Rockdale and the Town of Christiana. We currently employ two case managers who are full time to perform these duties along with some limited volunteer management duties for the Village as a whole.

The case management we provide involves linkages to services through face to face and phone contacts with clients, families and collaterals. Outreach may include events or short-term services such as our loan closet, transportation and some limited educational and recreational programs. We are hoping the village can expand these offerings to include more things as a community center model develops. We already work in collaboration with the local library and the Fire/EMS and Police Departments on joint programs/events. We provide close to 700 hours of case management services to over 155 clients annually. This represents at least a 40% increase over the past 6 years.

We provide a loan closet for medical equipment also.

STAFFING FOR CASE MANAGEMENT STAFF ONLY

We are looking to expand staffing to accommodate a growing need over the next 5-7 years.

Total staff would be-4.5 FTE. Director 1.0 /Case manager lead 1.0 /Case manager 1.0 /Social Worker (Shared with First responders) 1.0

Administrative assistant .5

SPACE

Designated- Secure Offices (6), Volunteer offices, medical consultation area, 1 conference rooms(private), storage for loan closet x4, supply area.

Resource area for written information/brochures/self-help tablets/computers

Equipment sanitizing area near offices and loan closet storage.

Shared space- classroom and mixed-use area, gathering place, conference room.

Display for posting events electronically inside building.

Accessible building/bathrooms

Main entrance with covered drive up.

Access to emergency response system

COST

Personnel, offices, phones, computers, internet, training, expenses, licensing

Nutrition program

We are a Dane County contracted meal site and home delivery meal program. This is considered an essential service. Over the past two years our home delivery program more than doubled. We realize that in part it was due to food insecurity with COVID, and since we added delivery territory based on our county contract. Even prior to the closure of the meal sites due to the pandemic, our meal site was marginally attended. It has become obvious that in order to make this service appealing to the new generation of seniors, there needs to be change incorporated. Dane county is looking at alternative menus, places etc. We as a provider need to look at our environment, among other things. The setting must be less sterile and more homelike yet be easy to maintain and clean. Our kitchen space must accommodate several people rather than just one manager, and we must have options as far as securing our equipment. Flexibility of space is necessary too as we want to look at private pay or restaurant catered options as well may. (We oversee a meal site in Cambridge, but the Nutrition Coordinator is not based here)

MCFARLAND BASED NUTRITION STAFF

Total of 1.0 FTE and substitute/additional staff for an estimated 80 hours annually.

Nutrition Manager .5 increased to 1.0. (see duties under volunteer management)

Substitute certified kitchen manager as needed.

Paid Event assistants- 2 as needed (Set a maximum of hours a year)

Kitchen volunteers 5 per week in kitchen

Meal on Wheel volunteers 5 per day or 20 volunteers a week

Event coordinator and oversight on off hours (as determined for community center)

SPACE

Commercial kitchen design/commercial appliances/ and license

Covered doorway for food delivery and weather-controlled access into kitchen

Lighting and video options

Outdoor area

Designated- Lockable storage area for equipment and supplies/decor. Laundry area.

Separate refrigerators/double microwaves/wall ovens/double dishwashers and stove top for classes

Semi designated-Dining area to comfortably sit 150 people including those with special needs or equipment/easy to be rearranged/storage area for tables and chairs /sound/video /lighting options.

Indoor lounge area with separate food/kitchen area. Could have salad bar or breakfast area, maybe a food cart model for short term rentals.

Space for volunteers near the kitchen (optional)

Nutrition continued

COST

Appliances and Equipment supplies on a regular basis, personnel, training and licensing, Computer, cell phone, emergency responder, increased janitorial. Laundry area for table linens and towels.

Appendix-2020 McFarland monthly meal statistics

Health and Wellness

As of now Senior Outreach provides access to some health and wellness programs that are part of the aging network services. The desire by attendees and other seniors is to expand this area of programming. It is one area that is largely unmet from the other community providers such as the library and school recreation program.

Some suggestions are massage, meditation and mindfulness, brain health activities, balance screening, Nutrition counseling, cooking class, weight management, Evidenced based exercise classes such as Strong Women, Yoga and Tai Chi etc. Evidenced based classes such as Mind over Matter, Living well with Chronic Conditions, Walk with Ease, Stepping on, Caregiver Tools, etc.

STAFF

Health Wellness Coordinator .05 FTE

Contracted evidenced based instructors

SPACE

Classroom 50 ppl, exercise room 50 ppl, set up for recording and broadcasting,

Designated- Private area for confidentiality - "treatment room" for blood pressure, weigh ins, foot care, diabetic monitoring, with access to bathroom and waiting area. Soundproof. Video conferencing set up.

Designated -Storage for instructors, not participants

COST

Certification for instructors (Currently the Senior Outreach Director, a case manager and one EMS staff are certified to teach three separate evidenced based classes)

Equipment for individual classes-books, posters, white board, internet access, power point, sound system easily used by "guest" instructors, video conferencing capabilities, sound proofing. Payment structure for contracted instructors

Planning and scheduling software and staff, oversight, Liability, contract development, small refrigerator along with water bottle fill up, storage of equipment for classes. We **do not** recommend a storage area for personal equipment and supplies by *participants* due to limitations on space, liability and oversight.

Health and wellness continued

Appendix-Aerobic exercise for Men (Administration for Community Living)

Aerobic exercise for Women (Administration for Community Living)

Preventing Falls, Managing Chronic Conditions 1 and 2, Supporting Family Caregivers,

Encouraging physical activity (Excerpts from Wisconsin Institute of Healthy Aging annual report 2018-2019)

Recreational programming

This is a service that is mainly addressed through some long-standing independent groups that utilize our space, and through programming in the library. Suggested interests include photography, painting, writing, arts and crafts, games such as backgammon, checkers, chess, cribbage.

Current available is cards (very limited basis) and mah Jong.

Special events held several times a year such as Senior picnic, Mardi gras, Pie day, Luau, BBQ, Earth day, Christmas, Thanksgiving, St Pats, coffee with cops, Volunteer appreciation.

Cultural places/trips, indoor and outdoor gardening, play or performances, sporting events, community events, festival /fairs, historical sights.

Outdoor physical exercise such as biking, hiking, walking, kayaking, pickleball, tennis, bocce, horseshoes, bowling

STAFF

Recreation Coordinator .05 FTE

Instructors or leaders of groups and activities and trips -paid or unpaid. Chaperones.

People to take down room or set up room for activity.

Event assistants (see under Nutrition)

Volunteer management

Janitorial

SPACE

Open area with tables/chairs, easy clean floor to accommodate 25-50 ppl.

Outdoor recreation/seating

Designated- Secure craft area 4-8 tables

Craft and equipment storage

COST

Staff for oversight/coordination, Instructors, games and supplies, project costs, up-front costs for reservations made, transportation, supplies purchased, tickets bought, entertainment hired, décor.

Scholarships for those who cannot afford private pay events/trips.

Volunteer management

Current staff

Beginning in 2017 volunteer management was placed in the Senior Outreach Department by transferring funds from the village board budget to Senior Outreach to add 2.5 hours/weekly avg to an existing part time position. Since that time there have been three case managers in that role. The current person in that role joined the department in 2019. Her skill set has demonstrated the value of that role in several different capacities. Since demonstration of the wide range of events she has impacted, it impacts feasibility of projects based on availability. So, if the role expands there is a need for increased hours dedicated towards volunteer management. As a result, in 2021, the hours increased from 24=40 hours with a loose division of labor designating 30 hours/weekly case management and department volunteer needs and 10 hours/weekly village wide volunteer management. Due to COVID, part of her responsibilities coordinating medical rides for seniors has been put on hold, while coordination of home delivered meal volunteers has increased.

In 2020 there were 47 volunteers recruited for the meal program alone. Scheduling, recruitment, orientation and follow-up are estimated to be 7 hours a week.

Ride coordination for the first three months of 2020 was 97 hours, or 8 hours a week.

If "normal" duties return, Senior specific volunteer coordination would consume an estimated 15 hours (8 plus 7) out of 40/week. That leaves 25 hours weekly to divide between village specific volunteer needs and case management services. The breakdown would be 15/weekly CM and 10/weekly village wide volunteer management. This does little to help the growing senior case load and outreach needed and only minimally covers the village volunteer needs.

Proposed staffing pattern-

New titled position Volunteer and Outreach Coordinator-

Village wide Volunteer coordination/Outreach 20 hours a week

Community Center volunteer 15-20 hours a week

Eliminate the Senior Outreach MOW driver coordination 7 hours a week (see below)

Eliminate the 8 hours/week medical ride coordination

Eliminate Case Management from dual position

Volunteer management continued

New duties include developing orientation packet, job descriptions, supervising, troubleshooting, developing and overseeing events, coordinating with app department and outside entities, working with Comm/Tech on promotional releases/videos/marketing

Would result in the following change-

Increase Nutrition Coordinator from 20-40 hours

22 hours Nutrition management

10 hours MOW driver coordination/scheduling/management

8 hours of outreach activities to meal site / MOW recipients/senior specific seasonal event i.e., tax, flu shots, seasonal event, special food distribution (in conjunction with food pantry if needed/farmers market vouchers, holiday meals etc.)

Back fill Case manager 40 hours a week (8-10 hours a week would then be medical ride coordination)

OR

Volunteer/ Outreach Coordinator

15 hours a week for Senior Outreach volunteer recruitment and schedules

25 hours for Village outreach and volunteers

Nutrition manager does 22/8/10 hours respectively

Still backfill Case management position

Space

Volunteer office adjacent to volunteer check in area/personal storage.

Conference room nearby

Cost

Personnel

Supplies for events offered when appropriate/ volunteer apparel and recognition

Office supplies/technology including, laptop, cell phone, software management

Liability insurance

Implement contracts with outside providers

Administration

Structure for a Community Center does not exist currently. Senior Outreach Director oversees the case management and the nutrition services that are under a Dane County contract. In addition, there are outreach, educational and limited recreational programming that is done. Director develops and implements the budget for these programs. The Director may be involved with other village duties as well. Currently, Volunteer management is under this department. All other duties such as payroll, budgeting and accounting, and human resources are handled under the Administrative office and directed by the Village Administrator and Village Clerk. Oversight is provided by an elected Village Board.

Outreach/public liaison/ opportunities/licensing and accreditations/ budget/ oversee maintenance and janitorial would be needed for Community Center in addition to current duties

Staff – See current org chart

1 FTE Director in addition to Senior Outreach Director (Sample 1)

Or

Community Outreach Director and Assistant Director (Sample 2)

After hours on call person

Administrative Assistant

Space

Offices /meeting space

Cost

Personnel

Center maintenance and repair

Office furnishing/technology

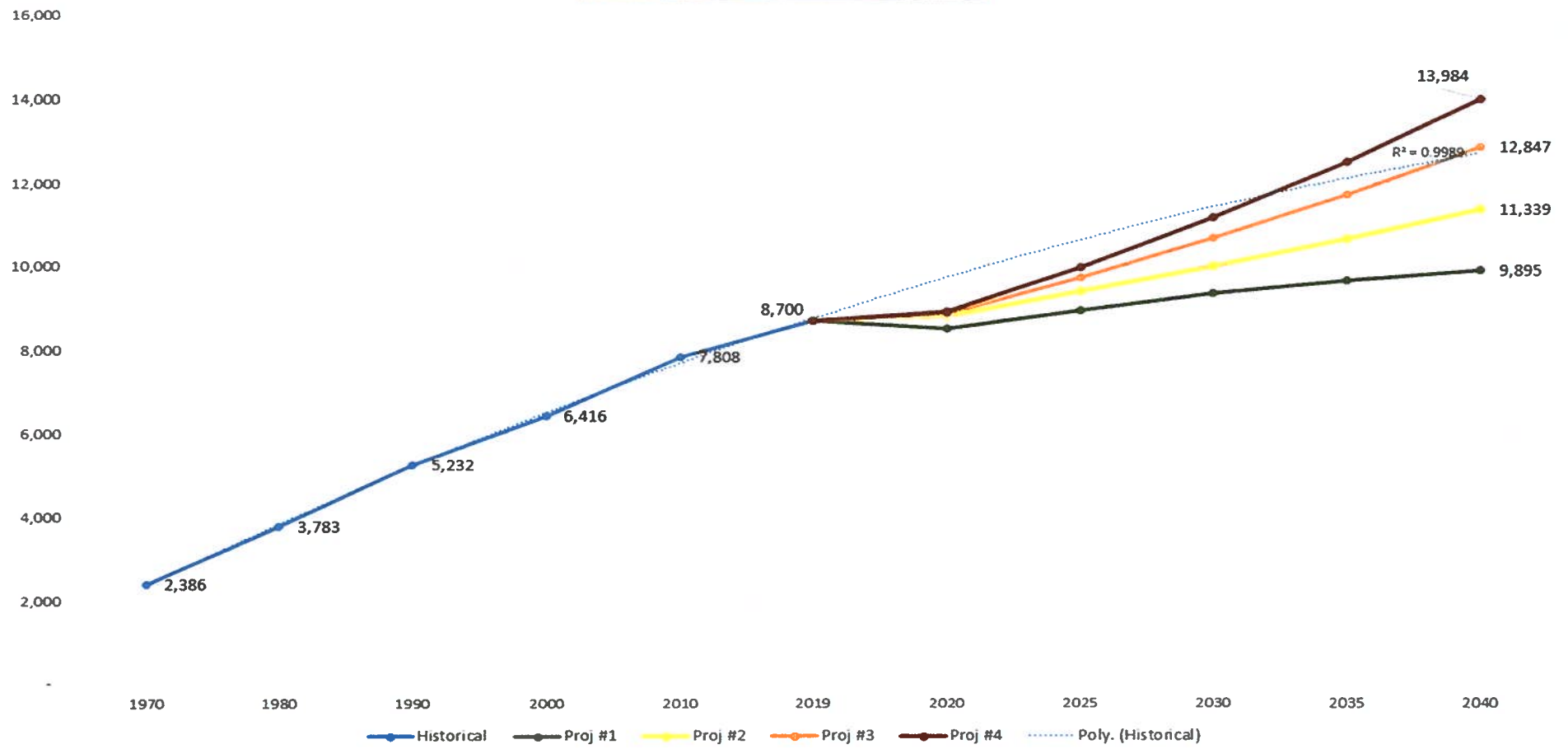
Shared administrative costs.

Appendix- Senior Outreach Organizational chart

Organizational chart sample one

Organizational chart sample two

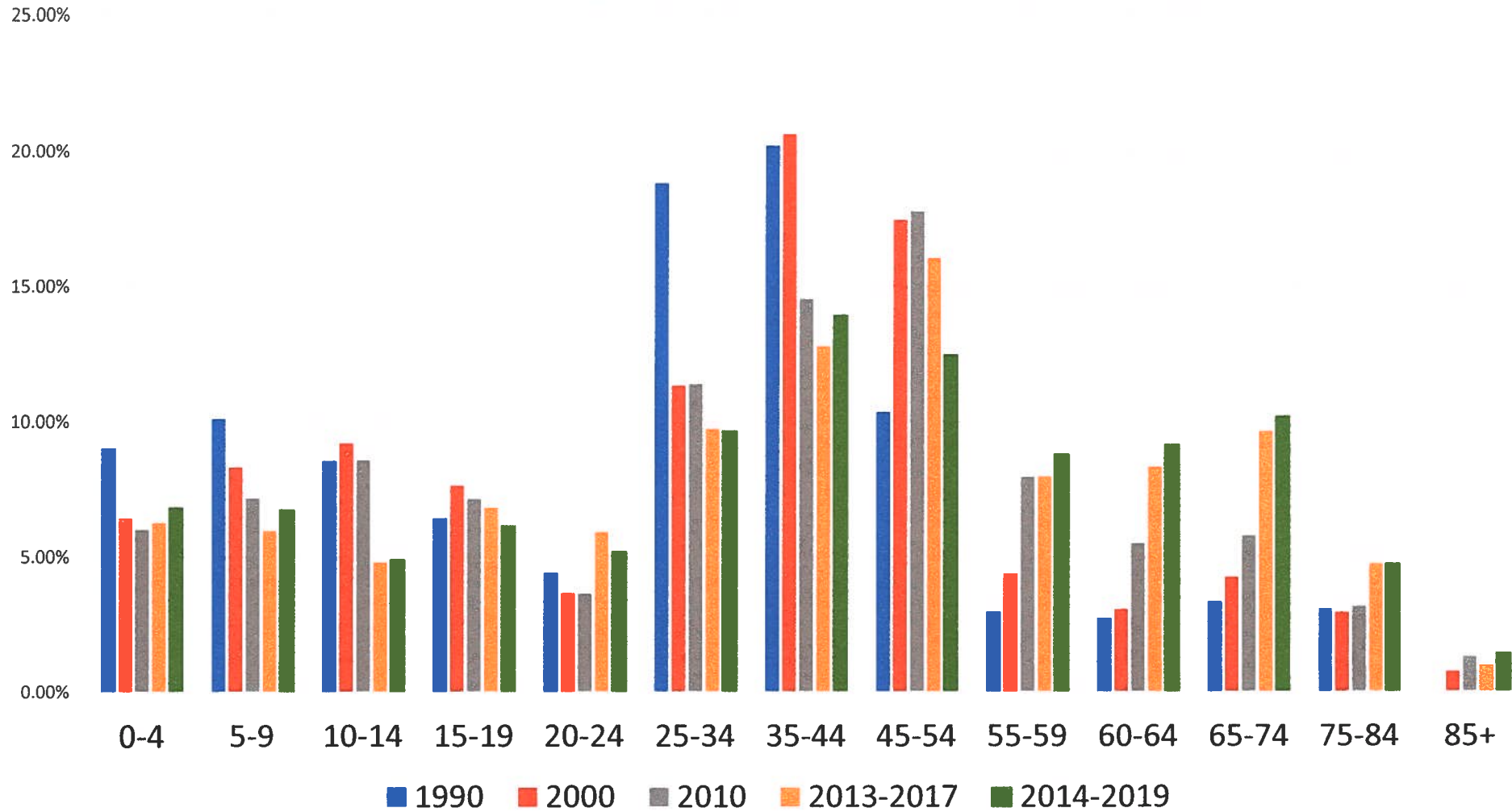
McFarland Population Projections



Population	1970	1980	1990	2000	2010	2019	2020	2025	2030	2035	2040	
McFarland	2,386	3,783	5,232	6,416	7,808	8,700						
						8,700	8,490	8,930	9,335	9,635	9,895	DOA
						8,700	8,810	9,384	9,995	10,646	11,339	Village (L)
						8,700	8,863	9,725	10,671	11,709	12,847	Village (M)
						8,700	8,899	9,963	11,155	12,490	13,984	Village (H)

Source: Village of McFarland Department of Community Development

McFarland Population by Age Group



Source: Village of McFarland Strategic Plan

Table 1.1 Historic Population Trends 1980-2010

	Census 1980	% Change	Census 1990	% Change	Census 2000	% Change	Census 2010	% Change
Dunn (T)	4,966	-	5,274	6.2	5,270	-0.1	4,931	-6.4
Oregon (T)	1,798	-	2,428	35.0	3,148	29.7	3,184	1.1
Rutland	1,393	-	1,584	13.7	1,887	19.1	1,966	4.2
Pleasant Springs	2,529	-	2,660	5.2	3,053	14.8	3,154	3.3
Dunkirk	2,098	-	2,121	1.1	2,053	-3.2	1,945	-5.3
Cottage Grove (T)	2,952	-	3,525	19.4	3,839	8.9	3,975	0.9
Oregon (V)	3,876	-	4,519	16.6	7,514	66.3	9,231	22.9
McFarland	3,783	-	5,232	38.3	6,416	22.6	7,808	21.7
Stoughton	7,589	-	8,786	15.8	12,354	40.6	12,611	2.1
Fitchburg	11,973	-	15,648	30.7	20,501	31.0	25,260	23.2

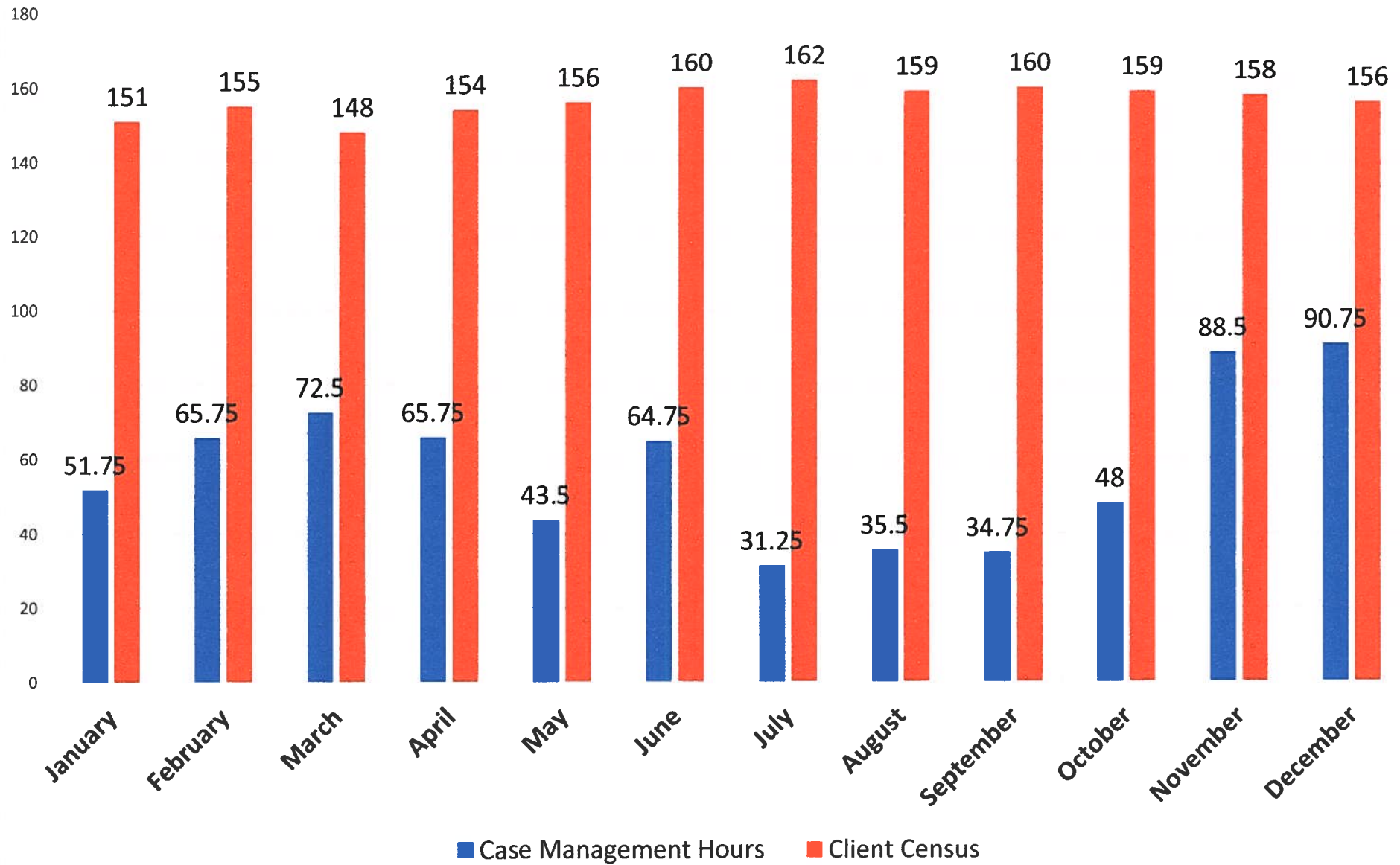
Source: US Census & Town of Dunn Comprehensive Plan 1.6

**Village of McFarland
Fulltime Employees by Department/Function
2014-2018**

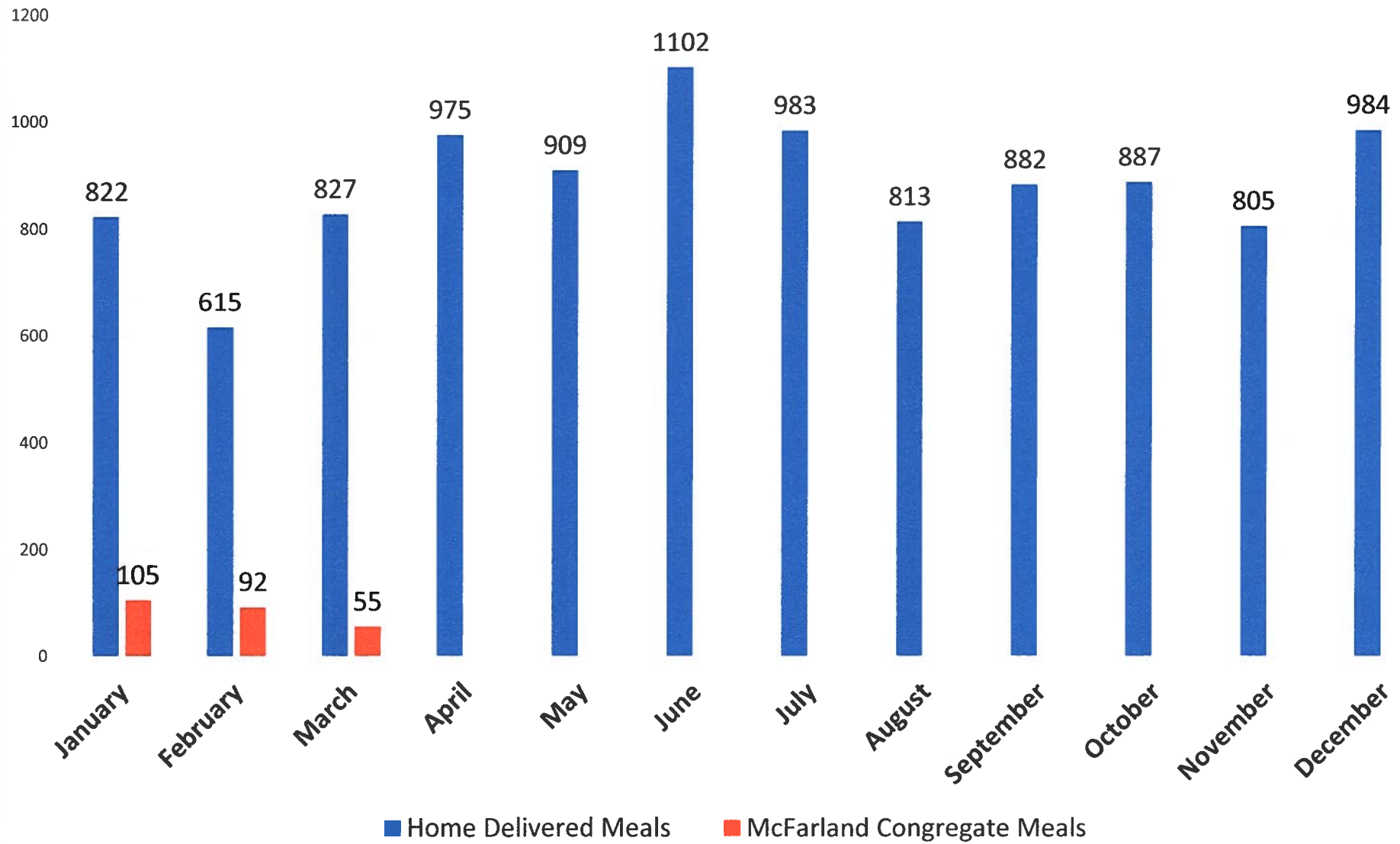
Function/Program	2014	2015	2016	2017	2018
General Government	9.7	10.14	10.56	9.26	10.45
Public Safety/Emergency Communications	19.18	21.71	22.76	23.78	25.35
Public Works	11.43	12.45	12.72	12.87	12.90
Public Health	0.00	0.00	0.00	0.00	0.00
Libraries	7.78	8.19	9.06	9.21	9.29
Social Services (Outreach)	3.09	3.01	3.04	3.11	3.02
Beach and Recreation	0.0	0.0	0.0	0.0	0.0
Education	0.0	0.0	0.0	0.0	0.0
Total	51.18	55.50	58.14	58.23	61.01

Source: Village of McFarland Strategic Plan page 65

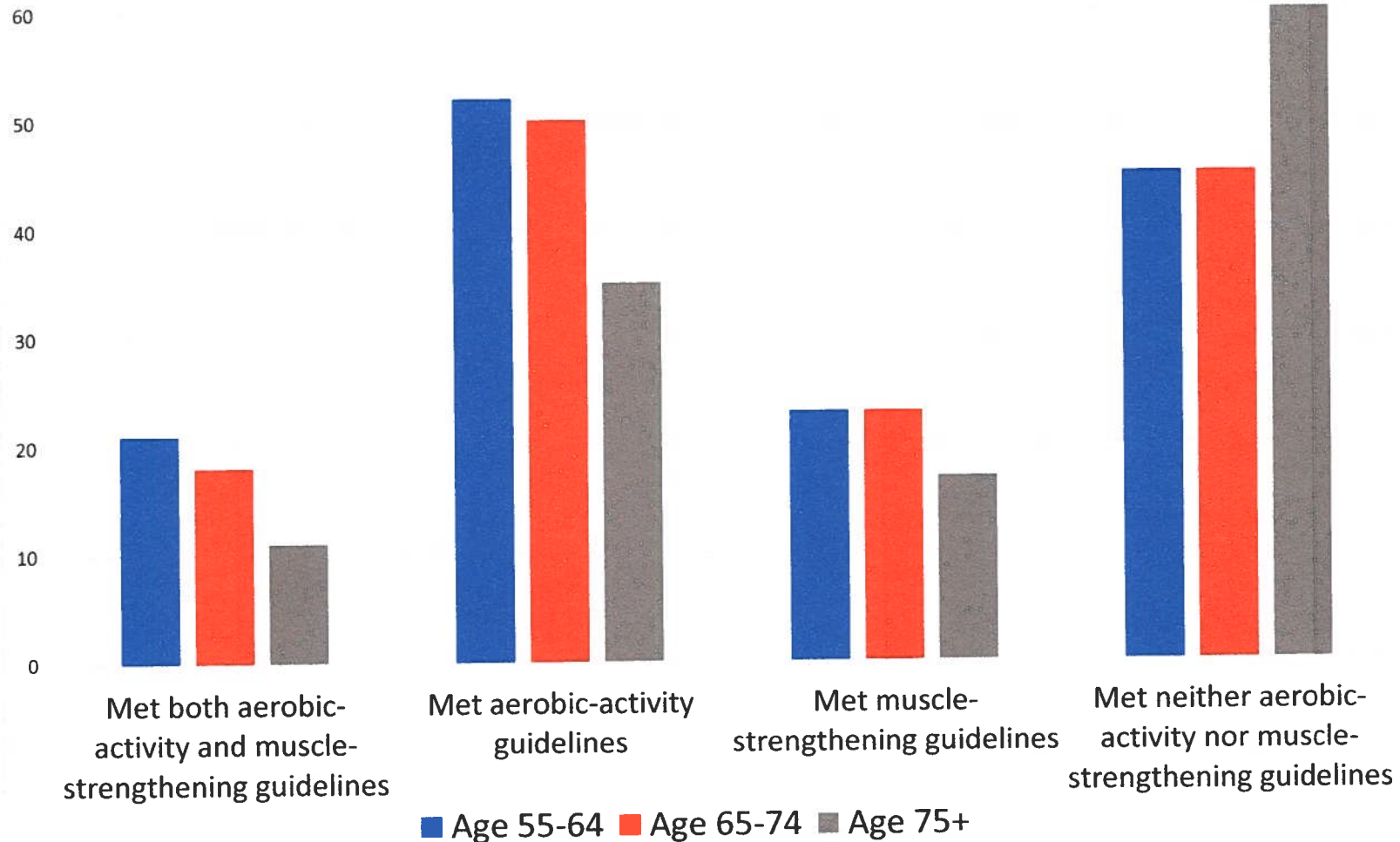
2020 McFarland Senior Outreach Case Management



2020 McFarland Senior Outreach Nutrition Program McFarland HDM & Congregate Meals Served

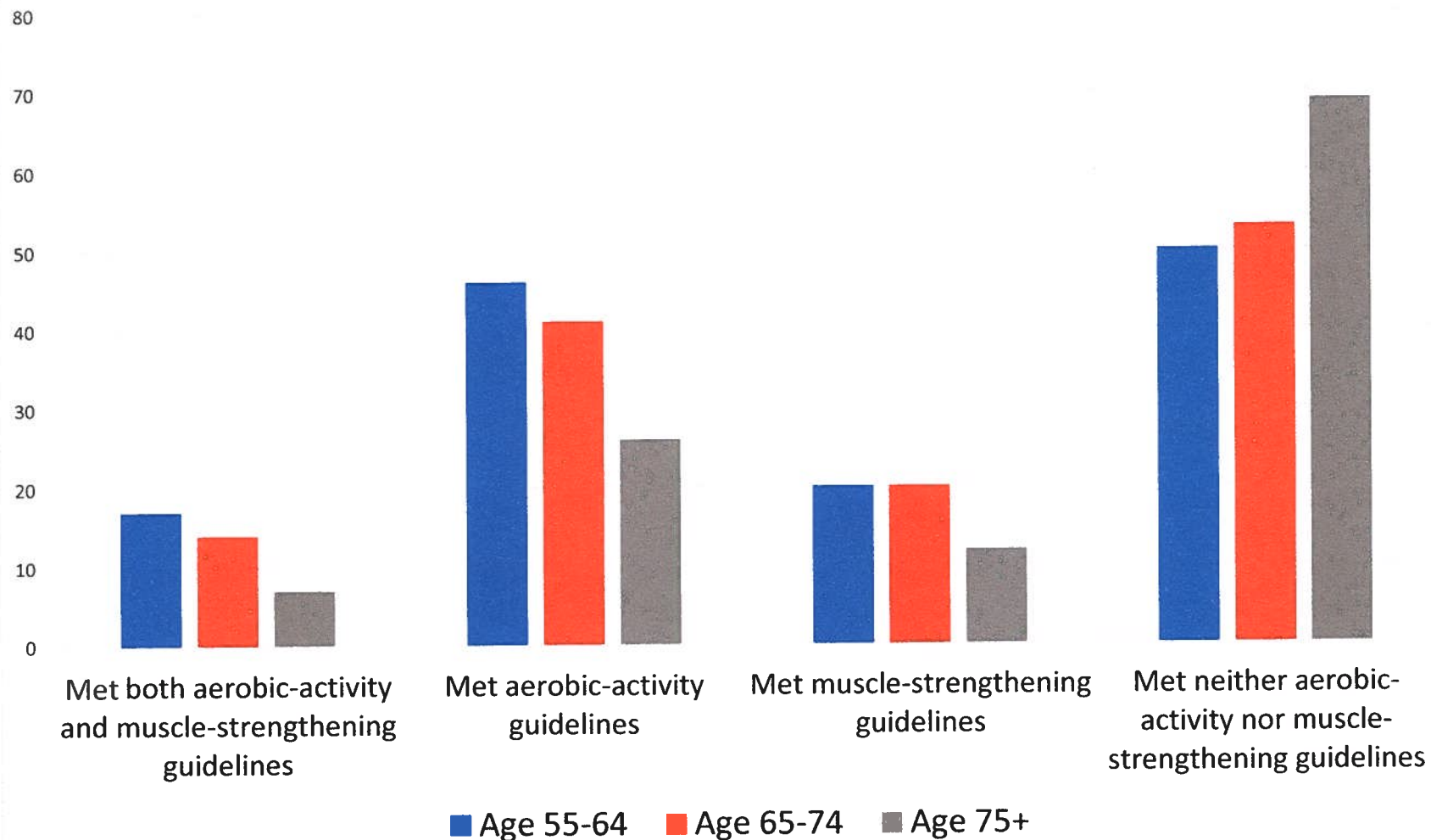


Percentage of Men Age 55 and Older Who Met Aerobic-activity and Muscle-strengthening Guidelines by Age Group, 2017



Source: 2019 Profile of Older Americans. Published by the Administration for Community Living, which includes the Administration on Aging, an operating division of the U.S. Department of Health and Human Services. Data originally compiled by Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

Percentage of Women AGE 55 and Older Who Met Aerobic-activity and Muscle-strengthening Guidelines by Age Group, 2017



Source: 2019 Profile of Older Americans. Published by the Administration for Community Living, which includes the Administration on Aging, an operating division of the U.S. Department of Health and Human Services. Data originally compiled by Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

Our Network

2018-2019

Stepping On

Launched: 2008

158



Program Providers

383



Workshops

337



Program Leaders

66



Counties/Tribes

Our Impact

4,454

Program Participants

31%

Reduction in falls

\$345

Average cost savings per participant

Calculated by comparing the direct cost of the program to averted medical costs.

Preventing Falls

Falls are the leading cause of injury-related death for older adults in Wisconsin.



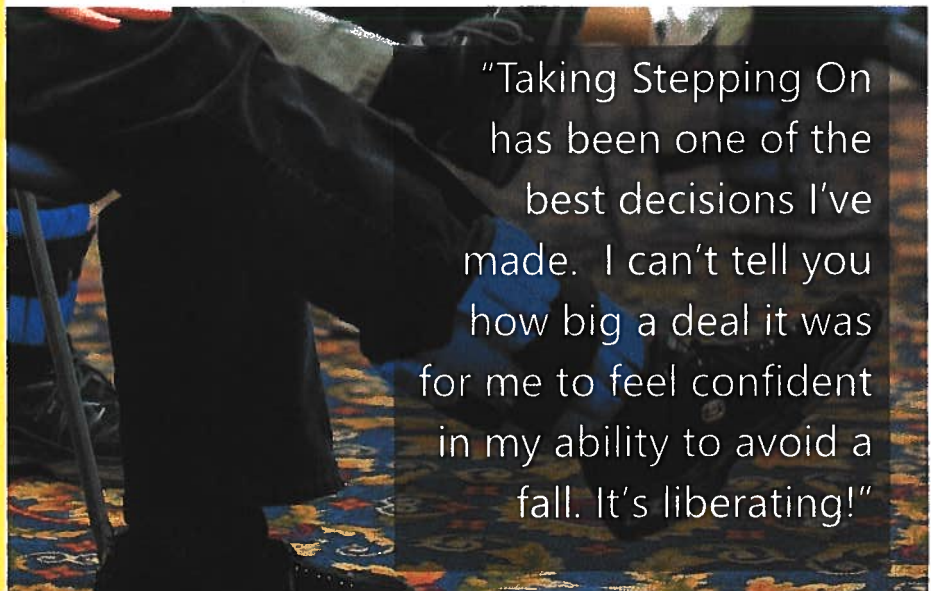
Wisconsin ranks

#1 nationally

Program

Stepping On

Falls are common in older adults, but they're not a normal part of aging. We're all about preventing them. That starts with creating awareness of falls and the hazards that cause them and teaching falls prevention strategies to help older adults reduce their risk and build confidence in their ability to avoid a fall.



"Taking Stepping On has been one of the best decisions I've made. I can't tell you how big a deal it was for me to feel confident in my ability to avoid a fall. It's liberating!"

Stepping On North America

30



Program Providers

18



States Offering Stepping On

As the national license-holder for Stepping On, WIHA spreads falls prevention beyond Wisconsin's borders. Program providers in states outside Wisconsin receive training and technical support to deliver Stepping On in communities throughout the country.

"I was skeptical that anything would help me, but now I'm a believer.

I can feel better today than I did yesterday."



Managing Chronic Conditions

85% of older adults have at least one chronic disease; 60% have 2 or more

Programs

Living Well with Chronic Conditions (LW) & Tomando Control de su Salud

Healthy Living with Diabetes (HLWD) & Vivir Saludable con Diabetes

Healthy Living with Chronic Pain (HLCP)

Mind Over Matter: Healthy Bowels, Healthy Bladder

Our 2018-2019 Network

Living Well with Chronic Conditions & Tomando Control de su Salud

Launched: 2007



Healthy Living w/ Diabetes & Vivir Saludable con Diabetes

Launched: 2013



Healthy Living with Chronic Pain

Launched: 2019



Mind Over Matter: Healthy Bowels, Healthy Bladder

Launched: 2019



Preventing Diabetes in Wisconsin

With a grant from the Wisconsin Department of Health Services, WIHA supports National Diabetes Prevention Program (NDPP) Lifestyle Coaches and generates referrals to both the NDPP and clinical diabetes self-management education programs in Wisconsin.

Our Impact

Living Well with Chronic Conditions & Tomando Control de su Salud

1,324
Participants

27%
Reduction
in ED visits

\$714 Average cost savings
per participant

Calculated by comparing the direct cost of the program to averted medical costs.

Healthy Living with Diabetes & Vivir Saludable con Diabetes

1,793
Participants

53%
Reduction
in ED visits

\$816 Average cost savings
per participant

Calculated by comparing the direct cost of the program to averted medical costs.

Healthy Living with Chronic Pain

368
Participants

Decreased pain
& improved
mental health
and self-efficacy

Mind Over Matter

221
Participants

71%
Reported
improvement in
bladder symptoms

Managing Chronic Conditions

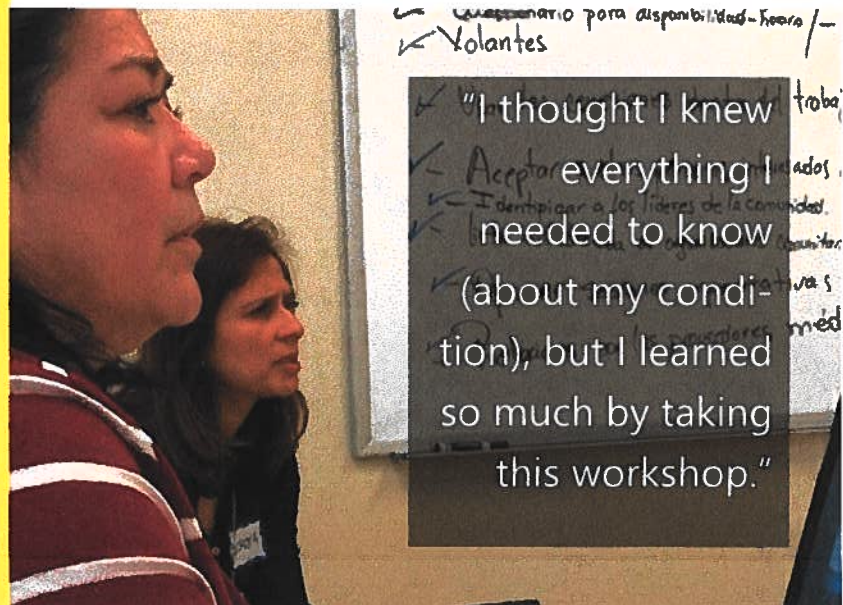
90%

of the nation's \$3.5 trillion annual health care spending is on chronic and mental health conditions.

High blood pressure. Diabetes. Cancer. Depression. Incontinence. Heart disease.

People struggling with the day-to-day management of a chronic condition often feel out of control with little ability to change or improve the way they feel.

Learning self-management strategies that encourage behavior change and promote self-confidence are key to improving health and wellness. WIHA programs provide people with the skills, support and motivation to improve health habits combined with the time needed to make those changes stick.



Our 2018-2019 Network

Powerful Tools
for Caregivers

Launched: 2013



Program Providers



Workshops



Program Leaders



Counties/Tribes

Our Impact



803
Participants

Improved
physical &
emotional
self-care and
self-efficacy

Supporting Family Caregivers

24

hours per week

Average amount of time that family caregivers spend providing care; 1 in 4 spend 41 hours or more

Programs

Powerful Tools for Caregivers

Powerful Tools for Caregivers:

For Parents of Children with Special Needs

Caregiving for a family member can be a rewarding experience. For many, however, it can be hard to admit that it's a struggle too. When the stresses and difficulties that often come with family caregiving become overwhelming, it's critical that caregivers take care of themselves.

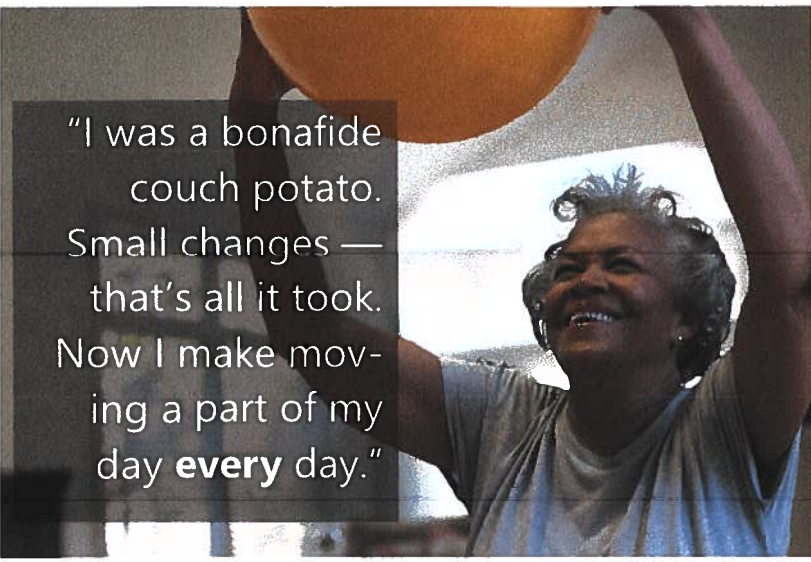
WIHA programs help family caregivers identify and manage the physical, emotional and financial challenges that caregiving can present and connects caregivers with others who are facing some of the same feelings and problems they face.

"I was tired, stressed and felt guilty. Boy, was I not alone! Powerful Tools taught me strategies to better manage that stress.

Helping my mom became a much better experience for both of us."



"I was a bonafide couch potato. Small changes — that's all it took. Now I make moving a part of my day **every** day."



Encouraging Physical Activity

150
minutes

Moderate-intensity aerobic and muscle-strengthening activity recommended per week

Programs

Physical Activity for Lifelong Success (PALS)

Walk With Ease

Physical activity goes beyond traditional exercise and provides a myriad of health benefits for people of all ages — including older adults.

WIHA programs provide both the structure and support to get older people moving at their own pace along with information and encouragement to help them stay motivated and make physical activity a healthy habit they can maintain.

Our 2018-2019 Network

Physical Activity for Lifelong Success (PALS)

Launched: 2019



Program Providers



Workshops



Program Leaders



Counties/Tribes

Walk With Ease

Launched: 2017



Program Providers



Workshops



Program Leaders



Counties/Tribes

Our Impact

Physical Activity for Lifelong Success (PALS)

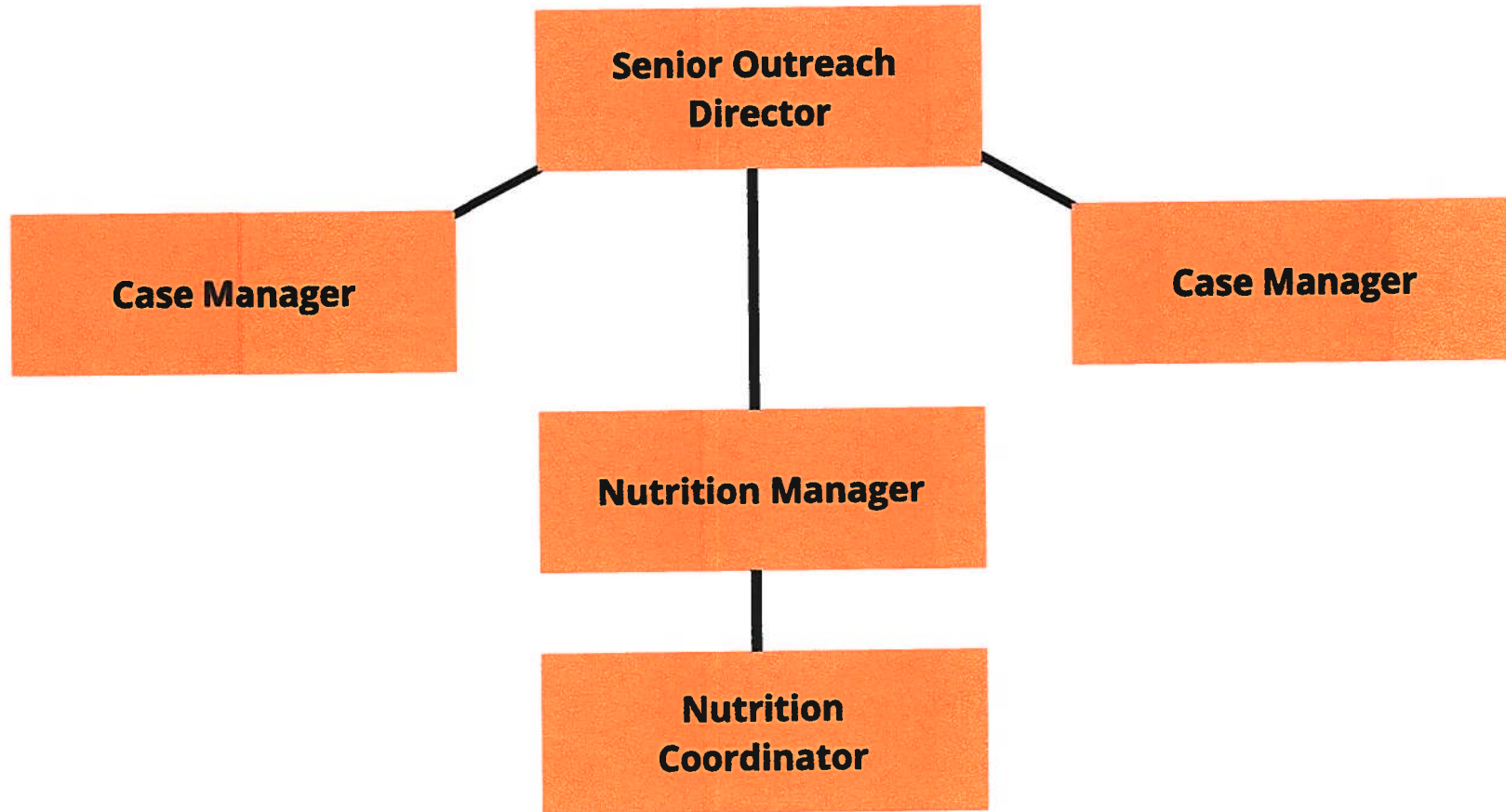


Walk With Ease



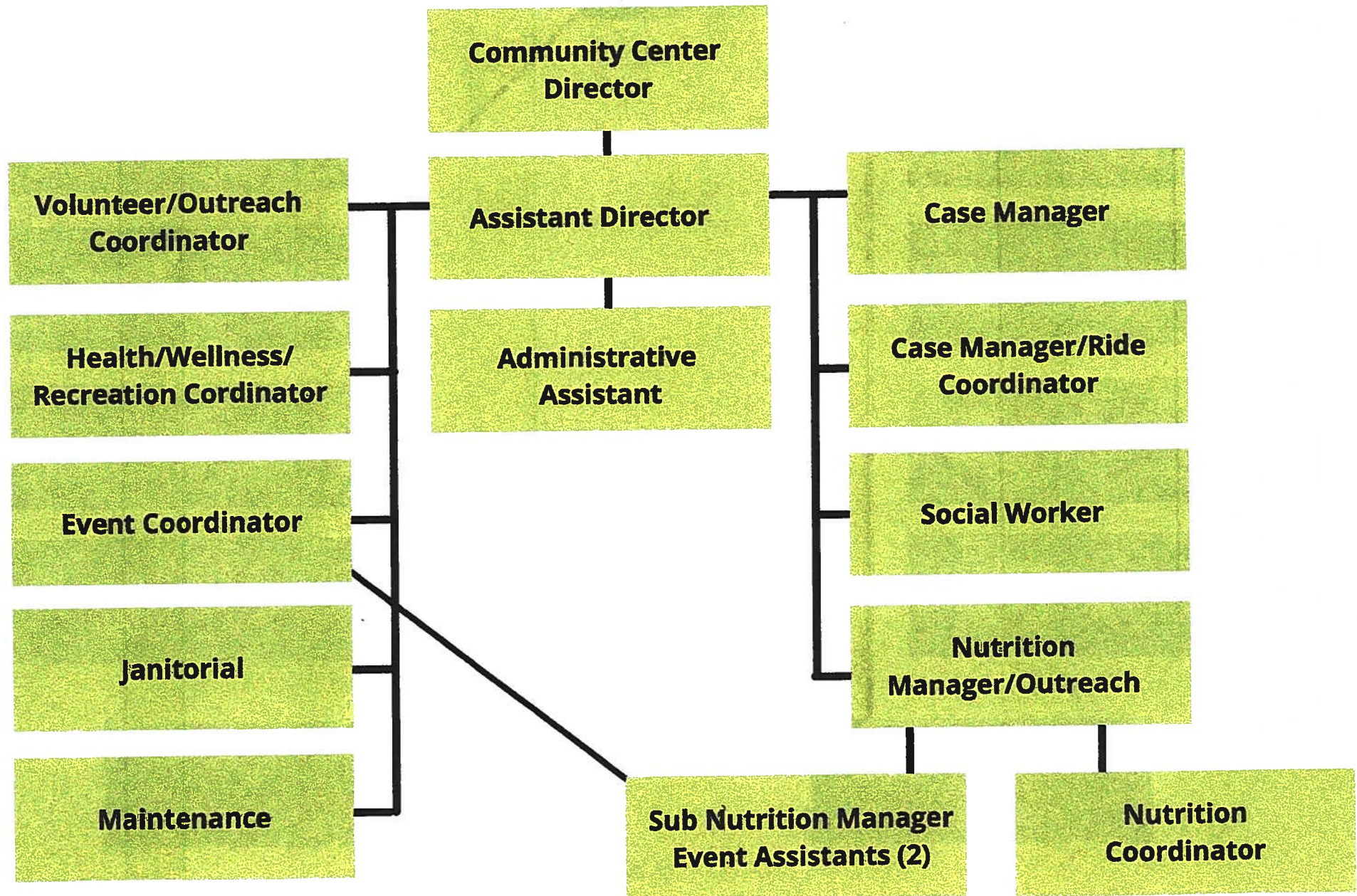
Reduced arthritis pain, improved balance, strength, walking pace and overall health

McFarland Senior Outreach Services Organizational Chart Current (01.21.2021)



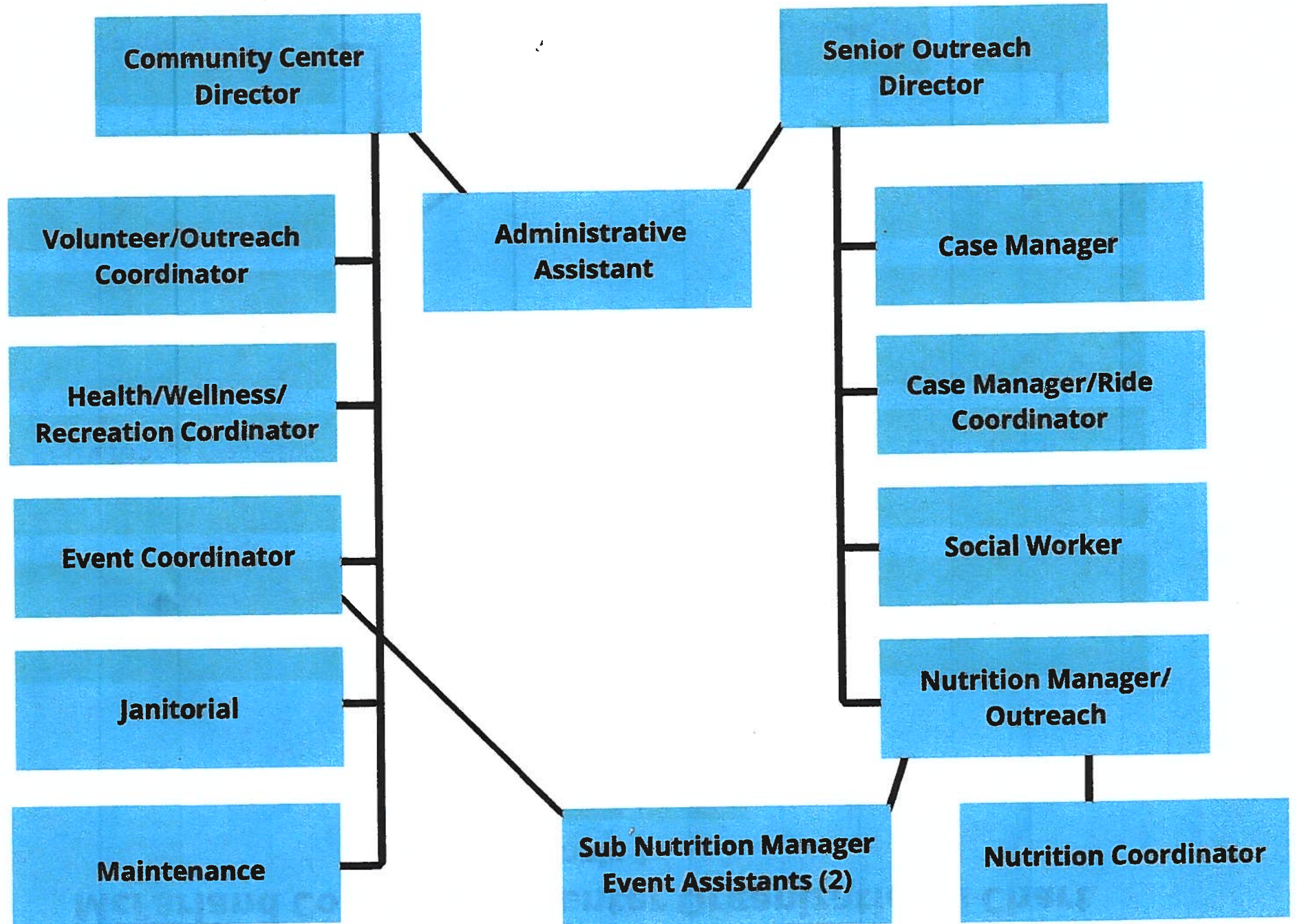
McFarland Community Center Organizational Chart

Sample 1



McFarland Community Center Organizational Chart

Sample 2




VILLAGE OF
McFarland
SUMMARY SHEET

MEETING DATE: Wednesday, May 21, 2025

SECTION: Business

DEPARTMENT: Outreach

CONTACT:

AGENDA ITEM: Update on programs and services.

PREVIOUS ACTION:

ISSUE SUMMARY:

FINANCIAL/BUDGET IMPACT:

VILLAGE PLAN REFERENCE:

ORDINANCE REFERENCE:

BOARD, COMMISSION OR COMMITTEE RECOMMENDATION:

ATTACHMENTS:

1. June to August 2025 SOS Events

McFarland Senior Outreach Services
Upcoming Events and Activities
SOS Committee Meeting
5/21/2025

June:

Safety Awareness Month, PRIDE Month, Juneteenth

Thursday, June 5th 9:00am to 10:00am: Senior Coffee Hour

Tuesday, June 17th 9:00am to 10:30am: Summer Tech Series—Managing Passwords w/ Phil Scar

Wednesday, June 18th 10:00am to 11:30am: “Easy Riders” Bike Group meets at McDaniel Park

Friday, June 20th Noon to 1:30pm: “Meals with Melody” with Randy Snell

Tuesday, June 24th Compression-Only CPR Class w/ Jim Reiter of the McFarland Fire/EMS.

Thursday, June 26th 1:30pm to 3:00pm: Root Beer Floats in the Park@ Lewis Park Shelter

Sunday, June 29th 10:00am to 4:00pm: Pride in the Park Event, SOS table with door prize @William McFarland Park

July:

UV Safety Month, Independence Day

Thursday, July 3rd 9:00am to 10:00am: Senior Coffee Hour

Thursday, July 17th 1:00pm to 2:30pm: Aging with Wisdom/Badger Talks, “Skin Health for Older Adults.”

Tuesday, July 22nd 9:00am to 10:30am: Summer Tech Series—Artificial Intelligence w/Phil Scar

Date TBA: “Meals with Melody”

Date TBA: “Easy Riders” Bike Ride

August:

National Immunization Awareness Month

Thursday, August 7th 9:00am to 10:00am: Senior Coffee Hour

Tuesday, August 12th 1:00pm to 2:30pm: Health Advocates for Seniors with Sarah Schaefer

Thursday, August 21st 1:00pm to 3:00pm: Senior Film Series, “Thelma.”

Thursday, August 28th Noon to 2pm: Annual Summer Picnic @ William McFarland Park, Soccer Building

Date TBA: “Meals with Melody”

Date TBA: “Easy Riders” Bike Ride

Date TBA: McConnell Pharmacy Mobile Immunization Clinic

On-going Programs:

Caring Quilts: Quilt block kits are available for check out at the E.D. Locke Public Library. The volunteer Quilt Crew will be meeting in early June to set the timeline for the rest of 2025.

New Programs:

Meals with Melody: a new monthly event wherein a Friday Senior Meal will be followed by a musical guest. Some Meals with Melody will be interactive, such as our first event with Randy Snell, who invites audience members to sing along. We hope this will provide a platform to feature older adults in the community who have a musical talent that they would like to share.

Easy Riders: Led by local biking enthusiast and older adult, Gary Schneider, this group's inaugural ride is today at 10am at McDaniel Park. The group will participate in an interactive demonstration of the electronic bicycles available for rent at the park. Then participants will take their own bikes (or a rented e-bike) for a ride along the boardwalk from McDaniel Park to Lake Farm Park and back. Gary hopes to convene a group of older adults interested in biking together for rides originating in the Village of McFarland once per month during non-snowy months.

Card Club Coordinator: We are still recruiting for a volunteer who would like to coordinate a regular card club group on Monday afternoons. McFarland Senior Outreach will provide the supplies.