

COOPERATIVE CARE

Wautoma, Wisconsin

Note: Cooperative Care was one of 99 semifinalists for the prestigious 2002 Innovations in American Government Awards, sponsored by the Institute for Government Innovation at Harvard University's John F. Kennedy School of Government. This essay was written by Dianne Harrington to support the award. Dianne is a social worker consultant, who assisted with the exploration and development Cooperative Care. She can be reached at harring@vbe.com, or W6756 Porter Lake Road, Wautoma WI 54982.

November 2002

Introduction:

Cooperative Care is a worker-owned cooperative providing homemaker service and certified nursing assistant care to elderly and disabled persons in their own homes. With its mission, 'To provide high quality home-based care to the elderly and disabled, while providing fair wages and benefits to the people caring for them,' Cooperative Care is the first such co-op in the Midwest. Based in Waushara County in rural central Wisconsin, Cooperative Care assures quality services to clients, empowers low-income women and men with a voice in running their own business, and eliminated a potential liability for the county.

This project addresses two problems:

- the increasing need for supportive home care for elderly and disabled persons, and
- low wages and lack of benefits for care providers, a disincentive for workers to enter this field and contributing to the 40 – 60% annual turnover rate nationwide.

As the population ages, our nation faces a shortage of home health care providers. Waushara County's population is a predictor of the U.S. demographics in 30 years: one in five persons is over the age of 65. Baby boomers now dealing with caregiving for their parents will need help themselves. Most older persons want to remain in their own homes. Many are able to do so through assistance with housekeeping and personal care, a far less expensive alternative to the \$47,000 average annual cost of a nursing home.

For 20 years prior to the formation of the co-op, low-income elderly and disabled clients of Waushara County Department of Human Services (DHS) received in-home help from individuals who were paid via a fiscal intermediary. Workers were considered domestic help hired by the client. This system stretched limited funds, but it left the workers with low pay and no benefits.

In 1999, Waushara County DHS director Lu Rowley obtained seed funding from the state to work with the care providers to re-shape this system into a worker-owned co-operative. Simply defined, a cooperative is a business owned and democratically controlled by its members, and deriving benefits to members rather than outside investors. Member-owners elect a board of

directors among themselves, who then hire administrative staff to handle daily operations. Employee ownership tends to reduce turnover and increase pride in work. Clients can be assured that their hard-earned life savings are not creating a profit for some middleman.

Cooperative Care commenced with a contract to serve Waushara County clients, but it also serves private pay individuals, those living outside the county, and can serve as a labor pool to other organizations. Through this income stream, Cooperative Care has improved the quality of life for its 81 members and sustained independent living for more than 125 older and disabled people.

Achievements:

The single most important achievement of Cooperative Care has been the empowerment of the home care workers, a historically disenfranchised group. In the early stages of this project, the workers were surveyed to determine what they felt would be a fair wage, desired benefits, preferred work hours, distance willing to travel to work, and training needs. The responses were used in developing the business plan and in forming policies.

Current benefits for member-owners include increased pay, workers compensation, time and a half pay for holidays, 10 days paid vacation, travel reimbursement, and health insurance. (The co-op pays 75% of the premium for individuals and 50% of the premium for family coverage.)

Year-end profits for 2001 totaled \$41,488. After prepaying part of the business loan and setting aside some funds for capital reserves, patronage refunds were distributed at the first annual meeting. These cash refunds averaged \$440 but were as high as \$2,000, based on the number of hours worked. Members are building equity in their own business. Workers are presently paid between \$7.50 and \$9.75 per hour, averaging more than the \$7.58 national median. Year-end profits for 2002 totaled \$65,667.82. Of this, \$25,000 was set aside in reserve and \$40,667.82 distributed in patronage refunds, again according to hours worked.

Cooperative Care serves as a career ladder for homemakers. Certified Nursing Assistant (C.N.A.) training is available to member-owners who previously could not afford the coursework or fit it into their work schedules. The registered nurse on staff is certified as an instructor, and the classes are held outside normal work hours to accommodate workers' schedules. C.N.A.s earn \$2.25 an hour more than homemakers, so this education translates into an instant raise and increased responsibilities. To date, 8 workers have received this training.

Turnover is virtually nil; two members have been terminated for cause, and one has withdrawn from membership because her client died. This stable workforce provides continuity of care for the clients. In fact, county clients have been able to retain their original workers, providing a seamless transition for care provider and recipient.

A less tangible achievement is the leadership and personal development of workers who served on the steering committee and the board of directors. The board consists of five certified nursing assistants, four of whom had never held a position of power in any organization. These women have negotiated contracts, rented office space, hired administrative staff, developed policies and procedures, and represented the Co-op at conferences and community events.

Though they work independently, the member-owners report that they feel less isolated, as they have opportunities to come together for training, meetings and social events.

Measures of success:

The financial status of a new business is a primary measure of its success. The goal for Cooperative Care was to break even or make a profit in its first year. The projected profit was approximately \$30,000. The actual profits totaled more than \$41,000. The bank loan was pre-paid down from \$125,000 to \$94,600 as of August 30, 2002. Cooperative Care has retained earnings (member equity) of \$17,500. Retained equity is the initial and ongoing investment members make into their business. Each member's accumulated equity account will be fully refunded within five years of the individual retiring or leaving the co-op. In addition, \$25,000 of 2002 profits were placed in a reserve fund and \$40,667.82 was allocated to member-owners.

2. The second measure is worker satisfaction. Our goal is that workers would report an improved quality of life as a result of belonging to Cooperative Care. An independent organization, The Management Group of Madison, Wisconsin, has been hired by Waushara County DHS to measure, among other things, the satisfaction of member-owners. The survey has not been completed as of this report. However, we offer the following measures of success: Membership has grown from 63 to 81 since Cooperative Care was formed. Member-owners earned a \$.25/hour wage increase after their first year with the Co-op. On average, benefits amount to an additional \$2.00/hour to their wage. Though members will never grow rich earning \$7.75 or \$9.75 an hour, a full time C.N.A. has the potential to earn near Waushara County's per capita income of \$18,144. Members share in the Co-op's net profits through cash patronage refunds. They also incrementally build equity in their business, a form of wealth creation which will be fully refunded upon retirement or leaving the co-op. Members have training opportunities that directly reward them financially. Members are bonded and insured by the organization and supported by administrative staff. Members report feeling pride in ownership and connections with one another. Two-thirds of the members attended the first annual meeting and about half attended the second annual meeting, which incidentally fell on the coldest day of the year, complete with blowing snow.

3. The third measure of Cooperative Care's success is the satisfaction of its clients, the recipients of home and personal care services. The Management Group will also address this measure. Our goal is that clients would be pleased by the quality of their care and with their relationship with

their care provider(s). Clients were not adversely affected by disruptions of service during or after the transition to Cooperative Care. Clients have a bill of rights and a grievance procedure for concerns. Clients trust that they are receiving care from trained, experienced, bonded and insured workers who are motivated to provide quality care because they own the business. Because some member-owners are being paid to care for their family members who are county clients, this natural caring relationship is rewarded.

Target Population:

The long-range target population served by Cooperative Care is elderly and disabled individuals in Waushara County and nine surrounding counties. The area was chosen because workers living on the outer edges of the county indicated a willingness to drive to these counties, and because of the numbers of potential clients living there. So far, most clients live in Waushara and Green Lake Counties.

As stated earlier, clientele fall into two groups: county clients and private pay individuals. The Waushara County contract is the primary and steady source of revenues, a sound start for a new business venture. To date, private client payments are a supplemental source of funds, comprising 8 - 10% of revenue. However, as the population ages and word about Cooperative Care spreads, private pay clients are projected to become a greater portion of the business.

County clients are served via Wisconsin's Medicaid Waiver programs that enable frail elderly and disabled persons to live at home as a less costly alternative to nursing home care. Waushara County's contract with Cooperative Care is based on serving these persons. Clients are referred by their county social workers (case managers). At present, 82 Waushara County low-income clients are served by Cooperative Care. This number is just 36 % of those who might qualify for the help, however. Because of limited funding from the state, there are 147 persons on the waiting list for services in this county alone. This total does not include those who might qualify but not have applied for services.

Private pay clients are referred to Cooperative Care by hospital discharge planners, the county's Aging and Disability Resource Center, Hospice, physicians, clergy, pharmacies and word of mouth. Interestingly, private pay clients tend to require more acute and short-term care than their public pay counterparts. Many private pay clients are returning home from hospitalization or are on Hospice, requiring round-the-clock care (three shifts of workers daily). The support from Cooperative Care staff enables them to avoid institutional care and to live out their final days in their own homes.

Waushara County has more than 4,000 persons over the age of 65; there are 92,071 seniors in the 10 county region. The National Center for Health Statistics projects that 32.8% of persons age 65 or older receive help from an agency. Depending upon distance and disposable income per county, we conservatively projected that Cooperative Care could serve 3-10 % of agency assisted elders within

five years. For Waushara County, that translates into 20 private pay clients; for the region, 145 clients.

To date, about 125 persons have been served by Cooperative Care.

Challenges and remaining program shortcomings:

Funding for long term support programs (elderly and disabled services) in Wisconsin remains a zero sum game. The more money and benefits workers earn, the fewer the numbers of elderly and disabled who can receive care at home.

Cooperative Care's contract with the county enables its member-owners to earn a living wage and receive benefits. Initially, this cost the county 40% more than the previous system. (However, that increased cost does not take into account the administrative overhead savings and freeing the time of one full time staff position as a result of the Co-op taking over the service.) Lucy Rowley, Director of Waushara County Department of Human Services, states, "This system would not work if both parties did not have a joint commitment to providing better care for clients and a better standard of living for low income people."

This apparent trade-off or shift in funding from clients to workers was not accidental or taken lightly by either party in the contract. As Jim Gawne, Executive Director for Cooperative Care, explains, "We keep in mind that this business was formed to help workers and clients. This business provides work for people who might not be able to work comfortably in traditional health care settings. They are working a flexible schedule according to client need. This type of work demand and worker supply is not common in most health care settings, where schedules are regimented and workers punch a clock. Our program is unique in that our workers are independent but non-harried, providing personalized care that is meaningful to them and their clients. This contributes to worker satisfaction and stability." It is significant that the decision to support the development of the co-op did remove the potential for liability that existed in the previous system, in which care providers had no workers' compensation coverage. Another Wisconsin county with a similar system was recently sued to cover medical costs incurred by a caregiver's injury on the job. Despite the third party fiscal intermediary, the IRS has stated that counties are the true employers and therefore liable for workers compensation and payroll reporting. Clients should benefit from quality care provided by trained, supported and insured workers.

Equitable rate determination is the key to the success, or the failure, of this arrangement. The county has a responsibility to watch its own budget closely, and Cooperative Care was not developed to make a fortune from this business. Due to a state budget crisis and a resulting budget crunch for Waushara County, the Department of Human Services renegotiated the Cooperative Care reimbursement rate downward by \$.50/hour in June, 2002. The Co-op has also sought ways to decrease its administrative costs so as to offer competitive rates to surrounding counties interested in contracting services. Contracting is a delicate balance that must keep in mind that a number of low-income frail persons are waiting for services at the same time that workers are lifting themselves out of poverty.

Initiators of the program and local government involvement in developing Cooperative Care:

The state of Wisconsin Bureau of Aging and Long Term Care Resources (BALTCR), a division of the State Department of Health and Family Services, developed the Community Links Workforce Development Project in 1999 with the goal of funding projects that ‘strengthen and support the workforce for the long-term care populations in the community.’ Funds were available to county agencies responsible for the Community Options Program, a Home and Community Based Medicaid Waiver program designed to maintain persons in their own homes as a less costly alternative to nursing home care.

Lucy Rowley, Director of Waushara County Department of Human Services, was aware of a worker-owned home care business in the Bronx. Cooperative Home Care Associates (CHCA) was organized in 1985 as a welfare-to-work program. The goal of CHCA is to “provide consistent, quality care to homebound persons in New York City by creating good jobs paying adequate wages and benefits, offering decent working conditions and provide opportunities for advancement through worker ownership.” Ms. Rowley wondered if this model could be applied to a rural project and she applied for funding from BALTCR to explore the concept.

Over three years, Waushara County was awarded \$50,000 from this state grant to implement a three-pronged approach to address the workforce crisis:

- Collaborate with local agencies to develop a business plan for a Home Care Worker Cooperative to provide to the community an increased and reliable source of home care workers and to assure their retention by providing a living wage, benefits, training, supervision, and opportunities for advancement.
- Work with area high schools to provide Certified Nursing Assistant training to students to increase the labor pool and have them job-ready by graduation.
- Enhance information, referral and access to home care providers through the new Aging and Disability Resource Center.

Rowley contracted with social work consultant Dianne Harrington to facilitate the first two of the three. The U.S. Department of Agriculture (USDA) Rural Development Office in Wisconsin

provided invaluable technical assistance and support via their Cooperative Development Specialist, Margaret Bau. Bau and Harrington worked together to research home care co-ops; survey, organize and educate the workers; develop the business plan, bylaws, and articles of incorporation; support the steering committee and later the board of directors; increase public awareness about the co-op and disseminate information about this unique business.

Milestones in program or policy development and implementation:

- 1) September 1999** Concept: Waushara County received a grant from the Wisconsin Department of Health and Family Services to creatively address recruitment and retention of long term care workers. Agency director Lucy Rowley contracted with Social Worker Dianne Harrington to explore the idea of a worker-owned cooperative. Cooperative Development Specialist Margaret Bau of USDA Rural Development agreed to provide education and support in co-op development.
 - 2) November 15, 1999** Exploratory Meeting: Project coordinators (Harrington and Bau) met with workers of the Waushara County In-home Providers program. Coordinators introduced the cooperative concept, reported on other home care worker co-ops across the country, and answered questions and gained approval to proceed with exploring this project. Interested care providers volunteered to serve on the Steering Committee. This group met monthly for 15 months to provide feedback and guidance to the coordinators as the initiative evolved. At the exploratory meeting, providers were surveyed to determine desired wages, benefits, distance willing to travel, experience and skill levels. This information was key to the direction of the co-op and the business plan.
 - 3) March 2000** Market Analysis, feasibility study, business plan. With funding from the state grant, a private consultant was hired to write these studies. After months of delays, the final project was flawed. Project coordinators re-wrote the business plan with the assistance of CAP Services (a nonprofit Community Action Agency) Small Business Development.
 - 4) January 17, 2001** Vote to incorporate. Project coordinators presented an overview of the business plan to care providers. At the meetings, care providers voted to incorporate, elected a 5-woman board of directors from a slate of 8 candidates, and paid a \$40 membership fee.
 - 5) February 5, 2001** Filed articles of incorporation. Cooperative Care becomes a legal entity.
 - 6) March 2001** Cooperative Care signed contract with Waushara County to provide home and personal care services. Locally owned Farmers State Bank of Waupaca, WI loaned the new business \$125,000, based on confidence in the county contract, local leadership, and business plan.
 - 7) Spring 2001** Board of directors rented office space, opened bank accounts, explored insurance, and hired Executive Director.
 - 8) June 2001** Commenced payroll for worker-owners.
 - 9) February 2002** First annual meeting. Patronage refunds distributed, board elections held.
 - 10) Fall 2002** Waushara County contracts with The Management Group of Madison to evaluate project.
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11) February 2002 Second annual meeting. Patronage refunds distributed, board elections held. Guests included the director of the Wisconsin Center for Co-operatives and the Director of the State Bureau of Aging and Long Term Care Resources.

The implementation strategy followed our planned steps, but some time was lost in the market analysis phase of the project. During the first year of operations, some adjustments were made in office staffing patterns and hourly fees to reflect workload and financial constraints in the county.

nificant obstacles and approaches to resolve them:

Probably the biggest obstacle faced by Cooperative Care is not being able to serve all who may need the help. We have previously noted that several potential clients are on waiting lists. This will remain a problem unless and until more funds become available to provide services. At present, Cooperative Care does not have a sliding fee scale.

Another significant obstacle to meeting the wishes of the member-owners is the high cost of health insurance. In 1999, in the early planning stages of the business, workers were surveyed as to their preferred benefits. Health insurance was named as a high priority; 31% stated that they had no health insurance. Providing this coverage was an important goal named by the steering committee and the board of directors. On the advice of a local insurance agent, the business plan allowed for \$2000/year for basic health insurance coverage. By the time the business was up and running, it was clear that this would not be adequate. In late 2001, health insurance rates increased 25% and members were dropping the coverage, so the board voted to pay a percentage of the premium. Next year, rates will go up another 16%. At present, only 14 members have been able to afford to utilize this benefit because of their out-of-pocket expense. This is a worker group whose cash flow is so tight that some workers paid their \$40 membership dues in two installments. The board continues to study this problem and seek ways to make this affordable for the co-op and its workers.

Individuals and organizations significant in program development and on-going implementation and operation and their roles; Supporters and critics:

Building Cooperative Care has brought together a wide array of organizations and individuals. Funding to support the development of the co-op came from the State of Wisconsin's Bureau of Aging and Long Term Care Resources, of the State Department of Health and Family Services. Judy Zitske of the State Bureau of Aging and Long Term Care Resources has been a strong champion of the program, asking for repeat presentations at state conferences to keep others abreast of developments.

County DHS long term care staff lent credence and support for the proposed co-op by their attendance at the exploratory meeting and steering committee meetings.

Fox Valley Technical College has worked to provide the C.N.A. training to 36 high school students, adding to the local workforce.

With approximately 800 co-ops statewide, Wisconsin has a long and proud history of cooperatives, and the concept of this business has been well received. Fred Harasha, a retired executive of the local Adams Columbia Rural Electric Cooperative, served as a key advisor in developing the business plan, hiring staff, and offering support to the board of directors.

The assistant director of the Jobs and Business Development Department of CAP Services, a nonprofit Community Action agency, assisted in completing the business plan. She also accompanied Harrington and two board members to present the plan to the bank when applying for the business loan. Farmers State Bank of Waupaca, WI, loaned the new business \$125,000 on collateral of just \$4,000 in member equity (Waushara County DHS matched the \$2,000 member dues), the strength of the business plan and confidence in the board leadership.

The USDA's Cooperative Development Specialist, in addition to providing ongoing technical support and assistance, has brought state, national and international attention to the project via conference presentations and her involvement in various cooperative organizations.

The strongest critic of the concept came from a nonprofit consulting firm that helped establish the New York City based Cooperative Home Care Associates and four related New England co-ops. With the 1997 Balance Budget Act, Medicare reimbursement rates dramatically changed and caused the bankruptcy of the four replicated co-ops. They and a similar Oakland, California, based co-op, warned against entering into the industry. Cooperative Care is not a Medicare provider; it does not provide skilled nursing care.

Inspiration/model for Cooperative Care, similarities and differences:

Cooperative Care was inspired by Cooperative Home Care Associates (CHCA) in the Bronx. CHCA was started 'from scratch' in 1985 under the sponsorship of the Community Service Society, a private social service agency. CHCA was a welfare-to-work project. It provides health-related and personal hygiene tasks, light housekeeping and shopping for homebound persons in New York City. Most of its workers are semi-skilled Latina or African-American women. An associated business, Home Care Associates Training Institute, provides initial certification and ongoing education for workers. Their board includes the president and outside members.

While providing similar tasks for similar clientele, there are significant differences between CHCA and Cooperative Care. Cooperative Care began with an established workforce of skilled, experienced care providers and an established client caseload, as well as a substantial contract. Central Wisconsin has a rather homogeneous population, and language barriers have not been a factor. Our business has a much smaller scale than CHCA and naturally has a smaller job market, therefore less competition for semiskilled labor. Ongoing training for Cooperative Care member-owners is provided by its Registered Nurse in conjunction with the local technical college. As mandated by state law, the Cooperative Care board consists solely of member-owners. All Cooperative Care workers are member-owners, except for the administrative staff.

Program evaluation by an independent organization; Publicity:

The Management Group (TMG) of Madison, Wisconsin, has contracted with Waushara County DHS to conduct an independent evaluation of Cooperative Care. The Management Group is a private consulting firm under contract with the state of Wisconsin to monitor its waiver programs.

Funds for this analysis are provided through the Community Links Workforce Development funds, a program of the state Bureau of Aging and Long Term Care Resources. Results will be shared with the state and county agencies that may be considering supporting similar efforts.

TMG states that they will use “personal interviews, audience-specific surveys, and data analysis and evaluation to discuss and analyze the obstacles and challenges, the financial successes and failures, and the benefits and opportunities that have resulted from the creation of this unique co-op.” They will be surveying members of the board of directors, office management staff, member-owners, and clients. They plan to examine the strengths of the co-op model and implications for replication.

At the time of this writing, we do not have any preliminary results from The Management Group. They are expected to complete their study in February 2003.

A financial audit of Cooperative Care was conducted in May 2002 by Cherek, Chesbrough, Pucci, Quick and Wittman, S.C., Certified Public Accountants in Stevens Point, WI. The audit was ‘clean,’ and showed no areas of concern or noncompliance.

Potential for replication:

We believe not only that Cooperative Care is replicable, but that it should be replicated. Certainly the underlying need for support of workers and clients is widespread and growing. One goal for Wisconsin Community Links project funding is that new approaches to the workforce shortage may be shared and expanded statewide. While our business is small and serves a rural area, we know from CHCA that the model of worker-owned business can succeed in a large metropolitan area. We see no reason that it could not be replicated in any area, given the right mix of start-up support and technical assistance.

In Wisconsin, Kewaunee County and Rock County have expressed interest in our model. Awareness of the project has grown through presentations at Wisconsin's State Long Term Conference, the State Respite Conference, the State Caregivers Association, a regional County Board of Supervisors meeting, and the 2001 Joint International Summit on Community and Rural Development. The state of Montana has expressed interest in learning more as well. State elected officials have visited the Cooperative Care office to meet with the administrative staff and board members. State dignitaries attended the open house in October 2001. All who have heard about it have been positive that a business owned by its own workers can thrive while benefiting its customers at the same time.

It is significant to note that U.S. Senator Herb Kohl (Wisconsin) chairs the Senate Agriculture Appropriations Committee. Members of his Washington, DC based staff, Ben Miller and Bill Simpson, visited Cooperative Care on April 2, 2002, to learn more about noteworthy programs that enhance the quality of life in rural areas. Senator Kohl has since proposed legislation (S. 2801) that, among other things, authorizes a \$4 million demonstration program on Replicating and Creating Rural Cooperative Home Based Health Care nationwide. At the time of this writing, this funding was approved by the Senate and the House of Representatives and will be presented to President Bush for his signature during the week of February 17. The fact that this small program has captured this level of attention and that policy makers have found it worthy of replication is almost beyond the imagination of the program developers, and the implications are enormous.

Fortunately, technical assistance for new cooperatives is available in every state from USDA Rural Development offices and their Cooperative Development Specialists. The USDA does not charge a fee to users of its services. In our case, Margaret Bau remains involved in supporting the Cooperative Care board and administrative staff. Consultant Harrington worked with Bau in board development and strategic planning as well as providing them the tools to evaluate the executive director.

Cooperative Care could be replicated through a series of autonomous county or regional cooperatives. Policy making would remain in the hands of local caregivers with a one or two person administrative staff to handle scheduling, training, and outreach. To minimize administrative costs and maximize economies of scale, local co-ops could join a larger shared services co-op to handle payroll and accounting services, to provide member and Board training in cooperative governance, and to advocate for care provider concerns.

Program Budget:

Of 2002's \$950,930 budget, 91% of the income was provided by the contract with Waushara County Department of Human Services to provide personal care (certified nursing assistant services), respite care and supportive home care (housekeeping and chore service). Funding from the county originates primarily from Wisconsin's Community Options Program (COP), a Home and Community -based Medicaid Waiver Program. COP uses State General Purpose Revenue funds as its primary source of match for federal Medicaid dollars.

Private pay clients made up the remaining 9% of the income. The hourly fees for both public and private clients are \$15.50 for homemaker service (supportive home care) and \$17.00 for certified nursing assistance (personal care).

Actual revenues for 2002 were \$950,930.24. Expenses totaled \$885,262.42 for a profit of \$65,667.82. This compares with 2001 profit of \$41,488.

Awards, honors:

Wisconsin Governor Scott McCallum signed a Certificate of Commendation in September 2001, saying that “Cooperative Care’s commitment to success will make Wisconsin a better place to live.” This honor was presented at the open house by Dr. Richard Gartner, Wisconsin Department of Health and Family Services Workforce Coordinator.

Cooperative Board Chair Donna Tompkins received the Ted Long CAPartner award by CAP Services in May 2002, in recognition of her work in developing Cooperative Care to provide home care workers a living wage and benefits. The award is named for Ted Long, a long-time supporter of CAP programs.

Due to her ongoing technical assistance to Cooperative Care, Margaret Bau, USDA Cooperative Development Specialist for Wisconsin, received the award for Best Cooperative Program in the U.S in July 2002. She also received recognition for Outstanding Accomplishment in the state of Wisconsin from the USDA Rural Development in September 2002.

Press/media coverage:

The Waushara Argus, Waushara County's weekly (and only) newspaper, has regularly reported on Cooperative Care development and progress, beginning with a front-page article on April 4, 2001 announcing the new business ("New Employee Owned Health Care Business first of its kind in Midwest").

Articles and photos have featured developments in the business:

- "Cooperative Care Begins Operations" June 2001
- "Ribbon-cutting Ceremony held for Cooperative Care" July 2001
- "Cooperative Care featured at International Conference on Rural Development" July 2001
- "New RN Supervisor at Cooperative Care" August 2001
- "Open House held for Cooperative Care" October 2001
- "Cooperative Care Celebrates First Annual Meeting" February 2002
- "Senator Kohl's Staff Tours Cooperative Care" April 2002
- "Students Complete C.N.A. Course" May 2002

The Resorter, a free shopper published by the Argus, featured an article in September 2001:
"Cooperative Care Providing Long-Term Nursing Services to Area Residents"

The Oshkosh Northwestern published a story about Cooperative Care services and featured one member-owner's story in November 2001: "Waushara County's Cooperative Care Ready to Expand."

CD Publications, Silver Spring, MD, featured Cooperative Care in its newsletters, including:
Aging News Alert "Patients, Caregivers Benefit from Wis. Cooperative Care Project" Aug 2001
Disability Funding News "Employee-Owned Caregiving Group Provides New Source of Caregivers" Aug 2001
Children and Youth Funding Report "Wisconsin Teens Learning to Serve the Elderly in Their Rural Communities" Aug 2001.

The Oshkosh Northwestern wrote a news article spotlighting Cooperative Care following the announcement that the co-op had been named a semifinalist for Harvard's Innovations in American Government Award. This award had over 800 entries and Cooperative Care was one of only 99 semifinalists.

Organizational Chart:

Cooperative Care Member-owners

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Board of Directors

The board of directors consists of five member-owners. Cooperative Care members elect each director to a staggered term. Elections take place at the annual meeting. Wisconsin Statutes 185.31:

“All powers of the cooperative shall be exercised under the authority of ... the board, except as otherwise provided in this chapter.”

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Board President Donna Tompkins

The Board President serves as the presiding officer at all board meetings and the annual meeting.

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Executive Director Jim Gawne, RN

The Executive Director reports to the board of directors and coordinates the daily administration and management tasks of the co-op. The Executive Director also represents Cooperative Care to the public. This position serves as a supervisor to the care providers and answers to the Board of Directors.

The Registered Nurse coordinates client-related care, provider training, quality assurance and the assessment of new referrals.

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Personal Care Providers

Personal Care providers are member-owners of the coop. They are certified nursing assistants. They assist clients with bathing, dressing, grooming, hygiene. Generally, they provide hands-on care.

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Home Care Providers

Home care providers are member-owners of the coop. Home care providers assist clients with laundry, light housekeeping, meal preparation, etc. Generally, they provide chore services.

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**Office Manager
Bonnie Starkweather**

The office manager assists with provider/client scheduling and accounting related duties.

