April 14, 1999

Written testimony submitted to the Joint Finance Committee as part of the Spring, 1999 Budget Hearings

From: Dianne Rhein, Regional Planner
AgeAdvantAge Area Agency on Aging
2427 N.Hillcrest Parkway, Suite 205
Altoona WI 54720

I have had the privilege of working within Wisconsin's Aging Network since 1981. I have served as an Area Agency on Aging staff person since 1992. AgeAdvantage assists seniors to live healthful lives in dignity and respect in the least restrictive environment. Our Area Agency on Aging serves as a resource to offices on aging in 24 counties and the Ho Chunk Nation in Southern and western Wisconsin.

As you go forward with your challenging responsibilities related to the state budget, I would ask that you consider the following:

Wisconsin has consistently been a visionary leader in the United States in the development and provision of services to older persons. Planning for the re-design of the state's long term care system to allow for greater consumer choice and, hopefully, to enable available funds to serve the growing numbers of older adults who will need assistance in the all-to-near future, has been all-encompassing and well-conceived.

I would urge the Joint Finance Committee to recommend implementing all the care management pilots currently in the budget proposal. Then, let us learn from them and continue working to craft an outstanding program for long term care restructuring.

To allow older people to have quality care choices when they need long term care services, we need to have an adequate workforce of well-paid and well-trained workers both in home care & community care settings and in institutional settings. Without immediate attention to these issues, particularly the pay issues, we are in jeopardy of the service structure collapsing from worker shortages and poor quality care.

Finally, core in- home services for frail older persons are not adequately funded to meet current, much less anticipated, future needs. Increased state funding for elderly nutrition home-delivered meals and elderly and disabled transportation would greatly enhance the lives of these elders who have helped make Wisconsin such a great state.

Thank you for considering my recommendations.

Golden Age Manor

POLK COUNTY
220 Scholl Street
AMERY, WI 54001
(715) 268-7107
FAX (715) 268-6167

BOARD CHAIRMAN
CARL McCURDY

ADMINISTRATOR
GARY TAXDAHL

April 14, 1999

To: Joint Committee on Finance
From: Gary Taxdahl, NHA
Re: Nursing Home Employee 7% Wage Pass-Through Proposed

On behalf of Golden Age Manor, I would like to express our urgent need for relief to MA under-reimbursement. My future budget is in serious threat of not paying expenses. My 1999 budget has a deficit balance and I can't cut staff to take care of our residents.

The 7% wages pass-through should be passed on to all staff because the resident's clothes, meals, and facility environment are as important in our residents lives as the nursing care they receive. The care of our residents by good quality employees is wholistic not price-meal.

Golden Age Manor was in the high labor region for direct care reimbursement but this year we go to the moderate labor region or Metropolitan Service Areas (MSA's). On July 1, 1999 we are projected to take a rate cut and I am not meeting costs now. A 7% wage pass-through would help to offset this future rate cut.

In conclusion, we need your support for this 7% wage pass-through because we need dedicated staff to do some of the most difficult jobs that majority of people will not do.

Sincerely,

G. Taxdahl NHA

Gary Taxdahl, NHA
Administrator

GT:wj

Paul R. Hoffman
113 2nd St. NW
Menomonie, WI 54751

Consultant to Nonprofit Organizations &
Dunn County Supervisor – District 15
Chair, Health & Human Service Board
Chair, Long Term Support Committee
Chair, Council on Aging

Tel: 715-235-2559 Fax: 715-235-5566 E-mail: hoffmanp@uwstout.edu

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Date: April 13, 1999

To: Joint Finance Committee

Subject: Community Aids

Members of the Joint Finance Committee, I thank you for this opportunity to make a brief presentation to you. I am Paul Hoffman County Board Supervisor in Dunn County and Chair of the Health and Human Service Board. The Health and Human Service Board for Dunn County oversees the Department of Human Services, Public Health Department, Office on Aging, Home Health Care, and Veterans Administration. In the interest of time and your crowded schedule, I will be brief. The area I wish to address is Community Aids in the governors budget.

Wisconsin has a proud history of providing for programs that contribute to helping its citizens obtain an education, to alleviating mental illness, to assisting citizens in developing living skills and adaptation to society, and providing assisted living programs and facilities where they are needed. One of these programs has been and is the Community Aids Program with its services to abused and neglected children and their families, adults with serious persistent mental illness, adults and children with developmental disabilities, and older citizens. As a former resident of an east coast state, I am proud to have been a Wisconsin citizen for some 35 years because of the programs provided for its citizens. However, I have some concerns with the governor's budget for Community Aids.

As you know, Community Aids funding has either been frozen or decreased over the past two budget biennia. Now the governor's budget calls for $204.2 million and $289 million for each year of the coming biennium. This is a reduction for the coming biennium of 2.5% and 1.8% respectively from 1998-99. This comes at a time when we are witnessing reductions in federal funding, such as the Social Service Block Grant funding. It comes at a time when we are witnessing increasing client populations and annual increases in costs for services. It also comes at a time in our history when we in Wisconsin, as throughout the nation, are witnessing a rapid increase in the incarceration rate of its citizens and the building of prisons. Thus this reduction comes at a time when we can ill afford to reduce the funding for child abuse and neglect, assistance to families, assistance to the mentally ill, assistance to adults and children with developmental disabilities and assistance to our senior citizens.

I call upon you to not only oppose this reduction in funding for Community Aids but to increase it by at least 3% in each year of the coming biennium.

Nonprofit Organizations
Dunn County Interfaith Volunteers, Inc., Secretary
St. Croix Family Resource Center

While addressing you, I would like to support a couple other positions of the Wisconsin Counties Association. First, I urge your consideration for deletion of the statutory requirement to reduce a county's Community Aids if a former recipient of services funded by the allocation is a participant in the MA purchase plan. Secondly, rather than provide DHFS with authority to transfer Community Aids into Family Care, to provide for the provision that DHFS negotiate with individual pilot programs to determine the amount to be transferred until a better data base is built. Finally, the Wisconsin Counties Association is also urging the deletion of the statutory requirement for performance measure with the withholding of a percentage of funds for this purpose. I do not oppose the movement to requiring performance measures or "outcomes." However, I would call your attention to the fact that human science is not rocket science that follows principals of physics. There are many variables, many of which are uncontrollable, affecting human service programs. I would also call your attention to the fact that all human service related programs and departments are extremely busy with increasing populations to serve. Requiring them to develop performance measures without consideration of the difficulty of the task and perhaps appropriate funding is placing a difficult burden upon them. It can reduce time to serve their constituents. As I stated, I do not oppose this direction, but urge careful consideration of what the task will require.

Thank you.

Paul R. Hoffman, Chair
Health and Human Service Board
Dunn County

Good Morning,

Thank you for the opportunity to share my viewpoints on the proposed pharmacy budget cut.

If I may, I would like to spend just a minute and give you a little background on myself. I am a pharmacist, having graduated from the University of Wisconsin in 1970. I owned my own pharmacy for 17 years, and since 1990 have been the Pharmacy Director for Group Health Cooperative of Eau Claire, which owns and operates 5 pharmacies. When prepaid medicaid expanded in 1996, we opened up our pharmacy program, and I now act as a pharmacy benefit manager to 320 pharmacies covering a large area of Wisconsin. I feel I have a unique perspective on pharmacy reimbursements because I am able to set the rates, and then observe what effect those rates have on our pharmacies. Like you, I also have to walk that tightrope between being ethical and fair to our providers~~pharmacists~~ and at the same time fiscally responsible to those who employ me. ~~The black and white world I thought existed when I was a pharmacy owner turns out to be mostly gray. However, in my mind, the issue of~~ decreasing pharmacy reimbursement ~~is definitely a single color.~~

I believe there are two separate issues to decreasing pharmacy reimbursement. What it does to the overall drug budget, and what it does to the provider pharmacies.

I have a simple slogan I use when dealing with reimbursement formulas. "Prescription prices are high because drug prices are high". I expect our pharmacy benefit to increase 21% this year. This is an amazing number, and my boss practically swooned when I told it to him. If I could somehow convince all of our pharmacy providers to work for free the pharmacy budget would still increase 13%. Yes, only 8.1% of our drug budget goes to reimbursing pharmacists for dispensing medication and all the personal care that goes with it. So if we cut the pharmacy reimbursement by 10% (a disastrous number I might add), the total pharmacy budget would decrease less than 1%. ~~As a counter example, the new antiarthritic drug Celebrex is expected to add 3% to our overall drug budget; One drug!~~ So while I applaud anyone trying to decrease the drug budget (~~or as we used to say during the 70's "decrease the rate of increase"~~), I believe the pharmacists are targets because compared to drug companies they are "easy pickin". And what is worse, a huge decrease in pharmacy reimbursements will have a minimal effect on the overall drug budget.

I want to state that when I talk about community pharmacies, I have a very large tent. Wal-mart, Walgreens, Shopko, K-Mart, Target, and other chains are definitely included in my definition. These organizations all have people who live and work in their community. They donate to charities, pay taxes, and support other local businesses. Being fair to them is about more than just being fair. We reimburse our provider pharmacies, including our own, at a rate several dollars above the current proposal. Yet I'm amazed when I see how tough on pharmacies even our reimbursement rate is. ~~When I enter our own pharmacies the word Ebineezer seems to be on everyone's lips~~. I honestly fear that my whole profession is going to become a loss leader, and that patient care will be the loss in loss leader. I can guarantee you that Medicaid pharmacy reimbursements, as they now stand, are no pot of gold for pharmacists. Please don't harm a valuable group of professionals, especially since it will have hardly any effect on the problem you seek to cure.

Bob Wildenberg
Director of Pharmacy Services
Group Health Cooperative
Eau Claire

Chairmen Burke and Gard, and members of the Joint Finance Committee, I am Carol Mattson, Director of the Polk County Aging Department. Thank you for the opportunity to talk with you about Family Care. We feel strongly about the importance of reforming the long term care system in Wisconsin, and want to keep the momentum toward change going. The current system favors institutional care and does not provide nearly enough money to help care for people in their own homes. Institutional care will always be needed, but too many older people are falling through the cracks and ending up in an institution, when some less costly services in their home could have delayed or prevented entering a nursing home. We favor the simplification of programs so they are less confusing to the consumer. The local long term care councils need to remain part of the plan, so consumers and their families have a voice in the operation of the system that serves them.

There are however, some parts of Family Care that concern us. We believe we need to build on what works...specifically the Community Options Program, and other county operated systems that provide care for older people in the community. We don't need to kill the old system to begin the new. We are concerned about the use of a managed care organization in long term care. We have seen too many problems with managed care for older people already. We would like to see some pilots started that are based on a non-managed care model. A comparison of the cost effectiveness and quality of the care management pilots with the non managed care pilots should give you some good information. Family Care needs to be a public system run by counties and accountable to taxpayers. We do not favor the creation of Family Care districts. They would only add an unmanageable layer of bureaucracy

We are also concerned about the issue of Personal Care Workers. People are being paid more to "flip burgers than to turn Grandma". We need enough well trained workers who earn good salaries to reduce the lack of workers and the high turnover rate.

We are also advocating additional state dollars for the home delivered meal program. In Polk County, over half of the meals provided by the Nutrition Program are home delivered. The federal funding for the Polk County Home Delivered meal program is $$17,245. We served over 30,000 home delivered meals in our county last year, so we utilize other funding sources to cover part of the cost. Increased state dollars for the elderly nutrition program is long overdue.

Thank you for the opportunity to speak on these issues

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Wisconsin Public Health Association

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April 14, 1999

Joint Committee on Finance
Brian Burke, Senate Chair
John Gard, Assembly Chair

WRITTEN TESTIMONY
ON
GOVERNOR'S PROPOSED BUDGET
4-14-99
BY
KATHLEEN M. NEWMAN, DIRECTOR
BARRON COUNTY HEALTH DEPARTMENT

and
PRESIDENT
WISCONSIN PUBLIC HEALTH ASSOCIATION

On behalf of the Wisconsin Public Health Association [WPHA] representing over 350 members throughout the State and Barron County Health Department, I urge the Joint Finance Committee to take a hard look at what the Governor is proposing regarding the tobacco settlement. By committing so few dollars to anti-smoking, the taxpayers of Wisconsin will continue to pay out $200 million a year in Medicaid expenses to treat individuals with tobacco related illnesses.

I urge you to direct ***$50 million annually*** of the ***tobacco settlement*** for statewide, comprehensive programs and services that will reduce the addiction, disease, disability, and premature death caused by the use of tobacco.

This is your once-in-a-lifetime opportunity to prevent our young people from getting hooked on this deadly addictive habit and to significantly reduce the harmful consequences of tobacco. Your investment in ***prevention*** will offset some immediate

costs realized by **Medicaid** and **Badger Care**, illness care **costs allocated to goods** and **services** throughout our state, and **future damages** caused by the tobacco industry.

The ***single most important thing*** people can do to improve their health and the health of their family is to ***quit smoking***. The use of tobacco is the single most important preventable cause of disease and premature death in the State and in Barron County.

Tobacco use is directly related to heart disease, cancer, chronic obstructive lung disease, strokes, low birth weight infants, premature births, upper respiratory infections in our children and SIDS.

The estimated hospital costs to Medicaid for low birth weight infants in Wisconsin is approximately $60 million and surpasses the hospital costs for all remaining infants born of normal weight. In Barron County, approximately 40% of the hospital admissions of children under the age of 15 are due to respiratory infections. A major contributing risk factor is second hand smoke. The direct health care costs of smoking in Barron County is $7 million annually and $1 billion in the state.

By reducing the rate of low birth weight infants alone you will begin to realize a cost savings to Medicaid and Badger Care in the short term. Additional savings will be realized by reducing the hospital rates for respiratory infections, and in the long term by reducing the high illness care costs for coronary by-pass surgery, chemotherapy, and rehabilitation following a stroke.

Seventy percent of those who smoke want to quit. Unfortunately, it is very difficult to quit. On the average it takes 6-8 times trying to quit before individuals are successful. That is because ***nicotine is the most addictive drug around***. The industry laces their products with additional nicotine to make it more addictive and targets our youth, when

they are more susceptible to addiction, to peddle their drugs. That is what the suit was all about.

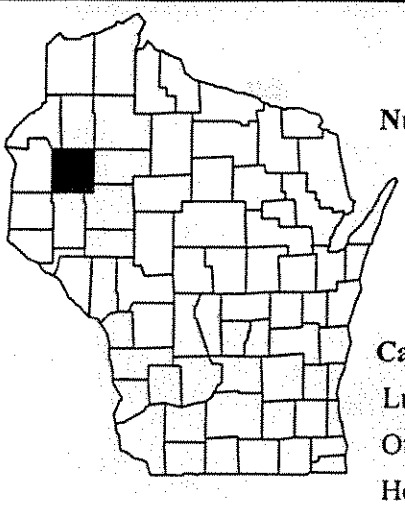
A recent study published in the Journal of the National Cancer Institute concludes that **permanent genetic changes** that for ever **increase the risk of lung cancer** occur in teen-agers who smoke, even if they quit later in life. And ***the younger the smoking starts***, the ***more damage is done***. In Wisconsin and in Barron County 37% of children between the ages of 14 -17 smoke. That is 115,200 children statewide and 1010 in Barron County. If this trend continues, one third will die of long term high cost smoking related illnesses.

Prevention works. ***States that invest in anti-tobacco campaigns get results.*** **Smoking** among middle school students in Florida **dropped 19 percent** in the year since the state launched an aggressive anti-tobacco campaign aimed at children. The Florida Legislature last year allocated $70 million to vigorously enforce smoking age limits and for TV and radio ads produced by teenagers that poke fun at the tobacco industry. The results show why every state including Wisconsin should have a comprehensive program to reduce youth smoking and why we urge you to allocate **$50 million annually of the tobacco settlement** dollars for statewide comprehensive programs and services that will reduce the addiction, disease, disability, and premature death--and the high costs of illness care. It is time to stop playing politics with individual's lives.

The Burden of Tobacco in 1997 in

AMERICAN CANCER SOCIETY
Wisconsin Division, Inc.

Barron County



	State of Wisconsin		Barron County	
Number of Smokers	**1,034,400**		**7,200**	
Adults (18+)	919,200	24%	6,190	20%
Children (14-17)	115,200	37%	1,010	37%
Mothers of Newborns	12,735	19%	125	23%
Cause of Death (% Due to Smoking)	**Total Deaths**	**Due to Smoking**	**Total Deaths**	**Due to Smoking**
Lung Cancer (80%)	2,554	2,048	19	15
Other Tobacco-Related Cancers (39%)	1,581	621	10	4
Heart Disease (18%)	9,547	1,718	100	18
Stroke (12%)	3,578	422	54	6
Respiratory Diseases (51%)	3,573	1,808	26	13
Perinatal Diseases (12%)	220	26	0	0
Burns (46%)	57	26	0	0
All Causes (17% statewide)	45,037	7,725	450	67
Total Cigarette Packs Sold	**465,356,800**		**3,166,090**	
Adults (18+)	449,073,000		3,023,290	
Children (14-17)	16,283,800		142,800	
Direct Health Care Costs of Smoking	**$1,000,000,000**		**$6,960,800**	

- In Wisconsin, 24% of all adults and 37% of children 14 to 17 years old are current smokers. The use of tobacco is the single most important preventable cause of disease and premature death in the state and in Barron County.
- There are over one million smokers in Wisconsin, with 7,200 adult and child smokers in Barron County.
- Women who smoke often have infants who have lower birth weights than infants born to non-smokers. Smoking during pregnancy also contributes to premature delivery and a wide variety of health problems.
- In 1995, over 7,700 Wisconsin residents died from smoking related illnesses and injuries; 67 were residents of Barron County. Of all deaths, 17% in Wisconsin and 15% in Barron County were due to smoking.
- In an average year, over 465 million packs of cigarettes are sold in Wisconsin, with approximately 3.2 million sold to residents of Barron County.
- The direct health care costs of smoking (e.g., physician visits, hospitalizations, etc.), are estimated at $1 billion annually in Wisconsin; $7.0 million in Barron County.
- In Wisconsin, total annual Medicaid costs attributed to smoking are estimated to be $113 million.

Technical notes: The information in this report was obtained from the Division of Health, supported by funds from the National Cancer Institute for Project ASSIST. Per capita sales and consumption of cigarettes fo Wisconsin residents 14 and older calculated using Department of Revenue cigarette tax data, adult smoking rates from 1989-94 Wisconsin Behavioral Risk Factor Surveys, youth smoking data from the 1995 Youth Risk Behavior Survey, and youth cigarette consumption data from the April 1993 Wisconsin Medical Journal. Maternal smoking data are from 1995 birth certificates. Death data are from 1995 death certificates. Smoking-attributable mortality and direct health care costs calculated using Smoking-Attributable Morbidity, Mortality and Economic Costs (SAMMEC) 3.0 software from the Office on Smoking and Health, Center for Disease Control and Prevention (CDC), Atlanta, GA.

DATE: 4-14-99

FROM: Vikki Jameson
987 Island Drive
Somerset, Wi. 54025

TO: Joint Finance Committee

RE: Public testimony to support a $4.00 per hour increase in the Medical Assistance Personal Care Reimbursement rate.

Good morning, my name is Vikki Jameson. I am the office manager in one of the seven counties that Indianhead Home Health Care Agency provides services in. I am here today representing the 400 personal care workers and the 500 clients that they care for.

We are looking for your support for a $4.00 per hour rate increase for Medical Assistance Personal Cares. With a reimbursement rate of only $11.50 and a proposed eleven cent increase, the task of keeping elderly and disabled people in their homes will be overwhelming. Indianhead Home Health Care Agency is a private non-profit agency. We give our workers as much as we can out of the $11.50. When I tell prospective workers what the starting wage is, they laugh at me. The competition for qualified, caring personal care workers is fierce. The only thing we would have going for us is a competitive wage. We cannot offer competitive wages, the money just isn't there. With families now needing two incomes to survive, we cannot offer a livable wage that will attract workers.

Our elderly and disabled clients deserve a chance to remain in their homes. The people who can and want to provide for them are getting scarce. We need to be able to train and retain workers. If there isn't a substantial increase in our reimbursement rate we will soon be turning down care to folks who just want to be home.

At some point in our lives we will be facing the difficult task of caring for our own aging parents. I hope that when the time comes for you and I to look for the help we need to keep our parents in their own homes, that we can find a worker who can earn more money helping them with their personal cares than working at the local McDonald's.

Thank you for your support of the $4.00 rate increase.

Wisconsin Public Health Association

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April 14, 1999

Joint Committee On Finance
Brian Burke, Senate Chair
John Gard, Assembly Chair

WRITTEN TESTIMONY
ON
GOVERNOR'S PROPOSED BUDGET
3-10-99
BY
KATHLEEN M NEWMAN, PRESIDENT

On behalf of the Wisconsin Public Health Association (WPHA) representing over 350 public health officials throughout the State, I wish to express concern regarding the ***tobacco settlement.*** The Governor's proposal allocates less than 2% of tobacco settlement monies to help smokers quit or on measures to keep our young people from taking up the deadly, addictive habit.

We urge the Legislature to take a hard look at what the Governor is proposing. By committing so few dollars to anti-smoking, the taxpayers of Wisconsin will continue to ***pay out $200 million a year in Medicaid expenses*** to treat people with tobacco related illnesses. In addition, we will all continue to pay higher insurance rates and higher prices for products due to the high cost of illness care.

This is a ***once-in-a-lifetime opportunity to prevent*** our young people from getting hooked on tobacco, to reduce the high cost of illness care, and to prevent premature deaths due to heart disease and cancer.

The tobacco settlement is meant to be directed against the Number 1 preventable health problem. ***WPHA supports the TRUST campaign and requests $50 million be dedicated annually to the comprehensive prevention plan*** outlined in the TRUST campaign.

Testimony to the Joint Committee on Finance
April 14, 1999
Osceola, Wisconsin

Jeffrey K. Meyer
Chief Executive Officer
Osceola Medical Center
301 River Street
Osceola, WI 54020
715 294-2111

The Osceola Medical Center is a consolidated clinic, hospital, and nursing home. As such we are concerned about issues that affect physicians, hospitals, and nursing homes. We are especially concerned about the impact of the proposed 1999-2000 state budget in the following areas.

Nursing Home

- The proposed budget has an increase of 1.77% for the first year and 1.0% for the second year.
- 70% of our nursing home residents are on Medical Assistance so we are quite dependent on Medical Assistance.
- Nursing home residents have increasing needs for care. For example, 34 of our 40 residents are in wheelchairs. Ten years ago those numbers were reversed. Another example is that our residents are on an average of six medications per day and these have to be administered by nursing staff. The increasing medical complexity of the residents requires more time to care for them.
- It is becoming increasingly difficult to hire staff, partly because of a strong economy and partly because of wages. A starting salary for a nursing assistant is $8 per hour and goes to $11.00 per hour. When nursing assistants leave for another job they often leave for a position in a business where the salaries are higher and they do not have to work weekends.

As the needs of nursing home residents are changing to require more care, it is becoming increasingly difficult to find the staff to provide them the care they need. For these reasons we would like to see a greater increase in Medical Assistance and we would especially urge support for the wage pass through proposal for nursing home employees.

Hospital

- The proposed state budget essentially freezes rates for inpatient and outpatient services. This is especially difficult because it comes on top of reductions in Medicare funding resulting from the federal Balanced Budget Act of 1997.
- Wisconsin already receives less in Medicare payments on an individual basis than states such as Florida and New York.

We recognize that healthcare providers have a responsibility to control costs. We are doing that by implementing various expense reduction measures in the short term and over the long term, working to improve community health and reduce the incidence of disease.

When rates are frozen or there are minimal increases it makes it difficult to maintain service levels. Our ultimate concern is for the people we serve and that requires resources.

CUMBERLAND MEMORIAL
HOSPITAL PHARMACY
1110 7th Ave.
Cumberland, WI 54829

PROPOSED $18 MILLION DOLLAR MEDICAID DOLLOR CUT
WITH GOVERNOR'S BUDGET

1. Graph

   a. Please note that the majority of a prescription cost is actual drug cost, not fee.
   b. Note that the fee portion of the average prescription cost has remained relatively flat over the last 15 years approximately.
   c. Appreciate that this graph is not inflation adjusted which would in fact put our fee portion in a decline over the last few years.

2. Local Effect at our Hospital

   a. Estimated $10,000 loss
   b. ECU already is a breakeven opperation
   c. Would need to subsidize our nursing home with a mix of Fed ans St. moneys from the hospital side of opperations.
   d. Hospital is 75% entitled already, with no extra money laying around for use. We essentially cost shift this state burden to that portion of the private pay/medical insurrance sector of the market! This is unfair. Even you will feel the pain with reduced coverage and higher premiums!
   e. We face having to evaluate our service and run the risk of selling off/giving away this prescription drug service to another larger provider to help that service stay solvent because we have too much overhead expense.
      1. Potential for a substantial reduction in care for our residents
      2. Potential for a substantial loss in continuity fo care
      3. Loss of identity in a community

3. Ripple Effect (Trickle Down Economics)

   a. If the Medicaid program institutes these types of fee reductions, every other carrier across the country will do precisely the same thing. The results will be devastating. I'm not so sure that our Wisconsin legislature wants to start such a negative National Trend!

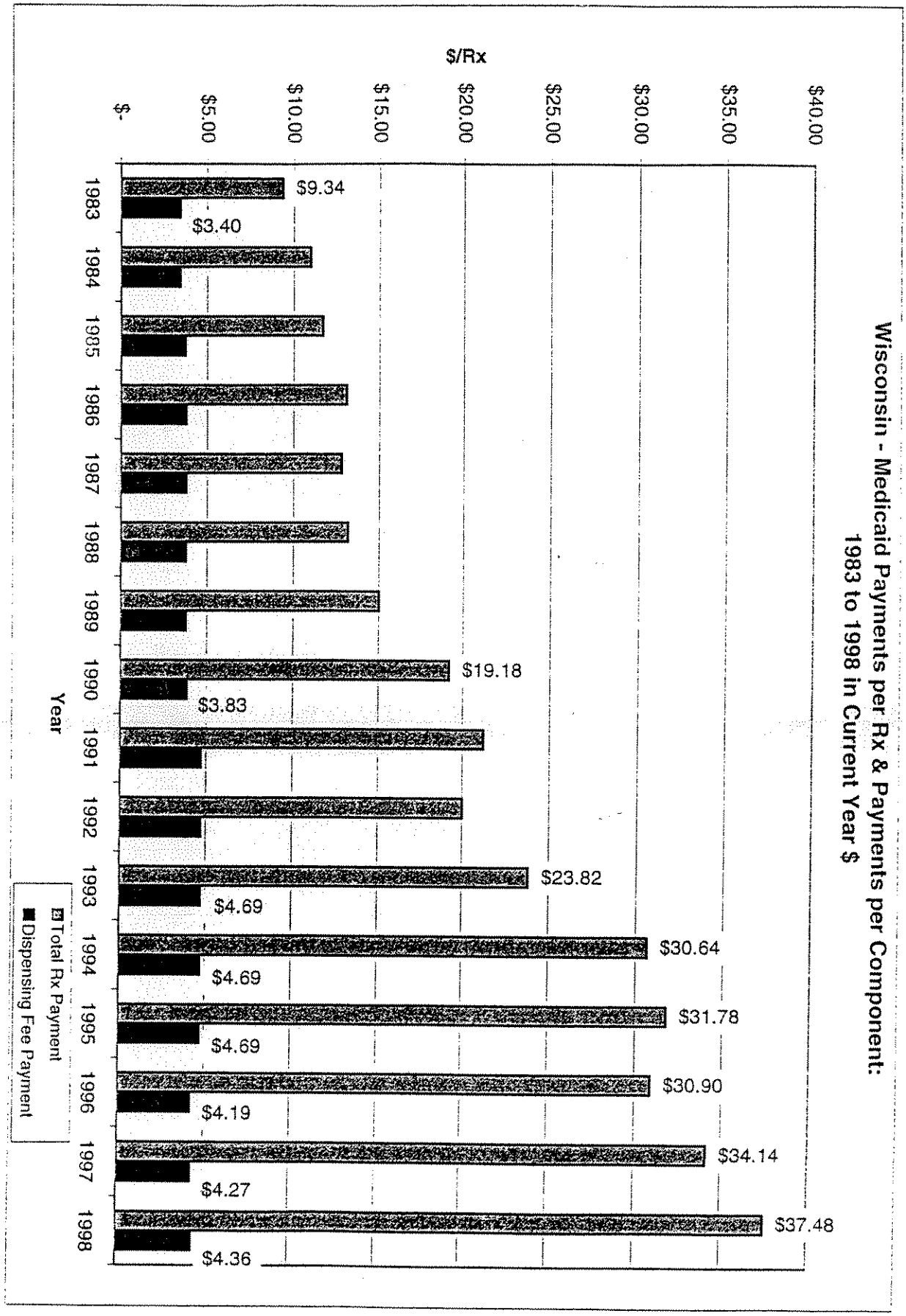
4. Refusal of T-19 Recipients

   a. Pharmacists are already talking about the real distinct possibility of refusing T-19 recipients similar to what the Dentists have done for years due to such poor reimbursement. The dentists either got or will receive a 10% hike in fees due to their poor reimbursemenmt and refusal to see T-19 patients. Why can't we learn from them?

5. Why didn't the Governor enlist the State Associations help in developing more cost effective means to trim the budget than to slash the current fee structure? Our State Association has ideas ranging from raising the co-payment to reinstituting the State adopted DUR program which saved millions of dollars by monitoring "proper drug utilization" from the T-19 claims submitted to the state for payment!

6. Drug Companies

igure 3


Wisconsin - Medicaid Payments per Rx & Payments per Component:
1983 to 1998 in Current Year $
$/Rx
$-
$5.00
$10.00
$15.00
$20.00
$25.00
$30.00
$35.00
$40.00
Year
1983
1984
1985
1986
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1992
1993
1994
1995
1996
1997
1998
$9.34
$3.40
$19.18
$3.83
$23.82
$4.69
$30.64
$4.69
$31.78
$4.69
$30.90
$4.19
$34.14
$4.27
$37.48
$4.36
Total Rx Payment
Dispensing Fee Payment

TOMMY G. THOMPSON

Governor
State of Wisconsin

October 16, 1998

Chris Decker, Executive Director
Pharmacy Society of Wisconsin
701 Heartland Trail
Madison, WI 53717

Dear Mr. Decker:

I understand your concern regarding the 1999-2001 biennial budget request from the Department of Health and Family Services to reduce the Medicaid reimbursement rate to pharmacies.

Rest assured I remain committed to protecting the interests of pharmacies throughout the state of Wisconsin and will not approve this request to reduce the Medicaid pharmacist reimbursement in the 1999-2001 biennial budget.

As you know, the State Budget Office is currently reviewing all agency requests for possible inclusion in my 1999-2001 biennial budget I will be submitting to the Legislature. After their review is completed, my staff and I will analyze each budget item and its corresponding recommendations.

I appreciate knowing your thoughts on the request from the Department of Health and Family Services. I have spoken with Secretary Leean regarding his Medicaid drug reimbursement request and he informed me the Department included this in their proposal as a means of meeting the State Budget Office budgetary instructions.

Your contributions to improving and maintaining the health and well being of all Wisconsin residents are truly appreciated.

Sincerely,

Tommy G. Thompson

TOMMY G. THOMPSON
Governor

Room 115 East, State Capitol, P.O. Box 7863, Madison, Wisconsin 53707 • (608) 266-1212 • FAX (608) 267-8983

ST. CROIX COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES / HEALTH CENTER

1445 N. Fourth Street
New Richmond, Wisconsin 54017 - 1063

Alcohol / Drug Abuse
246-8209

Child Protection
246-8285

Economic Support
246-8257

Family & Children's Services
246-8285

Home Health
246-8279

Long-Term Clinical Services / CSP
246-8400

Long-Term Support Early Intervention
246-8250

Mental Health
246-8287

Nursing Home
246-6991

Public Health
Family Planning
WIC
246-8263

St. Croix Industries
246-8299

FAX
246-8225
246-8220

Information
Other Departments
715/246-6991
TDD
246-8325

April 14, 1999

To: Joint Finance Committee Meeting

From: Melinda Hanson, RD, MPH
St. Croix County DHHS-Public Health

Re: WIC Program and Consolidated Contract

We are celebrating 25 years of WIC this year, and I would like to thank you for your support of the WIC Program. As you know, WIC is a supplemental food program that provides health screening and nutrition education to pregnant, postpartum, and breastfeeding women, infants, and children up to age five.

What have we learned in 25 years? WIC is cost effective! WIC reduces the number of pregnant women who deliver low birthweight babies and thus helps reduce health care costs in Wisconsin. It costs $22,000 per pound to raise a low (less than 5.5 pounds) birthweight baby to normal weight (7 pounds). It costs $40 per pound to provide WIC prenatal care benefits!

WIC's combination of nutrition education, nutritious foods, breastfeeding support, and health care oversight provides a gateway to good health. WIC enables parents to properly feed their children during critical early years of growth and development, assuring normal growth, reducing levels of anemia, increasing immunization rates, improving access to health care, and improving diets.

Studies have shown that four and five-year olds whose mother participated in WIC during pregnancy have achieved better vocabulary test scores than children whose eligible mothers did not receive WIC benefits. Also, children who participated in WIC after their first birthday have achieved better digit memory test scores then children who did not participate in WIC.

The St. Croix County WIC Project currently serves 700 participants, and annually spends over $385,000 in local grocery stores. Continued support for these 700, and additional funding to outreach the estimated 350 residents who are eligible for WIC and not receiving the cost-effective benefits would be greatly appreciated.

Finally, in regards to the Consolidated Contract, please encourage the inclusion of WIC in the proposed Consolidated Contract for Public Health from the State Division of Public Health. This process would help the continued integration of WIC with other Public Health Programs, which bests utilizes the already limited resources. Maintaining the quality of the WIC Program has always been the responsibility of the WIC Director, and would continue as such under the Consolidated Contract.

Thank you for the opportunity to give input on these important topics.

4/13/99

Dear Members of the Joint Finance Committee:

I am speaking today to ask your support for an effort to promote a stable, consistent, quality respite care system in Wisconsin through the provision of the Lifespan Respite Care Bill.

My husband and myself are parents of a 13-year boy with C.H.A.R.G.E. Syndrome, which involves physical and mental disabilities. Since our son's diagnosis shortly after birth we have known that this child would remain in our home. Regardless of everyone's inability to predict his abilities and Dr.s' warnings of a limited capacity for mental and social development we wanted our son, Toby, to be as much a part of our family and community as our other child and his peers. We did this because we believed then as we do today that persons with disabilities have the right to be fully included in their communities. We did not know that it would save the State of Wisconsin $60,000 dollars a year, the estimated cost of out-of home placement.

There however, has been a price to pay for our decision and our son's basic rights for love and happiness from people that know him best. Throughout his thirteen years Toby, our son, has presented many challenging periods from severe head-banging and other self-abuse to continual sleepless nights where he cried or yelled. For years we needed to get up with him to calm him with backrubs or singing. For years we operated on 2 to 3 hours of sleep a night and every night we went to bed not knowing if it would be a night where we would get a full night's sleep or if one of us would need to get up. We also needed to "sleep" with one ear open as Toby began to learn skills like opening his windows and crawling outside. Sometimes we needed to remove all furniture except his mattress and blankets as his frustration or fear or emotions that we will probably never know escalated and he caused damage to any item within reach. Daytimes presented another set of challenges.

Some people have told us that we were chosen by fate or God to care for Toby which gave us little comfort as we rose weary from our bed to care for a child who screamed and arched his back at every new experience, even eating, and didn't like to be touched. Others called us Saints. We assure those that label us as such that we are very human and require relief.

Through our sons' thirteen years we have had funds put in his County Support plan but have had inconsistent Respite opportunities in our rural area. We have had over thirteen providers in thirteen years, each that we've had to train and then schedule when they could provide it. Sometimes not when we really needed it.

By the mid-90's we began to acknowledge that sleep deprivation and stress had had effects on our family. We realized that through a combination of pride and denial we had not been aggressive enough in getting the RESPITE we needed, the Care for the Caregiver. We accepted our situation and suffered consequences. Soon we found ourselves facing severe financial hardships as my husband, working two jobs, fell behind on his paperwork for his business. I also had two part-time jobs besides caring for my family and began to experience muscle weakness, which I still have, and chronic back pain. Our youngest sibling was referred for a psychological examination as her behavior became concerning, and our oldest daughter found support in her peers when needed as she "didn't want to bother us".

Relief or RESPITE when we received it was lifesaving and has been invaluable to us as constant care providers.

As we began to get more respite our coping skills re-emerged. We were able to get a chance just to think, to examine our priorities and ourselves. We turned the attention on to our younger child and we funneled our oldest daughter's attention into appropriate after-school activities-an opportunity she hadn't had before as we had to count on her constantly for providing after-school care to her brother.

Unfortunately the consistently of RESPITE was short-lived. A wonderful provider we found was hired elsewhere. Another retired. Another became overwhelmed with our son's recent experience with puberty and had to retract her offer of services. Today we again find ourselves with no RESPITE even though the money is in our son's plan.

Recently I met parents of children with hearing and visual impairments and cognitive disabilities from all over Wisconsin; Appleton, Madison, Superior, and Bear Creek. They related similar stories of the high levels of physical, emotional, and financial stress and their difficulties in finding adequate RESPITE. Some reasons for difficulty included lack of providers, some lack of funds in their counties, and some were put on waiting lists for funding for respite through the Family Support Program. This successful parent-centered program has no new rate increase proposed in this budget yet has over 2,000 families on waiting list. Most use family members for RESPITE and then find themselves excluded from family events when their child is too physically involved to attend. As families coping skills are stressed some families have turned their frustrations to the school systems.

I shared the news about the new bill being proposed to the Governor's Budget, the LIFESPAN RESPITE BILL, that will provide the first steps toward a coordinated respite care system in Wisconsin, as well as additional funding to increase the availability of respite throughout the state.

The funds needed by the State to get valuable relief for families is $75,000 for 1999-2000 and $450,000 for 2000-2001 for start-up costs and maintenance. The bill will establish a statewide vehicle to coordinate efficient, consistent, quality respite care in Wisconsin. The access to lifespan respite care could be available to all that need it, regardless of age, disability, or income. RESPITE would be established for any primary

caregiver of an individual with special needs. Not only would parents of children with disabilities benefit but also would families supporting an elderly parent in their home, spouses caring for another with Alzheimer's and care past age 21. Again saving the State money as opposed to costly out-of-home placements.

We need to support our families by increasing accessibility to funding, qualified providers and respite services in Wisconsin, a State that has had a vision of long-term care and family-directed services.

RESPITE needs to be viewed as essential to families' support systems, not begged for or only received while under crises.

By funding the LIFESPAN RESPITE BILL, the vehicle to a stable respite care infrastructure, you are supporting families as they most need it, consistently.

At times we question our fate if we had chosen the other path, the road not taken, the decision we didn't make because of our beliefs that person's with disabilities should be fully included in their communities. The decision that would have left the State a $60,000 a year bill, and left my son without a family and community base and all that encompasses.

Thank you for your time and your consideration of support of the LIFESPAN RESPITE BILL,

DEANNA YOST
WASHBURN, WI
715-373-5000

LIFESPAN RESPITE CARE

ISSUE STATEMENT:

Respite Care is care which is provided to a person with special needs in order to give temporary relief to the family or primary caregiver of that person or care provided when the primary caregiver is unable to provide care on a temporary basis. A special need means the physical, behavioral, cognitive, emotional or personal need of a person with a condition which requires care, supervision or both in order to meet the basic needs of the person. Respite is a primary support service consistently requested by parents and other primary caregivers of individuals with special needs. Demand for respite in Wisconsin far exceeds available funding, programs, and qualified providers. Service access and funding are inconsistent throughout the state. In many counties respite programs have waiting lists or are non-existent, or. Some families have access to funding but cannot find skilled providers, while others have providers but no funding. In addition, Wisconsin lacks an efficient means to coordinate respite care statewide, resulting in fragmentation of resources, duplication of efforts, and inconsistencies. There is no set of statewide standards and guidelines, or means to promote quality assurance .

SPONSORING ORGANIZATIONS

ARCH - Association for the Rights of Citizens with Handicaps, Inc, Waukesha
Catalyst Home Health, Madison
Child Care Connection R&R Agency, Wausau
Children's Trust Fund, Madison
Have a Heart Farm , River Falls
Independence First, Milwaukee
Interfaith Partners in Caring, Sinsinawa
Juneau County Committee on Aging , Mauston
La Causa, Inc, Milwaukee
La Crosse Aging Unit, Lacrosse
Lifespan Respite Care Committee, Wausau
Marathon County Commission on Aging
Omatayo, Milwaukee
Piccadilly Place Respite / Child Care, Beloit
Parents Education Project (PEP) - West Allis
Rehabilitation for Wisconsin, Inc, Madison
St. Agnes Hospital, Respite Care, Fond Du Lac
South Central Respite, Inc, Pardeeville
St. Ann's Adult Day Care, Milwaukee
St. Ann Center for Intergenerational Care, Milwaukee
Special Needs Adoption Network, Milwaukee
The Arc of Wisconsin, Madison
The Respite Care Association of WI, Inc, Green Bay
United Cerebral Palsy NCW., Wausau
United Cerebral Palsy SEW., Milwaukee
United Cerebral Palsy of SCW., Janesville
United Cerebral Palsy of Wisconsin, Madison
Wisconsin Family Ties, Madison
Wisconsin Coalition for Advocacy, Madison

Background :

Parents and primary caregivers who are responsibly trying to raise their children with a special need or care for a family member at home search for the appropriate services and supports to help meet their respite care needs. Sometimes this search forces parents or primary caregivers who have exhausted all their own financial , emotional and physical resources to place that individual with a special need in an foster home, nursing home, or institution. This practice is the consequence of inadequate funding of respite care services. Lack of incentives and statewide coordination to develop flexible community based respite to help keep individuals of all ages with special needs at home, in their schools, jobs, and communities also contributes to the problem

These practices:

- Increase the risk of out of home placement by 50%
- Lead to a 4 times higher risk of abuse and neglect
* Lead to an 80% divorce rate
* Put the health of the primary caregiver and siblings at high risk . 65% of primary caregivers will develop chronic or life threatening illness i.e. depression, lupus, cancer, muscular dystrophy, multiple sclerosis. 45% of siblings develop serious emotional disorders
* Force parents or primary caregivers to make an otherwise unthinkable choice between retaining responsibility for and the relationship with the individual and giving decision making authority and control to a state agency by severing legal ties to the individual with special needs in order to obtain the help they so desperately need - In many counties CHIP(children in protective custody) petition has to be filed before families are eligible for respite
* Waste public funds by placing an individual with special needs in an out of home placement when their basic needs could be provided by their families who love them
* Force individuals into out of home placements rather than supporting families and promoting the development of community based respite service

Position:

The Lifespan Respite Care committee, and numerous organizations statewide are seeking to increase the availability of respite to Wisconsin citizens as part of a comprehensive service system to all individuals with special needs . Adequate respite care is critical in our efforts to ensure a full continuum of support services for families and primary caregivers. The Lifespan Respite Care committee, along with numerous organizations statewide, and direct service organizations supports a policy of consumer-driven respite care services in which all Wisconsin families and primary caregivers have access to flexible, affordable, and quality respite - regardless of disability, income, or age. Consumers have a right to adequate resources for respite care; a right to choose whether to have respite in their home or elsewhere; and to choose who provides it. Respite should be provided in a variety of settings with a variety of support models, and be flexibly designed to fit the unique circumstances of each person. Consumers should have the option of time-limited respite as an alternative to a more restrictive and long term living arrangement, including out of home placements.

Action Required:

1) The Lifespan Respite Care committee supports the following legislative initiatives: to provide GPR funding of $525,000 for the 1999-2000 biennium to increase availability of respite services and to develop a consumer-driven, well-coordinated, and ready-to-respond respite care delivery system in Wisconsin.

2) Contact your Senator and Assembly Representative to indicate your support for Lifespan Respite

3) Urge your Senator and Assembly Representative to co sponsor / support The Lifespan Respite Care Bill

Talking Points on the Lifespan Respite Care Bill

For further information on the *Lifespan Respite Care Bill please call:*
Nancy Olson WCDD Project Coordinator Lifespan Respite Care @ (715)355-1522
The Wiscon Council on Developmental Disabilities (WCDD) @ (608) 266-0979
or your local FCI coordinator

1. Respite care is a key support to families and caregivers.
Research and families tell us that respite care helps to:

- Reduce stress in families/caregivers lives
- Strengthen family's/ caregivers ability to care for their children at home
- Help older adults remain at home
- Reduce residential , nursing home, foster care, and institutionalization
- Reduce risk of abuse and neglect
- Enhance family/caregivers coping skills
- Increase feelings of depression
- Increase community and peer contacts for children with disabilities
- Increase family social activities and interactions
- Allow families to spend time with siblings and other family members

Respite Care is a highly requested Family support service. Yet Wisconsin lacks a stable respite care infrastructure.
Wisconsin is taking important steps toward flexible, family - centered services (Examples include Family Support Program, Children Come First, wrap around services. family support and preservation, ect) When families identify their own needs and strengths, respite care is often one of the most frequently requested service. However, Wisconsin's lack a stable respite care infrastructure means that respite resources are fragmented, some families have access to funding but cannot find adequately skilled providers, while others have providers but no funding. Many families receive no respite services at all. Each county is different there are no statewide standards/guidelines, consistency, or quality assurance.

Wisconsin Communities have demonstrated a commitment to respite care.
Some Wisconsin communities have worked hard to develop respite care for local families/caregivers. Most of these efforts are dependent upon time limited grants or inconsistent funding, While this money is essential, it does not provide the stable, consistent and non categorical respite care infrastructure needed by families and caregivers. The lifespan respite care bill would provide that stability. Local efforts can then focus on direct assistance to families.

Wisconsin Public Health Association

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April 14, 1999

Joint Committee on Finance
Brian Burke, Senate Chair
John Gard, Assembly Chair

WRITTEN TESTIMONY
ON
GOVERNOR'S PROPOSED BUDGET
4-14-99
BY
KATHLEEN M. NEWMAN, DIRECTOR
BARRON COUNTY HEALTH DEPARTMENT

and
PRESIDENT
WISCONSIN PUBLIC HEALTH ASSOCIATION

On behalf of the Wisconsin Public Health Association [WPHA] representing over 350 members throughout the State and Barron County Health Department, I urge the Joint Finance Committee to take a hard look at what the Governor is proposing regarding the tobacco settlement. By committing so few dollars to anti-smoking, the taxpayers of Wisconsin will continue to pay out $200 million a year in Medicaid expenses to treat individuals with tobacco related illnesses.

I urge you to direct ***$50 million annually*** of the ***tobacco settlement*** for statewide, comprehensive programs and services that will reduce the addiction, disease, disability, and premature death caused by the use of tobacco.

This is your once-in-a-lifetime opportunity to prevent our young people from getting hooked on this deadly addictive habit and to significantly reduce the harmful consequences of tobacco. Your investment in ***prevention*** will offset some immediate

costs realized by **Medicaid** and **Badger Care**, illness care **costs allocated to goods** and **services** throughout our state, and **future damages** caused by the tobacco industry.

The ***single most important thing*** people can do to improve their health and the health of their family is to ***quit smoking***. The use of tobacco is the single most important preventable cause of disease and premature death in the State and in Barron County.

Tobacco use is directly related to heart disease, cancer, chronic obstructive lung disease, strokes, low birth weight infants, premature births, upper respiratory infections in our children and SIDS.

The estimated hospital costs to Medicaid for low birth weight infants in Wisconsin is approximately $60 million and surpasses the hospital costs for all remaining infants born of normal weight. In Barron County, approximately 40% of the hospital admissions of children under the age of 15 are due to respiratory infections. A major contributing risk factor is second hand smoke. The direct health care costs of smoking in Barron County is $7 million annually and $1 billion in the state.

By reducing the rate of low birth weight infants alone you will begin to realize a cost savings to Medicaid and Badger Care in the short term. Additional savings will be realized by reducing the hospital rates for respiratory infections, and in the long term by reducing the high illness care costs for coronary by-pass surgery, chemotherapy, and rehabilitation following a stroke.

Seventy percent of those who smoke want to quit. Unfortunately, it is very difficult to quit. On the average it takes 6-8 times trying to quit before individuals are successful. That is because ***nicotine is the most addictive drug around***. The industry laces their products with additional nicotine to make it more addictive and targets our youth, when

they are more susceptible to addiction, to peddle their drugs. That is what the suit was all about.

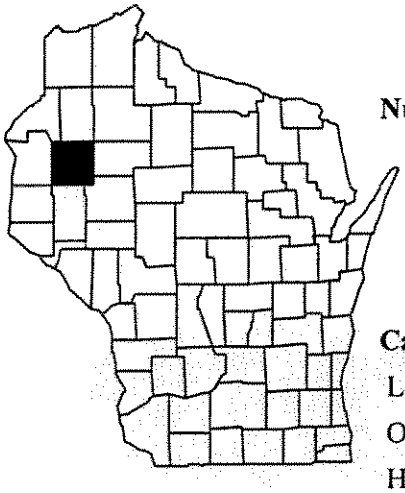
A recent study published in the Journal of the National Cancer Institute concludes that **permanent genetic changes** that for ever **increase the risk of lung cancer** occur in teen-agers who smoke, even if they quit later in life. And ***the younger the smoking starts***, the ***more damage is done***. In Wisconsin and in Barron County 37% of children between the ages of 14 -17 smoke. That is 115,200 children statewide and 1010 in Barron County. If this trend continues, one third will die of long term high cost smoking related illnesses.

Prevention works. ***States that invest in anti-tobacco campaigns get results.*** **Smoking** among middle school students in Florida **dropped 19 percent** in the year since the state launched an aggressive anti-tobacco campaign aimed at children. The Florida Legislature last year allocated $70 million to vigorously enforce smoking age limits and for TV and radio ads produced by teenagers that poke fun at the tobacco industry. The results show why every state including Wisconsin should have a comprehensive program to reduce youth smoking and why we urge you to allocate **$50 million annually of the tobacco settlement** dollars for statewide comprehensive programs and services that will reduce the addiction, disease, disability, and premature death--and the high costs of illness care. It is time to stop playing politics with individual's lives.

The Burden of Tobacco in 1997 in

AMERICAN CANCER SOCIETY
Wisconsin Division, Inc.

Barron County



	State of Wisconsin		Barron County	
Number of Smokers	**1,034,400**		**7,200**	
Adults (18+)	919,200	24%	6,190	20%
Children (14-17)	115,200	37%	1,010	37%
Mothers of Newborns	12,735	19%	125	23%
Cause of Death (% Due to Smoking)	**Total Deaths**	**Due to Smoking**	**Total Deaths**	**Due to Smoking**
Lung Cancer (80%)	2,554	2,048	19	15
Other Tobacco-Related Cancers (39%)	1,581	621	10	4
Heart Disease (18%)	9,547	1,718	100	18
Stroke (12%)	3,578	422	54	6
Respiratory Diseases (51%)	3,573	1,808	26	13
Perinatal Diseases (12%)	220	26	0	0
Burns (46%)	57	26	0	0
All Causes (17% statewide)	45,037	7,725	450	67
Total Cigarette Packs Sold	**465,356,800**		**3,166,090**	
Adults (18+)	449,073,000		3,023,290	
Children (14-17)	16,283,800		142,800	
Direct Health Care Costs of Smoking	**$1,000,000,000**		**$6,960,800**	

- In Wisconsin, 24% of all adults and 37% of children 14 to 17 years old are current smokers. The use of tobacco is the single most important preventable cause of disease and premature death in the state and in Barron County.
- There are over one million smokers in Wisconsin, with 7,200 adult and child smokers in Barron County.
- Women who smoke often have infants who have lower birth weights than infants born to non-smokers. Smoking during pregnancy also contributes to premature delivery and a wide variety of health problems.
- In 1995, over 7,700 Wisconsin residents died from smoking related illnesses and injuries; 67 were residents of Barron County. Of all deaths, 17% in Wisconsin and 15% in Barron County were due to smoking.
- In an average year, over 465 million packs of cigarettes are sold in Wisconsin, with approximately 3.2 million sold to residents of Barron County.
- The direct health care costs of smoking (e.g., physician visits, hospitalizations, etc.), are estimated at $1 billion annually in Wisconsin; $7.0 million in Barron County.
- In Wisconsin, total annual Medicaid costs attributed to smoking are estimated to be $113 million.

Technical notes: The information in this report was obtained from the Division of Health, supported by funds from the National Cancer Institute for Project ASSIST. Per capita sales and consumption of cigarettes fo Wisconsin residents 14 and older calculated using Department of Revenue cigarette tax data, adult smoking rates from 1989-94 Wisconsin Behavioral Risk Factor Surveys, youth smoking data from the 1995 Youth Risk Behavior Survey, and youth cigarette consumption data from the April 1993 Wisconsin Medical Journal. Maternal smoking data are from 1995 birth certificates. Death data are from 1995 death certificates. Smoking-attributable mortality and direct health care costs calculated using Smoking-Attributable Morbidity, Mortality and Economic Costs (SAMMEC) 3.0 software from the Office on Smoking and Health, Center for Disease Control and Prevention (CDC), Atlanta, GA.

Washburn County
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Testimony On Governor's Budget Joint Finance

Hello, I'm Billie LaBumbard. I'm the Director of Washburn County Public Health/Home Care. I have been doing Community Health Nursing or Public health Nursing for 30 years.

I believe in Prevention - Although in public health it may take years to see any results to populations. I've found prevention takes time, money and repetition. TIME, MONEY & REPETITION. In order to have a change accepted by many different people, people need to understand and promote that change. For example, moms, dads, children and grandparents accepting the value of ~~wearing bike and horse back riding helmets.~~ not smoking

My Plea to you is to support our prevention efforts with funding.

1. Tobacco cessation and limiting access to tobacco

   In Washburn County we have passed smoke free county buildings. We do cessation classes for teens and adults. Two judges send students for diversion education. It's not enough! We need to do prevention at all ~~younger~~ ages. We have a Northern Coalition with Sawyer County, LCO Tribal folks and NWCHC that has just had a successful workshop, sharing what works. Tobacco settlement money needs to go for prevention. How much money would be adequate? $80 million to be used for education, media blitz, cessation program and community based programs. $50 million by public health

2. Immunization Funding

   We need more immunization funding for local outreach. We received a private grant to buy computers and software. We're going to link up clinics and public health. We will get a handle on our data. We need help to do better outreach. That means stamps, letters, posters, ads. How much money? $2 million is good. Help us do our job.

assure adequate funding for Public Health

Joint Finance Committee Testimony
Wisconsin AHEC System
April 14, 1999

Good morning Co-Chairman Gard, Co-Chairman Burke, and members of the Committee. Welcome to Northwestern Wisconsin and thank you for the opportunity to speak today. My name is Piper Larson and I am here to speak in **favor of an increase** in funding for the Wisconsin AHEC System. I am wearing many hats during this testimony and I will speak from several vantage points. As a Dean of Planning for Wisconsin Indianhead Technical College; Northern AHEC has become an essential resource for staff development and information on health care. As a Registered Nurse that has worked in rural Wisconsin health care for 25 years; AHEC system resources have been very beneficial for researching information to provide better, more individualized patient care and access to essential professional development activities. As a board member of the Northern Wisconsin AHEC; it has been a privilege to work with a visionary center director and staff that have transformed the center from a fund dispersal center to a resource sharing partnership. Northern AHEC, local educational institutions and local health care providers collaborate to enhance the effectiveness of patient care delivery in Northern Wisconsin. Please allow me to briefly elaborate:

Wisconsin Area Health Education Center System, or AHEC, aims to improve the distribution, supply, quality, utilization and efficiency of health personnel in rural and underserved communities. We are not currently in an underserved community since we can see the city lights of the Twin Cities from here. However, a short drive to the north and/or east will take you to several areas with underserved populations.

As I heard about AHEC many years ago, I learned that it was federal and state money administered through the UW Medical School, funding activities done through four regional, community-based organizations. Here are some of my experiences:

The nursing program at WITC has been moving to more computer-based learning over the past several years. One of the faculty, who was nearing retirement, found Internet searches and computers in general to be complex and unfriendly. Her frustration level grew daily and although she had taken several classes to improve her skills, she still struggled. She went to a Northern AHEC sponsored meeting about Northwoods HealthNet and learned how HealthNet could help her with sorting through the multitude of health related resources on the net. While she has not delayed her retirement because of HealthNet, she has elected to obtain an Internet provider service to her home in the woods to continue to access the Monday morning e-mail – always full of reliable health care information – from Northwoods HealthNet. The Northern Wisconsin AHEC was responsible for bringing $363,000 in federal funds into northern Wisconsin, via National Library of Medicine grant to fund Northwoods HealthNet. There has never been more health information available and at times, through sheer volume, it has never been harder to access. We need the help of Northwoods HealthNet.

Another faculty member, with a specialty background in pediatrics was having a difficult time accessing information about continuing education offerings within the area. Although she maintains some excellent connections with large health care organizations in the Twin Ports and Twin cities areas and she worked with local health providers, she was often unaware of offerings by other organizations in the area. The northern AHEC has organized a service called Training Connection that allows members to share education offerings and needs via an Internet listserve and webpage. This faculty member has been able to utilize the information to attend activities for her own professional development and has also involved her students in area offerings. The Training Connection has made a difference in our nursing program by providing easy access to area health care provider offerings.

In my supervisory role as a dean at WITC, I visit local health care providers that allow our students to practice their skills in the clinical setting. On several occasions I have been in the patient care areas and witnessed the staff accessing information through the various services of Northern AHEC to improve patient care. The Northern AHEC web page is bookmarked on most computers in the nursing stations and medical resource areas. The staffs know of it, use it and like it. Some of them also work with medical students and residents that are in northern Wisconsin due to AHEC money to fund rural medical education. They take any and all opportunities to help the medical students appreciate the issues if our rural clientele as well as convince them that staying in "God's Country" to practice medicine is really their *only* option.

We have one offering at WITC – the Occupational Therapy Assistant program at our Ashland campus -- that exists today partly due to AHEC. In 1995, we were given a small project to assist with our investigation of new health program development. We were able to fund a part time position to research the possibilities of this program and were eventually able to begin the program development work using the project dollars. This program would not have come about as quickly as it did without the assistance of AHEC dollars. On a recent visit by the national Occupational Therapy accrediting agency, the site visitors were very impressed by the resources available to the OTA students via Northwoods HealthNet and Training Connection. Probably hey were impressed that we actually had computers out here in the hinterlands, but the AHEC resources added to our credibility with this national group.

The services of the AHECs are many and I have not personally experienced them all, but I feel the loss of this organization to northern Wisconsin and to the state would be extremely difficult for area practitioners that have come to rely on the services. The Wisconsin AHEC System is requesting total state funding of $1.5 million per year to maintain current programs and services. It is my belief that this is a necessary expenditure for the well-being of Wisconsin residents.

The current AHEC System budget is $1.56 million per year: $763,000 in federal money and $800,00 in state funds. The federal money is ending September 30, 1999. The AHEC system request is to maintain $800,000 per year appropriation in Governor's budget and an increase of $700,000 per year in state funds.

Northern Wisconsin needs AHEC to keep sending those medical students to us! We need the AHEC activities that help us coordinate our educational offerings so we can avoid unnecessary duplication and take advantage of area offerings. The communication tools alone are invaluable, but they require some maintenance to be effective and none of the individual partners alone can do the task. We need the AHEC as a neutral partner to help the collaboration between area organizations. Without some increase in funding, regional AHEC centers will have to cut programs and services and maybe even close their doors. AHEC needs your support. We need your support!

Thank you, Co-Chairs Gard and Burke and committee members for your attention to the health-related needs of rural and underserved areas.

Piper J Larson, RN, MN
Dean, Instructional Planning
Wisconsin Indianhead Technical College
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Shell Lake, WI 54871

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I am Pam Rampen, RD, CD. I am a Registered Dietitian employed w/ the Northern Area Agency on Aging. I want to ask for your support for the following issue statement. Thank you.

ISSUE STATEMENT: The state funding for the Elderly Nutrition Program has not changed since 1994. This service is critical for older persons to remain independent, in their own homes. Wisconsins' Aging Network effectively delivers meals to the elderly with federal, local, charitable and volunteer resources. The need for services grows daily. The Wisconsin Association of Nutrition Directors (WAND) is asking to have an additional $3.6 million put into the nutrition program to assist the 72 counties and 8 tribes live up to the standards that everyone expects from the State of Wisconsin.

- $1.2 million — These funds would be used to keep up with the current increase in the Home Delivered Program. This Program delivered over 2.5 million meals last year which amounted to a nearly 200% increase in the last 11 years. These dollars would help with increased costs in food, condiments, disposable, transportation (to deliver more meals to more outlying areas of the counties), and reduce or eliminate waiting lists.

- $950,000 — These funds would be used to expand Congregate Services. This would allow counties to provide county-wide service. Our Congregate Meal Sites provide the basis of the 20,000 volunteers used by the Home Delivered Program. Our Congregate Meal Sites also provide the most cost effective settings for the Aging Network to address issues facing the elderly. Just as a small example; some of the topics discussed at Congregate Meal Sites include nutrition education, scams and frauds that are targeting the elderly, elder abuse issues, education, and numerous social activities.

- $800,000 — These funds would be used to provide specialized diets throughout the State of Wisconsin. Currently, only 25% of the Nutrition Programs offer any types of specialized diets. This would allow counties to expand existing specialized diets and offer an opportunity for counties not offering specialized diets a way to serve their clients more fully.

- $650,000 — These funds would be used to expand dietician services offered by the Elderly Nutrition Program. This would increase our emphasis in preventive services to help reduce our clients medical costs. These services would primarily be available to our homebound clients of which 57% are already at high nutritional risk. This could provide nutrition education, intervention, and provide a much higher quality of live than they have had in the past allowing them to stay independent and in there homes longer.

Statements Supporting the Health and Financial Importance of Adequate Nutrition Intervention For The Elderly

- Health care professionals who specialize in geriatrics and the people who run America's hospitals, nursing homes and home care agencies, agree on the cost-effectiveness of routine nutrition screening and treatment both for their own patients and as part of the health care system for the elderly population in general. (Hart & Associates, National Survey on Nutrition Screening and Treatment for the Elderly, 1993)

- In 1990-1991 in a 16-week longitudinal study of frail elderly women eligible for Home Delivered Meals, 73% showed an increase in weight and anthropometric and body mass measures with their receipt of 5 to 10 Home Delivered Meals per week. (Kordish, Clearfield, PA – Reported Nutrition Screening 2, 1993)

- An Area Agency on Aging program using liquid supplements for frail elderly had 100% of the participants report improved personal health through their positive anecdotal responses about increased performance of activities, improved weight gains, increased appetites or other physical and psychological improvements. Physicians reported 66% of program participants gained needed weight, 22% stabilized their weight and 33% were thought to have avoided unnecessary hospitalization or nursing home placement. (Siudarta, Oakland and Macomb Counties, MI – Reported Nutritional Screening 2, 1993)

- Among hospitalized adults, it cost $5,575.00 more in the cost of treating a malnourished surgery patient and $2,477.00 more in the cost of treating a malnourished medical patient. (Reilly, 1988)

- From a study done in two hospitals, patients with the likelihood of malnutrition had over three times the number of major complications, stayed in the hospital 2/3 longer and were four times more likely to die. (Reilly, 1988)

- Each reduction of one month in the average period of dependence (of the elderly) means a savings of up to $4 billion in health care and custodial costs. (Califano, 1988)

To: Joint Finance Committee
State of Wisconsin

4-14-99
Osceola

I am a board member and education committee chair for the Indianhead Chapter of the Alzheimer's Association. I facilitate a caregiver awareness group as well. The Chapter serves 11 counties in western Wisconsin. I am also a medical social worker currently employed by a home health agency.

I came to advocate for options - for families who are touched by Alzheimer's disease. Many of the families I meet have incomes that disqualify them because they're not poverty level. In addition, income isn't high enough for them to support required care. Alzheimer's is a costly disease.

I am representing families who benefit from AFCSP (Alz. Family Caregiver Support Program). While not well advertised, it is administered by counties to provide equipment and care for families providing care in the community. Many of these people aren't eligible financially for COP funds or must be on a long waiting list. Safety and caregiver burn-out often limit the ability of someone with a dementia to remain at home.

Please continue and increase funding for AFCSP. Also consider funding adult day care.

I am also supporting the wage pass through. There are not enough laborers available to provide care in the home or in long term care. Quality care

requires consistent, well trained staff to work with individuals with cognitive and functional deficits. Those would might become nursing assistants are choosing instead to work elsewhere especially in the fast food industry. The work pays more and is less physically and emotionally challenging. Border communities compete with employers in the Minnesota metropolitan area because the pay scale is higher.

Please allow families to make a choice about caring for a member in the home or placing in a long term care facility. Fund the wage pass through to encourage laborers to choose healthcare.

Thank you.

Kayry Dalen, CSW
Medical Social Worker

address: 539 N. 8th St.
River Falls, WI 54022
H 715-425-2454
W 715-425-5079

Dear Joint Finance Committee Members:

I've come to ask for your support on two issues. The first issue is to increase funding for community based services for people with mental illness and developmental disabilities. Direct service providers can live with zero-increase budgets when everyone else is also tightening their belts to create deficit reduction, but we can only sacrifice so long. Now that there is a positive revenue picture at both the State and Federal level, Congress needs to authorize increases for disability services and restore cuts.

When community based services are cut this not only affects the individuals with disabilities, it also affects the staff hours and benefits who support them.

We need increased funding, (Community Aids) for community based services to provide the foundation for a stable workforce. It's difficult retaining a consistent workforce, which includes recruitment, hiring, orientation, and on-going training of competent staff to successfully expand opportunities and resources for people with disabilities to belong to their communities.

The second issue I would like to briefly discuss is health insurance. Health insurance coverage is still a major problem. Each year for the last four years the agency I'm employed with has paid a minimum of 10-15% more for a decreased benefit package.

Any increase in my salary is quickly lost to this increased cost in health insurance, as well as increased cost of living expenses and property taxes.

Thank you,

Peg Swanson
Washburn, WI

My name is Lou Williamson and I am the fourth generation of funeral directors to serve Amery and the surrounding area. I thank you for the opportunity to call you attention to two areas that are not addressed by the present budget.

First – let me speak about to the need of raising the reimbursement for medical assistance funerals from its present level of $1000 to $2500. In 1998 we provided 19 of these types of services. My service cost is $2721 for a complete funeral and $2571 if they choose to have no visitation. The State of Wisconsin reimburses the counties $1,000, which they in-turn, pay out to funeral directors like me to provide these services. The state of Wisconsin last saw fit to increase this amount in 1990. For the past 9 years there have been no inflationary increases of any kind. The $1000 amount for which we must also provide a casket which costs us $249.00 means we must provide our services and staff at a cost of 751.00 nearly $2000 below our service charge for the typical traditional funeral service. There will always be a moral obligation to provide these services, even though we lose money on medical assistance funerals, but we will continue to perform them as a community service. Ours is a very labor-intensive business, much like hospitals and nursing homes. The state of Wisconsin reimburses those facilities at a $70 – 80% rate, while we are currently reimbursed at less then $25%. I would ask that you look strongly at making budget provisions to raise the medical assistance funeral allowance to $2500, so that we can at least cover a larger portion of our costs in providing these services.

The second issue I would like to address is to raise the irrevocable funeral trust limit, which is presently at $2000 to $3500. This amount was raised in the 1991-93 budget from $1500 to the present $2000. I would anticipate that the cost to the state of Wisconsin would be minimal. First, by raising this limit, you would eliminate much of the need for medical assistance in taking care of funeral expense. Of the 19 medical assistance funerals we provided in 1998, 10 of those would have required no medical assistance monies had the people been able to set aside a larger amount in their irrevocable funeral trust accounts. By being able to set up trust accounts to take care of final expenses provides incredible peace of mind to our elderly citizens. At the present level people fall short by over $700 in being able to provide monies for their funeral services. According to the National Funeral Directors Association data in 1997 the average cost of providing services was between $3000 and $3500. Let me point out that presently our service charges are less than these amounts, however, excess monies not used in the trust are turned back to the state for those who are on medical assistance. Recently the state of Illinois raised the allowable limit on their funeral trusts to $4000. Lastly, let me point out that in my mind funeral trusts are getting unfair treatment. While funeral trusts are limited in the amounts that can be set aside, funeral that are funded with insurance have no limits at all. On a funeral trust 100% of the money must be set aside in a state chartered bank meaning the money stays in Wisconsin. By raising the limit you would be encouraging the money to remain here. Allowing people to plan and adequately fund their final expenses is very important, especially among our senior citizens. Would you please give strong consideration to these two very important issues? Thank you very much for your time here today.

Testimony before the Joint Finance Committee
4-14-99

My name is Peter Kilde. I am the executive director of West CAP, a Community Action Agency serving seven counties in west central Wisconsin, including this one. I also currently serve as the President of the Wisconsin Community Action Program Association generally known as WISCAP. I am here today to testify in support of the Individual Development Account (IDA) initiative in the governor's budget, and to support Senator Shibilski's proposed amendment to increase the state's TANF funds budgeted for this IDA initiative from $1.3 Million to $3.8 Million.

In addition to thanking Senator Shibilski for his strong support of this program, I wish to thank Governor Thompson for including this innovative program in his proposed biennial budget. I also wish to give special acknowledgment to Senator Roessler who asked the governor to include the IDA initiative in his budget and who continues to champion this great idea.

Despite Wisconsin's strong economy and aggressive welfare reform efforts, the economic position and the prospects for long term self-sufficiency for most low-income families remain weak, precarious, and tentative. Many formerly welfare-dependent persons are now employed, but in lower paying jobs. Their continued employment and job security is vulnerable to even the most minor downturns and subtle changes in the economy, and they remain apart from the economic mainstream.

IDAs are a new strategy that creates opportunity for savings, investment, and asset building that can enhance and compliment the existing employment and income strategies of W-2. The combined strategy can lead to the successful long-term self-sufficiency for low-income families. The opportunity to establish and own a savings account, own a home, or start a small business or to earn a college degree gives hope to a low-income person. The opportunity to save and accumulate money, even small amounts, enables a person to imagine a future that is better than the present. The purchase of a first home or a chance to start a small business gives a person and a family a stake in their neighborhood and community.

What is being proposed is a statewide demonstration to be carried out through Wisconsin's network of 16 Community Action Agencies (CAAs) and managed by WISCAP. While we are aware that other agencies may be interested in operating an IDA program in Wisconsin, I submit that the designation of WISCAP and its Community Action Agency network to implement this statewide initiative is good public policy for the following three reasons.

1. To ensure fair and equal access to this asset-building opportunity for our low-income citizens, Wisconsin needs an effective statewide delivery system. WISCAP has the capacity, the experience and the will to implement this program on a statewide basis. All of WISCAP's 16-member Community Actions Agencies along with UMOS, the United Migrant Opportunity Services, have unanimously

committed their agencies to the coordinated, cooperative and mutually supportive implementation of this program across the state. Furthermore, building on the first IDA demonstration by ADVOCAP in Fond du Lac, the state's second IDA program was launched by the Community Action Coalition in Madison, and the first hand expertise gained from these demonstrations will guide the rest of the program.

2. WISCAP's proposes to match the state funds with $500,000 of federal funds through the Assets for Independence Act by application to the federal Office of Community Services. This application will be submitted in a few days. CAAs are also committed to raising an additional $1,000,000 for this program, effectively building on the state's $3.8 Million in TANF funds to bring the statewide IDA program funding up to $5.3 million over the next two years. With this funding, WISCAP will be able to establish 2,400 IDAs across Wisconsin. This will be a very significant program, the only statewide IDA demonstration in America, and a program that will enhance Wisconsin's national reputation as an innovator in welfare reform and as a leader in public policy.

3. IDAs are uniquely suited to the mission, function and history of Community Action Agencies. For over 30 years, Wisconsin's CAAs have been working toward the elimination of poverty and the promotion of self-sufficiency for our low-income citizens. CAAs administer a variety of housing and home ownership programs, and since 1991, WISCAP, through its member agencies, has run Wisconsin's highly successful Job and Business Development program for low-income entrepreneurs. These low-income housing and business development programs are a perfect match to the goals and purpose of IDAs, and, along with the other reasons I have noted, make Community Action Agencies the right choice for implementing this statewide IDA program.

Thank you.

Peter H. Kilde
Executive Director, West CAP, 715-265-4271
President, WISCAP, 608-244-4422

*Charting the Journey Out of Poverty** - Current Problems

EDUCATION
- Lack of education limits wages
- Need to finish higher education to be out of welfare system permanently
- Told by divorce court judges to quit school
- Need more information on financial aid programs
- Illiteracy
- Language barriers

CHILD SUPPORT
- Do not receive
- Payments are too low
- Have to make frequent calls to child support agency to get results

HEALTH INSURANCE
- No health insurance
- Insurance costs are high
- No money to pay for medications (especially for anti-depressants)

DISABILITIES - WOMEN
- Unable to work because of disabilities
- Facing discrimination or harassment from employers due to disabilities
- Disabilities are difficult to diagnose

DISABILITIES OF CHILDREN/ OTHER FAMILY MEMBERS
- Losing jobs because of child's disabilities and getting called too often at work
- Some disabled children need 24-hour care
- Multiple disabilities within the family/household
- Need to care for other family member with disability

CHILD CARE
- Cannot find quality, reliable and affordable child care
- County is recommending drug addicts, physical and sexual abusers as child care providers
- Child care needed for disabled children, especially older children
- Inflexible child care facilities
  - ◊ have to pay to keep space even when not used for that day
  - ◊ need flexible hours for child care so that mother can work second shift
- Problems with subsidized child care
  - ◊ difficult to get subsidized care
  - ◊ no subsidized care for children over 10, yet social services says they can't be left alone for more than 1 hour
  - ◊ subsidized care not paid for by county even when promised
  - ◊ co-pay is too high

SELF/FAMILY
- Depression and low self-esteem
- Domestic violence or relationship problems
- Child abuse by former or current spouse/partner
  - ◊ fathers abusing children during visitation
  - ◊ got divorced because fathers were abusing children

TRANSPORTATION
- Inadequate public transportation
  - ◊ no public transportation in rural areas
  - ◊ work and appointments are missed because of lack of public transportation
  - ◊ when public transportation is available, have to transfer between several different buses to get children to child care and then go to work
  - ◊ public transportation not accessible for persons with disabilities
- Vehicles too expensive to maintain
- Depend on family members and friends for transportation
- Need reliable cars
- Need transportation to get children to/from school and extracurricular activities

DIFFICULTIES WITH W-2
- Education
  - ◊ told by W-2 caseworkers to quit school and get job

* Preliminary results from 149 in-depth interviews of women in 8 Wisconsin Communities

*Charting the Journey Out of Poverty** - Current Problems

- ◊ can't finish school because of W-2
- ◊ trying to meet work requirements of W-2 and still finish school is very difficult
- ◊ women are not getting any public assistance in order to finish school
- ◊ belief in education as a way out of poverty but must postpone it because of W-2
- ◊ women having to quit school and start paying back student loans even if unable to complete degree because of W-2 requirements
- ◊ work study not considered work under W-2

- Lack of information
  - ◊ need to know rights
  - ◊ need information about programs and services available
- Humiliation of system
  - ◊ treated poorly when using food stamps
  - ◊ abused by caseworkers and system
- No time for children now because of W-2 requirements
- Some feel that worrying about money will drive them to alcohol or drugs

HOUSING

- High cost
- Families living in sub-standard conditions (broken windows, doors, plumbing, et cetera)
- Subsidized housing
  - ◊ long waiting lists for housing assistance
  - ◊ need for subsidized housing
- Homelessness
  - ◊ families living in cars
  - ◊ moving from house to one room boarding house
  - ◊ families are doubling up

JOBS AND WAGES

- Need for jobs that pay self-supporting wages
- Need for jobs in smaller communities
- Need flexible work hours to be available for children before/after school
- Discrimination makes it difficult to get/keep employment

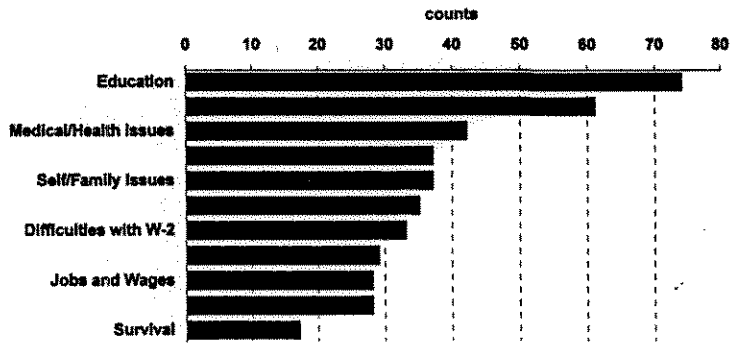
NOT ENOUGH RESOURCES

- Worried about money for food and shelter
- Access to assistance was helpful but not enough
- Spending all money on child care
- Not enough food
- Inadequate clothing

SURVIVAL

- Some felt they were falling through the cracks
- Concerns about being sanctioned under W-2
- Knowing how to survive
  - ◊ some have lived in poverty all their lives and know how to make ends meet
  - ◊ burn wood with fuel oil for heat
  - ◊ have gardens to grow for
  - ◊ butcher own cows for meat
  - ◊ buy in bulk

CURRENT PROBLEMS



for more information contact:

Victoria Hansen *715-425-2762*

Ruth Kalms *715-425-0498*

* Preliminary results from 149 in-depth interviews of women in 8 Wisconsin Communities

SUSTAINING A FAMILY

A single parent with two children (one in day care and one in school) can't sustain her family on minimum wage. She must earn at least $9.00 an hour.

$5.15 per hour for 40 hour/week

	Monthly Income
Gross	$824.00
deductions	
Social Security	($51.08)
Medicare	($11.96)
Federal Taxes	$0.00
State Taxes	($22.80)
Net Pay	**$738.16**

	1 Bedroom	2 Bedrooms	3 Bedrooms
Net Pay	$738.16	$738.16	$738.16
Housing Cost	($486.00)	($621.00)	($841.00)
Child Care	($338.00)	($338.00)	($338.00)
Money for Food & All Other Expenses	**($85.84)**	**($220.84)**	**($440.84)**

$9.00 per hour for 40 hour/week

	Monthly Income
Gross	$1,440.00
deductions	
Social Security	($89.28)
Medicare	($20.88)
Federal Taxes	($96.00)
State Taxes	($68.40)
Net Pay	**$1,165.44**

	1 Bedroom	2 Bedrooms	3 Bedrooms
Net Pay	$1,165.44	$1,165.44	$1,165.44
Housing Cost	($486.00)	($621.00)	($841.00)
Child Care	($338.00)	($338.00)	($338.00)
Money for Food & All Other Expenses	**$341.44**	**$206.44**	**($13.56)**

data sources:

housing costs - Federal Fair Market Survey, reported by City of River Falls Housing Authority
housing costs include utilities but no subsidies

Social Security - 6.2% of gross wages

Medicare - 1.45% of gross wages

child care - Project Childcare, cost in River Falls for a single child age 2-1/2 years old

prepared by Women and Poverty in Western Wisconsin Project, May 1, 1997

*Charting the Journey Out of Poverty** - Assists and Changes Needed

What participants found helpful (assists)

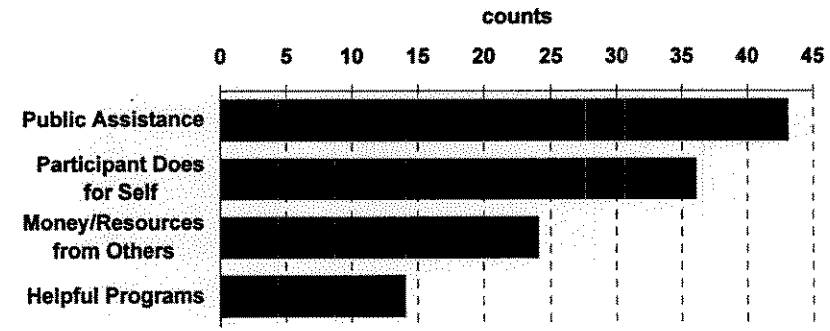
Public Assistance
- medical assistance (MA)
- food stamps
- low-income housing
- welfare (old system)
- WIC
- SSI
- Job Centers helping to find jobs (now, new system)
- free breakfast and lunch for children (school program)
- caseworker
- energy assistance

Participant Does for Self
- inner strength/confidence/determination
- getting education
- getting married

Money & Resources from Others
- help from friends or family — money, child care
- child support
- living with boyfriend/sharing expenses
- alimony

Helpful Programs and Benefits
- health insurance from employer
- student loans (covers living expenses)
- Salvation Army
- YMCA program scholarships for child care
- domestic violence shelters & transitional housing programs
- Head Start

ASSISTS



What policy makers need to know

Problems with System
- one size does not fit all
  - ◊ need to personalize and individualize program
  - ◊ people who really need help are not getting services
- old system gave women a fighting chance and hope for the future
  - ◊ now women cannot afford to leave an abusive relationship
- problems with those delivering the system
  - ◊ emphasis on case reduction instead of needs of family
  - ◊ caseworkers need training to minimize errors
  - ◊ negative attitudes of caseworkers
  - ◊ caseworkers do not seem to know what the rules/eligibility requirements are
  - ◊ caseworkers withholding information
  - ◊ caseworkers are lying
  - ◊ the sanctioning procedures and reasons are not explained
  - ◊ is not working the way the State says it is
  - ◊ child care funding next to impossible to successfully access
  - ◊ co-payment for child care is too high
  - ◊ benefits are terminated even when having only a part-time job

* Preliminary results from 149 in-depth interviews of women in 8 Wisconsin Communities

*Charting the Journey Out of Poverty** - Assists and Changes Needed

- speed of changes
  - ◊ need more gradual transition
- program needs to focus on fathers, too, not just mothers

EDUCATION
- women need education to become self-sufficient
- need resources until finished with school (cash benefits, food stamps, medical, child care, et cetera)
- education is what gets women off welfare permanently
- need basic skills training
- need to learn English
- allow hours toward education to be considered job training/work experience

MEDICAL
- health problems and no health insurance
- rural doctors and dentists not taking medical assistance
- need universal health care
- disabilities prevent some women from working even part-time

JOBS AND WAGES
- women want to work but need some resources (child care, health care, et cetera) to do it
- minimum wage workers cannot afford to take time off work to sign up for benefits (process is too lengthy)
- need at least a 4 year degree to earn self-sufficiency income
- support needed while women transition from not working to full-time work
- need more family supporting jobs

CHILD SUPPORT
- agencies are not helpful

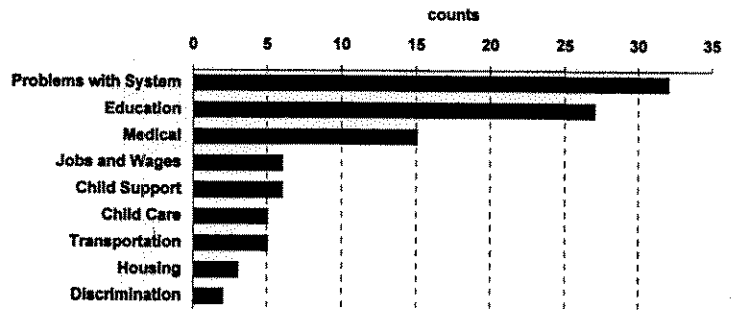
CHILD CARE
- needed for children up to age 12 and all disabled children regardless of age
- flexible policies at child care centers, e.g. cannot afford to pay for day a child is not there just to "hold the slot"
- allow access to child care for women going to school
- need 24-hour child care centers for shift workers

TRANSPORTATION
- rural communities need public transportation system

HOUSING
- need more low-income housing

DISCRIMINATION
- women should not be punished for choosing not to get married
- should be allowed to get a 4-year degree

WHAT POLICY MAKERS SHOULD KNOW



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* Preliminary results from 149 in-depth interviews of women in 8 Wisconsin Communities

Women and Poverty Public Education Initiative: Charting the Journey out of Poverty*

Fact Sheet: Background Factors

Childhood

Physical abuse

- Grew up in homes where physical abuse was present

Lack of support

- Death of parent or other situation where family was unable to provide financial or emotional support lead young girls to turn to boyfriends/peers for support, resulting in:
  - Pregnancy
  - Drug/alcohol abuse
  - Poor performance in school

Poverty

- Mother left alcoholic and/or abusive father when children were young, resulting in them growing up in poverty

Poor school performance

- Stemming from:
  - Education not valued for female children in home
  - Female children taught to be "proper wives and mothers", often being told they would never amount to anything else.
  - Did not get attention or recognition they needed because of:
    - Possible learning disabilities
    - Being a minority

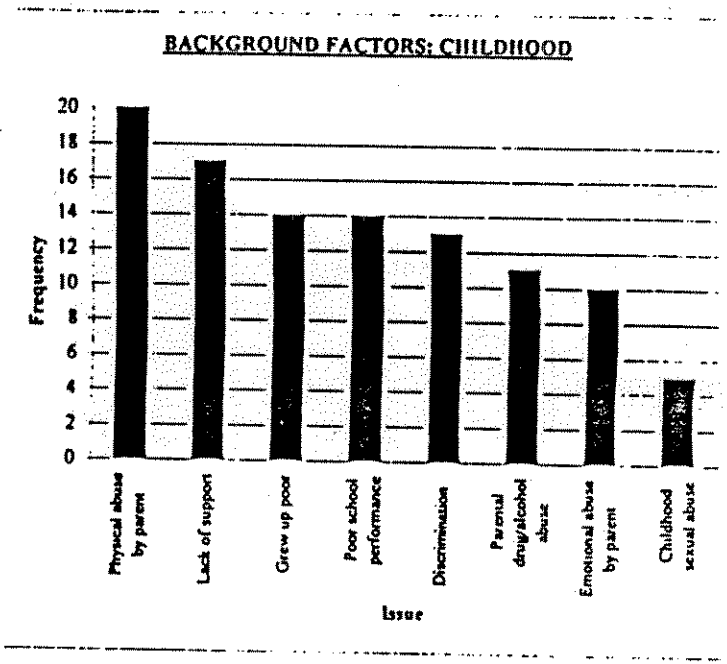
Discrimination

- Families had racist attitudes towards one of her parents

Other abuse

- Grew up in homes where drugs/alcohol were abused
- Grew up in homes where emotional abuse was present
- Childhood sexual abuse led young girls to attempt to escape the family by getting pregnant

*Preliminary results from 149 in-depth interviews of women in 8 Wisconsin communities.



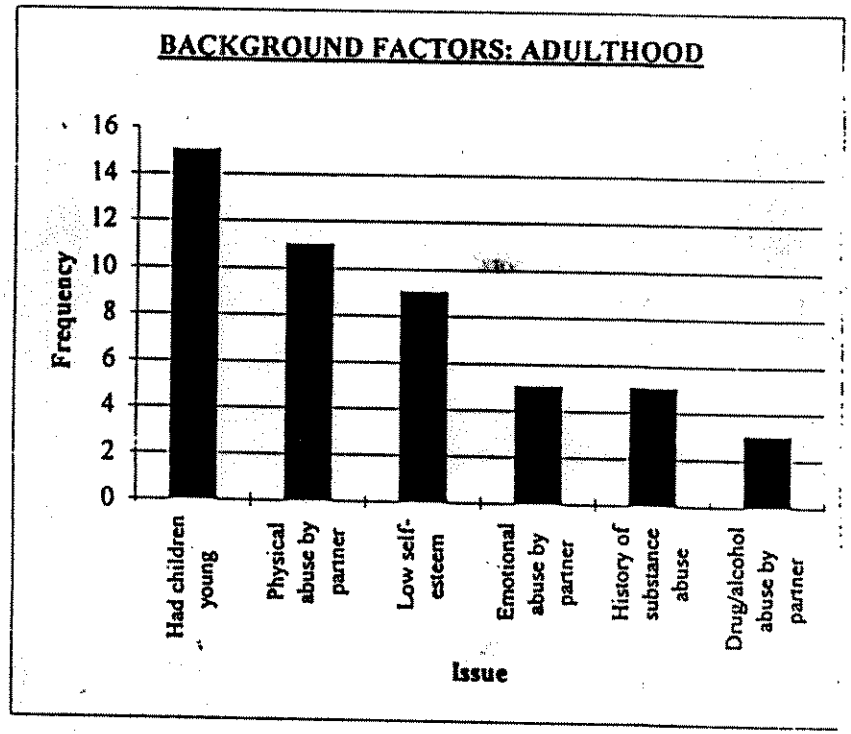
Adulthood

Where abuse was present in the home, girl children were more likely to:

- Have children early in life, often with men who were also abusive and/or had addiction problems.
- Grow up to marry or have children with men who were physically abusive.
- Suffer low self-esteem, depression, and thoughts of suicide. These issues with self-esteem influenced many of their decisions as adults.
- Grow up to marry or have children with men who abused drugs/alcohol.

Women who had other difficult childhood experiences were more likely to:

- Grow up to marry or have children with men who were emotionally abusive.
- Have a history of substance abuse



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