

BULLETIN

Dane County Caregiver Program
Area Agency on Aging of Dane County

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March is the month of expectation.

—Emily Dickinson

As a life-long Wisconsinite, I've always thought March was a tough month—just enough warm weather to lull us into the expectation that Spring has arrived. More often than not, we put away the parka only to get hit with a major storm, or two. I also think March weather is a good analogy for the expectations we carry as caregivers. Like the Winter storm that dashes dreams of an early Spring, there's one truth that flies in the face of caregiver expectations time and time again:

You cannot make people who are still competent decide or do anything before they're ready.

When I talk with caregivers or give presentations on caregiving issues and resources, it's almost a given someone will ask how they can "make" the person in their care act on what the caregiver sees as that person's own best interests. Adult child caregivers concerned about escalating numbers of falls ask how they can get their parents to move to a safer place. Stressed-out spouses report their husband or wife is unable to allow a stranger (from an agency) into their home and ask how to make their spouse see the need to accept help. Other caregivers ask what to do when a frail older adult who needs a personal emergency response system insists, "It's not time for that yet." Caregivers won't be any more successful forcing these issues than they would be in vanquishing winter before it's done.

What do you do when the solution you sincerely believe is the safe thing—the right thing—meets with such resistance? The only answer I can give is that there is nothing you can do to force a solution on people who still have the ability to make their own decisions. And if you consider all the losses that aging and illness can bring, it makes sense that those we care for are holding onto as much independence as they can for as long as they possibly can.

This reality doesn't mean caregivers should throw up their hands and wait for a crisis. I encourage caregivers to be creative and flexible—creative in thinking about alternatives, and flexible enough to ask for help. No matter what our age, our culture puts great stock in self-sufficiency and pulling ourselves up by our bootstraps. We think we should be able take care of our own and don't want to bother other people. Those we care for may find it difficult to accept help for things they had always done on their own.

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When “No” isn’t the end of the conversation

If your loved one resists, consider thinking beyond what you’ve been proposing. Does your mom listen to your aunt—or her pastor? Maybe they can help her explore the idea if she feels more comfortable listening to them than to her children. Involve others who are willing and get help wherever you can find it. It can also help to shift the goal from “getting them to agree” to “keeping the door open.” You can’t control the timing of someone else’s readiness, but you *can* influence the conditions that make readiness more likely: trust, dignity, familiarity, and a sense of control.



Sometimes the most effective approach is to offer two acceptable choices instead of a single recommendation. For example:

- Would you rather try a grab bar in the bathroom first, or a shower chair?
- Would you prefer someone to come in for one hour on Tuesday mornings, or Thursday afternoons?
- Should we look at a personal emergency response button you wear, or one that stays by the bed?

The point isn’t to trick anyone. The point is to preserve decision-making while still moving toward safety.

Try “low-stakes” trials and small steps

A big change can feel like surrender. A small trial can feel like a smart experiment. If a parent refuses help, consider framing it as a short-term trial period with suggestions like:

- Let’s try it for two weeks and then decide.
- Let’s just do this while I’m at work, and see how it goes.
- Let’s set it up now so it’s there if you ever want it—no pressure to use it.

Reduce the “stranger in the house” barrier

When someone resists in-home help, it’s often not the task—it’s the feeling of intrusion. If an agency worker feels like a stranger, consider easing in with familiarity:

- Ask if the same person can come consistently (continuity matters).
- Start with a service that feels less personal (housekeeping, laundry, meal delivery) before personal care.
- Schedule the first visit when a trusted family member is present so it feels more like an introduction than a handoff.
- If your care partner is uncomfortable with the concept of a caregiver, try language that feels less like sitter. Helper, housekeeper, someone to make things easier, or even companion may be better received. Sometimes a simple change in wording can lower resistance enough for someone to take the first step.

Use “values” as the bridge to safety

Caregivers often lead discussions by emphasizing fall risks, medication errors, wandering, and malnutrition. These are real concerns, but risk-based arguments can accidentally communicate to your care partner that they can’t be trusted. Try starting by emphasizing something your care partner values:

- I know being independent matters to you. What would help you stay here longer?

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- You've always taken pride in handling things yourself. What would make it easier to do that safely?
- What's the one thing you *don't* want to change? Let's protect that.

When safety is presented as a way to protect what matters to them, it's easier to accept.

Ask for help—specifically and without apology

Are there other family members and friends who understand your circumstances? If you're desperate for a break and the person you're caring for is not ready for hired help, ask them. Decide what you need and request specifics. "Could you stay with Jack while I work out on Wednesday afternoons?" gets better results than throwing out a general hint that you could use help sometime. You may be surprised people are happy to help when they have a specific task to consider. To be fair, others don't know what we need unless we tell them. Let a friend who loves to cook know how much you would appreciate a prepared meal. See if someone would be willing to pick up some things for you when they grocery shop. Request a ride to an appointment so you can stay home and rest.

If you're reaching out to multiple people, consider creating a simple list of help options like meals, rides, two-hour visits, yard work, or pharmacy pick-up. It makes it easier for others to say yes without guessing what would be useful.

Lean on familiar communities

Another option might be to tap into familiar communities for the care recipient. If your parents were lifelong members of a church, the congregation may have volunteers who visit older members or provide respite. If help hired from an agency feels like someone is babysitting them, they may be more receptive to people they see as part of their community. This can also include longtime friends, former coworkers, a senior center community, or a neighbors' group—any place where the help feels like belonging, not loss.

When you're truly worried: plan for safety without taking control

Sometimes caregivers ask, "What if I'm truly worried they'll get hurt?" That worry is valid—and it's why planning matters. Even when someone is competent and refusing change, you can still:

- Encourage a medical check-in after falls (and bring a written list of concerns to the appointment).
- Quietly strengthen home safety (better lighting, cleared walkways, winter traction strategies, updated smoke/CO detectors).
- Keep a current medication list and emergency contacts where you can access them.
- Discuss "if/then" plans while things are calm: "If you fall again, what would you want to happen next?"

Planning isn't the same as forcing. It's preparedness.

Need help brainstorming options?

If you need help brainstorming options, check in with the **Dane County Caregiver Program**. I can help think through strategies, direct you to support groups, share resources, and am always happy to listen.

Here's hoping that March goes out like a lamb—and that the storms, when they come, are ones you don't have to weather alone.

—Jane De Broux, Caregiver Specialist
Dane County Caregiver Program



Monthly MIPPA Moment:

Spring into Wellness

MIPPA (Medicare Improvements for Patients and Providers Act) has a goal of educating older adults on Medicare's cost-saving benefits & preventive services.

Spring into Health: March marks the perfect time to kickstart your Medicare wellness routine as winter fades. The Medicare Improvements for Patients and Providers Act (MIPPA) expanded access to free preventive and screening services, especially for low-income Medicare beneficiaries, helping you stay ahead of health risks. Key offerings include the "Welcome to Medicare" visit for new Medicare enrollees, annual Wellness Visits to create personalized prevention plans, cancer screenings like mammograms and colonoscopies, cardiovascular and diabetes checks, plus flu, COVID, and pneumococcal vaccines.

State Health Insurance Assistance Program (SHIP) counselors assist with eligibility, premiums, and scheduling—no copays for most services if your doctor accepts assignment. Don't wait—contact a local SHIP Counselor today to review your needs and book your screenings or Annual Wellness visit before Summer. Prioritize prevention now for a healthier year ahead. Small steps in March yield big wellness rewards. See more information here: [Making Sense of Medicare's Preventive Service Benefits - Center for Medicare Advocacy](#)

For more MIPPA Program information, call MIPPA Program Specialist, Leilani Amundson, at 608-240-7458.

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Seeking Participants for an Advisory Board Focus Group

Help refine the Smart Home Assessor (SHA)—an innovative platform designed to make home assessments more accurate, efficient, and user-friendly

This study is a collaborative effort between the University of Wisconsin–Madison and Cornell University, funded by the National Science Foundation (NSF). Our goal is to gather diverse professional and lived-experience perspectives to ensure the tool is practical, respectful, and truly useful for those involved in home assessments and home modifications. Participation involves attending three focus group sessions (60–90 minutes each), held either online via Zoom or in person, depending on participants' availability. During the sessions, participants will:

- Review a prototype of the SHA reporting module
- Share professional or lived-experience insights
- Provide feedback on the tool's clarity, relevance, usability, and overall comfort level

We're Especially Interested in Hearing From:

- A **person with a disability** who has completed home modifications in their own home; and/or
- A **caregiver** (family member, friend, or other support person) who has been directly involved in planning or carrying out home modifications

To participate, individuals must be 18 years or older; be comfortable participating in English; and be available to attend all three focus group sessions

Compensation: Participants will receive \$75 per session, for a total of up to \$225.

If someone you know is interested or would like more information, please have them **email Dr. Jung-hye Shin at js163@cornell.edu.**

Date
Time
Topic
A LEADING VOICE FOR CAREGIVERS

All sessions are available on your choice of Zoom or telephone only!

**Wednesday
March 4** **11:00 am Eastern
10:00 am Central
9:00 am Mountain
8:00 am Pacific** **Ask Dr. Tam Question with Tam Cummings, PhD** *What kind of questions do you have about dementia? As a caregiver, how do you survive the journey? Dr. Tam Cummings will cover quick stress relief tips and answer any questions you have about dementia. ****Sponsored by VITAS Healthcare*****

**Tuesday
March 10** **11:00 am Eastern
10:00 am Central
9:00 am Mountain
8:00 am Pacific** **La Agitación en la Demencia con el Dr. Nestor H. Praderio** *La agitación y los comportamientos asociados en la demencia presentan desafíos clínicos difíciles y agotadores para los cuidadores. Nestor H. Praderio, MD presentará el espectro de comportamientos y el deterioro progresivo de la función cognitiva de la agitación en la demencia. También explicará el diagnóstico diferencial de la agitación en la demencia y presentará las intervenciones clave para tratar y controlar estos comportamientos.*

**Thursday
March 12** **11:00 am Eastern
10:00 am Central
9:00 am Mountain
8:00 am Pacific** **Dear Lucy: Dementia and Sexually Inappropriate Behaviors with Lucy Barylak, MSW** *Join Dear Lucy as she explains how and why inappropriate sexual behaviors may appear in dementia, what situations can spark them, and how caregivers can navigate these moments with confidence and compassion.*

**Thursday
March 19** **12:00 pm Eastern
11:00 am Central
10:00 am Mountain
9:00 am Pacific** **Alzheimer's and Other Dementias: How to Prevent Them with Dr. Paul E. Bendheim, MD** *Dr. Bendheim will introduce the hallmarks of dementia, specifically Alzheimer's disease (AD); including the common symptoms, clinical and pathological features, diagnostic criteria, and risk factors. He will share the FDA approved treatments for AD as well as the landmark results of the Alzheimer's Association POINTER multi-component lifestyle study, published in 2025. Dr. Bendheim will also discuss BrainSavers, the company he founded, and introduce the Brain+Body Total Fitness Program—an evidence based program offered both through live, instructor led classes and online.*

**Wednesday
March 25** **11:00 am Eastern
10:00 am Central
9:00 am Mountain
8:00 am Pacific** **Medicare Preventive Services with Felecia Warner** *This presentation provides an overview of Medicare Preventive Services, including covered wellness visits, screenings, vaccines, eligibility requirements, frequency, potential costs, and explains how these benefits support early detection and overall health. The presentation also offers practical guidance on how to access these services and make the most of Medicare coverage to support long-term health and well-being. ****Sponsored by the North Central Texas Caregiver Teleconnection*****

**Tuesday
March 31** **11:00 am Eastern
10:00 am Central
9:00 am Mountain
8:00 am Pacific** **When the Caregiver Needs Care: Self-Care, Suicide Prevention & Family Healing with Kassandra Padilla** *Caregivers often carry the emotional, physical, and mental load for their families while neglecting their own well-being. This session will address caregiver burnout, the impact of chronic stress on the entire family, suicide awareness and prevention, and practical strategies for protecting mental health. Participants will leave with encouragement, actionable self-care tools, and trusted resources to support both themselves and their loved ones.*

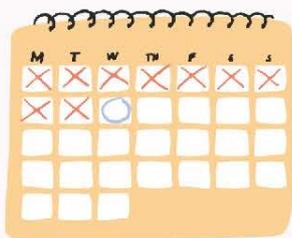
**Tuesday
April 7** **1:00 pm Eastern
12:00 pm Central
11:00 am Mountain
10:00 am Pacific** **Supporting Independence & Dignity: Managing Self-Care in Dementia with Hollie Lowe, MA, LPC, NCC** *Dementia is a progressive brain disease that can change a person's ability to manage everyday self-care tasks such as dressing, eating, bathing, and toileting. These changes are not a choice or a lack of effort. They are the result of changes in the brain. Join us to better understand the "why" behind these shifts and learn practical, compassionate strategies that help a person living with dementia maintain their highest level of independence and dignity.*

Ambiguous Loss Support Group



FOR CAREGIVERS

This group offers a safe, welcoming space for those navigating anticipatory grief or loss. Through education, shared conversation, and mutual support, we come together to understand the journey ahead with care. All are welcome to attend. Participation is optional but encouraged.



2nd Thursday of the month

Starts on April 9th, 2026

10-11:30 am

Virtual meetings by Zoom

To register via Zoom: [click here](#). For more information, email danedcs@danecounty.gov, or call the ADRC at 608-240-7400.

Hosted by the Aging and Disability Resource Center of Dane County (ADRC) and the Area Agency on Aging (AAA).

