Creating a Home Health Care Cooperative in Vernon County, WI

Feasibility Analysis

2014

By

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1 Summary

Similar to many rural counties in the state of Wisconsin and the US, Vernon County faces dramatic challenges for health care, especially for those wishing to stay at home. An aging population is of primary concern, but other home health care needs include those for veterans, those with chronic or disabling conditions, mental health issues, etc.

There are a significant number of public and private health agencies and services across the county – each with their mandates, organizational/business structures, and budget pressures. Each organization is also preparing for the full implementation of the Affordable Care Act and needs to understand the financial and operational implications of the new policy on them and their clients.

As the Vernon County area considers alternative structures and services to service the population, a number of critical questions surface:

- What are the trends and needs for home health care for the future in the county?
- What are the special circumstances that make home health care in Vernon County more/less challenging?
- Does the current home health care infrastructure support needs of the county's population? Will it do so in the future?
- Will a new organization provide enhanced home health care services and benefits, and can those new benefits be sustained by local, state, and federal private and public sector resources?

The following feasibility study is designed to (a) provide a summary of critical issues discussed by the Vernon County Home Health Care study group over the last year; and (b) provide an operational business perspective on the formation of and eventual operation of a Home Health Care Cooperative in Vernon County, Wisconsin.

The planning and formulation of this cooperative is fairly unique for the following reasons: (a) the Home Health Care cooperative discussion has centered around the need for supporting services (training, staff issues, etc) as much as the formation of a worker's cooperative or a multi-stakeholder; and (b) discussions have included a wide range of public and private sector organizations that currently provide health care services in Vernon County, many of which could be considered competitive in nature.

Anticipated next steps for the group based on the information in this report include the following:

- Review and discuss home health care services that can be assisted through either a cooperative or similar association.

- Carefully consider the short-term and long-term market for the services of the new organization.

- Be prepared to be flexible as a new organization -- more changes to the national and state health care system will occur and will affect day-to-day operations.

- Consider an organizational development path for new organization, including but not limited to three choices provided in the feasibility study.

2. Description of the Project

2.1 NATURE OF THE PROJECT

2.1.1 What is the current status of the project?

Over the past year, a study group of 20+ members of the health care community in Vernon County has formulated critical questions and brainstormed ideas for a cooperative business specifically designed for Home Health Care. The ***Vernon County Discovery Process Objective*** is as follows:

> "Determine if there are stakeholders in Vernon County (health care providers, workers interested in direct care occupations, those charged with job creation, county officials and clients) who will commit to sponsor a home care cooperative to meet the needs of seniors and others with disabilities and provide the care givers with control over their business to reduce industry turnover rates. If there is sufficient interest and commitment, to engage fully in a process that produces that outcome."

The group has collected extensive information and exchanged ideas at meetings held approximately once every month. A feasibility study consultant was hired to aggregate and analyze pertinent information and create this document to share not only within the working group, but with those interested in partnership and funding.

2.1.2. Where does the group want to go?

The group wants (a) clarification and ideas of how the group of stakeholders could form a cooperative business – including specific operational functions and services, partnerships, and start-up and long-term financing. It is clear that information on certain aspects of the proposed cooperative and Home Health Care is not currently available; this includes, but is not limited to the effect of the Affordable Care Act on home-based care, more information directly from consumers in Vernon County (through focus groups, surveys, and other mechanism), etc. Ultimately, the group wants to create an organization that can be responsive to the needs of Home Health Care clientele, be flexible to the changing needs of clients and health care policy, and be financially sustainable through a mix of private and public support.

Other specific issues to be addressed through this document and during the start-up of the subsequent organization were stated by the group as follows:

- Address the career ladder for Home Health Care professionals, and create professional and salary advancement that would encourage Home Health Care as a career choice

rather than a stepping stone. This includes support of fair wages and benefits as part of the career ladder.

- Better understand medical state mandates and resource availability for clients for pay for home health services.

- Define how to coordinate resources within the cooperation partners and resources from outside the cooperative.

- Consider financial and organizational sustainability in all operational and strategic business decisions.

- Define and support the Home Health Care educational needs of workers, family members, and public by (a) listing courses/resources that are available; and (b) developing additional courses/resources to fill needs. Also, consider the cost of training and information sharing and seek efficiencies when possible.

- More specifically define the Home Health Care services that are currently available to better formulate the services of the proposed cooperative.

- Define the function, organization, and development of the proposed cooperative, including what it will provide to members and how it will benefit Vernon County.

- Better understand state and federal policy implications, from the ACA to recent health care policy changes/lawsuits.

- Understand the critical transportation issues for Home Health Care workers in rural counties like Vernon, to include access to clients, safety of workers, advanced coordination of visits, and reimbursable cost implications for budgets.

2.1.3. Why does the group want to go forward with the Venture?

The group noted that the Home Health Care system lacks in the following general categories:

1. Workforce:

- Insufficient numbers in homecare workforce
- Training and reimbursement for family care givers
- Entry level living wage jobs
- No financial benefits for wage earners
- Attracting /Finding the workforce (qualified and responsible)
- Mentors for the workforce

2. Business structure management:

- Lack of business structure for coordination
- Lack of affordable home care in Vernon County
- Issues with keeping elderly and people with disabilities at home safely, understanding quality of care and quality of life while in home can prevent suicide and depression (social isolation).
- Lack of appropriate transitions of care (ie, from hospital discharge to home)
- Confusion regarding funding sources and reimbursement structures
- Lack of home health care options for the consumers
- Coordination/support for private pay clients
- Failure to integrate programs such as home delivered meals with Home Health Care to better address dietary needs
- No firm identification as to who will take leadership and comprise the cooperative

3. Education and Advocacy:

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- Lack of inventory of services already provided
- Lack of preparedness among the population for disabilities (addressed only in a time of crisis)
- Little understanding as to the Affordable Care Act impact regarding re-admittance to hospitals
- No clear understanding of Medicare and Home Health benefits
- An education gap for consumers, legislators, providers, etc regarding Home Health Care
- Need for increased education for physicians and mid-level providers on what services are available
- Need for data documenting the benefit of the outcomes/services delivered, and a clearinghouse for list of resources
- Lack of local revenues (including a county tax base) to support Home Health Care services

The study group notes that research estimates that by 2030, more the 70 million Americans – twice the number in 2000 – will be 65 and older (citation needed). At that time, older adults will comprise nearly one in five Americans. For growing numbers of seniors, retirement is a delicate balancing act with equal priority placed on independence, affordability, and quality of life. For seniors living in rural communities, home based services may be the only option available to them to remain in their homes, age in place, and maintain their independence.

2.1.4. How will the group accomplish the Venture?

The suggested steps for the near future include the following:

- Review and critique this study as a starting point for Home Health Care action in Vernon County.

- Choose an action scenario that most closely aligns with those interested in pursuing a Home Health Care cooperative.

- Begin the technical and organization steps needed to create the new cooperative or similar organization that allows collective thought and action by those involved in health care in Vernon County.

2.1.5. What resources are needed?

As outlined below, funding will be needed in stages for personnel, specialized expertise, operations, marketing/promotion, and project development and implementation. It is hypothesized that start-up funds may come from state, federal, and/or foundation grants, but sustaining funds (after approximately the third year) will need to be generated through reimbursements, fee-for-service, community-based donations, etc.

No less valuable will be in-kind resources (cooperative members serving on the cooperative Board of Directors, reviewing funding proposals, etc) and political/partnership support. See Section 5 for further discussion.

2.1.6. Who will provide the assistance?

Examples of the kind of assistance that may be access for needed resources include, but are not limited to, the following:

- Grant funding through the ***Cooperative Development Foundation (www.cdf.coop).*** The Cooperative Development Foundation (CDF), headquartered in Washington, DC with total assets of $4.7 million, is a 501(c)(3) non-profit foundation. Its mission is to promote community, economic and social development through cooperative enterprise. CDF's purpose is to use cooperative development to: (1) Raise and distribute funds for economic and community development projects; (2) Build partnerships that create cooperative solutions to today's economic problems; and, (3) Raise awareness of the role cooperatives play in the nation's and world's economies. CDF was awarded a USDA Rural Cooperative Development Grant (RCDG) to deliver technical assistance for the development of cooperative solutions for rural seniors.

  One of the key components of the 2013 RCDG grant is to work in Vernon County to explore the development of cooperative home care for seniors and to create rural jobs.

- Potential partnerships with other health care organizations.

- Foundations supporting innovative health care solutions, especially for elderly, disabled, or veterans groups.

- Cooperative members through their fees and in-kind support.

- Community members and businesses that recognized the value of a strong and healthy Vernon County. This may be done through donations, fee-for-service mechanisms, and other transactions.

- Others to be determined.

2.1.7 When will the Venture be completed?

The planning venture will be "completed" based on the group's course of action. Given the transition period before the cooperative is formed and the start-up period, the cooperative as a sustainable enterprise could take some 3-5 years of development.

2.1.8 How much will the Venture Cost?

The costs of the stages of cooperative development are estimated as follows, based on staffing needs, operational costs, and project/service costs for a targeted and modest start-up:

- Transition period = $200-300,000

- Cooperative Start-up = $250-300,000

- Sustainable Enterprise = $300,000+

2.1.9. What are the risks?

Small business development is inherently risky, and the formulation of a new multi-stakeholder cooperative is a business structure that is relatively unique. Examples of risks associated with the formulation of the Home Health Care cooperative are as follows:

1. Partnership buy-in – there is a difference between attending informational and planning meetings versus joining a cooperative (and paying an annual fee). Each member will need to evaluate their own business strategy and evaluate the added value to them that the cooperative brings. Will, for instance, some of the larger health institutions see value in the cooperative services, or will they see them as competition? Can public sector entities join the cooperative as a full participating member, or will there be questions raised by their funding source (such as a County Board)?

2. Shortage of resources – funding estimates for full implementation of a Home Health Care cooperative as a sustainable enterprise is approximated in Section 5.

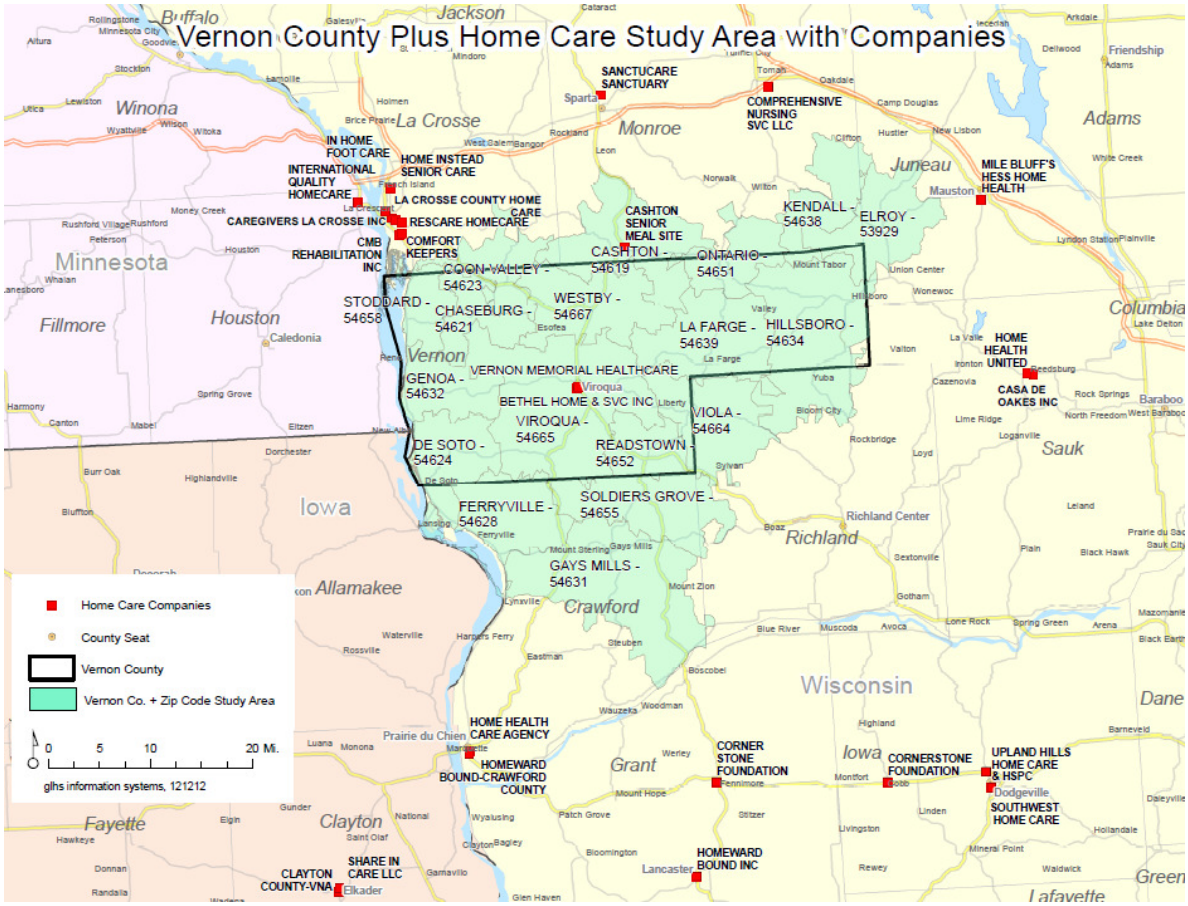
Any new organization has transaction costs and a business ramp-up period that can be substantial. Although there may be grant funding for the start-up, transitioning then to locally-based resources is as equally as challenging

3. Policy issues hampering full implementation – a number of policy issues are currently in play that may affect the course of the cooperative; they include: (a) Jimmo v. Sebelius settlement; (b) Affordable Care Act; and (c) State of Wisconsin response to the ACA. It is outside the prevue of this document to provide in-depth analyses of state and federal policy consideration, but it is clear that a number of critical decisions are currently being made that will influence the direction and operation of the proposed cooperative.

2.2 GENERAL SETTING AREA

The general setting area for the Vernon Home Health Care cooperative is shown in the map diagram below. The area includes the zip coded areas that are outside the county border; the map also shows home care companies both within and adjacent to Vernon County.

Of note is the proximately of La Crosse and its wealth of health care resources. Nearby higher educational institutions with nursing programs include Western Technical College, Southwest Technical College, Viterbo University, and Winona State (MN) University, which could provide interns and technical staff in the future.



2.3 OWNERSHIP AND STRUCTURE

The structure of the proposed Home Health Care entity is a cooperative; the following definitions were provided by USDA Cooperative Development Specialist, Margaret Bau:

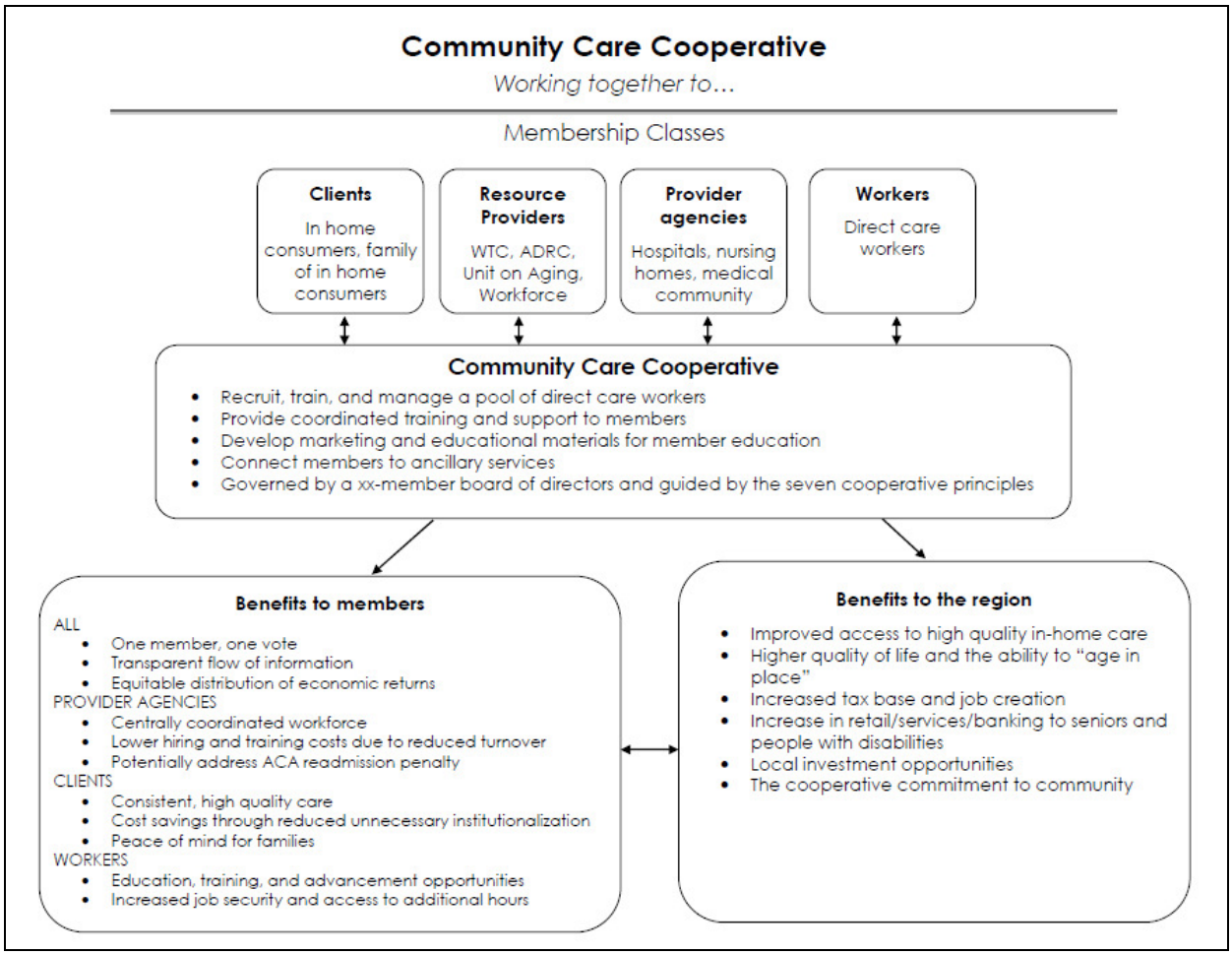
- **"Multi-stakeholder cooperative"** (as defined by Margaret Lund): Multi-stakeholder cooperatives (MSCs) are co-ops that formally allow for governance by representatives of two or more "stakeholder" groups within the same organization, including consumers, producers, workers, volunteers or general community supporters. Rather than being organized around a single class of members the way that most cooperatives are, multi-stakeholder cooperatives enjoy a heterogeneous membership base. The common mission that is the central organizing principle of a multi-stakeholder cooperative is also often more broad than the kind of mission statement needed to capture the interests of only a single stakeholder group, and will generally reflect the interdependence of interests of the multiple partners.

- "**Workers Cooperative":** Worker cooperatives are business entities that are owned and controlled by their members, the people who work in them. (from the US Federation of Worker Co-ops off of this page on their website: http://www.usworker.coop/about/what-is-a-worker-coop)

- "**Shared Services Cooperative":** Consumer, purchasing and farm supply cooperatives are all organized to provide the specialized goods or services that their member patrons want to buy. By combining member demand, a co-op can provide better availability, selection, pricing, or delivery of products or services to individual consumers, businesses or farmers. (http://www.uwcc.wisc.edu/whatisacoop/TypesofCooperatives/)

Vernon County is familiar with cooperative structures; entities such as CROPP/Organic Valley and the more recent Fifth Season Cooperative encourage individual business entities to work toward common goals to create new markets and profitability for their members. The proposed Home Health Care cooperative would be considered in the category of Multi-Stakeholder Cooperative.

A schematic was created by the planning group to begin to consider the implications of a Home Health Care cooperative (shown below). Cooperative members – be they clients, resource providers, provider agencies, or health care workers – would work in concert to provide services (listed in part in the "Community Care Cooperative" box, but more are defined later in this report). Benefits would accrue to members of the cooperative, but would also accrue generally to the citizens of the region.



It will be important for the proposed cooperative to consider the challenges and success of other health and/or local cooperative structures, including:

1. ***Cooperative Care, Wautoma, Wisconsin (http://www.cooperativecare.us/index.html).*** Established in 2001, Cooperative Care was the first *rural* home care cooperative in the country, owned by 85 certified nursing assistances and home care workers. Their website states: *"We provide personal, in-home supportive home care to individuals of all ages with physical and/or developmental disabilities. We are the next best thing to family…."* Cooperative Care has reduced staff turnover rates dramatically and insures continuity of care for clients and stability in workforce for partners**.** The strength of the cooperative structure lies in the investment that member/owners have in the control and operation of the organization. At Cooperative Care, this translates to slightly higher wages than other agencies providing caregiver services, patronage refunds (profit sharing) and a lower turnover rate.

2. Fifth Season Cooperative – as a multi-stakeholder cooperative, there are governance and operations lessons to be learned from the first years of operation.

3. Center Point Counseling (http://www.centerpoint.coop/) – study group member Sheri Hammond notes that cooperative decision making can be difficult, even among colleagues that have worked together for a number of years.

There are a multitude of organizational and structure issues that face the study group as it continues the planning of the cooperative – these include, but are not limited to, the following:

- Is a cooperative the best model for the Vernon County Home Health Care enterprise? Should the study group remain informal, or formalize as an association?

- Do the membership classes reflect the needs of the proposed cooperative?

- Others to be determined

2.4 MANAGEMENT AND STAFFING

The management of the cooperative is typically the responsibility of the Board of Directors. The Board is elected from the members of the cooperative, and in the case of a multi-stakeholder cooperative, has representatives of all classes. The cooperative is governed by a set of by-laws that is typically created with the help of a cooperative resource person and legal counsel.

Administrative and technical staffs are hired by the cooperative. The staffing for a start-up cooperative may include the following positions:

- **Executive Director** in charge of day-to-day operations and as a liaison to the Board of Directors.

- **Administrative staff** including, but not limited to: information management specialists, administrative assists (program and project tasks), development/grant staff.

- **Project staff** hired and responsible for a specific technical or support project. Could be permanent or limited term.

A cooperative may choose to backstop permanent staff with resource expertise in areas that could include: (a) information technology; (b) marketing and promotions; (c) cooperative structure and business strategy; (d) financial and accounting; (e) resource development/grant writing/fund raising; and other positions as needed.

Key to any cooperative is how in-kind support can be marshaled and used to advance the cooperatives projects and services. In-kind support will include that of cooperative members, the community, and technical experts.

2.5 CRITICAL INPUTS

Unlike manufacturing value added food from raw commodity (the inputs), critical inputs for Home Health Care are related to effective service provision to clients. Similar to manufacturing, quality inputs are required to create quality finished products. Examples of inputs needed for the Home Health Care cooperative include:

- Effective staff and Board of Directors – as noted above, the Board of Directors sets the vision for the cooperative and oversees the operations of the enterprise. There are very different constructs for a Board, but the four "Ws" (worker, wit, wisdom, and wealth) are often cited as needed for a non-profit Board of Directors and may well apply here. Staff that exhibit enthusiasm and experience are ideal candidates.

- Partnerships – whether they be within the cooperative or as support of the organization – are critical for success. The current study group has the technical expertise needed for the formation of the coop. Connections to local organizations, churches, private industry, and educational institutions (among others) that have a vested interested in Home Health Care should be part of the cooperative.

- Programs/services are discussed below. They should be well-planned and driven by needs in the marketplace.

- Finally, information is a critical currency for effective operation of any business, and literally can be life-saving in Home Health Care. Data collection systems, communication networks, etc must be developed for the cooperative.

2.6 ECONOMIC FACTORS

Feasibility studies consider the following economic factors when assessing the viability of a small business; economic issues for the cooperative are as follows:

- Availability of trained or trainable labor, and total labor requirements – the study group noted the need to train and retain Home Health Care workers, and begin to provide a career ladder for interested professionals. Better and additional employment may be a long-term impact of the cooperative's efforts.

- Utilities (Electricity, natural gas, water, sewer) – no issues with utility infrastructure in Vernon County.

- Travel/transportation is cited as a challenge for current Home Health Care workers. Appointments are made throughout the county, and the driving time between client services can be as much as the appointments themselves. Increased coordination (see the need for information discussed above) may create efficiencies, but also an

increased need for Home Health Care will organically create less travel time for an increased number of workers.

3. Technical Feasibility

3.1 BACKGROUND ON HOME HEALTH CARE COOPERATIVES

The idea of alternative health care cooperatives continues to gain traction across the US, and certainly in Wisconsin. A June 2012 conference in Madison entitled "Cooperative Home Care: An Opportunity for Wisconsin" focused on the opportunity being considered in Vernon County (see http://www.cdf.coop/wp/wp-content/uploads/2012/09/Wisconsin-Study-2012.pdf). The objective of the session was to: "learn about and explore the idea of multi-stakeholder cooperatives made up of both worker and consumer representatives as a tool for the delivery of high quality, affordable home care for rural Wisconsin seniors." Key messages and conclusions from the conference include the following:

- Speaker Margaret Lund noted that the cooperative provides the opportunity for "diverse stakeholders (to) work together in a single enterprise to achieve a common goal". There are "… seemingly intractable questions of affordability, pay, and coverage in the homecare industry", but "solutions (can) arise from partnership or collaboration between one or more participants."

- Other speakers noted that "government funding has declined and budgets are tighter than ever. Attracting private pay clients in their rural market has been challenging."

- Scheduling, labor force models and the dynamic between medical fee-for-service versus a mindset that is more akin to hospice principles are also challenging.

- Partner with groups and organize the cooperative to (a) explore the private pay market in addition to focusing on government programs; (b) consider potential private pay clients (or "pockets of demand") in partnership with retirement communities; (c) consider the link between Home Health Care and rural aging and rural workforce; and (d) consider that state and national strategies and policies can be different – use demonstration projects to test issues and develop success.

- Consider innovative financial arrangements and partnerships, including (a) those with financial institutions (ie, investigate home equity to seniors stay in their homes, and (b) working with rural electric cooperatives to expand their home energy audits and include elements of senior home service issues as well.

- Examples of selected session conclusions are as follows:

    - New legislation to institute cooperative solutions to social service issues;
    - Offering a nonprofit revenue bond funded by savings created by offering home care services in a more systemic way to avoid repeat hospitalizations;
    - Organize a time bank where able senior could help out those in need and "banking hours that they could then use later when they need assistance.

- Organize locally-based insurance pools where seniors pay in for a set of services and use only when needed.

In short, there are resources and expertise available to assist the proposed Vernon County Home Health Care cooperative considers technical, governance, and financial issues.

3.2 HUMAN RESOURCES & PARTNERSHIPS -- VERNON COUNTY

The purpose of the proposed cooperative is not to compete with current public and private home care services providers, but instead to enhance, assist, and catalyze services and projects that will aid clients in Vernon Co, especially as an aging population increases and needs become more acute. Understanding the current level of service provided by health providers can help the cooperative better assess new streams of service.

The summary table below provides a list of the study group members that (a) are currently providing home health care assistance; or (b) provide support services to home health care. In total, the study group represents an impressive mix of health care professionals from the public and private health care arena.

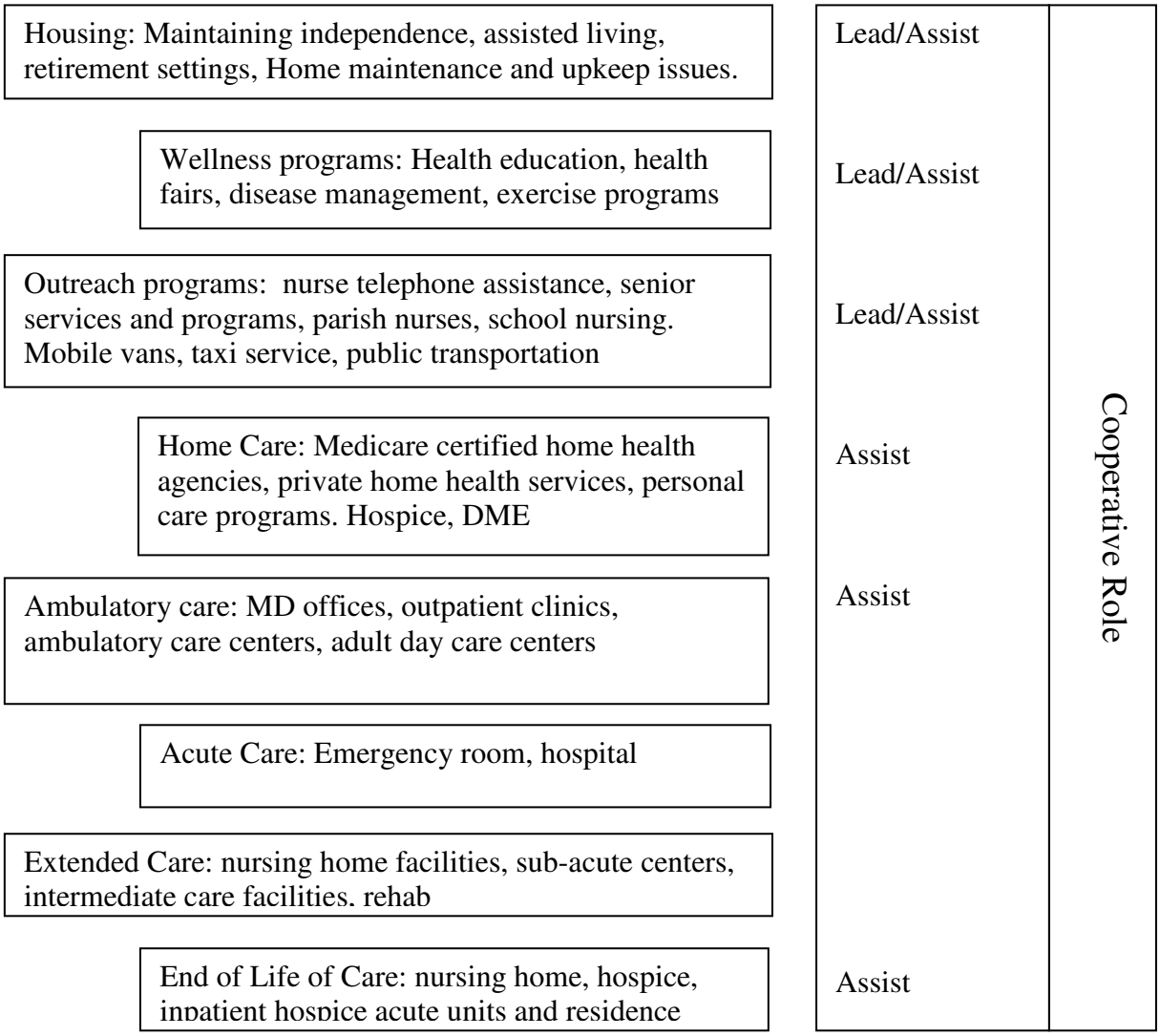
Representative	Organization
Margaret Bau	USDA Co-op Specialist
Courtney Berner	UW Center for Co-ops
Ellen Clason	Riverfront-helps people with disabilities to find jobs
Pat Conway	RN Rural Health issues/Renew Wisconsin
*Mari Freiberg	Scenic Bluffs Community Health Centers Cashton
Sheri Hammond	Center Point Counseling Services Cooperative
Anne Heath	Scenic Bluffs Community Health Centers Cashton
Lori Hines	WTC Bridges 2 Healthcare Careers Coordinator
Beth Johnson	Vernon Co Health Department
Jean Klousia	Human Services ADRC (Aging & Disability Resource Center)
*Todd Mandel	Couleecap
*Kris Markert	Bethel Home Helping Hands
*Dan Meyer	Administrator Vernon Manor
Kathy Neidert	Workforce Connections
Donna Nelson	VMH Home Health & Hospice
Sue Noble	Vernon Economic Development Association
Clark Nordberg	Bethel Home & Services
Pat Peterson	Vernon Co Unit on Aging
Pat Reinert	House cleaning private business
Deb Rislow	VP Gundersen Health System
Barb Robson	Retired VMH RN Hospice, in home care
Sandy Schultz	WTC Bridges2Healthcare Grant Coordinator
Nancy Schmidt	Western Wisconsin Cares
Tony Shay	DVR
Debra Stout Tewalt	Bethel Home Helping Hands

Debra Smith	St. Joseph's Health Services-Gundersen Health System
Beth Sullivan	Manager Western Wisconsin Workforce Development Board
Karen Traastad	UW Ext Family Living Agent
Darin Von Ruden	Wisconsin Farmers Union Co-op President
James Young	Vernon Co Veterans
Judy Ziewacz	Co-op Development Fund
*Supportive though not attending regularly	

3.3 DEFINING THE ROLE FOR THE HOME HEALTH CARE COOPERATIVE

During the February 2013 meeting, the study group created a **Continuum of Care Model** as a conceptual framework to organize all health related services that a patient may need over the course of time to deal with his or her health condition. This model may be useful in the determination of services that can be delivered by the cooperative.

Continuum of Care Model (with levels of care and possible cooperative role):



Additionally, the study group created a common definition list for Home Health Care needs. Implications for the new Home Health Care cooperative are considered in the left column (with those highlighted as most critical).

Home Health Care Definitions (per February 2013 study group)

Activity	Definitions	Implications for new Vernon County Home Health Care Cooperative
Activities of Daily Living (ADLs)	Bathing & personal hygiene, dressing, walking, toileting, transferring in & out of bed/chairs and eating	Currently done by a variety of care givers; possible assistance by the cooperative
Acute Care	Deals with condition or symptom that is provided in a hospital setting	Responsibility of Vernon Hospital
Affordable Care Act (ACA)	Federal law to assure that patient care needs are met and reduce costs. Goes into effect in stages starting in 2014.	Assist cooperative members and community with implementation issues
Aging & Disability Resource Center, ADRC	Agency providing information and assistance in accessing benefits and services to adults and families relating to aging, disability, mental health or substance abuse. Also access eligibility for Family Care and IRIS. www.adrcww.org	Possible member of the cooperative
Adult Day Services	Provide health, social & therapeutic activities in a supportive group environment	Provided by Bethel Home & Services, Inc; Care Cove; and VARC day programming
Alzheimer's Disease/Dementia care	Range of services based on needs of individual with memory issues. Some dementias are curable.	Currently done by a variety of care givers; possible assistance through the cooperative
Caregiver	Informal family member, friend, church member, volunteer etc. who assistants individual with ADLs and/or IADLs.	Currently done in various settings w/ mixed success; possible assistance through the cooperative
Care Transition	Goal to have transition of patients/clients/ residents between health care settings & home be well coordinated between all institutions, practitioners and community service organizations with the patient and caregiver as the center of care. Purpose is collaboration, eliminate duplication of effort & resources, and decrease in hospital readmissions	Collaboration with all parties; role for the Cooperative
Cooperative Model for business	Formal business arrangement with members having decision making ability and sharing responsibilities, provision of service and profits.	
Companion care	Provides relief to assist caregiver by being with care recipient "baby-sitting".	Currently done by care givers; possible assistance through the cooperative
Chore Help/Homemaker /Supportive Care	meal preparation, dishes, laundry, changing beds, dusting, vacuuming, mopping, grocery shopping, running errands, pet & plant care, etc.	Currently done by family and care givers; possible assistance through the cooperative
Chronic Conditions	no cure such as mental and physical disabilities, heart problems, lung problems, dementias, cancers and individual needs to develop adapt lifestyle to needs of condition	Currently done by a variety of care givers; possible assistance through the cooperative

Discharge Planners	hospital, nursing home, home health setting assigned to assist individual in develop a care plan as their transition from one setting to another – generally nurses and social workers	
Family Care	Wisconsin program to provide publically funded IADL and ADL services to individuals who are functionally needy and income eligible (MA eligibility)	
Home Health Aide	Certified Nursing Assistant licensed in WI and trained to provide personal care services in the home.	Currently done by CNAs; possible assistance through the cooperative
Hospice	Medical care that focuses on helping patients with a limited life expectancy of six months or less and to their families to improve quality of life by alleviating symptoms, pain and stress. Provided in hospitals, hospice centers, special residential settings and homes	Currently done in a variety of environments; possible assistance through the cooperative
(IADLs)Assessment of Daily Independent Living	meal preparation, transportation, light housekeeping, shopping, medication management, telephone, heavy housework and managing money	Currently done by a variety of caregivers; possible assistance through the cooperative
Independent Living Resources	Agency serving elderly and disabled individuals assessing needs and directing to resources http://www.ilresources.org/	
IRIS – In Respect, I Select	An alternate choice for those eligible for Family Care where they choose and manage own service providers	
Long Term Care	assistance with ADLs, chronic conditions or cognitive impairment – nursing home, group home, adult foster care, assisted living and personal home settings	Currently done by variety of caregivers; possible assistance through the cooperative
Maintenance Worker /handy man services	Lawn care, window washing, simple home repairs etc.	
Medicare	Federal program that assists with costs of hospital, clinic, skilled home health and hospice, and nursing home services	
Medicaid	Federal/State program to assists with costs of hospital, clinic, skilled home health and hospice, and nursing home services for individuals meeting income eligibility guidelines	
Palliative Care	Medical care that focuses on helping seriously ill patients and their families improve quality of life by alleviating symptoms, pain and stress. Provided in hospitals, outpatient clients or home and is available to all patients at any stage of their illness.	Currently done by health professionals; possible assistance through the cooperative
Personal Care	ambulation, transfers, exercises, toileting, bathing, skin, hair & nail care, foot care, oral hygiene, dressing, feeding, night time assist, administrating medication, insulin, oxygen, etc.	Currently done by a variety of care givers; possible assistance through the cooperative
Recreational Activities	games, social interaction, crafts, hobbies, fitness activities and other to enhance quality of life and keep socially engaged.	Currently done by a number of Vernon Co organizations; possible assistance through the cooperative

Respite	provide caregiver a break from care giving responsibilities	Currently done by a variety of individuals and groups; possible assistance through the cooperative
Skilled Care	Nursing, Occupational Therapy, Physical Therapy, Speech, Counseling	
Therapeutic Activities	exercises and mental interaction	Currently done by a variety of caregivers; possible assistance through the cooperative

Based on the analyses above and other discussions by the study group, it is suggested that **the proposed cooperative could be involved in two types of services for the Vernon County community (a) assistance with technical Home Health Care; and (b) support services designed to enhance the Home Health Care infrastructure**

Assistance with Home Health Care

As indicated above, Vernon County institutions such as Vernon Memorial Hospital, Bethel Home, and others are currently involved in the technical health care needs of aging population clients. With an aging population and increased needs, an increased level of technical services and projects may be needed in the following areas:

- **Help aging population of Vernon County live independently in their home** - The role of the cooperative could cover the gamut, from coordinating current services to providing in-home assistance that is currently underserved.

  Who is involved in planning and implementation? With many of the Home Health Care Assistance tasks, understanding current capacity and plans for revised/new roles and responsibilities will require cooperative members to discussion options. However, with the presence of the cooperative or similar organization, there is a built-in organizational mechanism that provides opportunities to meet and solve problems.

- **Provide critical access to home health care –** The role of the cooperative could again start with critical coordination and information functions, and build into a more technical role as warranted.

  Who is involved in planning and implementation? With many of the Home Health Care Assistance tasks, understanding current capacity and plans for revised/new roles and responsibilities will require cooperative members to discussion options.

- **Provide critical care-giver relief** – The role of the cooperative can also begin with coordination for care-giver relief, but also consider recruitment and training of members of the community is assist in this effort (see Section 3.1 above and the banking of hours concept).

Who is involved in planning and implementation? Similar to above, understanding current capacity and plans for revised/new roles and responsibilities will require cooperative members to discussion options.

Support Services to Enhance Home Health Care Infrastructure

Vernon County currently has good public sector health agencies that work directly with the population that need critical services. With full implementation of the ACA, decreasing federal, state, and county budgets (both for operations and personnel), there may be a growing critical role for the proposed cooperative/association that allow partners to work together and create efficiencies in the Home Health Care system. Support service projects may be needed in the following areas:

- **Reduce hospital admissions and re-admissions** – Although hospital standards may be difficult to change, there may be an information and education process that can be shared among the cooperative members and also with Vernon County residents.

  The study group noted that while this issue is critical and may save considerable health care resources, it (a) may be an outcome when other health care goals are accomplished; and (b) will be difficult to implement as in requires multiple agreements and decisions.

  Who is involved in planning and implementation? This will be an issue addressed by the entire cooperative – a working group including hospital staff may effectively advance this issue. This also may include industry expertise and resources as the issue is and will continue to be faced by many hospitals across the state/nation.

- **New career path for health professionals –** The study group rightly pointed out that this issue is linked directly to wages and benefits, but also concerns working conditions (amount of travel and non-reimbursable costs). Key will be creating positions that are attractive to up-and-coming health professionals at all levels.

  Based on discussions with the study group, the issue is further confounded with (a) the often fine lines between skilled care, supportive care, and personnel care; and (b) the need for Home Health Care versus need for institutional care.

  Who is involved in planning and implementation? Any working committee addressing this issue should access (a) current Home Health Care workers; (b) prospective Home Health Care workers; (c) groups such as the WI Workforce Development agency to assess their role and resources; (d) health care supervisors; and (e) representatives of Vernon County/potential clients of Home Health Care services. A focus group format may be a methodology to more clearly articulate these issues, but creating an increased value for Home Health Care services will take time.

- **Serve a coordination/logistical function for both health care professionals and clients—** As discussed with members of the study group, the idea of a "one-stop shop" for Home Health Care in Vernon County is appealing for many. With the additional unfunded tasks associated with ACA and decreased budgets, the workload for current public health care agencies are becoming untenable.

  Critical questions include "Who pays for such a service?" and "How can information be kept current (dated or incomplete information would immediately erode user confidence)?" Although needed, there are multiple layers to such a system, and there will need to be information data base and staffing investments made at start-up.

  A number of study group members pointed to the confusion of the elderly population as they are faced with the decision of leaving their home versus creating a secure Home Health Care environment. The "one-stop shop" may be able to marshal a team of resources (including medical, legal, financial, construction, and others) to offer non-bias options for their transition. This service could be provided to those in immediate need or as part of a retirement planning process.

  Who is involved in planning and implementation? Defining the purpose and scope of such a service is critical – there may be a need to create a modest effort and then add services as resources become available. Although cooperative members can and should be involved in planning, implementation may be best accomplished by paid staff.

- **Provide information and services to critical non-aged populations (mental health, chronic patients, veterans)** – in keeping with the suggested long-term goal of making Vernon the healthiest county in the state, the inclusion of non-aged populations that require Home Health Care services is important. Serving these groups widens the scope of the cooperative, expands the potential for members, and expands the potential for access to resources.

  The inclusion of short-term injury/accident patients as non-aged clients may be an issue for the cooperative in the longer-term.

  Who is involved in planning and implementation? Similar to above, a focus group format involving key stakeholders in these non-aging groups may be a good first step in accessing what services are needed and how those services can be best delivered by the cooperative and its members.

- **Identify and attract resources for Vernon County Home Health Care –** Elderly care is an issue that is faced in virtually every family in the county, state, and nation, and the cooperative –through its diverse organizational networks – should identify any and all resources that can be accessed for the planning and implementation of services.

  Who is involved in planning and implementation? All cooperative members can be involved in the identification of potential resources. Writing funding proposals may

require outside expertise (or eventually, a staff member assigned specifically to development), understanding that key cooperative members should be involved in the content of each proposal/ask.

- **Identify and implement educational and promotion services to better link Home Health Care to interested population** – New home health care ideas and models are generated all of the time (see above and the ideas generated out of the 2012 Madison conference) – how does the proposed cooperative filter new information and create new educational programs, promotional materials, etc specifically for its members and the citizens of Vernon County?

  Who is involved in planning and implementation? Wisconsin Technical College (WTC), UW Extension, and others can assist with the filtering of information and determination for possible adaption by the cooperative. Any new educational, information, or promotion should be market driven, with resources sufficient to develop materials and implement the project.

It should be well noted by the cooperative, its members, and other health service providers in Vernon County that the creation of the cooperative should not create competition to current Home Health Service providers. The cooperative should:

- Create new services that can be efficiently and effectively implemented through the cooperative structure (examples here being training and marketing/promotion).

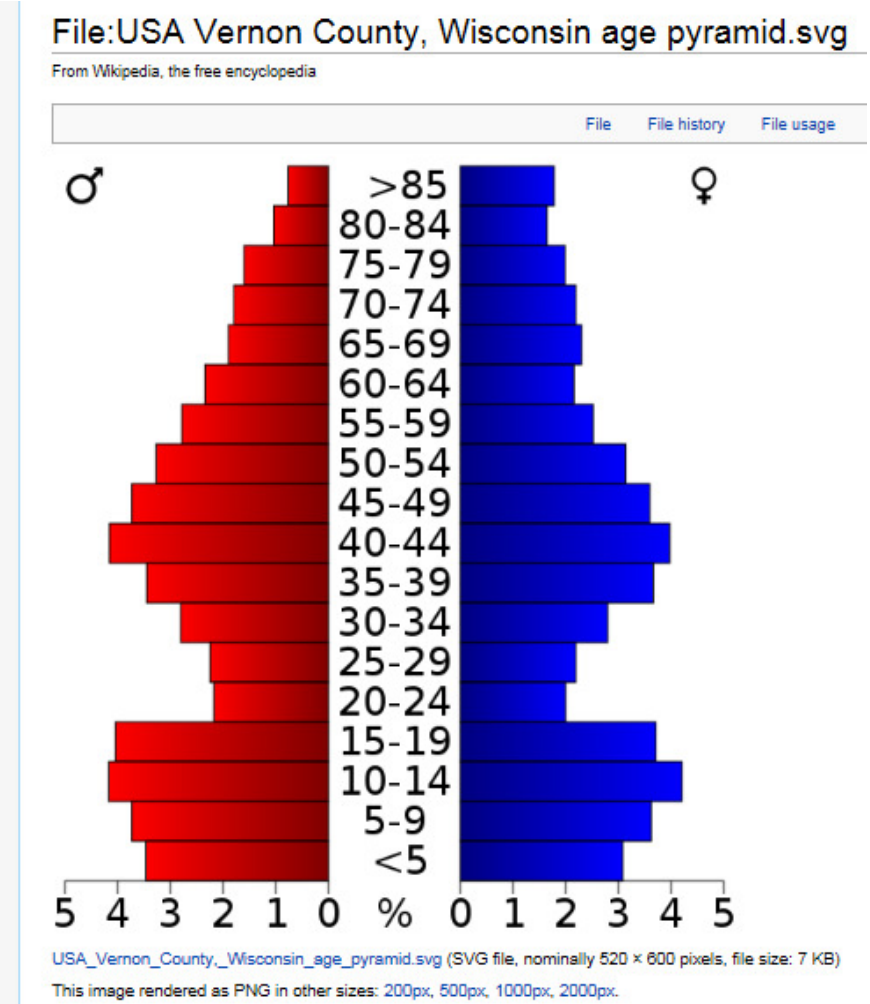
- In discussion with cooperative members and the Vernon County community, consider aggregating infrequently used health services by multiple current providers to achieve efficiencies.

- Use the cooperative structure and meeting time to introduce new ideas and catalyze partnerships between all stakeholders.

4. Home Health Care Market Feasibility

4.1 MARKET DESCRIPTION

The 2009 population of Vernon County was 29,324, up from the 2000 census of 28,056 (see http://en.wikipedia.org/wiki/Vernon_County,_Wisconsin). As shown in the diagram below, a significant percentage of the population is between the ages of 35-55, meaning that retirement and need for aging population services may be as little as 10-20 years away. Preparing for that "boom" through better Home Health Care services is at the heart of the proposed cooperative.



Other applicable statistics are offered in the publication "Rising Demand for Long-Term Care Services and Supports for Elderly People," by the Congressional Budget Office, 2013 (see http://www.cbo.gov/sites/default/files/cbofiles/attachments/44363-LTC.pdf):

- By 2050, one-fifth of the toal US population will be elderly (65 or older) up from 12 % in 2000 and 8% in 1950.

- The number of people 85 or older will grow to 4% of the population, 10x the population percentage in 1950.

- Functional limitations will increase in this population – a person's ability to perform routine daily activities like eating, bathing, dressing, paying bills, and preparing meals. (approximately 1/3 of 65 year olds; 2/3 of 85 year olds).

- Estimates are that LTTs (Long-term services and supports) will be 80% in the community, and 20% in institutional settings, with most of the 80% in private homes.

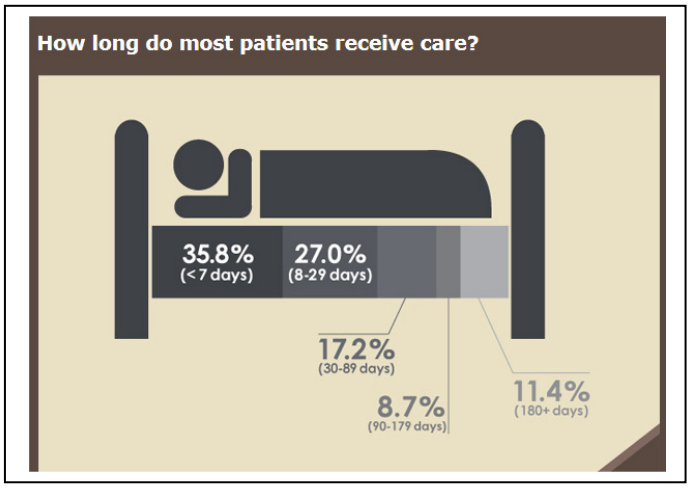
- The paper notes the potential gap between formal (health professional) versus informal (non-trained family) care.

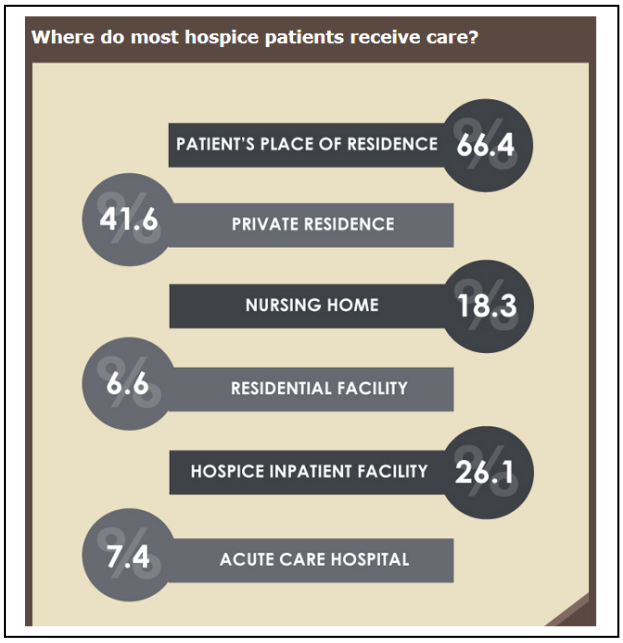
- Residences for elderly will include: nursing homes: other types of institutions like RCFs (residential care facilities); community based residences that offer supportive services; and private homes. Elderly nursing home population has dropped 10% over the last 10 years and about 4% of elderly people lived in institutional settings in 2009.

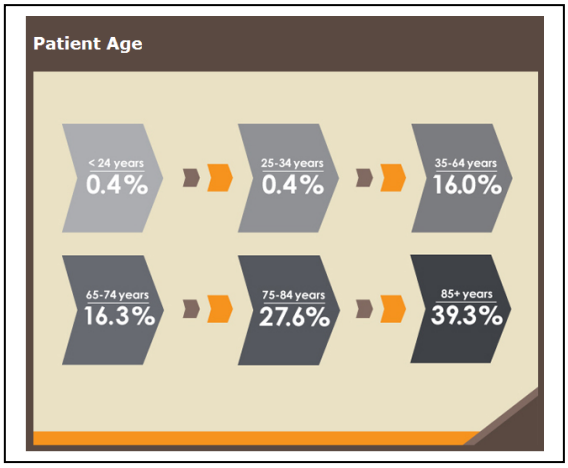
- Long-term service will continue to be supported with private and public funds
    - Half the care is "donated" as informal care by family and friends
    - Time, effort, forgone wages, and other economic costs – value of this care est at $234 B in 2011, not include forgone wages

One study estimates that "more than two-thirds of 65-year-olds will need assistance to deal with a loss in functioning at some point during their remaining years of life. If those rates of prevalence continue, the number of elderly people with functional or cognitive limitations, and thus the need for assistance, will increase sharply in coming decades."

Today's Caregiver Magazine (see Caregiver.com newsletter) provides the following information that graphically underscore health care issues for segments of the aging population:




Where do most hospice patients receive care?
PATIENT'S PLACE OF RESIDENCE
66.4
41.6
PRIVATE RESIDENCE
NURSING HOME
18.3
6.6
RESIDENTIAL FACILITY
HOSPICE INPATIENT FACILITY
26.1
7.4
ACUTE CARE HOSPITAL


Patient Age
< 24 years
0.4%
25-34 years
0.4%
35-64 years
16.0%
65-74 years
16.3%
75-84 years
27.6%
85+ years
39.3%


Who pays for care?
84%
Medicare
Hospice Benefit
7.7%
Managed Care or
Private Insurance
5.2%
Managed Care or
Private Insurance
1.3%
Uncompensated or
Charity Care
1.1%
Self Pay
0.7%
Other Payment Sources

Specifically to Vernon County, the study group generated the following information germane to Home Health Care:

- ADRC provides 35-40 referrals/month, and serves Vernon, La Crosse, Jackson and Monroe Counties. Numbers regarding Mental Health services: 60/year in crisis (56 current), 50 other outpatients, and 80 OWIs /year.

- Unit on Aging – 4977 people age 65 and older in Vernon County include those with disabilities and 1629 people with disabilities under age 65 for a total of 6606. (Provided by WI DOT estimates for 2013.)

- 1 in 4.5 people in Vernon County is more than age 60.

- WTC- Worker Training trained approximately 60 people within the last year.

- Bethel Home – 161 individuals were served in 2011 through Helping Hands, mostly in Vernon County, some in Monroe, Crawford and La Crosse counties.

With the strong national and local indicators for the need for new projects and services in Home Health Care, there remain significant questions in the following areas.

- What are the implications for the Affordable Care Act on Home Health Care and the formulation of the cooperative?

- Are there groups in the county that cannot be reached because of cultural barriers?

- Is there additional demographic data needed to help the proposed cooperative make decisions, ie information that can only be collected through a survey process. Example questions may include: how many seniors that live alone? Are adults involved in their care?

- What will be the on-going needs of Veterans over the next 10-20 years?

4.2 MARKETING AND PROMOTIONS – INITIAL CONCEPTS

As with any product or service line, the proposed Home Health Care cooperative will need to develop a marketing and promotions strategy that (a) best represents the story and activities of its members; and (b) communicates well to a broad range of clients –inside and outside of Vernon County. Some initial suggests are as follows:

- Be visionary in the long-term message communicated to all stakeholders. As suggested throughout this document, a 15-year goal of having Vernon County be named the healthiest county in Wisconsin is laudable. It also provides a substantial message to new businesses and families that may consider the county as a new home, and thereby becomes part of the region's economic development strategy.

- Professionals involved in marketing and branding talk about "key messages" that can be communicated to their clientele. In a world that increasingly demands truth-in-advertising, these key messages should be authentic and resonate with the target audience.

- There are more and more communication, marketing, and promotion options in today's world and the cooperative will need to consider how (a) it reaches its clientele aging population; but also (b) their supportive family members (that may be more attune to electronic and social media).

5. Financial and Resource Issues

A clear understand of the financial and resource needs of the proposed Vernon County Home Health Care Cooperative is difficult, and a full accounting is typically provided in a Business Plan when technical, marketing, and organizational dimensions of the enterprise are more clearly developed. The analysis below provides (a) some initial estimates on costs; (b) initial discussion of revenue; and (c) issues related to resources.

Costs associated with the planning and implementation of the proposed cooperative

Broad cost categories for the new cooperative may include, but not be limited to, the following:

- Personnel – At minimum, there needs to be one person dedicated full-time to the operation and paid according to skill level. Although there may be an assumption that a background in health care should be the predominant skill, one could argue that business management, financial management, marketing/promotions, and resource development (raising money) should be as important to the position. Other attributes that may be critical to the position include:

    - Knowledge of new state and federal health care laws
    - Understanding of reimbursement policies
    - Proven track record for raising money from private and public sources
    - Management of staff and partnerships
    - Entrepreneurial business skills, ie, familiarity with start-up organizations, importance of clear marketing message and promotion, etc
    - Knowledge of the Vernon County area, including potential cooperative members and health care dynamics and needs

  If funds are initially available for more than one person, part-time administrative assistance may be useful.

- Specialized Expertise – Regardless of the number of staff, specialized technical and business expertise will be needed at the start-up of the organization. It is assumed that as the organization matures, less specialized expertise will be needed and/or specialized expertise will be accessed on an on-call only basis. This expertise could include, but not limited to, the following:

    - Technical resources in cooperative development, assisting in understand the legal and operational ways that a cooperative can

function. Cooperative expertise can also bring to bear examples from different organizations throughout the US as possible models.
    - Health care resources
    - Business resources

- In-Kind Personnel – two different in-kind personnel are needed: (a) technical advisors willing to review technical project plans; and (b) staff from the cooperative members willing to serve on the cooperative board of directors.

- Operational Costs – more and more organizations are creating some form of virtual office or space may be donated through a cooperative member. Telephone, travel, and other costs should be factored into the budget.

- Marketing/Promotion – as the ideas of the new community care cooperative coalesce among the cooperative members, the vision and specific projects/services must be communicated to the general public, potential staff, partners, and funding supporters.

- Project Funding – Based on the agreed upon services of the cooperative, there should be dedicated project funding for each service (see Section 3.3 above).

Two example budgets are shown below and follow the options suggested in Section 6:

1. Suggested Annual Budget for the Stepwise Transitional Option

	Transition Period (pre-organization formation-two years)	Start-Up (2-3 years minimum)	Sustainable Enterprise
Staff	$50-60,000	$75-100,000	$100,000+
Contract Expertise	$20-25,000	$15-20,000	$10-15,000
In-Kind Personnel	--	--	--
Operations	$50-75,000	$75-100,000	$100,000+
Marketing/Promotion	$50,000	$25,000	$10-25,000
Project Costs	0-$25,000	$50-75,000	$75,000-100,000
Total	$200,000	$275,000	$325,000

Assumptions for this case include the following:

- Executive Director hired within six months. Salary w/ benefits.
- Administrative Assistance at a minimum .25 FTE.
- Business location established within one year, with office rental and/or in-kind office space provide in the interim.
- Responsibility of marketing and promotion tasks under the executive director and ad hoc committee. Roll-out of marketing/promotional material in late Year One/early Year Two after cooperative member and focus group input.

- Project costs – first project rolled out at the start of Year Two – funded through external resources. Other projects – no more than one per year – are rolled out after resources are secured.

2. Suggested Annual Budget for Immediate Implementation of a Cooperative Structure

	Transition Period (pre-organization formation-less than one year)	Start-Up (2-3 years minimum)	Sustainable Enterprise
Staff	$60-80,000	$100-120,000	$120,000+
Contract Expertise	$25-40,000	$20,000	$10-15,000
In-Kind Personnel	--	--	--
Operations	$60-80,000	$80-100,000	$100,000+
Marketing/Promotion	$75,000	$50,000	$10-25,000
Project Costs	$25-40,000	$50-75,000	$75,000-100,000
Total	$300,000	$325,000	$325,000

Assumptions may include the following:

- Executive Director hired within 2-3 months. Senior-level with experience in cooperatives. Salary w/ benefits.
- Administrative Assistance at a minimum .50 FTE to start; increase support staff as warranted.
- Contract personnel required to complete assignments on tight deadlines.
- Business location established within 3-6 months, with office rental and/or in-kind office space provide in the interim. Other operations costs include, but are not limited to: utility costs; office equipment; supplies; and other business needs.
- Responsibility of marketing and promotion tasks with the assistance of contract personnel working with the executive director and ad hoc committee. Roll-out of marketing/promotional material within six months after cooperative member and focus group input.
- Project costs – first project rolled out after six months as a pilot - funded through external resources. Other projects are rolled out after resources are secured and on an as-needed basis.

Where will revenue come from?

Revenue options include the following:

- Grant funding through the ***Cooperative Development Foundation (www.cdf.coop).***

- Potential partnerships with health care organizations

- Foundations supporting innovative health care solutions, especially for elderly, disabled, or veterans groups. Using a data base foundation searches (like Foundation Center and similar) can quickly narrow down areas of interest, geographic targets, etc.

- Cooperative members through their fees and in-kind support. With multi-level membership, there may need to be varying fees according to institutional size.

- Community members and businesses that recognized the value of a strong and healthy Vernon County. This may be done through donations, fee-for-service mechanisms, and other transactions.

- New community funding mechanisms, including those associated with the recently passed Crowdfunding SEC rules (see http://news.yahoo.com/u-sec-release-long-awaited-crowdfunding-rule-050330210--sector.html).

- Others to be determined.

Other financial/resource assumptions and issues

- Medicare/Medicaid and state issues
  - What kind of "opportunity" will this be for the cooperative?
  - Medicare population versus private pay clients

- Payment scenarios
  - Help consumers assess priorities for home care
  - Who makes the decisions to pay, ie power of attorney, guardian, self, husband/wife, adult children, family?

- Operation efficiencies
  - Shared cost of training and continuing education
  - Possible shared resources
  - Tele-health (Vernon Telephone Cooperative as a partner)
  - Electric records for the billing
  - Scheduling flexibility will conserve resources

- Public vs private resources
  - Personal insurance as a way to pay for serves

- Liability/insurance – Affordable Care Act subsidies

- Cash Flow as part of the cooperative
  - Do workers want wages or benefits?
  - Variation of receipts – timing of payments
  - The fiscal intermediary as critical
  - What financial base is needed?

- Wage Scale/Benefits
    - Membership equity
    - Wage scale of positions $7.25 - $18.00/hr
    - Bennies – disability, ST/LT health insurance, dental, vision, 401K, Travel reimbursement/stipend, Person Leave Time, Training, etc (note bennies at 2x multiplier). Flexible work schedule

- "Political Capital"
    - Volunteer – formal programs as found in Hospice. Nursing Homes, Parish Nurse Program.
    - Community with loose information volunteer network

- Other
    - Cooperative member and stakeholder equity (may be different)
    - Marketing campaign re: rainy day and education

6. Summary – Feasibility of the Venture & Recommendations

The study group considering the Vernon County Home Health Care Cooperative has done a considerable amount of preliminary work in understanding home health care needs and possible services for the citizens of the county. There are, in the opinion of this author, a significant number of options for health care in the county and dedicated professionals willing to assist.

The question of the feasibility of a Home Health Care Cooperative must also consider key market, business, and financial as applied to the technical services; observations toward the feasibility of the venture are as follows:

- More involvement and understanding of the current and potential clients. It is clear the need will increase over the next 10-20 years, but what is the client's ability to support the services of the cooperative? Collecting information through surveys, focus groups, and other activities is needed to better understand the interest in home health care.

- Staffing and wages issues, including developing a career path for home health care workers, could be among the most challenging. One option for the cooperative is to create a series of non-wage incentive programs (ie, attendance at seminars, special projects, etc) to attract and retain Home Health Care professionals.

- All stakeholders – and especially cooperative members -- need to see both immediate and long-term benefits for their individual companies. Those benefits are currently difficult to articulate and quantify.

- The reality of all new businesses and organizations is that funding at all levels will be problematic. Start-up funding may be available through public and foundation sources, but an investment in time and expertise (development coordinator/grants person) may need to be made. As the cooperative matures, funds will need to come more and more from local sources that are directly receiving benefits.

- New ideas are often successful when marshaled by a "political champion". This person or persons are most likely within the Vernon County health care community, and are absolutely passionate about the cooperative concept.

- Business viability is often difficult to determine when the policy environment is fluid. With all of the challenges seen in the roll-out of the Affordable Care Act, there may be some trepidation for health care organizations and citizenry alike to push forward with a unique structure like a Home Health Care Cooperative.

- Likewise, the phasing of the services of the cooperative is difficult to determine at this time. For certain individuals of the study group, there is great enthusiasm for a worker's cooperative or for a multi-stakeholder cooperative, but the support services designed to enhance the Home Health Care system may be easier to implement and fund, at least initially. In discussion with other study members, having an effective "one-stop shop" that catalyzes home health care activities and serves as a first contact for the community may be a good first step.

- There is a need to continue discussion on how this very unique cooperative can be organized to be effective and efficient. Multi-stakeholder cooperatives such as the Vernon County-based Fifth Season Cooperative have (admittedly) found that business operations are challenging.

What are options for a Vernon County Home Health Care Cooperative? Three options are provided below and were discussed with the group:

Option 1. Do nothing and/or wait for resolution of health policy issues

Keeping the status quo after investigating possible avenues of cooperation, especially in an era of dramatically changing health care systems, seems to be a step backwards. There is much uncertainty in the future financial transactions in health care, and there may emerge policies and partnership that will encourage (or alternatively discourage) the formation of a Vernon County Home Health Care cooperative. The advantage of this approach is the conservation of current resources; the disadvantage of this approach is that the study group loses all momentum toward a formal organization.

Option 2. Stepwise transition to creation of a Home Health Care cooperative

There is no question based on the evidence in this report that the formation of a Home Health Care Cooperative is complex, and there are multiple decisions still to make regarding governance, services, market verification, market approach, and financial support.

One option is to create a formal or informal organization that – over the next two years – allows the study group to examine critical business issues that will help foster long-term sustainability. The study group can become an association, and use a current 501c3 organization as a fiscal sponsor. The advantage of this approach is that the study group can stepwise consider best approaches; the disadvantage of this approach is that, again, the group may lose some momentum for immediate action.

Option 3. Create a Functional Home Health Care Cooperative Structure

The option of immediate action for the creation of a Home Health Care Cooperative has merit, but will require extraordinary commitment and resources that are not readily apparent (see discussion and table below). Immediate action also may require a higher level of staffing – either numbers or expertise – and additional resource people to assist. The advantages of such an approach include: (a) Vernon County has access to some of the best cooperative resources in the US at their disposal in the state; (b) the new organization will be on the cutting edge of community health care cooperation with structures that can better serve county population needs; (c) the effort will attract attention – in both the press and resources – if initial roll-out is effective. Selected disadvantages include: (a) the aforementioned time, commitment, and resources; and (b) the need for a dedicated "champion" – one individual that can at the same time lead and negotiate. The impact of the cooperative will be a new institution provides a mechanism to solve today's issues (operational needs) and anticipate tomorrow's needs (strategic needs). The ability to discuss critical community health care issues mitigates emergency situations and helps the community understand and react to health care trends.

Discussion of the Options

The group presentation and a discussion of the three options resulted in wanting to continue the informal work of the group – a variant of Option 2 above. In a structured exercise summarized in the following table, the participants provided a sense of (a) the issue(s) that they wanted to continue to advance; and (b) a sense of the resources that they could bring to the table. It is noteworthy that no one in attendance volunteered to lead the effort ("the political champion").

Name	Area of Continued Interest	Resources to Assist Topic
Clark Nordberg	LT Wellness, including investigation into "Blue Zones".	Outside funding assistance
Tony Shay	Career ladder issues	DVR resources
Reps from Congressional Kind and Senator Balwin's offices		Staff expertise, grant research, messaging about the issue to all constituents
Sheri Hammond	Mental Health	Staff and intern support for dementia and mental health
Lori Hines	Continued and new training & education	Facilitators and educators at WTC, plus connection to networks around the state
Bridget Karl	Long Term Care issues, including certifications and standard of care	Their office
Jean Klousia	Continued building of networks and connection of resources for better education of the issues	Their office

Pat Conway (with assistance of Pat Reinert)	Development of a pool of RN case manager for LT care in the home	Work with legislators, RN entrepreneurs, and agencies that control resources and reimbursement issues (Medicare/Medicaid & VA)
Ellen Clausen	Interest in helping but not leading career ladder issues	
Pat Peterson	Coordination and further advancement of connections	Resources and ideas through the Older Americans Act
Sue Noble	Increasing quality of life and options for in home care recipients; creating opportunities for good paying jobs and labor force training	Help facilitate and organize meetings to keep work on task
Debra Stout Tewalt	Communication and coordination of resources	
Donna Nelson	Cost effectiveness of all care options; care coordination and communication	Hospital resources

It is strongly suggested that the study group and community members consider the options and interests carefully, modify and add to them as needed, suggest other alternatives as warranted, and choose a course action that will help guide the citizenry of Vernon County in the future and help make it "the healthiest county in the state."

7. Appendices

James D. Gage is an independent business consultant that specializes in value added agricultural and local foods issues. He is the President of the Board of Directors for Town and Country Resource Conservation and Development (RC&D) Council, serves on the Slow Money Wisconsin planning committee, and is the past manager of the Wisconsin Dairy Business Innovation Center. He has worked on business and marketing issues with over 200 Midwest-based value added clients over the last 10 years, conducting market research, facilitating meetings, writing business plans and grants, and providing general management services. He has worked extensively with the private sector high technology community as part of the University of Wisconsin's Environmental Remote Sensing Center, and has been part of agricultural research and management consulting teams in more than 40 countries worldwide while working with the Land Tenure Center (University of Wisconsin), the International Development Management Center (University of Maryland), and the Peace Corps. Mr. Gage holds an MS in Horticulture and Plant Physiology from University of Maryland- College Park, and a BA in Political Science from Fordham University.

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