

The ADRC Connection

Our mission is to be a resourceful place of information and respectful provider of support for the elderly and disabled residents of Waupaca County and their caregivers and to help them achieve dignity and quality of life through maximum independence and choice.



Volume 34 Number 1

Spring 2017

Trauma-Informed Care: An Aging Perspective

By: Leah Klein,

Aging & Disability Resource Unit Manager
Waupaca County Department of Health &
Human Services

For the past 4 years, Waupaca County Department of Health and Human Services has been on a journey to become a "Trauma-Informed Agency". Trauma-Informed Care is a philosophy developed from research studies about Adverse Childhood Experiences, or "ACEs". The Trauma-Informed Care philosophy refocuses the perspective of "what's *wrong* with you?" to "what *happened* to you?" The ACEs study involved surveying thousands of adult individu-

als in California. Researchers asked if any of the following adversities happened to the study participants during their childhood:

- Emotional Abuse
- Physical Abuse
- Sexual Abuse
- Mother treated violently
- Household substance abuse
- Mental illness in the household
- Parental separation or divorce
- Criminal household member who went to prison
- Emotional Neglect
- Physical Neglect

Almost two thirds (2/3) of the participants¹ in the original ACEs study answered that they had experienced at least one adversity listed above during their

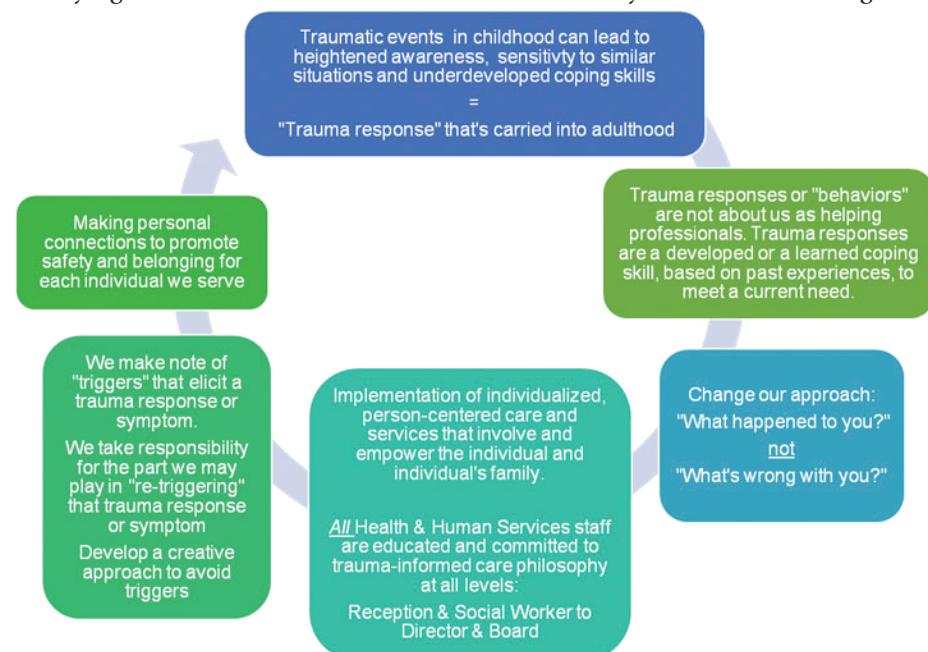
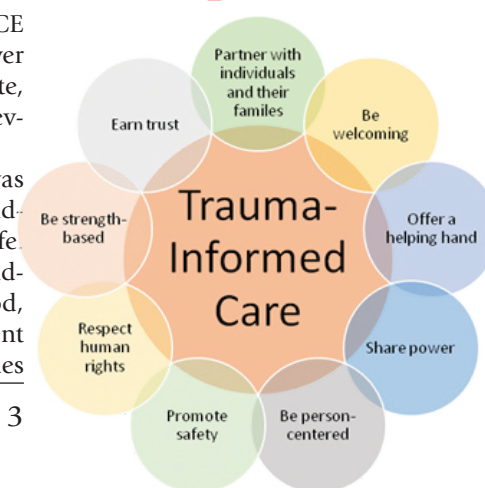
childhood. The demographics of ACE study participants were varied however the majority of participants were white, 40+ years of age and attended some level of post-secondary education¹.

What the researchers discovered was that there is a dose response between adversities and poor outcomes later in life. Meaning, the higher the number of adversities experienced during childhood, the greater chance for the development of some chronic diseases and other issues

See **Trauma-Informed** page 3

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Waupaca County Aging & Disability Resource Center:
<https://www.facebook.com/adrcofwaupacacounty>

Current and past issues of *The ADRC Connection* are available on our website – www.co.waupaca.wi.us. Visit the regional website – www.yourADRCresource.org

Waupaca County Dept. of Health & Human Services: 715-258-6300
Aging & Disability Resource Center (ADRC): 715-258-6400 or Toll Free: 1-866-739-2372
811 Harding Street – Waupaca WI 54981 Hours: Monday-Friday 8:00am-4:30pm E-mail: ADRC@co.waupaca.wi.us

PLEASE NOTE: Being an advertiser in this newsletter does not constitute an endorsement from Waupaca County Department of Health & Human Services

Waupaca County Volunteer Driver Transportation Program



Janna Taylor
Transportation
Coordinator
ADRC Waupaca
County
715-258-6279

Getting Started – New Rider Information: If you are new to the Transportation Program, we'll work with you to answer your questions and determine the most appropriate transportation service for you. Call the Aging & Disability Resource Unit located in the Waupaca County Department of Health and Human Services at 715-258-6279 to talk about your transportation options.

Am I eligible for transportation services? Residents of Waupaca County who are aged 60 or older or individuals with a current Social Security Disability Determination, regardless of age (who do not receive Medical Assistance/Medicaid) are eligible to use this transportation service. Transportation is coordinated through the Aging & Disability Resource Unit at Waupaca Department of Health and Human Services. All rides are provided by friendly, background checked volunteer drivers. Participants must be able to transfer into and out of the volunteer driver's vehicle with minimal assistance. We will help you work with local providers if wheelchair accessibility is necessary.

What types of activities can I get a ride for? An elderly and disabled transportation grant through the Wisconsin Department of Transportation allows

the Aging & Disability Resource Unit in Waupaca County to provide non-emergency transportation to and from local and out of area medical appointments. The Transportation Program does not provide emergency transportation. Call 9-1-1 if you require emergency medical transportation and care.

The Transportation Program's primary focus and priority is for non-emergency medical trips and appointments but other types of trips will be considered on a case by case basis. Transportation can be provided for all needs including shopping, visiting friends, personal needs, etc. based on volunteer driver availability.

Cost: The elderly and disabled individual transportation program operated by the Waupaca County Aging & Disability Resource Unit is funded in part by Wisconsin Department of Transportation grant dollars. These grant dollars allow for trip costs to be subsidized for riders. Depending on whether a rider is enrolled in a publicly funded long-term care program, riders are responsible for a flat rate based on distance of trip. When you schedule your ride, we'll let you know how much your particular trip will cost. Riders are invoiced monthly and payments are mailed in. Volunteer drivers do not accept payments.

Effective March 1, 2017 the Waupaca County Department of Health & Human Services will be changing the rates for the Volunteer Driver Transportation Program. All rides occurring on or after March 1, 2017 will be subject to the new flat-rate payment system in the chart at the top of the next column.

In-Town Trip	In County Trip	Out of County Trip	Out of County Trip	Out of County Trip
		Less than 100 miles	More than 100 miles & less than 200 miles	More than 200 miles
\$2.25	\$5.00	\$10.00	\$15.00	\$55.00

Eligibility for the Volunteer Driver Transportation Program remains the same.

To Schedule a Ride: Call Janna Taylor, Transportation Coordinator at 715-258-6279 at least **THREE BUSINESS DAYS** prior to your appointment.

When you call please be prepared with the following appointment information:

- Appointment date and time
- Approximate length of the appointment
- Facility Name and Address (location of your appointment)
- Information about any special circumstances the driver should be aware of

Once a driver has been assigned to your ride request, you will receive a call from the Transportation Coordinator the business day prior to your scheduled appointment.

* All requests within 3 business days are accepted on a case by case basis

Dispatch Hours:

Monday through Friday
7:30 a.m. to 3:30 p.m.

*Appointments outside this time frame are scheduled on a case by case basis

Volunteer Drivers

The Transportation Program would not be possible without the time and dedication of our volunteer drivers. If you would like to know more about the Volunteer Driver Program or are interested in becoming a Volunteer Driver call:

Janna Taylor, Transportation Coordinator, ADRC Waupaca County 715-258-6279



The following **FREE** workshops are sponsored by: Waupaca Area **THRIVES*** Coalition

LIVING WELL WITH CHRONIC CONDITIONS

Join this workshop where you'll learn practical ways to deal with pain and fatigue, discover better nutrition and exercise choices, and understand new treatment choices. If you have conditions such as diabetes, arthritis, high blood pressure heart disease, chronic pain or anxiety – this workshop is for you! Classes will be held at 950 Park Avenue ThedaCare Medical Center – Waupaca

Thursdays, Starting April 6 – May 11
from 9:00 am – 11:30 am.

Class meets for six consecutive weeks!

STEPPING ON – FALLS PREVENTION

A workshop where you'll learn exercises and strategies to help prevent you from falling. Topics included: Simple and fun balance and strength training, the role vision plays in keeping your balance, How medications can contribute to falls, and more. Workshops are lively and interactive making the learning experience both interesting and fun. Classes will be held at 950 Park Avenue ThedaCare Medical Center – Waupaca

Tuesdays, Starting April 11 – May 23
from 9:00 am – 11:00 am.

Class meets for seven consecutive weeks!

THRIVES stands for: "Teaming for Health and Resiliency Improvement Via Education and Support." The THRIVES coalition is a group of agencies working together to offer educational and supportive workshops to help all members of our community.

For more information on any of the THRIVES workshops, contact the RMC Health and Wellness Department at 715-258-1183



Register Early! Class size is limited. Ask a friend to join you!

Pre-Registration Required

TO REGISTER:

Call 715-258-1119 or register via the ThedaCare website at www.thedacare.org



Volunteer Spotlight



Kristine Wiegman
Volunteer Coordinator
Kristine.Wiegman@
co.waupaca.wi.us
or 715-258-6277

Being personally asked to volunteer by the Site Manager Shani Appleby has gotten Darlene through some tough times. "Being



Darlene Beyersdorf

here gets me out of the house and gives me something positive to think about. I really like working alongside other volunteers and helping the elderly." In Darlene's spare time she finds joy in crocheting blankets, planting flower beds and reassembling recipes and vacations online. When asked why she volunteers, she was quick to reply, "You meet a lot of different people, hear their stories and share stories of your family, too. Volunteering make you feel good!"

Have you ever spoke to someone and could hear the smile in their voice? That's exactly how I felt when conversing with Waupaca volunteer, **Vila Vroman!**



Vila Vroman

Vila has been volunteering at the Waupaca Senior Nutrition Site for the last year thanks to a lady from church who encouraged her to give it a try. "It's good to get out and mingle! Otherwise you get depressed. You meet so many people who become friends. I can tell you that volunteering is good for your health!" Vila shared with me that she's been retired three times...yes, three times! "I am 88 years young, been married for 63 years and stay this active by painting, embroidering and crocheting Easter baskets, playing cards, working on puzzles and just staying busy!" It's safe to say that no grass grows under Vila's feet and her energy is evident at the nutrition site!

If you want to experience the awesome joy of volunteering at any of the

seven Waupaca County Senior Nutrition Sites, including delivering meals to the homebound, please contact me about getting connected!

Kristine.Wiegman@co.waupaca.wi.us or
715-258-6277



Trauma-Informed from page 1

life such as alcoholism and alcohol abuse, depression, poor work performance, financial stress, unintended pregnancies and Chronic Obstructive Pulmonary Disease (COPD) – {not an exhaustive list}1. Trauma-Informed Care is a philosophy and approach that focuses on an understanding that trauma and adversities, especially trauma experienced in childhood, also greatly impacts brain development which can lead to underdeveloped coping skills and heightened sensitivity to interactions with the world around us – well into adulthood.

As professionals in the aging services field, we may never know the full history of the individual we are working with. So how can we be trauma-informed if we aren't informed about the trauma an individual has experienced? We can anticipate that we may never know an individual's full history or whether or not they've experienced trauma or adversities in childhood. A trauma-informed approach **does not** mean getting to know someone and treating them a certain way *because* of their past. A trauma-informed approach **does** mean that we seek to understand; we ask, "What's happened to you?" as opposed to, "What's wrong with you?" Working with a trauma-informed approach means offering a helping hand where an individual's abilities may be lacking not punishing a person because of their response to the world around

them and taking responsibility for the part we may play as a professional in the triggering of a trauma response.

For aging individuals experiencing Alzheimer's disease or Dementia, reactions to the world around them may be unrecognizable to their loved ones and friends. For long-term care facilities, the impacts of trauma, "trauma responses", are sometimes referred to as "behaviors". Residents who have dementia, mental illness or other conditions which affect the brain also experience symptoms that cause them to act in ways they didn't act in their earlier lives. Looking through a trauma-informed lens allows long-term care facility professionals to approach trauma responses or symptoms in a different way. The trauma-informed approach can be integrated into our work through the following principles as cornerstones for our services: partnering with residents and their families, be welcoming, respect human rights, be strength-based, earn trust, offer a helping hand, promote safety, be person-centered and share power.

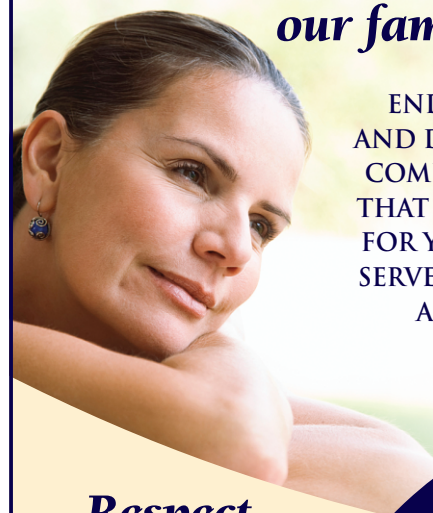
As we continue the journey to becoming a Trauma-Informed agency and implementing a Trauma-Informed approach in everything we do, Waupaca County Department of Health & Human Services hopes you see the difference in the work we do with Waupaca County residents we serve.

Article Reference:

<https://www.cdc.gov/violenceprevention/acestudy/about.html> : Center for Disease Control and Prevention: About the CDC-Kaiser ACE Study



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Aging Program Supervisor

Please allow me to introduce myself, my name is Melissa Anderson and I am the new Aging Programs Supervisor. I began working as the Aging Programs Supervisor Monday February 13, 2017. My responsibilities include direct oversight and administration



to Waupaca County aging programs including the Wisconsin Elderly Nutrition program and Caregiver programs.

A little about myself, I have worked for Waupaca County DHHS for the last four years in the Children's Long Term Support Waiver Program. Prior to working for Waupaca County DHHS I worked for Waushara County Human Services as a long term support social worker. I provided case management services to children as well worked closely with Care Wisconsin (Family Care) completing necessary court work for their members including involuntary medication orders,

protective placements, Watts reviews and guardianships. While working in Waushara County I managed the Alzheimer's Family Caregiver Support program. I have experience in working with individuals in a variety of setting including: adult family

homes, nursing homes, Community-Based Residential Facilities and hospital settings.

As I begin my work as the Aging Programs Supervisor I will continue to work with the children on my case load through the Children's Long Term Support waiver as they recruit for my position. While working with the children and their families I will be attending various aging and nutrition committee meetings and will be working with nutrition site manager and caterers.

I am very excited to join the Waupaca County Aging & Disability Resource Unit team!



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05203872



Kristine Wiegman
Volunteer Program
Coordinator &
Health Promotion
Coordinator
715-258-6277
Kristine.Wiegman@
co.waupaca.wi.us

What's the best way to make a difference? Be involved! Here are some great ways to give back to your community & feel good about it, too!

Health & Wellness Workshop Facilitator

Improve your health & well being and help others do the same! Become a trained leader in any of our Health, Wellness & Prevention Programs!

Facilitate evidence-based programs geared for Seniors in Waupaca County! Programs offered through the Aging & Disability Resource Center (ADRC). Help seniors make positive changes in their life by leading workshops geared for their health & well being! Training is required & paid for. Mileage is reimbursed for the workshops you facilitate as well as a stipend. Current evidence based programs offered are:

Stepping On Falls Prevention:

Stepping On is a seven-week workshop using adult education to develop the knowledge and skills needed to help older adults prevent falls. It focuses on how strength and balancing exercises, medication management, home safety, footwear, vision, and mobility all play an important in fall prevention.

Healthy Living with Diabetes:

If you have diabetes or care for someone with diabetes, you may be ideal for co-leading this workshop! This researched and proven, peer-led workshop is designed to help adults with type 2 diabetes or pre-diabetes learn skills for managing their diabetes. *Healthy Living*

with Diabetes promotes self-management skills for people living with diabetes. This workshop meets for 6 consecutive weeks.

Senior Nutrition Sites

Senior Dining Do you enjoy the company of seniors? If so, please join us at any of the 7 Senior Nutrition Sites!



Fellowship, Food & Fun

Sites are located in: Clintonville, Iola, Manawa, Marion, New London, Waupaca & Weyauwega.

- Assist at the meal site – food server, meal set up & clean up.
- Offer your talents to the participants through music, art or professional abilities.
- Hours are approx 10:00 am – 1:00 pm, Monday – Friday. (no holidays) Flexible schedule! **Choose the day(s) you're available.**

Your Community needs YOU!

Can you offer 1-2 hours a month? That's all it takes to change a life! Consider becoming a Meals on Wheels volunteer driver in Clintonville, Iola, Manawa, Marion, New London, Waupaca or Weyauwega/Fremont.



Meals on Wheels

A home delivered meal with a smile can do amazing things for those we serve. Lunch is delivered to home

bound residents Monday – Friday (no holidays). Delivery times & length of route vary by the local nutrition site. Make a world of difference in someone's life that needs a meal & appreciates the visit!

'Like' 'Waupaca County DHHS Volunteer Program' on Facebook!

<http://www.facebook.com/waupacacountydhhsvolunteerprogram>





Older Americans Month 2017



*Submitted by Elder
Benefit Specialist -
Peggy Strey*

The Administration on Aging, part of the Administration for Community Living, is pleased to announce the theme for Older American's Month 2017. The theme, Age Out Loud, is intended to give aging a new voice—one that reflects what today's older adults have to say about aging.

The 2017 theme gives us an opportunity to shine a light on many important issues and trends. More than ever before, older Americans are working longer, trying new things, and engaging in their communities. They're taking charge, striving for wellness, focusing on independence, and advocating for themselves and others. They expect to continue to live their lives to the fullest, and they're insisting on changes that make that possible. What it means to age has changed, and OAM 2017 is a perfect opportunity to recognize and celebrate what getting older looks like today.



In May, AoA and ACL will amplify the many voices of older Americans and raise awareness of vital aging issues across the country. Join us as we speak up and out loud for OAM! To start promoting online, use the official hashtags #OAM17 and #AgeOutLoud.
<https://oam.acl.gov/>



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www.StJosephResidence.com

Understanding the VA: Disability Benefit Questionnaire (DBQ)



Jesse P. Cuff, Waupaca County
Veterans Service Officer
Courthouse, 811 Harding St.
Waupaca, WI 54981
715-258-6475 www.facebook.com/WaupacaVeteransOffice
Hours: Monday – Friday 8a-4p

WHAT IS A DISABILITY BENEFIT QUESTIONNAIRE (DBQ)?

The VA provides downloadable forms for Veterans to use in the disability evaluation process. These downloadable forms are known as Disability Benefit Questionnaire or DBQ. DBQ's allow a veteran's medical provider to detail specific information about the veteran's medical condition. Completed DBQ's are best submitted to the VA as part of a fully developed claim package. DBQ's provide VA with the critical medical evidence necessary for a claim for service connected compensation benefits.

WHY USE DBQ's?

- DBQs allow Veterans and Servicemembers to have more control over the disability claims process by giving them the option of completing an examination with their own healthcare providers instead of at a Department of Veterans Affairs (VA) facility.
- DBQs enable private health care providers to capture important information needed by VA to accurately evaluate and promptly decide Veterans' claims for benefits.
- More than 70 DBQs are available that use check boxes and standardized language to streamline the process. DBQs average about seven pages in length. Veterans are responsible for any fees their private providers may charge for completing a DBQ.

WHO IS AUTHORIZED TO COMPLETE A DBQ?

Providers with active medical licenses must sign and attest to a medical condition on completed DBQs. The DBQ can be completed either by:

See **DBQ** page 7

Independent Living
Assisted Living

Rehabilitation
Skilled Nursing

Community Outreach
Dementia Care

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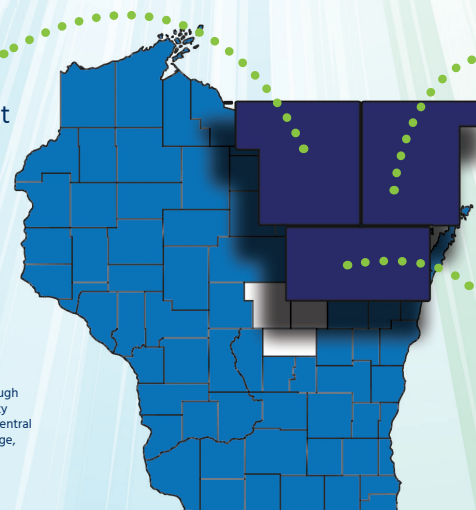
You earned your money — Keep it!

CAP Services' Volunteer Income Tax Assistance (VITA) provides free tax filing services for low- to moderate-income households.

Portage County residents should call **2-1-1** to schedule an in-person tax appointment at one of three convenient Stevens Point locations:

Lincoln Center
1519 Water Street
Mid-State Technical College
1001 CenterPoint Drive
Portage County Public Library
1001 Main Street

Portage County tax preparation services brought to you through a collaborative effort with AARP Tax-Aide, Aging and Disability Resource Center-Lincoln Center, Community Foundation of Central Wisconsin, Portage County Library, Mid-State Technical College, Retired Senior Volunteer Program, and United Way's 2-1-1.



Waupaca County residents should call **1-800-660-5430** to schedule an in-person tax appointment at the CAP Services office at 101 Tower Road in Waupaca.

Waushara County residents should call **1-800-660-5430** to schedule an in-person tax appointment at the CAPsell Center at 205 E. Main Street in Wautoma.

You can also file online for free at **MyFreeTaxes.com**. Federal AND State tax filing is available at no charge for households with annual income below \$64,000.



Corporate Headquarters
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DBQ from page 6

- Veterans' private treatment providers, or
- Veterans Health Administration (VHA) clinicians.
 - Some providers may decline for professional reasons
 - Some specialty disciplines may decline for professional reasons

Note: To determine your eligibility, check eBenefits, contact VA Eligibility Center at 1-888-768-2132, or contact our office at 715-258-6475.

Understanding these and other VA Benefits can seem daunting, but the Waupaca County Veterans Service Office can help. If you could use a little help navigating the VA Benefit system please schedule an appointment today!

Jesse P. Cuff, Waupaca County Veterans Service Officer, 715-258-6475

Source / for more information:
<http://www.benefits.va.gov/BENEFITS/factsheets/serviceconnected/DBQs.pdf>
http://www.benefits.va.gov/COMPENSATION/dbq_disabilityexams.asp
http://www.benefits.va.gov/compensation/dbq_ListBySymptom.asp
http://www.benefits.va.gov/compensation/dbq_FAQs.asp

Aging & Disability Resource Center (ADRC)

Hours: 8:00 a.m. to 4:30 p.m. Walk-Ins Welcome

Phone: 715-258-6400 or 1-866-739-2372

E-mail: adrc@co.waupaca.wi.us



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Waupaca County Aging & Disability Resource Center:
<https://www.facebook.com/adrcofwaupacacounty>

Waupaca County Courthouse

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- Mailboxes on site
- Community Room (most locations)
- Smoke free property

LOCATIONS:

- Adams
- Berlin
- Brillion - Senior & Family Living
- Clintonville
- **Colby** New cottages coming in 2017!
- Iola
- Manawa
- Mauston
- Montello
- Nekoosa - Coming in 2018!
- Seymour
- Waupaca
- **Wausau** (High rise w/elevator, no DW)
- Weyauwega
- **WI Rapids - 2 Locations** River Wood Apts. - Senior & Family Living



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What Caregiving Looks Like

*Jane Mahoney
Older Americans Act Consultant
Greater Wisconsin Agency on Aging
Resources*

What do you think of when you hear the word Caregiver? Many think of the person who provides hands on, daily care for a frail adult; usually involving help with dressing, feeding, bathing and mobility. While this person certainly is a caregiver I'd like to challenge you to think about other possibilities of what caregiving is. There is the middle-aged son who stops for groceries on the way home from work for his mother, the daughter who schedules and takes her dad to his many doctor appointments, the husband in charge of cooking and cleaning since his wife can is no longer able, and the woman who must take her husband with her to her hair appointment for fear his confusion would endanger him if left home alone.

To sum it up, you don't have to be providing 24/7 care to be considered a caregiver. Anyone who helps someone with something they used to do by themselves is considered a caregiver. Let me give you a few examples:

- If you feel it is necessary to regularly check on your elderly neighbor and help with little jobs then you are a caregiver. Without your help, your neighbor may not be able to live independently.
- When you find yourself spending time making appointments for you mother and stopping at the pharmacy or grocery store for her amidst running your own errands, you are caregiving.
- If you have stopped going to your weekly card club because you don't feel you can leave your spouse at home alone you are a caregiver.

- When you spend time making phone calls to help your sister find an assisted living facility or to set up home care services you are a caregiver.

Caregiving is often a role you do not anticipate and one that brings new challenges and responsibilities to your life. Recognizing yourself as a caregiver is an important first step to handling the extra stress you may be feeling. Attending a caregiver support group, reading information on caregiver health or talking to a trusted friend or professional about your situation are all good ways to help cope with stress and gain support in this role.

Identifying yourself as a caregiver also helps you connect with community resources that can assist you. Getting help from a home care agency, adult day care, home delivered meals or volunteer drivers are some of the ways to reduce your stress as a caregiver. Information about these services is available at Waupaca County Department of Health & Human Services – (715) 258-6400

Finally, defining yourself as a caregiver helps you take your role more seriously and look for even more ways to assist the person, possibly involving more people to help! Sharing duties with other family members, friends or neighbors will take some of the responsibility off of you and will be positive for the person receiving help, too.

No matter what your caregiving looks like, the assistance you provide is vitally important to the life of the person you are helping. It is often the difference between the person living in their own home and living in a care facility. If you are a caregiver, call (715) 258-6400 and see how we can help!

Driving Information and Contract

Driving requires the ability to react quickly to a variety of circumstances. Because of this, a person living with Alzheimer's will, at some point, be unable to drive. Planning ahead can help ease the transition.

Plan early for driving retirement

- Plan to discuss how retirement from driving will be handled before it becomes an issue.
- Be sympathetic as you address the topic because retiring from driving, and the perceived loss of independence is difficult for many.
- Visit the Alzheimer's Association® Dementia and Driving Resource Center (alz.org/driving), created with support from the National Highway Traffic Safety Administration, for helpful information and tools.
- Keep a written record of your observations to share with the person with Alzheimer's, family members and health care professionals.

Tips to help the person with dementia retire from driving

- Transition driving responsibilities to others. Tell the person you will drive, arrange for someone else to drive, or arrange a taxi service or special transportation services for older adults.
- Find ways to reduce the person's need to drive. Have prescription medicines, groceries or meals delivered.
- Solicit the support of others. Ask your physician to advise the person not to drive. Involving your physician in a family conference on driving may be more effective than trying to persuade the person not to drive by yourself. Ask the physician to write a letter or prescription stating that the person with Alzheimer's must not drive. You can then use the document to remind your family member what's been decided.
- Ask a respected family authority figure or your attorney to reinforce the message about not driving. When the person is still in the early stage of dementia, ask them to sign a driving contract (see page 3) that gives you his or her permission to help them stop driving when the time comes.

What if the person is reluctant to retire from driving?

- Experiment with ways to distract the person from driving. Mention that someone else should drive because the route has changed, driving conditions are dangerous, or you want to give him or her a chance to sit back, rest and enjoy the scenery.
- You may also want to arrange for another person to sit in the back seat to distract the person while someone else drives. If the disease is in an advanced stage or there is a history of anger and aggressiveness, it's best not to drive alone with the person.
- If the person with dementia wanders, he or she can also wander and get lost by car. Be prepared for a wandering incident and enroll the person in MedicAlert® + Alzheimer's Association Safe Return®, a 24-hour nationwide emergency response service for individuals with Alzheimer's or other dementias who wander or have a medical emergency.
- In the later stages, when the person is no longer able to make decisions, substitute his or her driver's license with a photo identification card. However, do not assume that taking away a driver's license prevents driving. The person may not remember that he or she no longer has a license or even that a license is legally required to drive.

What if the person refuses to stop?

If the person insists on driving, consider the following steps as a last resort:

- Control access to the car keys. Designate one person who will do all of the driving and give that individual exclusive access to the car keys.
- Disable the car. Remove the distributor cap, battery or starter wire. Ask a mechanic to install a "kill wire" that will prevent the car from starting unless the switch is thrown. Or give the person a set of keys that looks like his or her old set, but does not work to start the car.
- Consider selling the car. This may allow you to save enough in insurance premiums, gas and maintenance costs to pay for public transportation, including taxicab rides.


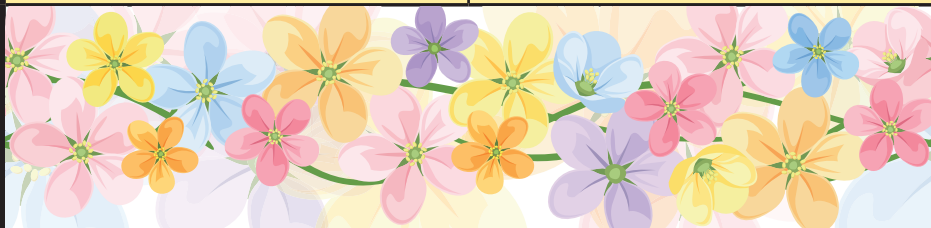
Resources

- Alzheimer's Association Dementia and Driving Resource Center (alz.org/driving).
- MedicAlert® + Alzheimer's Association Safe Return® (alz.org/safety).
- Driving contract (see page 3).

800.272.3900 | alz.org®

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Waupaca County Nutrition Centers	E-Mail and/or Telephone		Waupaca County Nutrition Centers	E-Mail and/or Telephone
Clintonville Senior Center Clintonville Community Center Bldg. 30 S. Main St. - Clintonville, WI 54929 Serving Time: 11:30 (M-F/10 a.m.-1 p.m.)	(715) 823-7667 Site Manager: Nancy Peters Nancy.Peters@co.waupaca.wi.us Caterer: Steve & Mary's Main St. Café - Marion		New London Senior Center 600 W. Washington St. New London, WI 54961 Serving Time: 11:30 (M-F/10 a.m.-1 p.m.)	(920) 982-8522 Site Manager: Kim Ebert Kimberlee.Ebert@co.waupaca.wi.us Caterer: Steve & Mary's Main St. Café - Marion
Iola Senior Center Living Oaks 505 W Iola St. - Iola, WI 54945 Serving Time: 11:00 (M-F/10 a.m.-1 p.m.)	(715) 445-2548 Site Manager: Vacant Caterer: Living Oaks - Iola		Waupaca Nutrition Center Trinity Lutheran Church 206 E. Badger St. - Waupaca, WI 54981 Serving Time: 11:30 (M-F/10 a.m.-1 p.m.)	(715) 258-9598 Site Manager: Joanne Samack Joanne.Samack@co.waupaca.wi.us Caterer: Crossroads - Weyauwega
Manawa Senior Center Town of Little Wolf Town Hall E6325 County Rd. N P.O. Box 98 (mailing address) Manawa, WI 54949 Serving Time: 11:30 (M-F/10 a.m.-1 p.m.)	(920) 596-3320 Site Manager: Mona Golla-Kolosso Mona.Golla-Kolosso@co.waupaca.wi.us Caterer: Living Oaks - Iola		Weyauwega Nutrition Center 109 E Main Street (City Hall) P.O. Box 628 (mailing address) Weyauwega, WI 54983 Serving Time: 11:30 (M-F/10 a.m.-1 p.m.)	(920) 867-3213 Site Manager: Shani Appleby Shani.Appleby@co.waupaca.wi.us Caterer: Crossroads - Weyauwega
Marion Senior Center Lions Point-325 W. Garfield Avenue P.O. Box 253 (mailing address) Marion, WI 54950-0253 Serving Time: 11:30 (M-F/10 a.m.-1 p.m.)	(715) 754-2482 Site Manager: Mary Riske Mary.Riske@co.waupaca.wi.us Caterer: Steve & Mary's Main St. Café - Marion			

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20 Warning Signs

Your Parent Needs Help at Home



BY MARLO SOLLITTO

From: <https://www.agingcare.com/>

Knowing when to begin discussions about needed assistance with aging parents is not always as simple as one might think. Maybe you've noticed that dad's unopened mail is piling up. Or mom, once meticulous about her appearance, is wearing wrinkled clothes and not doing her hair. Perhaps there are bruises on your loved one's arms. When you bring up these observations, their instant response is, "Everything is fine, there's no need to worry."

Admitting they need help would mean they can no longer take care of themselves, and no one wants to lose

their independence. "Denial is the unrealistic hope that a problem is not really happening and will go away by itself. Admitting they need help and accepting assistance is not easy for people as they age. It represents a loss of independence. Denial plays a major role and signs get ignored," says Paul Hogan, Founder and Chairman of Home Instead Senior Care.

The burden often falls on the family to recognize the signs that an aging parent might need help with daily living tasks. This doesn't necessarily mean that your loved one has to move to assisted living or a nursing home, but they may need some extra help in their home. If they're not willing to admit it, how do you know if your elderly parent needs home care? Look for the red flags listed below.

Signs Your Parent Needs Help at Home

- ☐ Spoiled food that doesn't get thrown away
- ☐ Missing important appointments
- ☐ Unexplained bruising
- ☐ Difficulty getting up from a seated position
- ☐ Difficulty with walking, balance and mobility
- ☐ Uncertainty and confusion when performing once-familiar tasks
- ☐ Forgetfulness
- ☐ Unpleasant body odor
- ☐ Infrequent showering or bathing
- ☐ A strong smell of urine in the house
- ☐ Noticeable decline in grooming habits and personal care
- ☐ Dirty house, extreme clutter and dirty laundry piling up
- ☐ Stacks of unopened mail or an overflowing mailbox
- ☐ Late payment notices, bounced checks and calls from bill collectors
- ☐ Poor diet or weight loss
- ☐ Loss of interest in hobbies and activities
- ☐ Changes in mood or extreme mood swings
- ☐ Forgetting to take medications, or taking incorrect dosages
- ☐ Unexplained dents and scratches on a car

Once the problem is realized, the family must decide if home care is the best option. It is generally defined as non-medical support services delivered at the home of the senior. "The aim of this kind of care is to allow seniors to remain at home longer rather than moving to an assisted living community, nursing home or other type of senior

care facility. It may be appropriate if a senior prefers to stay at home but needs minor assistance with activities of daily living," says Sam Almengor, National Accounts Director for Senior Helpers, a national company that provides professional in-home assistance services.

"One of the most frightening prospects for seniors is leaving home," Hogan says.

Benefits of Home Care

These agencies and their employees can help with any activities and needs that a person may have throughout the day. Typical services include:

- Companionship and conversation
- Grocery shopping
- Meal planning and preparation
- Diet monitoring
- Hygiene assistance, including bathing and dressing
- Light housekeeping
- Walking assistance
- Errands and transportation
- Laundry, ironing and vacuuming
- Changing linens and bed making
- Helping with bills and mail
- Supervising home maintenance and repairs
- Organizing closets and pantries
- Medication reminders
- Helping with correspondence
- Washing dishes
- Appointment reminders
- Coordinating home services
- Picking up prescriptions
- General shopping
- Reviewing phone messages
- Watching movies
- Play games
- Going out for meals or other recreational activities together



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When and How to Start the Conversation

If you've noticed the warning signs, the time to start talking with senior parents is sooner rather than later. Do not wait until after a crisis has occurred. But how do you bring up sensitive subjects related to aging? Home Instead Senior Care, an American-based multinational network of franchises specializing in nonmedical home-based care, offers some conversation starters below that might help overcome the awkwardness.

Discuss what you've observed and ask your parents what they think is going on. If your parents acknowledge the situation, ask what they think would be good solutions. If your parents do not recognize a problem, or shrug it off, use concrete examples to support your concerns.

Remember, you are having a conversation with an adult, not talking to a child. Patronizing speech or baby talk will only put older adults on the defensive and convey disrespect. Put yourself in your their shoes and think of how you would want to be addressed in this situation.

What Are the Payment Options?

Agencies and individuals typically bill on an hourly basis for their services, and that rate varies widely depending on your loved one's geographic location. Paying for services is one of the most challenging issues for families because most must pay for them out-of-pocket. Medicare and Medicaid do not pay for home care in most instances. Here are some other options that can be used to pay for care:

Health Insurance

Some health maintenance organizations (HMOs) and some health and

insurance plans provide coverage for home health care, so be sure to check explanation of benefits statements and policy details.

Long-term Care Insurance (LTCI) LTCI helps cover the cost of care at home or in a nursing facility. It can cover much of the cost of home care, but this can vary from policy to policy.

Veterans Benefits

If your loved one served in the U.S. military, financial assistance might be available to provide a veteran with home care.

State and Local Programs

Call your local Department of Aging or Aging & Disability Resource Center (ADRC) at 715-258-6400

In many states, there are local- and state-funded programs that offer limited care for seniors who meet certain criteria.

Viatical or Life Insurance Settlements

If your loved one has a life insurance policy, there are companies that offer policyholders the option to sell their policies in exchange for a lump sum payment that is greater than the cash surrender value.

Government Funding

For low-income elders, Medicaid programs in most states support home care services as an alternative to assisted living and nursing-home placement.

Care for aging adults will always pose challenges and tough choices regarding their independence and acceptance of care. Taking the time to seek out local area support and services to assist with answers for some of these questions is necessary, and becoming informed will enable you to make confident decisions.

<https://www.agingcare.com/>

Waupaca County

Caregiver

C o a l i t i o n

Here for you because you're there for them.

Our Mission:

We educate & support caregivers through community awareness, identifying needs, and filling gaps in service.

Frequently Asked Questions

Q. What is a Caregiver?

A. Anyone who helps to take care of another person.

Q. What is the Caregiver Coalition?

A. A group of community members and professionals who want to help.

Q. What help does the Coalition provide?

A. Coalition members include many helping organizations that connect caregivers to resources and support. The Coalition hosts an annual Caregivers Conference each fall.

Q. Where does the Coalition meet?

A. The monthly meetings rotate between Waupaca, Clintonville and New London throughout the year.

Q. Why should I become involved?

A. The need is greater than most realize. In 2012 29% of the adult U.S. population were caregivers. YOU can help make a difference!

For more information call your local Aging & Disability Resource center at (715)-258-6400 or visit <http://ow.ly/KiOk5>





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Sound Therapy for Homebound and Patient Care

By Theresa V. Wilson, M.Ed

Family members, caregivers, and friends can be key ingredients to successful recuperation and rest for their loved ones. While visiting nursing homes and providing homecare, often there is a need to seek opportunities to demonstrate caring, eliminate stress, and provide a peaceful environment. Focus becomes seeking ways to express love while listening, intervening and becoming attentive to their comfort.

Controlling sounds, whether in a hospital room or at home, is essential for peace, comfort, and harmony helpful to both the patient or homebound individual and the family. Sound therapy is a way of balancing sound waves and frequencies in the external environment with the internal waves and frequencies of the human body.

Intervention. Comfort, and Support

Sounds can affect individuals both emotionally and physically. Distractions from extraneous noise can be a source of stress and diminishes comfort, creating restlessness and discontent. Appropri-

ate sound therapy promotes and rejuvenates brainwaves, thereby promoting relaxation and comfort. Proper use of sound therapy can also create positive mental balance and promote harmony to internal organs by using external instruments, strategies and tools. Used properly, a variety of sounds can assist in encouraging better sleep.

Improving Room Environment through Sound Therapy

Because our bodies are composed of a series of waves and frequencies, we respond to sound at different levels of comfort depending on the type of sounds. Sound therapy, therefore, can provide an enormous benefit to homebound or hospital patients and their families. In an environment in which a variety of physical and emotional situations can affect balance and harmony, introduction of sound therapy becomes a beneficial tool no matter the age of the patient or family member. Even in a hospice setting, where lack of control of inevitable death is ever present, sound therapy allows both patient and family members to temporarily control their environment.

Sound therapy can help eliminate mental stress and worry while easing physical tension, shock, and anger over situations that cannot be controlled. Specifically, sound therapy:

- Reduces stress
- Relieves anxiety
- Encourages calm thinking
- Provides physical relaxation
- Encourages restful sleep

How Can You Provide Sound Therapy Balance?

It is important to monitor and adjust the room's atmosphere. This can be accomplished using such instruments as soothing sound machines and relaxing music. Avoid overuse of television or radio as the noise; information and tones can negatively affect the atmosphere of the room. Their content may also include abrupt loud noises and sounds from commercials or other programs that can negatively affect body functions and create mental discord.

Family members and caregivers who are directly involved in patient care can take an active role as and be a positive source of harmony and comfort by dealing with negative sounds, which

are one of the major causes of patient distress during a traumatic time. Being proactive in this process will also help family members feel a part of a wellness process by actively participating in the care of their loved one.

Controlling environmental sound is important for peace, comfort, and harmony for caregivers, patient, and the homebound family member. Sound therapy is a way of balancing sound waves and frequencies in the environment outside the body with the internal waves and frequencies of the human body. Sound therapy makes a difference in the quality of life.

Theresa V. Wilson, M.Ed. is a freelance writer and owner of a home based business dedicated to providing products and resources for grieving families and caregivers facing health recovery and crisis related issues.



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1. resides in a nursing home or assisted living facility?
2. is homebound?
3. has special needs?



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Your Loving Care

By Diane Bright

When I first came to live here, I was sad and weary,
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And, even tho it was difficult to smile,
Your shining eyes and warm hearts helped me let things go.

As I became accustomed to this place, You became
my caregivers, my housekeepers, my cooks, my activity leaders,
my chaplains, my unconditional friends.

There were days when it was hard for me to interact,
yet You helped me bathe, helped me dress, helped me exercise,
helped me resume some resemblance of who I am.

On those days when I was sick and just couldn't get out of bed,
You brought me food, straightened my bed,
comforted me with back rubs, cleaned my room
and Your most precious understanding.

I appreciate that this is hard, hard work that You all do
and I want to tell you that You do it with much caring, dignity and grace.

Yes, it was hard to give up my car, apartment, my cherished gifts,
yet in return I was given warm smiles, shared stories,
listening ears, times to giggle, a loving touch, new friends.

It has been You who have helped me in my final journey
and I know that when I depart this world,
my life will have been enriched by knowing each one of You.



Is It Really FDA Approved?

 Does Approve
 Does Not Approve

“FDA approved”: Maybe you saw the words on a company’s Web site or in a commercial promoting a new product or treatment. Some marketers may say their products are “FDA approved,” but how can you know for sure?

An FDA Web page serves as a gateway to information about approvals of FDA-regulated products: *www.fda.gov/opacom/7approval.html*

You can search for FDA approval information by product type.

FDA is responsible for protecting the public health by regulating human and animal drugs, biologics (e.g. vaccines and cellular and gene therapies), medical devices, food and animal feed, cosmetics, and products that emit radiation.

But not all of these products undergo premarket approval—a review of safety and effectiveness by FDA experts and agency approval *before* a product can be marketed. In some cases, FDA’s enforcement efforts focus on products after they are already on the market. This is determined by law.

The following facts can shed light on when the term “FDA approved” is appropriate after such a determination is made by the agency.



FDA does not approve companies.

FDA does not “approve” health care facilities, laboratories, or manufacturers. FDA does inspect product manufacturers to verify that they comply with good manufacturing practices.

Owners and operators of domestic or foreign food, drug, and most device facilities are required to register with FDA. Blood and tissue facilities also must register with the agency.

Mammography facilities must be FDA certified. Mammography facilities are required to display their FDA certificates where patients can see them. The certificate indicates that the facilities have met stringent standards and can provide quality mammography.

FDA approves new drugs and biologics.

New drugs and biologics must be proven safe and effective to FDA’s satisfaction before companies can market them. FDA does not develop or test products; FDA experts review the results of laboratory, animal, and human clinical testing done by manufacturers.

If FDA grants an approval, it means the agency has determined that the benefits of the product outweigh the risks for the intended use.

FDA does not approve compounded drugs.

Pharmacy compounding is an age-old practice in which pharmacists combine, mix, or alter ingredients to create unique medications that meet specific needs of individual patients. It’s also a practice that is under FDA scrutiny—mainly because of instances where compounded drugs have endangered public health. In its traditional form, pharmacy compounding is a vital service that helps many people, including those who are allergic to inactive ingredients in FDA-approved medicines. But consumers need to be aware that compounded drugs are

not FDA-approved. This means that FDA has not verified their safety and effectiveness. Poor practices on the part of drug compounders can result in contamination or in products that don’t possess the strength, quality, and purity required.

FDA uses a risk-based, tiered approach for regulating medical devices.

FDA classifies devices according to risk. Only the highest-risk devices, such as mechanical heart valves and implantable infusion pumps, require FDA approval before marketing. To receive FDA approval for these devices, the manufacturer must demonstrate that its devices provide a reasonable assurance of safety and effectiveness.

Moderate-risk medical devices (e.g., dialysis equipment and many types of catheters) are cleared for marketing based on an FDA determination that they are substantially equivalent to an already legally marketed device of the same type.

FDA has exempted certain low-risk medical devices (e.g., certain bandages) from premarket review when they are for the same use and of the same technology.

FDA approves additives in food for people.

FDA field investigators inspect food companies, examine food shipments from abroad, and collect samples. Laboratory scientists analyze samples. Compliance officers recommend legal action and follow through on enforcement issues. What undergoes premarket approval? New food additives and color additives must be approved before they can be used in foods. These additives are considered food under the law.

New food additives, including substances added intentionally to food and substances that may migrate to food because they contact food (e.g., food packaging) must be shown to be safe to FDA’s satisfaction before com-

panies can market them.

Companies that want to add new additives to food bear the responsibility of providing FDA with information demonstrating that the additives are safe. FDA experts review the results of appropriate tests done by companies to ensure that the additive is safe for its intended use.

An approved food additive must be used in compliance with its approved uses, specifications, and restrictions. Certain food ingredients, such as those with a long history of safe use in food, do not require premarket approval.

FDA approves drugs and additives in food for animals.

FDA is responsible for approving drugs and food additives given to, or used on, over one hundred million pets, plus millions of poultry, cattle, swine, and minor animal species. (Minor animal species include animals other than cattle, swine, chickens, turkeys, horses, dogs, and cats.)

FDA does not approve pet food, but rather approves the food additives that are used in pet food. FDA has the authority to take action against pet food products that are in violation of the law.

FDA approves color additives used in FDA-regulated products.

This includes those used in food, dietary supplements, drugs, cosmetics, and some medical devices. These color additives (except coal-tar hair dyes) are subject by law to approval by the agency, and each must be used only in compliance with its approved uses, specifications, and restrictions.

In the approval process, FDA evaluates safety data to ensure that a color additive is safe for its intended purposes.

FDA does not approve cosmetics.

Examples of cosmetics are perfumes,

makeup, moisturizers, shampoos, hair dyes, face and body cleansers, and shaving preparations.

Cosmetic products and ingredients do not require FDA approval before they go on the market, with one exception: color additives (other than coal tar hair dyes.) Cosmetics must be safe for their intended use and properly labeled.

FDA field investigators inspect cosmetic companies, examine imports, and collect samples for analysis. FDA may take action against non-compliant products, or against firms or individuals who violate the law.

✗ FDA does not approve medical foods.

A medical food is used for the dietary management of a disease or health condition that requires special nutrient needs. An example of a medical food is a food for use by persons with phenylketonuria, a genetic disorder. A person with this disorder may need medical foods that are formulated to be free of the amino acid phenylalanine. A medical food is intended for use under the supervision of a physician.

Medical foods do not have to undergo premarket approval by FDA. But medical food firms must comply with other requirements, such as good manufacturing practices and registration of food facilities. Medical foods do not have to include nutrition information on their labels, and any claims in their labeling must be truthful and non-misleading.

✗ FDA does not approve infant formula.

FDA does not approve infant formulas before they can be marketed. However, manufacturers of infant formula are subject to FDA's regulatory oversight.

Manufacturers must ensure that infant formula complies with federal nutrient requirements. Manufacturers are required to register with FDA and

provide the agency with a notification before marketing a new formula.

✗ FDA does not approve dietary supplements.

Unlike new drugs, dietary supplements are not reviewed and approved by FDA based on their safety and effectiveness. Most dietary supplements that contain a new dietary ingredient (a dietary ingredient not marketed in the United States before October 15, 1994) require a notification to FDA 75 days before marketing.

The notification must include the information that was the manufacturer or distributor's basis for concluding that the dietary supplement will reasonably be expected to be safe. After dietary supplements are on the market, FDA evaluates their safety through research and adverse event monitoring.

✗ FDA does not approve the food label, including Nutrition Facts.

FDA does not approve individual food labels before food products can be marketed. But FDA regulations require nutrition information to appear on most foods, including dietary supplements. Also, any claims on food products must be truthful and non-misleading, and must comply with any special requirements for the type of claim.

Manufacturers are required to provide the serving size of the food and information about the nutrient content of each serving on the "Nutrition Facts" panel of the food label (or on the "Supplement Facts" panel for dietary supplements.)

✗ FDA does not approve structure-function claims on dietary supplements and other foods.


Structure-function claims describe the role of a food or food component (such as a nutrient) that is intended

to affect the structure or function of the human body. One example is "calcium builds strong bones."

Dietary supplement firms that make structure-function claims on labels or in labeling must submit a notification to FDA. This notification must be submitted no later than 30 days after marketing the dietary supplement with the structure/function claim. Additionally, the notification must include the text of the claim, as well as other information, such as the name and address of the notifier. FDA does not require conventional food manufacturers to notify FDA about their structure-function claims.

Structure-function claims on dietary supplements carry a disclaimer stating that the claim has not been reviewed by FDA, and that the product is not intended to diagnose, treat, cure, or prevent any disease. Conventional foods are not required to carry such a disclaimer.

Misuse of FDA's logo may violate federal law.

FDA's logo should not be used to misrepresent the agency nor to suggest that FDA endorses any private organization, product, or service. 

This article appears on FDA's Consumer Health Information Web page (www.fda.gov/consumer), which features the latest updates on FDA-regulated products. Sign up for free e-mail subscriptions at www.fda.gov/consumer/consumerenews.html.

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Approvals of FDA Regulated Products
www.fda.gov/opacom/7approvl.html

The Special Risks of Pharmacy Compounding
www.fda.gov/consumer/updates/compounding053107.html

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