

Building Stronger Rural Communities Through Healthy Aging Programs

How UW–Madison’s Center for Aging Research and Education Transforms Care for Rural and Aging Wisconsin

In the rolling hills and tight-knit communities of rural Wisconsin, the nearest hospital may be an hour’s drive away, making it difficult for everyone from expectant parents to older people managing chronic conditions to get the care they need. As the state’s demographics shift and the average age of the population increases, this lack of medical services in rural communities may impact the well-being of older adults.

The University of Wisconsin–Madison School of Nursing’s Center for Aging Research and Education (CARE) provides essential support to this growing population of older adults by educating the next generation of caregivers and engaging with communities to support healthy aging in place.

Established in 2011, CARE has become a leading resource for advancing geriatric care by combining ground-breaking research with community-based solutions. CARE’s Boards of Older Adult Advisors (BOAAs) bring the voices and experiences of older adults to inform research priorities and ongoing studies. CARE U workshops provide much-needed continuing education to direct care staff. And CARE’s Healthy Aging in Rural Towns (HeART) program helped coalitions in three rural communities support aging-in-place.

Maybe most importantly, CARE focuses on how aging affects the body and helps to build evidence-based programs that provide for older adults’ unique needs, explained CARE Manager Diane Farsetta, PhD.

“As we age, our bodies and our priorities change,” Farsetta said. “You metabolize drugs differently. Your strength, balance and sensory acuity change, and they play into your ability to maintain a quality of life. The medical model tends to focus on problems and one organ system at a time. But with older adult care – and especially if you’re trying to support preventative, health-promoting behaviors – you really have to look at complex systems and understand how things work differently.”

Understanding the unique needs of older adults is essential as Wisconsin’s population ages. A report by the nonpartisan research group Forward Analytics found the number of Wisconsinites age 75 and older will increase by nearly 75% over the next two decades, and the state will need to add nearly 10,000 registered nurses, certified nursing assistants, and home health aides to care for this growing segment of the population.

CARE is positioned to help by training new and existing caregivers to better understand the needs of older adults and creating programs that address those needs, especially in rural communities with fewer resources.

CARE embodies “The Wisconsin Idea” – a long-standing principle at the University of Wisconsin–Madison that emphasizes the university’s responsibility to positively impact all citizens of Wisconsin, said Tim Size, executive director of Rural Wisconsin Health Cooperative and one of the founding advisory committee members of CARE.

“It is kind of a two-way interchange that helps the mission of the university, but also the lives of people out here,” he said. “CARE has really nailed implementing that concept in real time for real people.”

CARE Advances Geriatric Training

One essential role that CARE fulfills is offering continuing education for professional caregivers.

Tens of thousands of nurses, certified nursing assistants (CNAs), and home health aides care for older adults throughout the state. Yet, many do not receive any specialized training in geriatrics.

One of CARE’s first projects was offering workshops on the special needs of older adults, explained Bar-



The HeART Coalition was in Iowa County because of a grant from the UW-Madison Center for Aging Research and Education, awarded to the Iowa County Health Department, led by Sue Matye. Geanna Shemak was the go-to leader during COVID and futher.

Pictured from (l-r): Joann Pritchett, Russ Moyer, Donna Moyer, Susan Schroeder; middle: Marry Henningfield, Bruce Paull, Donna Paull, Darcy Little, Mary Wells, Allen Schroeder, Diane Farsetta; back: Kim Neuschel Michael Bentley, Deb Morgan, Dawn Kabot, and Michael Britt.

bara J. Bowers, PhD, RN, FAAN, professor emerita and founder of CARE.

“In any long-term care or home-care nursing setting, there’s minimal opportunity for continuing education that relates to older adults,” she said. “So, we conducted these workshops all around Wisconsin on topic areas that CNAs and personal care workers would face on a daily basis. We included depression, mobility, continence, end of life, and more. We had a huge turnout and many participants said it was the only education they had beyond the minimal training when they were certified.”

Today, that idea lives on through CARE U, which offers free workshops for direct care staff on seven topics including pain, emergency preparedness, and nutrition.

“We were getting hundreds of people registering and even more requests because this is really an unmet need,” Farsetta said. “There was so much demand that we knew we could not even scratch the surface.”

That led CARE to develop a train-the-trainer approach, so that nurses and other health educators could put on their own workshops for direct care staff. CARE currently has both federal and foundation funding to bring the CARE U Train-the-Trainer and workshops to rural and other underserved communities in Wisconsin.

“We don’t have to be the only people presenting this content,” Farsetta said. “We are really helping caregivers understand their roles. Participants learn material they are going to be able to practice on the job the next day.”

Ginny Schimmel and Jim Adams are leaders in We Care Ministries, a volunteer network in Chetek, Wisconsin, that supports older adults who live independently. Their organization provides transportation to medical appointments, residential construction to make homes more accessible, and more.

Schimmel and Adams participated in the CARE U workshop and then requested that a new CARE U Trainer present to others with We Care Ministries. Adams appreciated how the training underscored the specific needs of older adults.

“The workshop covered so many different subject areas – for instance, how to deal with people with hearing loss or with impaired sight or who are non-ambulatory and that sort of thing,” he said.

The concept of person-centered care, which is emphasized throughout the workshop, is an important philosophy for We Care Ministries, Schimmel said.

“We learned how you might begin to get to know someone because, if you understood what had been important to them in their life earlier, you may be able to help them more,” she said. “That whole attitude permeated all of the presentations.”

Strengthening Support Net-

works for Older Adults in Rural Communities

Another CARE program to support aging-in-place, specifically in Wisconsin’s rural communities, was the Healthy Aging in Rural Towns (HeART) project, a three-year initiative that strengthened support networks for older adults and their caregivers in three communities: Iowa County, Langlade County, and the City of Waupun.

In 2018, each participating community created a coalition of older citizens, service providers, and volunteers who collaborated with CARE staff. The coalitions surveyed older adults, family caregivers, and community members to identify older adults’ most pressing needs and develop solutions to address them.

Among the challenges identified in all three communities were a lack of transportation, too few paid caregivers, limited information about existing resources, and services being limited to town centers. In each community, the coalitions found that local media organizations, libraries, and Aging and Disability Resource Centers (ADRCs) were essential in supporting older adults.

Bruce Paull, a retired dairy farmer and a member of the Iowa County Board, participated in his local HeART Coalition. The project’s ability to coordinate and expand local resources – including Habitat for Humanity, Meals on Wheels, ADRCs, the local library, and more – made a big difference in his community, he said.

“HeART brought a lot of community partners together,” said Paull, who is also a member of CARE’s Rural BOAA. “They put together exercise classes, coffee hours, and that sort of thing. A big goal was trying to reduce social isolation and build infrastructure to support older adults.”

Although funding for HeART ended in 2021, CARE continues to engage the communities that participated. All three communities found grants or government agencies that could continue the work of their HeART coalitions. And the infrastructure supported by HeART coalitions – accessible benches, crosswalks, and even community centers – have lasting impacts to this day.

The Iowa County Department of Health still offers a falls prevention program for older adults and has continued to make public infrastructure improvements to accommodate people with limited mobility, Paull said. “It was a successful project that truly is on-going,” he said.

Incorporating the Experiences of Older Adults in Research

As the population of older adults grows, advancing research to help health care providers better understand aging is more important than ever. And yet, older adults are often underrepresented in health research, even in studies about issues that af-

fect them.

To increase older adults’ engagement in research, CARE created, organizes, and supports two Boards of Older Adult Advisors, or BOAAs. The boards are made up of 10 older adults, many of whom have served as a caregiver for someone experiencing age-related health changes. Most are also involved in supporting older adults through local organizations.

The Madison BOAA consists primarily of older adults who identify as Black with diverse personal and professional backgrounds. And the Rural BOAA consists of members who live in rural areas including military veterans, farmers, and residents of under-resourced communities.

Health researchers across disciplines meet with the BOAAs throughout the research process to collect input on study design, recruiting materials, data analysis, and dissemination strategies.

Michael Britt, a board member with the Aging and Disability Resource Center in Iowa County and a member of CARE’s Rural BOAA, appreciates the diverse topics the board addresses.

“We’ve worked on trying to get a law passed that allows caregivers access to medical information of the people that they’re caring for,” he said. “We had another group that was concerned about hazards in people’s houses, and we also had a meeting with a researcher on loneliness, which is a big issue.”

Beth Fields, PhD, is a CARE affiliate and associate professor of occupational therapy whose research focuses on geriatrics. She credits BOAA meetings with shaping her research priorities.

Fields used the BOAA’s input to design the Dementia Care Partner Hospital Assessment Tool, an assessment given to the family caregivers of older hospitalized patients to support caregiving preparedness.

“They offer such a great wealth of information, and the members have such diverse backgrounds,” she said. “It makes my research more applicable because I’m getting diverse perspectives that I wouldn’t get in a traditional, controlled research study.”

The BOAAs exemplify CARE’s overall goals – to develop systems and services that work for everyone, Farsetta said.

“We’re making sure that our students, practicing health care providers, and our researchers are prepared to meet the needs of their patients,” she said. “Historically, we have not always done a good job of that. But CARE is working to change that.”

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