AGENDA

1. Call to Order at 2:00 p.m.
2. Establish Quorum
3. Review and Approve Agenda
4. Review and Approve Minutes from the 03/17/2021 ADRC Advisory Committee Meeting
5. Public Comment
6. Committee Response

7. Old Business
   - Staffing Updates
   - ADRC COVID-19 Operations Update
   - Three Year Aging Plan – Community Engagement One-on-One Interviews

8. New Business
   - Three Year Aging Plan – 2021 Goals Discussion
   - AmeriCorps Community Corps Position
   - Certified Skills Testing Results
   - Creative Programming and Activities
   - Unmet Needs
   - Meeting Code

9. Items to be placed on a future agenda

10. Confirm Next Meeting Date and Time
    - The next ADRC Advisory Committee meeting is tentatively scheduled for Wednesday, July 21st, 2021 at 2:00 p.m. The meeting location will be determined.

11. Adjourn

In compliance with the Americans with Disabilities Act, any person needing assistance to participate in this meeting should contact the Office of the County Clerk at (920)746-2200. Notification 72 hours prior to a meeting will enable the County to make reasonable arrangements to ensure accessibility to that meeting.
Aging & Disability Resource Center Advisory Board - Minutes

Wednesday, March 17th, 2021 at 2:30 p.m.
Government Center – Chamber’s Room (1st Floor), 421 Nebraska Street, Sturgeon Bay, WI 54235

THESE MINUTES HAVE NOT BEEN REVIEWED AND APPROVED BY THIS BOARD AND ARE SUBJECT TO REVIEW AND REVISION BY THE BOARD AT THEIR NEXT REGULARLY SCHEDULED MEETING.

Business Meeting

1. Call meeting to order at 2:30 p.m.
   - The meeting was called to order at 2:05 p.m. by Vic Verni. Members attending in person: Vic Verni (Chair), Melissa Wolfe, Marie Massart. Members attending virtually: Roxanne Boren, Carol Moellenberndt, Vinni Chomeau Lucille Kirkegaard, Tami Leist. Other persons present: Jake Erickson, Jenny Fitzgerald and Joe Krebsbach. Barb Snow took minutes.

2. A quorum was established and the meeting continued.

3. Review and approve the agenda
   - A motion was made by Melissa Wolfe and seconded by Carol Moellenberndt to adopt the agenda. The motion carried unanimously.

4. Review and approve the Minutes of the 1/20/2021 A Meeting
   - A motion was made by Roxanne Boren and seconded by Melissa Wolfe to approve the minutes. The motion was carried unanimously.

5. Public Comment – None

6. Council Response – None

7. Old Business
   - Staffing Update
     o The ADRC is currently looking for the Disability Benefit Specialist (DBS) position. Applications will be reviewed for the second time on 3/16/2021. There are eight applicants and interviews will be tentatively held on 3/23/2021 with a possible start date of 4/12/2021. The DBS position is a 32-hour position working with age groups 17 ½ to 59. Mary Bink has been filling in with support from Robin Mark until we fill the DBS position.

   - ADRC COVID-19 Operations Update.
     o Discussions for potentially opening the doors to all buildings starting 3/1/2021 are at the Admin Committee and the Full County Board. Currently the ADRC doors are still closed. If the doors unlock then 4/5/2021 the ADRC will still try providing services by appointment, virtually or on the phone if possible. Jenny and Nicki will tentatively schedule in person programs such as: Walk with Ease, Evidence Based Programs (in April); Powerful Tools for Caregivers beginning in May. Programing will be small groups to start. We are working with Public Health to see what programming would look like, amount of people attending and if they can be indoor or outdoor based. Carry out meals are going well we had 125 meals today for St. Patrick’s Day and we can average between 60 and 80 depending on the meal. Last year we served nearly the same amount of meals.
     o Door County is leading the state in at least one dose of vaccinations per capita, age demographics.
     o The ADRC started taking tax appointments on 2/23/2021. Taxes are being with limited contact so they will be dropped off and picked up from 8:00 am – 12:00 pm Tuesdays, Wednesdays and Thursdays.
     o 30% of Door County population, 65 and older, have been vaccinated.

   - Three-Year Aging Plan – Community Engagement Update
     o Over 300 people have filled out the Three-Year Aging Plan survey. Surveys have been distributed to our ADRC newsletter, the Caregiver Coalition group, Meal participants, Learning in Retirement (LIR), Neighbor to Neighbor, The Observer, The Pulse, WBDK and WDOE. More surveys have been submitted from the Northern Door and Sturgeon Bay areas; from the 60-90
age group; from the Pulse, WDOR and Facebook, COVID-19 and connectivity and mental health were more common choices; there was a lot of good feedback on the surveys. About 50 surveys came back with contact information for follow-up one-on-one calls. The survey will be distributed through March. In 2018 when the last survey was completed there were only 190 responses. Jake will contact those on the board to help with the follow-up calls in the next couple weeks. The first draft and developing the goals will be worked on May-July. July the first draft is due and November the final plan is due.

8. New Business

• Approval of New Committee Member
  o Sandy Brown will be stepping into Mike Green’s position as soon as the County Administration and County Board approve the appointment.

• Governor Evers’ Budget Recommendations
  o Jake referred to the Caregiving & Long-Term Care handout in the agenda packet. Budget recommendations have come from a work group over the last couple of years are being processed and becoming finalized. This would expand the Dementia Care Specialist (DCS) program, which would provide direct support and services to individuals with Dementia and their family members. The DCS would look similar to the Elder and Disability Benefit Specialists position. It could also add education to community related to dementia and other concerns. This would also help the Alzheimer’s Family Caregiving Support (AFCSP) funding.

• Three Year Aging Plan – 2021 Goals Discussion
  o Jake referred to the Required Categories for 2022-2024 Aging Plan Goals: Updated handout in the agenda packet. The changes are how the state would like us to approach these goals, envision where we want to see Aging Units, ADRC’s and Programs in the next three years, instead of setting three minor goals and working backward. The goals will be made with a bigger picture in mind, with one large goal for the entire plan and have different smaller goals to reach the main goal. Jake and Jenny are waiting on guidelines and will update the board at the next meeting. Ideas from the board about “address a barrier to racial equity” was to improve programs, Spanish materials (brochures and other marketing), Extension Food Wise is looking for someone that is bilingual. The Farmers Market Vouchers are already provided in Spanish if needed. Some goals could cross barrier of other goals such as Spanish and nutrition. Listening sessions annually, quarterly with different backgrounds at the table.

• Grant Opportunity: ADRC and tribal ADRS COVID-19 Vaccination Community Outreach
  o Jake referred to the handout for the ADRC COVID-19 Vaccination Community Outreach. The ADRC was awarded funding to work alongside Public Health, the EMS and The Fire Chiefs Association to reach those that are isolated or live alone an opportunity to receive the COVID-19 vaccination. Our Home Delivered Meals participants will be a pilot group. We will see what their experiences in scheduling Jake will be meeting with the hospital and public health and EMS to get the word out and help schedule vaccinations and/or create a mobile route to go to those that want vaccinated.

• Freedom from Falls Update
  o Jake referred to the Handout: Door County Fall Prevention Program. The handout data was pulled from the data system that EMS uses to refer fall victims to the ADRC. We had 102 referrals last year which was our first year into the program. Almost 92% of fall victims will accept a follow-up call from the ADRC. The program helps individuals to stay in their homes. Some fall victims were hesitant to work with the ADRC because of the misconception that the ADRC or the County would place that person in a nursing home or assisted living. The program is intended to help support and have resources around to help them stay safe in their home. We are also working with the YMCA Evidence Based Fall Prevention.

• Creative Outreach or Promotional Items
  o How do we get the word that the ADRC exists out to more people once we open? Ideas that the board had were: Cloth grocery bags, water bottle, caps (hats), t-shirts, pens with stylus, chip clips, magnets and buttons. These promotional items could be sold or given away. Ways items could be given out are: they could be placed around the front desk, names placed in a drawing, caregivers. Jake mentioned that we have given promotional items away at health fairs or a drawing at lunch. We could partner with a company or other organization.
• Unmet Needs
  o We are still wrapping up this year’s goals. Jenny referred to the handout the Required Categories handout in the packet. Goals for the 2022-2024 Aging Plan being enhanced. Goals are made with a bigger picture in mind, with one large goal for the entire plan and have different smaller goals to reach the main goal. Jake and Jenny are waiting on guidelines and will update the board at the next meeting.
  o Aging Advocacy Day is possibly May 12th.
• Unmet Needs
  o Helping people connect to COVID-19 Vaccinations
• Meeting Code – 316

9. Items to be placed on a future agenda
  o Creative Programming and Activities

10. Confirm Next Meeting Date and Time
• The next Nutrition Advisory Council meeting is tentatively scheduled for Wednesday, May 19th, 2021 at 2:30 p.m. This meeting location will be determined.

11. Adjourn
• A Motion was made by Melissa Wolfe and seconded by Roxanne Boren to adjourn.
• Meeting was adjourned at 3:44 p.m.

The minutes for this meeting were recorded by Barb Snow.
REOPENING PLANS

From everyone over here at the ADRC, we hope you and your loved ones are staying safe. These are still unusual times and we are here to help you. Please do not hesitate to reach out for assistance or support. You are not alone!

As you know, the current state surrounding the coronavirus situation here in Door County is ever-evolving, and our plans are always subject to change. However, we truly appreciate everyone’s understanding and patience as we continue to hold many discussions on how to gradually open our doors in an effort to keep you, our staff, volunteers and the community at-large safe and healthy.

On Monday, April 5th, the Aging and Disability Resource Center/Door County Community Center building opened our doors to the public but by appointment or pre-registration only. This includes those who have a scheduled an office visit with an Information & Assistance Specialist/Elderly or Disability Benefit Specialist, pre-registered to use the fitness room or public computer workstations and all small group activities or classes.

Walk-ins will be seen by front desk staff to make a future appointment or to complete any activity or class pre-registration. At this time appointments for the fitness room and computer stations will only be set up for one week at a time.

Public Computer Workstations

There are two public computer workstations available and pre-registration for use is required. Time limits for computer use will be set for 45 minutes, leaving at least 15 minutes to clean and disinfect. Individuals will have the option to extend their time if there are no appointments immediately following.

All public computer appointments will begin no earlier than 9:00a.m. and no later than 3:00p.m. so there is time to clean the station before the end of the day. Individuals are required to wear a mask while using the computer workstations.

Fitness Room

The ADRC fitness room is also open to the public but on a limited basis. There will only be two people allowed in the fitness room at any given time and preregistration for use is required.

Appointments for fitness room use will be 45 minutes, allowing at least 15 minutes to clean/disinfect in between each use. All fitness room appointments will begin no earlier than 9:00a.m. and no later than 3:00p.m. to allow enough time for cleaning, before the end of the day.

Individuals signed up for a fitness room appointment are required to wear a mask anytime they are in the building besides the fitness room.

Equipment in the fitness room will be arranged in such a way allowing at least 6 feet of distancing. The fitness room will be disinfected after each use. Individuals will be expected to use the disinfecting wipes after use of fitness room equipment.

Activities & Programming

Pre-registration is required for all activities, classes and programming. Class sizes are limited, and we are asking participants to please wear a mask, use proper hand hygiene before and after each class or activity and social distancing will be required. Please call (920)746-2372 to register.

--Jake Erickson, Director--
In-Home Vaccinations

Door County continues to make excellent progress in the ongoing effort to provide and administer the COVID-19 vaccination to eligible residents living in our community. According to the State of Wisconsin’s Department of Health vaccination data, over 54% of the overall Door County population have received at least one dose of the vaccine and 35% have completed the two-dose vaccination series, to date.

However, there is still more work to be done and we need your help and support!

The Aging and Disability Resource Center (ADRC), Door County Connect (Public Transit System), Door County Public Health and Emergency Medical Services (EMS) are diligently working to ensure that everyone who wants it, has access to the COVID-19 vaccine.

We recognize that there are residents without access to transportation or whose medical or physical condition make it very difficult to leave their home and travel to a vaccination clinic.

I’m excited to announce that after a lot of hard work and planning, Door County Public Health has started to provide COVID-19 vaccines to residents in their homes. There are many steps that go into coordinating in-home vaccines and we appreciate your patience as we continue to work through all of the logistics.

If you or someone you know are interested in receiving a COVID-19 vaccine and have a difficult time physically getting to a vaccination clinic or would like help coordinating transportation to a vaccination clinic, please contact the Aging and Disability Resource Center (ADRC) by calling: (920)746-2372 or send us an email at ADRC@co.door.wi.us.

If you have any questions, please do not hesitate to reach out. Thank you

--Jake Erickson, Director--
Sample Questions for One-on-One Interviews (DRAFT)

- Are there services or events you have seen or heard of in other communities that you think would be helpful to older adults in our county?
- What keeps you from contacting the ADRC?
- What areas would you like to learn more about? (use of technology, understanding government/policies, nutrition, dementia capable communities, healthy aging...)
- What do you see as some of the biggest challenges to remaining in your home as you age?
- What do you think you will need in the next 3, 5, or even 10 years to help you remain as independent as possible?
- What does healthy aging mean to you?
- What would you like your ADRC to do to promote healthy aging in our communities?
- As a caregiver for a spouse, family member or friend, what resources do you think are most important for the county to provide?
- What are some services or ideas you feel might make your community easier or more enjoyable for you to live in?
- What are the three most important issues facing older adults today?
- What are the top three concerns you have at this time?
- Tell us something you love about the community in which you live.
- What activities in the community are making a positive difference for older adults?
- What do you think are the main issues, problems, and challenges older adults in our community are facing?
Aging Plan Timeline - 2022-2024

Gather preliminary ideas and input from the public. At least two distinct methods of community engagement should be used.

Develop a draft plan that addresses each of the required categories for aging plan goals and objectives.

Submit draft plan goals to GWAAR and revise as needed based on GWAAR feedback.

Present draft plan to advisory and policy-making body.

Collect feedback on draft plan by holding formal public hearings and other outreach.

Revise as needed based on public feedback and resubmit to GWAAR if significant changes were made.

Present final plan to policy-making body for approval.

Submit final plan to GWAAR for final approval. Due: November 5, 2021

Due: July 23, 2021

Due: October 5, 2021

Due: November 5, 2021

Gather Input from the Public
Engage with as many people as possible. Describe the methods used, amount of input received, justification for sufficiency, and how used to develop your plan. Due to GWAAR July 23, 2021.

Develop Draft Plan
Develop plan goals utilizing community input, advisory and policy-making boards, and OAA consultant. The draft goals and information about community engagement are due to GWAAR July 23, 2021.

Collect Feedback on Draft Plan
Hold formal public hearings after draft plan is approved by GWAAR, advisory and policy-making boards. Complete Public Hearing Reports.

Present Final Plan to Board
Share results of Public Hearings and comments from GWAAR. Once the board has approved, send final plan to GWAAR by November 5, 2021.
REQUIRED CATEGORIES FOR 2022-2024 AGING PLAN GOALS: UPDATED

Our statewide approach to the upcoming Aging Plan cycle emphasizes the needs expressed by older adults and their caregivers through local community engagement or public input activities. This approach also frames the three-year Plan period in the larger context of creating a long-term vision for the evolution of aging and disability programs and services. To that end, we encourage robust local conversation around how we want our systems to look in ten, twenty or thirty years. Also to that end, we encourage you to think of at least some of the projects in your plan as long-term projects, with annual milestones rather than project completion dates.

For this three-year plan, we will be requiring goals for each of the four funded Older Americans Act Title III programs, and goals to advance four values that shape program development in the Aging Network. Note that there may be some overlap in these goals, as illustrated in the examples below.

GOALS TO ENHANCE PROGRAMS

At least one goal is required to address an emerging need, a quality issue, or a gap in the services system in EACH of the following program areas:

1. Title IIIB Supportive Services
2. Title IIIC Nutrition Program
3. Title IIID Health Promotion
4. Title IIIE Caregiver Support

GOALS TO ADVANCE VALUES

5. At least one goal is required to enhance ongoing community engagement with aging plans and program operations so that they build a sense of ownership and commitment by the community.

6. At least one goal is required to address progress within one or more program area toward person-centered services, maximizing consumer control and choice. This may include efforts to expand choice and participant direction in specific Title III programs. One example might be a goal to introduce a choice-based restaurant model as part of the congregate meal program. The person centered services goal can be a stand-alone goal or met in one or more of the goals for Title IIIB, Title IIIC, Title IIID or Title IIIE.

7. At least one goal is required to address a barrier to racial equity within one or more program area. This may include efforts to expand the racial equity or inclusiveness of specific Title III programs. One example might be a goal to move closer to equitable distribution of aging services to reflect county demographics. The racial equity goal can be a stand-alone goal or met in one or more of the goals for Title IIIB, Title IIIC, Title IIID or Title IIIE.

8. At least one goal is required to increase local aging and disability network participants’ knowledge and skills related to advocacy. This may include efforts to educate older adults about policy making or legislative processes, sometimes known as “Senior Statesman” training. The advocacy goal can be a stand-alone goal or met in one or more of the goals for Title IIIB, Title IIIC, Title IIID or Title IIIE.
EXAMPLES: IDEAS FOR REQUIRED FOCUS AREAS - 2022-2024 AGING PLANS

EXAMPLES OF IDEAS TO ENHANCE PROGRAMS

Title III-B Supportive Services

- Increase transportation options for people needing to get to congregate meal sites in rural communities
- Decrease social isolation by developing a telephone reassurance service in partnership with community volunteers/organization
- Regional transportation coordination
- Transportation emergency planning
- Public/private transportation partnerships
- Embrace new transportation technologies
- Increase marketing and education efforts on available transportation services
- Partner with other local agencies (ILC, Veterans, pharmacy/home medical supply, etc.) to build an assistive technology or mobility support loan closet
- Create a volunteer program to provide home repair, small home modifications, and chore services
- Develop a tablet loan program to use for telehealth, support groups, socialization, etc.
- Purchase a virtual community engagement platform and develop a plan for continuous community engagement – milestones over 3 years and include intentional outreach to underserved populations
- Support non evidence-based health promotion efforts like the Aging Mastery Program
- Develop a virtual meeting space for LGBTQ caregivers and family members.
- Develop ongoing virtual community connections meeting space for older adults with disabilities/chronic conditions/deaf and hearing communities
- Develop a phone support program to address solation and loneliness

Title III-C Nutrition Program

- Utilizing a Malnutrition Screening Tool and enhancing DETERMINE checklist
- Getting leaders trained in Stepping Up Your Nutrition Class and/or Eat Better, Move More, Weigh Less High-Level EB Class
- Develop a 3 year plan to utilize Nutrition Education Initiative Materials (Eat Well and Beneficial Bites)
- Increase the amount and type of Nutrition Counseling offered
- Work with local and statewide partners to address Hunger, Food Insecurity, and Increased Access
- Incorporate Cooking Classes (virtual or in-person)
- Incorporate Nutrient-Dense Meals by utilizing Menu Development and Culinary Support from GWAAR and Sustainable Kitchens
- Expand Socialization opportunities
- Consider Medically Tailored Meals
- Work with healthcare entities on Care Transitions
• Expand under serviced participants in our County
• Record programs and air throughout the year on local cable community channel or Facebook featuring recipe sharing
• Explore breakfast option or Dining at 5 with the goal of increasing participation by at least 25 new, unduplicated individuals participating.
• Emergency planning for participants, meals, drivers and other staff for multiple emergency scenarios.

Title III-D Health Promotion

• Reduce the health effects of loneliness in older adults
  a. Identify lonely older adults (possibly through HDM)
  b. Implement proven strategies to reduce loneliness
    i. Phone Companion Program
    ii. Implement high-level evidence based programming
    iii. Create partnerships with local organization for a collective impact approach (i.e. healthcare, UW-Extension, WIHA)
  c. Evaluate effectiveness of intervention

• Expand high-level evidence based health promotion opportunities for older adults in your community.
  a. Assess current evidence based health promotion programming for older adults in your community (Aging Unit, ADRC, Senior Ctr, hospitals, clinics, Athletic Clubs, public health)
  b. Establish partnerships to increase evidence based health promotion programming – identify which programs you would like to expand, new programs to address a health need in the community. Possibly create an evidence based coalition for older adults in your community.
  c. Plan and implement new programming based on need (train facilitators, etc.)
  d. Evaluate programming – is it fitting the need identified

Title III-E Caregiver Support

• Increase access to and availability of respite care services
  o Apply for a CORE Respite Grant from RCAW (The purpose of the CORE Grant Program is to expand the pool of trained respite care providers by hosting recruitment and outreach events, educate family caregivers about long-term care resources, including respite care, and collaborate with agencies that support family caregivers, including but not limited to ADRC’s, County CLTS, and CCOP staff, and Tribes.)
  o Environmental scan of respite support services in county/tribe
  o Educate/outreach/marketing on availability of respite services

• Increase support for grandparents and relative caregivers caring for relatives’ children
  o Participate in RAPP workgroup through WFACSA
  o Create a vehicle for regular communication with Kinship Care staff, WI Adoption & Permanency Support, local Family Resource Center, and the Coalition for Children, Youth and Families
  o Survey grandparents/relative caregivers in the county/tribe to find greatest need
• Work with above partners to initiate one support discovered from survey
  • Increase the number of caregivers who access virtual caregiver training, support groups and events
    • Create a system of referral and engagement of caregivers to the Truality program
    • Start a tablet loan program which includes internet access
    • Hold regular education opportunities to teach how to use technology and virtual platforms such as Zoom (Senior Planet and Generations Online have programs to access)
    • Utilize Virtual Events page
  • Ensure underserved populations have access to (are comfortable accessing) caregiver supports
    • Connect with trusted leaders of underserved communities.
    • Review resources and materials with these groups to assess for relevance/cultural appropriateness
    • Create/revise/extend services to meet specific needs of the groups as identified by above activities

EXAMPLES OF IDEAS TO ADVANCE VALUES

At least one goal is required to **enhance ongoing community engagement** with aging plans and program operations so that they build a sense of ownership and commitment by the community.

• Successfully engage individuals who are not program participants in the community engagement/needs assessment process
• Hold three community engagement events, two virtual, and get input from people who can’t attend in-person
• Hold a community engagement event in partnership with a community organization from the Black, Latinx or Hmong community to discuss ways to better serve.
• Form a community engagement committee to create and manage ongoing community engagement
• Purchase and utilize a virtual engagement platform

At least one goal is required to address progress within one or more program area toward **person-centered services, maximizing consumer control and choice**. This may include efforts to expand choice and participant direction in specific Title III programs. One example might be a goal to introduce a choice-based restaurant model as part of the congregate meal program. The person centered services goal can be a stand-alone goal or met in one or more of the goals for Title IIIB, Title IIIC, Title IID or Title IIIE.

• Increase choice in congregate dining participation by opening a restaurant model in cooperation with a local restaurant (this is also a nutrition program goal).
• Expanding congregate and home delivered menu options to include meals that appeal to members of underserved communities, such as the Hispanic, Hmong, Black or Indigenous community (this is also a health equity and nutrition goal).
• Expand respite and in-home services to include non-professional/agency providers
Create a list of non-agency providers of respite, personal care and homemaker services
Seek out providers of underserved populations to find resources that caregivers of less visible communities (LGBTQ+, minorities, low income) are comfortable, willing and able to access. May need to start by forming relationships with the leaders of these communities.

At least one goal is required to address a barrier to racial equity within one or more program area. This may include efforts to expand the racial equity or inclusiveness of specific Title III programs. One example might be a goal to move closer to equitable distribution of aging services to reflect county demographics. The racial equity goal can be a stand-alone goal or met in one or more of the goals for Title IIB, Title IIC, Title IIID or Title IIIE.

- Modify program outreach and operations to increase the number of people participating from the underserved communities, such as the Hispanic, Hmong, Black or Indigenous community in home delivered and congregate meal program. (This also a nutrition program goal).
- Offer Spanish language versions of Stepping On and Living Well with Diabetes to increase participation of people from underserved communities.
- Expand offering and outreach for Grandparent Caregiver supports or kinship care services to underserved populations in your community.
- Provide Spanish and Hmong language supports to facilitate participation in caregiver services by underserved communities in your area.
- Provide in-depth training to agency staff about inclusiveness and equity with the goal of identifying groups in your communities who are not being served because programs offered do not take into account the specific needs of these groups.

At least one goal is required to increase local aging and disability network participants’ knowledge and skills related to advocacy. This may include efforts to educate older adults about policy making or legislative processes, sometimes known as “Senior Statesman” training. The advocacy goal can be a stand-alone goal or met in one or more of the goals for Title IIB, Title IIC, Title IIID or Title IIIE.

1. Increase the effective advocacy skills of X # of people by offering training and resources –
   Increase Knowledge
   a. Who are your legislators? What role do they play?
   b. Legislative process
   c. How to tell your story
   d. Issues impacting older adults/people with disabilities – local, state, federal or budget or non-budget policy

2. Identify opportunities for (newly trained) advocates to put their skills to work
   a. County/tribal budget process
   b. Municipal issue
   c. State budget process
   d. State legislative process
   e. Federal budget process
f. Federal legislative process

3. Provide organizational supports to advocates/members willing to form a local Advocacy Committee
   - Meeting space
   - Photo copies and supplies
   - Access to resources
   - Share advocacy updates
   - Agenda items

Advocacy goals could also advance racial equity by incorporating the following:

- When recruiting for advocacy training, specifically reach out to parts of the community that have not been represented before.
  - Ensure the accessibility of advocacy events with attention to the physical space, the technology used, and the need for interpretation, closed captioning, and translation.
  - Make sure outreach materials are accessible and available in translation.
  - Seek trainers with lived experience in underserved communities.
  - Connect with trusted leaders of underserved communities.

- Make sure topics you address in the three steps above reflect the needs of underserved communities.

- Support partners from underserved communities by allying with their advocacy efforts.

- Test your results – do the advocacy activities or plans reflect input from all populations in the community?
Join AmeriCorps Community Corps
Earn money for college. Gain work experience. Make a difference.

Play a vital role in tackling our communities’ most pressing challenges as an AmeriCorps Community Corps member with Marshfield Clinic Health System. Serve hand-in-hand with people at organizations working to improve health such as a non-profit, clinic, hospital, coalition, public health department, governmental agency or youth-serving organization. You may coordinate and work events; provide educational materials and programs; or support organizational activities and operations.

Benefits of full-time service (35-40 hours per week)
- Explore health-related workplaces and learn new skills; ideal gap-year or paid internship experience
- Make a lasting positive impact by supporting community health work
- Receive ongoing professional skills training throughout the year to build your resume
- Earn a bi-weekly allowance of $580
- No-cost health, vision and dental insurance
- Low- to no-cost child care assistance
- $6,345 educational award upon completing service for degree or non-degree courses

Aging and Disability Resource Center (ADRC) of Door County

Position Title: Fall Prevention Specialist (FPS)

Position Duties: As a Fall Prevention Specialist you will support older adults who have recently or continuously suffer from falling in order to ensure the highest quality of life possible while living at home. You will work with an interdisciplinary team on community-wide prevention initiatives and projects intended to educate older adults on ways they can avoid falls in the future. You will also have the opportunity to get trained to lead and facilitate evidence based fall prevention classes.

Weekly Service Hours: M-F 8am-4:30pm
Location of Office: 916 N. 14th Avenue, Sturgeon Bay, Wisconsin
Host Site Contact Info: Jake Erickson
ADRC Director
Phone Number: (920)746-2545
Email: jerickson@co.door.wi.us

Open to high school graduates ages 17 and older. Applications accepted through Aug. 16, 2021.

For more information or to apply, visit https://bit.ly/MCHS-Service.

Expectations for Service in MCHS AmeriCorps

Thank you for applying to Marshfield Clinic Health System (MCHS) AmeriCorps. We look forward to receiving your application.

Before mailing this application, please read the notes below. It is our hope to provide you with very clear expectations and benefits of becoming a member of one of the finest AmeriCorps teams in Wisconsin.

- Must be U.S. citizen, U.S. national, or legal permanent resident alien of the United States.
- Applicant must be at least 17 years of age by September 13, 2021.
- Members must commit to the full 1700 hours (full-time members) or 900 hours (half-time member) of service. Members usually serve for a period of up to 12 months, which is negotiated with you at the time of your application (between you and your host site). It is very important to the future of the program that no member leaves before they complete their term of service.
- Members will receive a living allowance while serving, which is paid every other week at a rate of approximately $580 (full-time members) or $290 (half-time members) gross. Actual check payments are based upon your tax status.
- Full-time members are eligible to receive a basic health, dental and vision insurance plan (premium paid by Marshfield Clinic Health System), which covers only the member; it is not available to other family members.
- Full-time members may receive subsidized childcare (household income must qualify). In most cases, this payment is 80 - 100% of care costs.
- Members will receive an education award in the amount of $6,345.00 (full-time members) or $3,172.50 (half-time members) upon successful completion of their term of service.
- Member living allowances, educational awards (when used) and forbearance interest payments are taxable.
- Members will be expected to serve a minimum of (full-time members) 35-40 hours or 15-20 hours (half-time members) per week on average. The schedule is negotiated with your Host Site Supervisor and is flexible.
- Members must be available to attend the entire member orientation September 13-17, 2021 in person and midterm training in person January 12-14, 2022. Recovery Corps members only must attend CCAR Training September 27 – October 1, 2021. All trainings planned in person unless Covid-19 requires otherwise.
- Members will receive service gear provided by the program.
- Members will gain valuable skills and leadership training, along with building future references and qualifications.
- Members will be provided with training and teambuilding opportunities several times throughout the year.

*If a member has another job or is enrolled in school, they will need to look carefully at the time commitment this program will require and ensure they can complete the service requirements. If you are attending school concurrent with service you may strongly want to consider half-time or be absolutely certain you can meet the service time expectations.*