

Core Member Organizations

- Aging and Disability Professionals Association of Wisconsin (ADPAW)
- Alzheimer's Association
 Wisconsin Chapter
- Wisconsin Adult Day Services Association (WADSA)
- Wisconsin Association of Area Agencies on Aging (W4A)
- Wisconsin Association of Benefit Specialists (WABS)
- Wisconsin Association of Nutrition Directors (WAND)
- Wisconsin Association of Senior Centers (WASC)
- Wisconsin Institute for Healthy Aging (WIHA)
- Wisconsin Senior Corps Association (WISCA)
- Wisconsin Tribal Aging Unit Association

The Wisconsin Aging Advocacy Network is a collaborative group of individuals and associations working with and for Wisconsin's older adults to shape public policy to improve their quality of life.

WAAN State Issue Brief March 2021

Reinvest in Aging and Disability Resource Centers:

Balance Funding Across the State and Meet the Needs of Wisconsin's Growing Population of Older Adults and People with Disabilities.

WAAN's Position: Increase funding to Aging and Disability
Resource Centers (ADRCs) by \$27.4 million to equalize historical
funding disparities and fully fund required contracted services
for a growing customer base, and provide an additional
\$25 million to add critical services to all ADRC operations.

Wisconsin's statewide network of ADRCs provides information about critical, cost-saving services and programs related to aging or living with



Wisconsin Population 60 and Older

1,786,595

1,091,139

2010

2015

2020

2025

2030

Projections demonstrate a 64% increase in the number of Wisconsinites over sixty from 2010 to 2040. ²

a disability. They serve individuals, family members, friends and professionals working with related issues. The state's forty-six ADRCs and seven tribal Aging and Disability Resource Specialists (ADRS) that work with an ADRC serve the fastest growing demographic of our state's population. ¹

ADRCs across the state receive different levels of funding based on when they began operations. This method of funding established foundational funding inequities among ADRCs.² The current funding formula also does not consider health equity variables, changing demographics and rising expenses which impact operations. As

a result, Wisconsin's network of ADRCs includes underfunded operations unable to provide equitable levels of service.

Funding inequities among ADRCs have resulted in an inconsistent approach in delivering required State contracted services and have exposed the need to determine the amount of funding required to ensure every ADRC is able to provide all contractually required and recommended services. To provide reliable, equitable, and accurate funding to the state's ADRCs and ADRSs, factoring in the costs of ensuring health equity and addressing



population growth and rising expenses, an additional investment of \$27.4 million is needed.

The base allocation for ADRCs has not increased since 2006. Since then, the population of older adults and people with disabilities has grown, as has the number of recommended services included in the ADRCs' state contract. Underfunded ADRCs do not have the resources to provide these critical services/programs to their growing number of customers.

An additional \$25 million is needed to fully fund an expansion to address the inconsistent delivery of critical services/programs known to preserve personal resources and improve quality of life. These critical services/programs include:

- Expanding Dementia Care Specialist services statewide
- Fully funding Elderly Benefit Specialists statewide
- Expanding Caregiver Support and Programs
- Expanding Health Promotion Services
- Expanding Care Transition Services
- Funding Aging and Disability Resources in Tribes
- Fully funding Aging and Disability Resource Support Systems

Full funding of ADRCs will deliver costs saving for individuals, families, and taxpayers. In 2019, Wisconsin ADRCs served 141,692 individual consumers.³ One in four ADRC customers reported they were able to stay in their homes instead of going to a nursing home or assisted living facility because of the ADRC, saving tens of thousands of dollars per year for more than 35,000 customers.

Based upon preliminary 2021 findings it is estimated that for every 1,000 ADRC visitors, 134 acute care facility readmissions are avoided.⁴ Based upon 2019 statewide ADRC contact numbers this amounts to a staggering estimated cost-savings of over \$276 million⁵ and creates an estimated return on investment of \$16.14 for every \$1 invested in ADRCs.

With \$27.4 million to address disparities and \$25 million to provide critical services/programs, the state's ADRCs can effectively serve the increasing number of Wisconsinites who need them.

For additional information see the Wisconsin Counties Association ADRC Reinvestment document - https://gwaar.org/api/cms/viewFile/id/2006281

- 1. U.S. Census Bureau (2020, June 25). 65 and Older Population Grows Rapidly as Baby Boomers Age. Retrieved March 16, 2021, from https://www.census.gov/newsroom/press-releases/2020/65-older-population-grows.html.
- $2. \ Aging \ Population \ Projections, \ \underline{https://www.dhs.wisconsin.gov/aging/demographics.htm} \ , \\ Sept. \ 2015. \ Retrieved \ March \ 16, \ 2021.$
- 3. ADRC statewide encounter data for CY 2020 (as of March 4, 2021).
- 4. Paul, Rahul (2021). ACL No Wrong Door –Return on Investment (ROI). Metastar.
- 5. Patient Readmission. (n.d.). Retrieved March 30, 2021, from https://www.wha.org/Quality-Patient-Safety/HealthCareQualityProjects/Patient-Readmission#:~:text=Subject matter experts estimate the, Unnecessary tests and procedures.



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