



JANUARY, FEBRUARY, MARCH 2024

AGING & DISABILITY RESOURCE CENTER

SPECIAL INTEREST ARTICLES!

What's Happening Near You
This Winter? - pg 3

SAVE THE DATES!

Planning AHEAD Course -
Wednesday Afternoon Series
January 31 - March 20, 2024

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retire after over 20 years at the ADRC

Medicare Advantage
Open Enrollment
Period:
January 1st-March 31st

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ADRC CORNER

GETTING TO KNOW OUR ADRC STAFF

MEET KIM MUELLER- SLINGER SENIOR DINING MEAL SITE MANAGER

Hello! My name is Kim Mueller, and I am the Slinger Site Manager. Our meal site is in Scenic View Apartments. I have been a site manager for 11 years; however, I have been with the program 44 years! Yes, you read that right! My mom, Janie Krieg, retired in 2020 after 41 years. When she first started, I would help set the tables in the summer and clean up when lunch was over. I also enjoyed chatting with everyone!

After I graduated high school, I became a substitute site manager and would help cover vacation days. I did this on and off for 20 years. During that time, my 3 children also volunteered during the summers. I love working here. The volunteers and participants are the best!

Prior to working for the ADRC I worked for a medical manufacturer, a gear company, and several restaurants. After the birth of my first child, I got a job close to home at ACE Hardware in Slinger and managed the store for 10 years.

I have lived in Washington County most of my life. My parents built a house in Jackson after I was born, where we lived until 1982, then moved to Slinger where I graduated high school. I currently live in Campbellsport with my husband of 30 years and two dogs. We have three children who all graduated from Slinger High School. Our oldest, Ryan, graduated from UW-Stout with a degree in Property Management. He lives in Minnesota. Our middle child, Cory, attended MPTC Automotive Program, and is an auto/diesel mechanic at Richfield Service. Our youngest, Kaylee, is a junior at UW-Green Bay, majoring in Psychology and minoring in both Sociology & Anthropology, and Women's Gender and Sexuality Studies. We are very proud of our children.

When not at work we like to be outside with our dogs, up north at our cabin in the woods and getting together with family to play sheephead.



WE'RE SAVING A SEAT FOR YOU!



The Washington County **SENIOR NUTRITION PROGRAM** celebrate • INNOVATE • EDUCATE
congregate nutrition program offers people 60+ the opportunity to enjoy a hot lunch with others in the community. There are six meal site locations throughout Washington County, and you may eat at any location you choose. Meals are offered Monday through Friday and lunch is served at 11:30 AM. To reserve a meal, all you need to do is contact the meal site one day in advance, by noon. Meals are provided on a contribution basis. No older adult will be turned away if unable to contribute, and all contributions are confidential. For meal site locations and phone numbers, please contact the ADRC at 262-335-4497. Bring a friend or meet a neighbor! We always have a seat for you!

OUR COMMUNITY HAS GREAT FREE EVENTS TO OFFER

WHAT'S HAPPENING NEAR YOU THIS WINTER?



Holiday Riverwalk	Night Holiday Lights	Hartford	Nov-Jan 2024	
Winter Warm-up	Winter Festival	West Bend	Jan 2024	
Iced on Main	Winter Festival	Hartford	Feb 2024	
Library MovieDates	Free movies for adults	Hartford	Monthly	262-673-8240
		Kewaskum		262-626-4312
		Slinger		262-644-6171
Puzzle & Game Days	Library event	Germantown		262-253-7760

Always available are your local **Senior Centers**. Call to get a calendar or newsletter mailed to you.

The **public libraries** offer MANY activities, book clubs, crafts, or movies for all ages. Call or visit to get an updated listing.

Most communities have a **Rec Center** catalogue of activities. Request one be mailed to you or peruse online.

Lastly, the **Washington County Convention and Visitors Bureau** offers an updated calendar of events and full listing of the attractions. Businesses, outdoor opportunities easily viewed on their website.

NOW AVAILABLE Washington / Ozaukee Transportation Service Directory

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for help or to request a Transportation Service Directory.



Interfaith's Mobility Management program is supported by a grant through FTA's 5310 Mobility of Seniors and Individuals with Disabilities.



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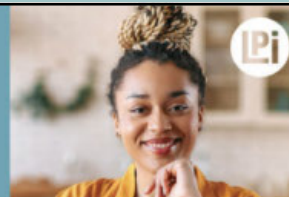
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Sodium (salt) is found naturally in foods, but a lot of it is added during processing and preparation. One of the main sources of sodium is table salt. Salt seems to be the first spice that we reach for because it enhances the flavor of foods, but many other spices or herbs can do the same. The average American consumes over 5,000–6,000 milligrams of sodium every day. Regularly consuming too much sodium can increase one's risk of developing high blood pressure, heart disease, and stroke. When limiting sodium in your diet, a common target is to eat less than 2,300 milligrams of sodium per day, which is equal to one teaspoon. Large amounts of sodium can be hidden in canned, processed and convenience foods. Sodium can also be found in many foods that are served at fast food restaurants. And remember, many foods that do not taste salty may still be high in sodium.

Shopping tips: Canned beans, vegetables, sauces, and soups are often very high in sodium. However, there are usually “low-sodium” or “no salt added” versions that can help you monitor and limit your daily sodium intake while enjoying and cooking with the same types of foods. Even if you purchase low-sodium canned foods, rinse them in water before you use them to remove as much extra salt as possible, recommended by Colorado State University Extension. Many foods have hidden sodium, and the amount of sodium in packaged foods can be quite high. When reading food labels, low sodium is defined as 140 mg of sodium per serving.

Focus on fresh: Select fresh foods like whole fruits and vegetables which naturally contain little to no sodium. Incorporate these into your cooking or eat them as a snack instead of salty processed food. Eating more home-cooked meals or meals from scratch will naturally be lower in salt than most boxed mixes.

Alternatives to salt – When seasoning your recipes, try to use spices instead of salt. Spices



such as garlic powder, onion powder, paprika, cumin, oregano, salt-free blends, and pepper add much flavor without the addition of sodium. Fresh herbs or citrus juices can also increase flavor too. Salt substitutes are sometimes made from potassium, so be sure to read the label. If you are on a low potassium diet, check with your doctor before using salt substitutes.

Start to eliminate salty foods from your diet.

Foods like smoked or cured meats including bacon, cold cuts, ham, and sausages are all high in salt. Other common foods would be fast food, chips, sauerkraut, pickles, olives, packaged potatoes/stuffing/flavored rice, soy sauce and marinades. But there are other items that you might not even think about the salt content-buttermilk, cottage cheese, spaghetti sauces, baked goods or prepared mixes (foods where you just add water of a couple of ingredients like pancakes, cake, and muffins), and even instant pudding can be high in salt!

Salt is a learned taste, so it will be hard to suddenly cut sodium out of your diet. Start by making small changes. As you make small changes, you will find that some foods that you regularly enjoy will suddenly taste salty to you! Try focusing on fresh options, incorporate more sodium-free spices, and select low-sodium foods. Make these changes gradually but consistently to reduce your sodium, and over time you will find that you don't miss the salt at all.

Source: GWAAR Eat Well, Care Well

PLANNING AHEAD

Planning AHEAD is a 7-session course (one hour each) that guides participants through the aspects of end-of-life planning.

The seven sessions explore health care wishes, financial responsibilities, estate planning, legal requirements and documentation, distribution of personal property, end-of-life decisions, and understanding grief and the emotional ramifications.

Sessions are being offered

Wednesday afternoons

January 31, February 7, 14, 21, (SKIP 2/28), March 6, 13 & 20, 2024

1:30 pm

Senior Citizens Activities, Inc.

2378 W Washington Street

West Bend, WI 53095



Extension

UNIVERSITY OF WISCONSIN-MADISON

The program is designed for personal planning or for others. Participants will receive a packet to guide them through a manageable step-by-step plan.

Follow the link or scan the QR code to register.

<https://forms.gle/sPmKe1toFmhdakCn6>



For more information contact

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carol.bralich@wisc.edu or

Jennifer Fechter

Jennnifer.Fechter@washcowisco.gov



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ELDER BENEFIT SPECIALIST CORNER

WHAT DO PEOPLE WITH MEDICARE THINK ABOUT THE ROLE OF MARKETING, SHOPPING FOR MEDICARE OPTIONS, AND THEIR COVERAGE?- JENNIFER FECHTER

Executive Summary

...Over the past 15 years, the role of private plans in Medicare has increased dramatically. Today, more than half of all Medicare beneficiaries are enrolled in a Medicare Advantage plan, with an average of 43 plans to choose from in addition to traditional Medicare. Beneficiaries in traditional Medicare can choose among 24 stand-alone Part D plans, on average, and may choose supplemental coverage, such as Medigap, if they don't have supplemental coverage under Medicaid or an employer or union-sponsored retiree health plan. This increasingly crowded marketplace has been accompanied by extensive marketing and advertising as well as agents and brokers competing to attract enrollees.

To capture Medicare beneficiaries' views and experiences in choosing between traditional Medicare and private plans, and among private plans, and the factors that influence these decisions, KFF worked with Perry Udem to conduct focus groups with Medicare beneficiaries in the Fall of 2022, during the annual Medicare open enrollment period. This report summarizes first-hand accounts of participants' reactions to phone calls, TV advertisements and other marketing activities they encounter during the open enrollment period, what influences their decision-making, including the role of licensed agents (also known as brokers), how much Medicare beneficiaries understand about their Medicare choices, what they think of the Medicare marketplace, and how well their Medicare coverage is working for them. [...]

- **Participants did not trust the content of the ads, particularly the ones that marketed a slew of “free” benefits. In general, many thought TV advertisements were misleading.** Celebrities are often spokespeople for these advertisements, though participants did not seem to be swayed by them. Overall, participants said that Medicare private plan marketing and advertising did not play a role in their plan choices.
- **Most participants found the process of selecting their coverage to be confusing, difficult and overwhelming. As a result, many participants relied on a broker to assist them when choosing their coverage and valued their expertise.** Participants who use brokers to help select and enroll in a Medicare plan say brokers are a trusted resource. Most of the participants who used brokers did not seem bothered by potential financial incentives to enroll them in a certain plan.
- **Few participants used government resources when making coverage decisions, such as the Medicare Handbook or 1-800 Medicare, but those participants who did use these government resources generally found them helpful.** Most participants had not heard of or used State Health Insurance Assistance Programs (SHIPs), which provide local and objective insurance counseling to people on Medicare.

- **Focus group participants highlighted a number of factors that were important in choosing their coverage when they first enrolled in Medicare, including premiums and out-of-pocket costs, access to specific doctors, availability of extra benefits, and coverage of prescription drugs.** Some participants who are enrolled in Medicare Advantage plans also said they enrolled in a particular plan because its name was familiar or because the company had a good reputation. Participants generally did not take into account Medicare's star quality ratings of plans to inform their plan choices, though some did their own research on a plan's quality using non-government resources.

- **Most focus group participants – whether in traditional Medicare or Medicare Advantage – said they were relieved to get on Medicare and are satisfied with their coverage. However, some participants cited specific issues with their coverage that varied based on their source of Medicare coverage.**

Participants with traditional Medicare and a supplemental Medigap policy are generally pleased with their coverage, including low or no cost-sharing for Medicare services, protection against catastrophic expenses, broad access to providers since virtually all physicians take Medicare and Medigap, and feeling that have control over their health care, but some expressed concern about the cost of Medigap premiums.

Participants in Medicare Advantage are also generally satisfied with their coverage because of the zero or low premiums, and extra benefits offered by their plan, such as dental, vision, and hearing services, but some encountered high medical bills when using certain services, faced delays in care, such as having to wait weeks to see specific physicians due to prior authorization and referrals, and had issues in accessing preferred doctors due to network restrictions.

Dual-eligible participants – whether they had Medicare coverage through traditional Medicare or a Medicare Advantage plan – also reported being generally satisfied with their coverage, particularly due to the low out-of-pocket costs for their health care, such as no copays for doctor's visits. However, some dual-eligible participants with Medicare Advantage had issues finding providers, such as primary care doctors, who would take both their Medicare and Medicaid coverage.

Participants enrolled in Medicare Advantage, including some dual-eligible individuals, also noted difficulty using some of their supplemental benefits, particularly dental benefits, due to network restrictions and certain providers not taking their coverage.

Participants in Medicare Advantage and Medicare Part D stand-alone drug plans reported being frustrated at the high out-of-pocket costs of some of their prescriptions.

- **The majority of participants do not review their coverage options every year, and even fewer switched plans because**

ELDER BENEFIT SPECIALIST CORNER (CONTINUED)

they felt they would not be better off with a different option. Participants generally feel they made the right choice – whether in traditional Medicare or Medicare Advantage – when selecting their coverage and feel it is working well enough for them. Therefore, participants do not see the need to look again at their coverage options; however, many wish they had had more information before enrolling.

- **Some participants with both Medicare and Medicaid were concerned about losing their Medicaid coverage, and were anxious about losing Medicaid during the redetermination process as states resume disenrollments after a three year pause during the pandemic.**

Focus Group Participants Said They Were Inundated by Medicare Marketing, Including Unsolicited Phone Calls and TV Ads, And Believed the Ads were Often Misleading and Deceptive

Private Medicare plans are allowed to engage in a variety of Medicare marketing and communication activities, including over the phone, on television, and in-person, as long as they adhere to the Centers for Medicare & Medicaid Services (CMS) rules and regulations. However, there has been concern over misleading and deceptive marketing tactics by private Medicare plans as well as third-party marketing organizations who work for these plans. For example, CMS has seen a substantial increase in beneficiary complaints in recent years – they received more than twice as many beneficiary complaints related to marketing in 2021 (~40,000) compared to 2020 (~16,000). In response to these and other concerns, CMS finalized new marketing regulations in May 2022 and in April 2023 to help protect Medicare beneficiaries who are looking for Medicare coverage. [...]

Unsolicited phone calls

Many participants reported getting frequent unsolicited phone calls advertising Medicare plans. Participants said marketers promoting these plans used deceitful tactics, and participants usually ignored these calls.

For marketing solicitations over the phone, private Medicare plans are subject to a number of requirements and are not permitted to use telephone solicitation (that is, cold calling), as well as robocalls, text messages, or voicemail messages if unsolicited. However, a recent report from the majority staff of the Senate Finance Committee documented robocalls, telemarketing, and frequent phone calls as a common source of complaints among Medicare beneficiaries. Most focus group participants mentioned receiving unsolicited phone calls from marketers, some of whom were calling from insurance plans or were brokers or agents representing these plans, but many participants said it was not always clear who was calling. [...]

Confusion about TV ad sponsors

Nearly all participants have seen TV advertisements that are marketing Medicare, most frequently Medicare Advantage plans. However,

many participants emphasized they were often confused who was sponsoring the ads and that many ads had the appearance of being sponsored by the government though they believed the ads were in fact sponsored by private companies.

One area of particular concern to CMS has been the use of the Medicare name and logo to give the appearance that advertisements or communications are being sponsored or endorsed by the Medicare program or the federal government, when they are actually sponsored by private Medicare plans or by representatives acting on behalf of these plans. The recent Senate Finance Committee majority staff report has also documented similar beneficiary complaints that highlight confusion over what is truly official correspondence and advertisements from the government. Likewise, a KFF analysis of Medicare TV advertising found that more than one in four ads aimed at the most recent open enrollment period, in the fall of 2022, included a government-issued Medicare card or an image that closely resembled it.

In order to address this issue, CMS has finalized changes to this type of marketing, which would prohibit the use of the Medicare name, CMS logo, or official products, including the Medicare card, in a misleading manner. Similar to these complaints, focus group participants also expressed confusion over who was sponsoring some of the ads. Many participants noted that the ads were clearly designed to give the impression they were coming from the government when they believe these ads were fact sponsored by private companies. [...]

“Free” is not always free

One of the most common complaints among participants about TV marketing is that they often advertise that services and benefits are “free”, though this is not always true.

In many of the focus groups, participants mentioned their Medicare Advantage plans come with zero premiums and copays and access to many extra benefits, some of which give them additional money to spend, such as money for over-the-counter items. A KFF analysis of Medicare TV advertising aimed at the most recent open enrollment period, in the fall of 2022, confirmed that messaging about extra benefits was included in more than 90% of ads, while messaging about the potential for lower out-of-pocket costs was present in 85% of Medicare ads. Despite the fact that some beneficiaries report receiving these types of benefits at no cost, nearly all participants, regardless of the Medicare coverage they have, do not trust the content of these type of ads and are inclined to ignore it. [...]

Read the full article at: <https://www.kff.org/medicare/report/what-do-people-with-medicare-think-about-the-role-of-marketing-shopping-for-medicare-options-and-their-coverage/>

Source: By: Meredith Freed, Alex Cottrill, Jeannie Fuglesten Biniek, and Tricia Neuman Published: Sep 20, 2023

Social Security Administration and Fraudulent and Misleading Ads – Beth Delaney

Consumers nationwide are often misled by advertisers who use “Social Security” or “Medicare” to entice their victims. These companies often offer Social Security services for a fee, even though the same services are available directly from the Social Security Administration, free of charge.

These services include getting:

- A corrected Social Security card showing a name change.
- A replacement Social Security card.
- A Social Security Statement.
- A Social Security number for a child.

Some direct marketers suggest that Social Security is in poor financial shape. They state that people risk losing their Social Security or Medicare benefits unless they send a contribution or membership fee to the advertiser. Other companies give the false impression of a Social Security endorsement or affiliation by offering a “Social Security Update” or related benefit update. Typically, these companies solicit private information from consumers and then resell that information. These marketing practices clearly mislead and deceive the American public.

How the Social Security Administration combats misleading advertising

Section 1140 of the Social Security Act is a consumer protection tool against misleading advertising. It prohibits the use of our words and symbols in a manner that conveys the false impression that the Social Security Administration issued or approved the communication. Section 1140 prohibits individuals and companies from:

- Misleading consumers by giving a false impression that the Social Security Administration is associated with or endorses the communication. Prohibited communications can take many forms. These include mailed, emailed, and televised advertisements, websites, social media, personally targeted advertisements, mobile applications, and text messages.
- Reproducing and selling Social Security publications without authorization, as well as charging for services without notice that the Social Security Administration provides these services for free.

The Office of the Inspector General (OIG) can impose civil monetary penalties against individuals, organizations, and other entities that violate Section 1140. This authority is delegated from the Commissioner of Social Security. The



OIG may impose penalties for each violation and a separate penalty for each misuse related to a broadcast or telecast.

What to do if you receive misleading information about Social Security

Reports of fraud may be submitted online at oig.ssa.gov/report. Or send the information, including the complete ad and envelope, or copy of the website page, to: Office of the Inspector General Fraud Hotline Social Security Administration P.O. Box 17768 Baltimore, MD 21235. Also, advise your state’s attorney general or consumer affairs office and the Better Business Bureau in your area.

What to do if you receive misleading information about Medicare

Contact the Office of Inspector General for the Department of Health and Human Services online at oig.hhs.gov/fraud/report-fraud. Or, by U.S. mail at: U.S. Department of Health & Human Services Office of Inspector General Attn: HHS Tips Hotline P.O. Box 23489 Washington, DC 20026

Contacting Social Security

The most convenient way to do business with the Social Security Administration is to visit www.ssa.gov to get information and use our online services. Or, call them toll-free at 1-800-772-1213 or at 1-800-325-0778 (TTY) if you’re deaf or hard of hearing. They can answer your call from 8 a.m. to 7 p.m., weekdays. They provide free interpreter services upon request. Wait times to speak to a representative are typically shorter Wednesdays through Fridays or later in the day.

Source: Social Security Administration

RECIPE CORNER

Ritz Cracker Chicken Casserole

INGREDIENTS:

- 10.5 ounce can condensed cream of chicken herbs soup
- 1 cup sour cream
- 1/2 cup sliced green onion
- 3 cups cooked and shredded chicken (can use rotisserie chicken)
- 2 sleeves Ritz crackers, crushed
- 1/2 cup (1 stick) salted butter, melted

DIRECTIONS:

- Preheat oven to 350F degrees. Spray a 2.5 quart baking dish (or a 9x9 square baking dish) with non-stick cooking spray.
- In a large bowl, mix together soup, sour cream, and green onion
- Then stir in 3 cups of chicken. Spread mixture into the prepared dish.
- In that same bowl, combine 2 sleeves of crushed Ritz crackers with melted butter.
- Sprinkle the cracker mixture over the casserole
- Bake for about 30 minutes until the cracker topping is golden brown and the casserole is bubbly

Source: <https://www.thecountrycook.net/ritz-chicken-casserole/#recipe>



Nutrition Facts:

Serving Size: 6
 Calories: 501
 Carbs: 16g
 Protein: 20g
 Fat: 39g/ Saturated Fat: 18g
 Cholesterol: 117mg
 Sodium: 725mg
 Potassium: 270mg
 Sugar: 3g

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This project was supported, in part by grant number 90MPPG0102-01-00, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201.

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INFORMATION AND ASSISTANCE SPECIALIST CORNER

WHAT IS OPTIONS COUNSELING? - ALISSA BECHT

One role of an ADRC Information & Assistance Specialist (I&A) is to provide options counseling. Options counseling is a person-centered, interactive decision-support process. The process typically includes at least one face-to-face interaction and is more in depth than the I&A just providing a list of service providers or programs for the consumer to choose from.

The four core values of options counseling are:

- **Choice:** Options counseling focuses on the consumer's strengths, goals, and preferences to allow them to make informed decisions.
- **Direction:** The consumer always remains in charge of the ultimate direction.
- **Control:** The consumer retains control and makes choices about their own life to the greatest extent possible. The I&A can help them access the support that they need and desire.
- **Building Rapport:** The I&A and consumer build a trusting relationship in which the I&A understands the consumer's preferences and needs.

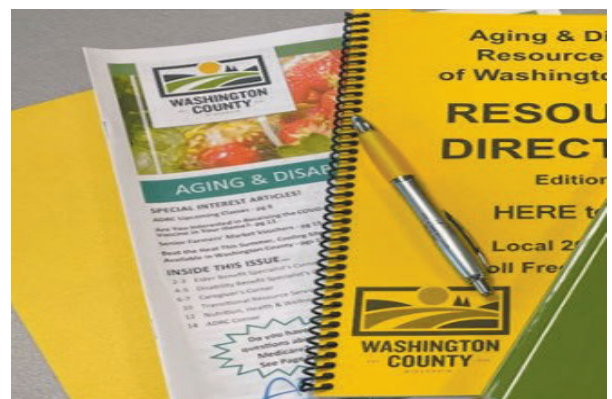
During an initial conversation, I&As will determine if options counseling should be offered. Reasons they may offer options counseling include but are not limited to new or advancing health condition or a life altering event or situation that is negatively impacting the consumer, limited financial resources to fund needed services, or a limited support system. If options counseling is appropriate, the I&A will be sure the consumer wants to move forward and

schedule a time to meet. Meetings take place at a location of the consumer's choosing.

At the options counseling appointment, the I&A helps the consumer understand the I&A role and how they can help. They get to know the consumer as a whole person including strengths, needs, goals, current supports, health conditions, and what they may have tried in the past. Once the I&A has an understanding of what the consumer is looking for, they present information about resources that may meet the consumer's needs and align with their goals and preferences. The I&A helps the consumer weigh the options and continues to answer questions about the options. Once the consumer chooses what they want to move forward with, the I&A helps them create an action plan for next steps. If the consumer would like, the I&A follows up to see how the next steps are going and to provide additional information and support.

The options counseling process is flexible and meets the consumer where they are. A consumer may only need to meet with an I&A once, or they could engage in options counseling multiple times depending on their changing needs over time.

Source: Wisconsin Department of Health Services





2024 Events

Confident Caregiver Conference
May 29, 2024

Care Partner Picnic
August 14, 2024

Caregiver Day of Renewal
November 6, 2024
Holiday Respite
December 7, 2024



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CAREGIVERS' CORNER

6 BENEFITS OF JOURNALING FOR CAREGIVERS– TAMMY DICKMAN, CBSW

Journaling is an effective way to reduce caregiver stress

Caregiver stress is no joke. Not only can it make you resentful or depressed, it can also cause serious health conditions. That's why adding stress reduction and coping tips to your daily routine is so important.

One effective stress reduction technique that's perfect for caregivers is journaling. Writing in a journal is free, takes as much or as little time as you've got, and can be done anywhere.

Here's how to get started with journaling and discover 6 ways it makes caregiving easier and reduces stress.

How to start journaling

To start journaling, all you need is a paper notebook or a notes file on your computer or mobile device. Keep it private so you won't have to worry about anyone reading what you wrote.

It's a wonderful ritual if you're able to journal for a set amount of time each day, but you don't have to follow any rules to get the full benefits of journaling.

Write for as long as you want as often as you'd like. The one thing many people recommend is to write continuously and use a "stream of consciousness" approach. That means writing down whatever thoughts come into your mind.

It's important to let it flow and not edit your thoughts or worry about grammar or spelling. You don't even have to use full sentences – anything goes.

6 benefits of journaling for caregivers

1. Reduce caregiver stress

Writing about anger, sadness, resentment, and other painful emotions helps to release the intensity of these feelings.



After getting these thoughts out, you'll likely feel calmer and less stressed.

2. Improve your health

One study found that when people wrote about emotionally difficult events or feelings for just 20 minutes at a time over 3 or 4 days, their immune system functioning increased. The relief gained by writing also improved the body's ability to withstand stress, infection, and disease.

Additional benefits of journaling include decreased blood pressure, improved sleep, less need to visit the doctor, faster healing, greater mobility in people with arthritis, and more.

3. Find solutions to tough challenges

Journaling can also be used for problem-solving. Writing out your thoughts helps you connect dots and come up with solutions that you wouldn't have otherwise thought of.

Next time you're up against a sticky caregiving challenge, try writing about what's going on. It could help you think of a creative way to solve the problem.

(Continued on next page)

CAREGIVERS' CORNER (CONTINUED)

4. Make caregiving easier

Journaling makes caregiving easier because writing things down helps you see patterns. That gives you the ability to spot things that could be improved, simplified, or eliminated to make life run more smoothly.

Maybe you'll start to notice that mom gets upset every time you talk about leaving the house, but doesn't make a fuss if you just leave. Or maybe you'll find that your spouse is much more willing to bathe during the early afternoon than in the evening.

5. Resolve arguments with other people

Writing about fights or misunderstandings helps you keep from stewing over it in your mind. It might even help you see the other person's point of view or figure out a way to resolve the conflict.

6. Get in touch with yourself

It's easy to lose yourself to the pressures of caregiving and your older adult's needs. Journaling helps you clarify your thoughts and feelings.

Taking a few minutes to write down your unedited thoughts and emotions will help you get in touch with your true self.

Source: *Daily Caring*



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Debbie Narus

Housing Program Coordinator
Waukesha County
Community Development

262-896-8170

dnarus@waukeshacounty.gov

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UPCOMING EVENTS

Savvy Caregiver Training

Are you caring for someone with Alzheimer's disease or other form of progressive dementia?

Savvy Caregiver Training increases the caregiver's sense of competence, and well-being even though there may be little experience.

Class meets for 2 hours, once per week for six weeks.

Dates: Thursdays, March 21, 28, April 4, 11, 18, 25

Time: 5:30 - 7:30 pm

Location: Public Agency Center

333 E. Washington Street, Suite 1113

West Bend

Please register by calling Tammy Dickman, Dementia Caregiver Support Specialist at 262-335-4497 or email tammy.dickman@washcowisconsin.gov



Powerful Tools for Caregivers is an educational program designed to help family caregivers take care of themselves while caring for a relative or friend.

Class meets for 2 hours, once per week for six weeks.

Dates: Wednesdays - March 20, 27, April 3, 10, 17, 24

Time: 10 am-12 pm

Location: Redeemer Lutheran Church

255 W. Lincoln Avenue

Hartford

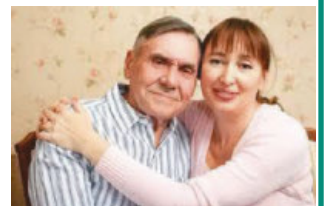
Park and enter in lower parking lot. Class will be held in cafeteria area.

Cost: Donation \$15 per person which covers cost of *The Caregiver Handbook* and materials. Scholarships available.

Registration required.

To register, call Tammy Dickman or Ashlie Koerber at 262-335-4497

Space is limited; register early!



NEW YEAR'S RESOLUTIONS FOR CAREGIVERS

1. I give myself permission to not keep the following resolutions or to keep them only partway.
2. When I feel imperfect, I will remember that guilt is not an option as long as I know I did the best I could, given the circumstances.
3. I will find time alone for myself, even though that seems impossible. That may mean asking for help from people and resources I've never considered before.
4. Regardless of how deserving the source, I will say no to requests for my time when I know, I can't add any more to my plate.
5. I will follow through with my own medical appointments and screenings, including dental cleanings and eye exams.
6. I will find a way to monitor my own energy levels so I can recharge my batteries before I hit the point of exhaustion and burnout.
7. I will remember that seeking advice from professionals, organizations, and fellow caregivers is a sign of strength, not weakness.
8. I will remember that taking care of my own needs isn't selfish. Taking care of myself benefits everyone I love.
9. I will get appropriate help for myself if depression, anxiety, or other mental health issues become apparent to me, my friends, or my family.
10. I will be open to alternative ways of caring for myself. This can include massage, aroma therapy, some form of meditation, exercise, attending a caregiver support group, participating in an online caregiver forum, seeking out respite care, or meeting with a therapist.



Photo Credit: AARP

Source: Carol Bradley Bursack; RCAW Respite Care Association of Wisconsin

Memory Cafe Schedule 2024

Jack Russell Memorial Library

Hartford

Second Monday of the month
1:30-3:00 pm

January 8
February 12
March 11
April 8
May 13
June 10
July 8
August 12
September 9
October 14
November 11
December 9



Community Memorial Library

West Bend

Fourth Monday of the month
1:30-3:00 pm

January 23
February 27
March 26
April 23
May 28
June 25
July 23
August 27
September 24
October 22
November 26

No December meeting

Memory Cafes are places where persons with MCI (Mild Cognitive Impairment), early-stage Alzheimer's or a related dementia can go with their care partners to socialize and have fun with other people going through similar journeys. Memory Cafes provide a time where you do not need to focus on a diagnosis, while having a great time connecting with each other and creating new friendships. Contact Tammy Dickman at 262-335-4497 prior to attending.

Independent living at Cedar Community is a lifestyle we want you to *enjoy, explore, and embrace!*



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- Woodworking shop and artisan spaces
- Greenhouse and gardens
- Wellness programs
- Social, recreational, and educational activities
- Volunteer opportunities
- Carefree lifestyle

Contact Abby at
262.338.4617
for a personal tour.
cedarcommunity.org



cedar
community

CONGRATULATIONS ON YOUR RETIREMENT!



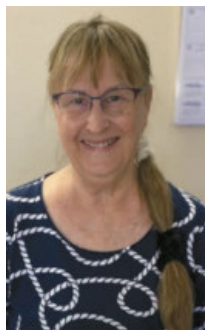
Celebrating 22 years of service with the ADRC

It saddens us to announce the retirement of Joyce Tuchscherer. Her last working day will be on Fri. Jan. 5th, 2024. Joyce has been an integral part of our department for the last 22 years as the administrative assistant. Her contributions will always be valued

and remembered. Her hard work, commitment, and dedication are worthy of admiration.

Joyce always said she had "the best seat in the house." Her favorite part about her role was when someone would come to the office, feeling concerned or frustrated about their situation and leaving feeling relieved and grateful for finding a place that could help them.

On behalf of everyone within the ADRC, we would like to wish Joyce the best of luck on her retirement! Thank you for your service!



Celebrating 27 years of service with the ADRC

Jo Hoffman retired on Dec. 28th, 2023, after 27 years of dedication to the Kewaskum meal site serving as a meal site manager. She has been a valuable member to our senior community. There is no doubt that her hard work and devotion will never be forgotten, as she has touched so many seniors lives.

Jo shared that this job was her "niche and it never felt like work to her." She went on to share that she will always mention the ADRC to everyone she knows because of the wonderful resources and options the agency can offer.

On behalf of every one within the ADRC, we would like to wish Jo the best of luck on her retirement!

Thank you for your service!

CONTACT INFORMATION

AGING & DISABILITY RESOURCE CENTER OF WASHINGTON COUNTY

333 E. Washington St, Suite 1000
West Bend, WI 53095
Phone: 262-335-4497
or 1-877-306-3030
Fax: (262) 335-4717

Hours of Operation:
Monday: 8:00 am – 7:00 pm
Tuesday – Friday: 8:00 am – 4:30 pm
Closed Jan 1st.

HARTFORD RESOURCE CENTER

38 Sell Drive
Hartford, WI 53027
262-335-4536
Mondays and Thursdays: 8am-4pm

Email:

ADRC@washcowisco.gov

Internet:

www.washcowisco.gov/adrc

Facebook:

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

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