



---

## Statutory Council on Blindness Meeting Minutes

Thursday, February 9th, 2023  
9:00 a.m. to 3:00 p.m.

Via Zoom: [Join Zoom Meeting](#)

Conference Call Access Information:

USA Toll-Free: 1 669 254 5252

Meeting ID: 160 478 7647

### Action Items and Motion Items

#### **Motion Items:**

- 1. Motion Item:** Kate Coerper called for a motion to approve the agenda for today's meeting. Patty Zallar motioned to approve the agenda for today's meeting. Kathleen Enders seconded. The motion carried.
- 2. Motion Item:** Kate Coerper called for a motion to approve the minutes from the November 10<sup>th</sup>, 2022, meeting. Patty Zallar made a motion to approve the minutes. The motion was seconded by Patty Slaby. No discussion. Motion passed.
- 3. Motion Item.** Kate Coerper entertained a motion to adjourn. A motion to adjourn was made by Rhonda Staats and seconded by Patty Zallar. No discussion, the motion passed, and the meeting adjourned at 2:28PM.

#### **Action Items:**

- 1. Action Item:** Amber Mullett will request County demographic data from Eric Grosso.
- 2. Action Item:** Amber Mullett will request Behavioral Risk Factor Surveillance Survey (BRFSS) information from Carlie Malone.
- 3. Action Item:** Kathleen Enders and Rhonda Staats will reach out to their local ADRCs and identify how they work with individuals who are blind or have vision loss and if there is anything the council can offer to assist them.

## Meeting Minutes

### **I. Welcome and Introductions**

Kate Coerper, Chairperson greeted everyone.

#### **Council members present:**

Rhonda Staats, Amber Mullett, Kate Coerper, Patty Zallar, Patty Slaby, Katheen Enders.

#### **Council members absent:**

Kathi Zoern

#### **DHS staff support present:**

Ann Sievert and Kate Connell Department of Health Services, Bureau on Aging and Disability Resources.

**Guests:** Neal Minogue, Sara O'Donnell, Carleigh Olson and Eric Grosso, Bureau of Aging and Disability Resources, Tyler Wilcox Independent Living Council of Wisconsin, Jason Glozier, Wisconsin Coalition of Independent Living Centers, Carlie Malone, office of Health Informatics

### **II. Call to Order**

The meeting was called to order at 9:05a.m. by Kate Coerper. This meeting was available via zoom link and teleconference.

Kate Coerper called for a motion to approve the agenda for today's meeting. Patty Zallar motioned to approve the agenda for today's meeting. Kathleen Enders seconded. The motion carried.

Kate Coerper called for a motion to approve the minutes from the November 10<sup>th</sup>, 2022, meeting. Patty Zallar made a motion to approve the minutes. The motion was seconded by Patty Slaby. No discussion. Motion passed.

### **III. Public Comment on Issues Affecting Wisconsin Residents Who Are Blind and Visually Impaired.**

No public comment was made.

### **IV. Population Data & Demographics Presentation, Eric Grosso, Bureau of Aging and Disability Resources**

Eric presented U.S. Census Statistics measuring "Vision Difficulty" from the monthly American Community Survey (ACS).

- **2017-21 ACS Data:**

- ACS estimated **WI's total population at 5.8 million**
- **675,000 have at least one disability** (12% of the population or 1 in 8)

- **103,000 reported vision difficulty** (1.8% of total population and 15% of those reporting any disability. Nationally, 2.3% of population reported vision difficulty)
- Prevalence of vision difficulty ranges from **0.5% for very young children to 7% at ages 75 and older**. Wisconsin's vision difficulty prevalence rates are lower than those nationally across every age group.
- **Communities of color in WI reported at slightly higher rates than the total population**
- Of the 55,000 ages 16-64 in Wisconsin with vision difficulty, **51% were employed** and had an unemployment rate of 8%. This **compares to the 77% employed** and 4% unemployed rate for those without vision difficulty.
- The **poverty rate of those with a vision difficulty was 18%** compared to 10% for those without vision difficulty
- **14% of those ages 25-64 with vision difficulty have less than a high school diploma compared** to six percent of those without vision difficulty. **16% of those with vision difficulty had a bachelor's degree** or higher compared to 33% without.
- The council had several follow-up questions:
  - What are the poverty and unemployment rates of all the different types of disabilities reporting?
  - Can we compare earnings and wages among folks with disabilities? Eric Grosso and Kathleen Enders will connect on this question.
  - Can we look at rural vs. urban (metro / non-metro) numbers?
- Eric offered to assist with any other data requests that the council has.

**V. Behavioral Risk Factor Surveillance Survey (BRFSS) Presentation, Carlie Malone, Office of Health Informatics**

Carlie provided an overview of the Behavior Risk Factor Surveillance Survey (BRFSS). BRFSS is a telephone survey in collaboration with the Centers for Disease Control (CDC). It is the largest health survey in the world. It is used to plan and evaluate health programs. There were 9,000 surveys done in Wisconsin and more nationally. This allows them to statistically weight the data to represent all of Wisconsinites. The survey question regarding individuals who are blind or visually impaired is: Are you blind or do you have serious difficulty seeing even when wearing glasses. The BRFSS now has survey questions related to connectedness and belonging. In 2022 the CDC added the Social Determinants of Health and Health Equity Module. WI will be running this module in 22-23. Questions include:

- How often do you get the social and emotional support you need?
- How often do you feel isolated from others?

The Department of Public Health (DPH) is creating a new module re: connectedness and belonging (using statements). DPH should be able to analyze data starting next year.

The council had the following questions regarding the BRFSS:

- Regarding Blind or visually impaired data:
  - What does BRFSS give for estimates information for folks who are B/VI?
  - For 2021 (2.5% are you blind question, with a single year. Would want to analyze 3 to 5 years of data)

#### **VI. Wisconsin Coalition to End Social Isolation and Loneliness Presentation, Carleigh Olson, Bureau of Aging and Disability Resources**

Carleigh talked about the important distinction between social isolation and loneliness.

- **Being isolated** - physically separate from other people
  - May not be unpleasant; one may choose to isolate
- **Loneliness** - subjective feeling about the gap between a person's desired levels of social contact and their actual level of social contact
  - Feeling isolated
  - Distressing for the person
  - Can be felt regardless of social contact
- **Social Connectedness** - Social Connection and connectedness refer to the ways that people can be physically, emotionally and culturally connected to others, and the impact that connection has on health and well-being.

Carleigh described the public health impact of social isolation and loneliness.

- **Physical Health:**
  - Increase in risk for cardiovascular disease
  - Increase risk for Type 2 diabetes
  - Increase in risk for immune and respiratory illness
- **Mental and Behavioral Health:**
  - Increase in risk for depression and anxiety

- Increase in risk for suicidality
- Increase risk for addiction
- **Economic health:**
  - \$6.7 billion in Medicare spending
  - Lower productivity
  - More absenteeism
  - Lower quality of work
- **Cognitive health:**
  - Cognitive decline
  - Increase risk for dementia
  - Increase risk for Alzheimer's Disease

Carleigh described who is at risk of experiencing social isolation and loneliness. Risk factors include:

- **Individual Risk Factors:**
  - Having disabilities or becoming disabled
  - Being aged 75 years and over
  - Living alone/ spending a lot of time alone
  - Having limited financial resources
  - Depression or anxiety
  - Belonging to specific population groups, such as certain communities of color, LGBTQ, etc.
- **Relationship Risk factors:**
  - Having low family support
  - Proximity to neighbors
  - Community involvement
- **Community level Risk factors:**
  - Living in an area with:
    - Low income or social disadvantage
    - High crime or violence
    - Limited opportunities for social participation or recreation

- Limited access to services, amenities, and public transport

Carleigh talked about the “Healthy Placed by Design” which is a set of recommendations on *how to create socially connected communities*. Recommendations included:

- Design, maintain and activate inclusive public spaces
- Prioritize connection in transportation systems
- Construct housing environments that build community
- Invest in inclusive practices and community-led solutions
- Make social connectedness a community norm

Carleigh talked about the charge of the Coalition to End Social Isolation and Loneliness (WCESIL). The Coalition aims to make an impact in a variety of ways:

- Lead statewide initiatives
- Convene and align partners
- Share resources and learnings from local, state, and national partners.
- Serve as clearinghouse for best practices and tolls for outreach, communication and advocacy

The WCESIL has the following workgroups:

- Policy and Advocacy Work Group:
  - Development of suite of best practice policy options
- Research and Measurement Work Group:
  - Additional data in statewide surveys
- Detection and Access to Resources:
  - Pilot screening program
- Raising Awareness Work Group:
  - Social Isolation and Loneliness Awareness Week
- Health Equity:
  - Partner engagement strategies

The council wanted to know how they could engage in this work. Carleigh said she could come to more council meetings to have further discussion. The council members could join the list-serv, join a monthly coalition meeting or join a workgroup.

## **VII. State Plan for Independent Living (SPIL) Presentation, Tyler Wilcox, Independent Living Council of Wisconsin**

Tyler provided an overview of the Statewide Independent Living Council (SILC). All states have a SILC that guides Independent Living and drafts the State Plan for Independent Living (SPIL). The main goal of the SILC is to ensure everyone's voices are being heard. It is all about consumer control and making other people's voices heard. SILC's train people on how to advocate for themselves. Every 3 years there is a new State Plan for Independent Living. It designates money for the eight independent living centers (ILC's). It describes the services that will be provided by ILC's and sets goals/objectives and responsibilities. The current SPIL will be put into action June 30, 2024. The SILC is wanting to emphasize equity, diversity and inclusion. The SILC will be getting input to inform the SPIL. They will have quarterly meetings and a survey to provide opportunities for the public to provide input. Jason encouraged the council to provide input and said that he put a link to the survey in the document he handed out.

## **VIII. Aging Plan Presentation, Neal Minogue and Sara O'Donnell, Bureau of Aging and Disability Resources**

Neal Minogue and Sara O'Donnell provided an overview of the Older Americans Act. It was passed 58 years ago by Lyndon Johnson. It provides support to people 60 and older through a variety of programs. State unit on aging is required federally in every state. This Unit is responsible for writing a State Aging Plan and implementing a variety of programs that are free for older adults. Core Services include:

- 3B services (26 different services) **or** supportive services, legal, home chore services, healthcare needs. Most funding is being spent on transportation (to and from nutrition settings, grocery shopping and NEMT)

- 3C services:

**Nutrition services.** WI has 325 congregate dining sites, home delivered meals. These 2 programs deliver 4M meals to older adults in WI annually

**Evidence-based health promotion programs** (Stepping On, Chronic Disease, Living-well with Diabetes, Dealing well with anxiety and depression)

- 3E services **Caregiver supports** and family caregiver supports program

Pay for respite services and caregiver services for family members who are providing care for older adults

Developed an online program to help caregivers learn how to provide caregiver services. Individuals are able to learn skills and earn badges while learning how to provide cares

Grandparent support for those caring for younger grandchildren

- **Title VII: Elder Abuse, Neglect and Exploitation**

Also pays for Ombudsman program for those living in Nursing Homes

- **Title V Senior Community Employment Program and Dementia Services**

Wisconsin had a 3-year state aging plan. Each local aging unit also creates a 3-year local aging plan. The current plan was approved and implemented 10/1/22 and will end 9/20/25. It is currently in the implementation phase. The plan centers around community engagement and centered the voices of those impacted by our programs. After the plan is drafted it is shared for public comment.

- **Council Discussion:**

As Council members, you have access to your county's aging plan. Ask your local Aging Unit. Neal Minogue recommend that the Council members read the plan and set up appointments to talk to their Aging Directors. Some questions to consider:

- How are people who are blind or visually impaired supposed to engage in these programs. How are Aging Units reaching out to folks who are blind or visually Impaired. This is a huge advocacy opportunity.
- How can the Council connect individuals to their local Aging Unit? How are voices and perspectives shared? Local aging units will want people to engage in plan discussions. Now would be the time for Council members to build a relationship with their local Aging Director.

How can the council get information out to individuals who might not know what information to look up. Members of the Council might serve as a connection. The council needs to be advocates. Are there any group events or meetings that happen for all of the ADRCs statewide? The council could review the Aging Plan and provide recommendations. Council members can connect with some Aging Network Advocates and strategize how individuals who are blind and visually can be more aware of all of the programs available.



## **IX. Community Engagement and Advocacy Presentation, Jason Glozier, Wisconsin Coalition of Independent Living Centers**

This presentation was cancelled due to the presenter not being able to attend the meeting. It will happen at a future meeting.

## **X. Discuss Council Next Steps**

- Request County demographic data from Eric Grosso. What are the “buckets” of available data.
  - Amber Mullett or Ann Sievert will send follow-up email.
    - Council Representatives: Kate Coerper, Kathleen Enders
- Request BRFSS information from Carlie Malone regarding findings from individuals who report being blind or visually impaired.
  - Amber Mullett or Ann Sievert will send a follow-up email
    - Council Representatives: Kate Coerper, Kathleen Enders
- Develop a survey for Aging Units, Independent Living Center Directors and other providers regarding how they are serving individuals who are blind and visually impaired.
  - Wait for Kathleen Enders and Rhonda Staats to come back with information.
    - Council Representatives: Patty Zallar, Kate Coerper, Kathleen Enders and Rhonda Staats
- Review the SPIL, provide feedback, and share concerns regarding lack of service delivery for individuals who are blind or visually impaired
  - Amber Mullett will share State Plan with Council members and collect input and advice.
    - Council Representatives: Kate Coerper and Rhonda Staats
- Narrative regarding WCESIL. What is the impact, lived experiences, and stories from individuals who are blind and visually impaired?
  - Invite Carleigh Olson back to a SCOB meeting to identify the best way to get individuals who are blind and visually impaired to get involved with WCESIL.
- Build relationships with Aging Directors, Aging and Disability Resource Centers (ADRC’s) and Independent Living Center (ILC’s) Directors.
  - Send a letter to Aging Units, ADRCs and ILCs with an offer to assist them with better serving individuals who are blind and visually impaired. The

council has heard concerns from individuals who are blind and visually impaired regarding access to needed services and they would like to assist in any way that they can.

- Reach out to Aging Directors, invite them to have a conversation with the SCOB. As a Council, or as individuals? Get a list of Aging Directors for each county. Post the list on the SCOB website.
- How can the council communicate more with people who are blind and visually impaired? How can the council share information? What is the best mechanism?
  - Recruit new members for the Council
  - Inspire Interest
  - Newsletters
  - Email listservs
  - Rhonda Staats will contact National Federation of the Blind to find out more about their list serve.
- Rhonda Staats would like to be on the State Aging Advisory Council. Amber Mullett will connect Rhonda with Neal Minogue.
- Kathleen Enders and Rhonda Staats will reach out to their local ADRCs and identify what information would be helpful for them. The council can craft their message based on their feedback.

#### **XI. Next Council Meeting**

- Next Quarterly Meeting will be May 25<sup>th</sup> 9:00AM to 1:00PM
- Executive Committee Meeting will be April 11<sup>th</sup> 4:00PM-5:00PM

#### **XII. Adjourn**

Kate Coerper entertained a motion to adjourn. A motion to adjourn was made by Rhonda Staats and seconded by Patty Zallar. No discussion, this motion passed, and the meeting adjourned at .2:28PM.