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# **Cooperative Care The First Year**

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## **AN EVALUATION AND ANALYSIS OF THE WAUSHARA COUNTY CARE WORKER'S COOPERATIVE**

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***Prepared for:***  
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# COOPERATIVE CARE: THE FIRST YEAR

## An Evaluation and Analysis of the Waushara County Care Worker's Cooperative

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### **INTRODUCTION**

#### **Foreword**

The day a new organization opens its doors for business is always a milestone. But when Cooperative Care opened for business in Wautoma in May 2001, there was a particular reason to take note. This was not just any day or any business. This was Wisconsin caregiver history in the making.

What had only been a pipe dream a few years earlier had actually come into fruition. Here was the first ever worker-owned home care cooperative in Wisconsin—one of only a few in the United States. Equally impressive, Cooperative Care had come into being thanks to a unique collaboration between the federal, state, county and private sectors. By sharing a vision and working together, social workers, administrators and caregivers had joined together to build an organization that will likely serve as a model for state counties and direct care workers for years to come.

That this historic worker co-op could become a reality was important. But equally important were the real-life benefits Cooperative Care could offer once it was up and running.

For one, it offered the care providers comprising its membership a kind of organizational ownership that they had never enjoyed nor probably even imagined. It provided county homecare clients a stable and committed and professional workforce. And, it took the scheduling and financial management of homecare workers out of the county's hands, freeing up case managers to better focus on providing the best social services possible. And while in the beginning the expenses incurred by the county for the first year were nearly double what had been projected, this seems to have since been effectively addressed. On paper, at least, Cooperative Care appeared to be a perfect fit for Waushara County's homecare and personal care needs.

#### **The Purpose of This Report**

Twenty-two months after Cooperative Care officially opened, it is probably too early to make any judgments about its long-term future. However, it seems like a good time to provide an initial examination about how the co-op is doing financially and service-wise, and how it has affected provider services in the county.

Has it achieved its initial goals? Is the co-op meeting the needs of Waushara County homecare clients? Are its members satisfied with the way their work is managed, and do they feel empowered in a new and meaningful way? Is the county happy with this pilot program, and are the financial changes brought about by this new provider model manageable and equitable? And, what do people envision as the future of Cooperative Care? Like most businesses, does it have to continue to grow to survive? If so, what are the potential growth areas?

To help answer these and other questions, it's necessary to first step back and look at the homecare situation in Waushara County prior to the development of Cooperative Care.

By understanding the steps it took to build this groundbreaking organization and looking at the obstacles along the way, other counties may be able to decide if the worker-owned co-op model will work for them. And if they're interested in replicating this model, the steps involved in the creation of Cooperative Care will be described here as a precursor to their own exploration.

### **Organization of the Report**

The evaluation will be organized into three parts. Specifically, these parts will be:

#### **Part One: Cooperative Care: The First Year**

- Background on Waushara County and Workforce Issues
- Building a Workers Cooperative
- The Future of Cooperative Care
- Summary

#### **Part Two: Cooperative Care Member and Consumer Surveys**

- Member Survey and Analysis
- Consumer Survey and Analysis

#### **Appendices**

- Member Survey Tool
- Member Survey Respondent Profile and Raw Data

## **Part One: Cooperative Care: The First Year**

### **Background on Waushara County and Workforce Issues**

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#### **The State of the County Direct Care Workforce**

For some time there has been a shortage of quality direct care providers nationwide. But the problem has become particularly acute during the past few years. As baby boomers grow older, the need for more homecare and personal care providers has also grown significantly. Home care providers have traditionally been a key factor in helping people to continue living in their own homes and not going into a nursing home. While this in-home, direct care services model has helped save the counties and state money—keeping people in the community is generally less expensive than paying for them to live in a nursing home—it has stretched limited financial resources. Workers have not typically had worker’s compensation and benefits. Moreover, state and federal funding has not kept up with rising cost of living expenses, resulting in lower than average wages. The lack of benefits and low wages has had a deleterious effect on the labor pool.

Like many counties in the state, Waushara County has struggled to find enough appropriate direct care providers for its elderly and physically disabled populations. Neither large nor populous, Waushara is one of the state’s poorer counties. It is also fairly rural, which forces homecare workers to drive significant distances between clients. All of this—the county’s economic status, low wages for homecare workers, no benefits and the county’s rural nature—has made finding and keeping direct care providers a challenge, to say the least.

By the late 1990s, the county was facing several other factors that could potentially impact the direct care workforce.

Waushara County Social Services relied on an independent provider network of care providers. In the Fiscal Provider workforce model, the client was the actual employer of direct care workers. However, the county was the fiscal intermediary. This means the county handled the payroll and all other financial details, or they sub-contracted it out. The county also was in charge of scheduling worker home visits, providing employee background checks and helping clients find in-home service providers. But there was a growing sense, according to Waushara County Director/Supervisor of Human Services Lucy Rowley, that the provider network could be at risk with the Internal Revenue Service. “And if something changed with the I.R.S.,” Rowley says, “we would have been held liable for it. We were very concerned that we (the county) might be viewed by the I.R.S. as the workers’ employers. That’s not something we wanted at all.”

At the same time, Rowley says, home health agencies around the country were going out of business due to low reimbursement rates and workers seeking other less stressful jobs for the same pay. Despite the growing demand for in-home services, this trend was troubling, Rowley admits. What it told her was that with home health agencies closing down, there was little likelihood that one would pick up the slack for Waushara County if they ran into tax problems with their fiscal provider model. The result would be dozens of people who were dependent on homecare and personal care services with no providers. Moreover, the county was also very involved in W2 and trying to address other problems faced by low-income families. It's hard enough to work all day for low wages, Rowley says. But it's even harder to do it without the safety net of disability insurance or any other benefits.

"We've had seventy, eighty people working for seven dollars an hour," Rowley says. "And that's with no benefits and no insurance. That's just not very good for these people and their families. " In short, she was looking for a solution that could provide a more stable work environment for homecare workers and their families. At the same time, she thought a different provider model could offer the county a secure work force and take its management off the county's hands.

About this time Rowley said she started to take a serious look at Cooperative Home Care Associates, a worker-owned homecare agency established in 1985 in Bronx, New York. Rowley started doing some research into how the Bronx co-op worked and whether this model would work in Waushara County's rural setting, where rural co-ops abound.

### **How Co-ops Work**

The cooperative concept meant that the business was owned and controlled by the people in it. Cooperatives are different from other businesses because they are owned by members and operate for the benefit of members instead of earning a profit for investors. They are incorporated under state law, and in the U.S. there are more than 40,000 cooperatives, serving one out of every four citizens. Typically, farmers use cooperatives to market and process crops and livestock, purchase supplies and services, and to provide credit for their operation.

They are also different from non-profit organizations. Where a non-profit does not have any revenues left at the end of a fiscal year, or if it does have them it must put them back into the organization, a co-op can operate as a business. If there are profits they go back to the owners of the co-op. In other words, the owners can make a profit.

Both non-profits and co-ops have governing boards, but by state law the co-op must be comprised of co-op members. Non-profit boards are usually made up of an assortment of community leaders and business people.

In a co-op, member-owners elect the board of directors from among the membership. Co-ops are democracies; every member has an equal vote. The board members

represent the entire membership. The board is responsible for overseeing the overall health of the co-op. Typically, the board does not run the day-to-day business of the cooperative, but oversees someone who does run it. In the case of Cooperative Care, that's the co-op Executive Director, who answers to, or consults with, the board on all major issues. In between monthly board meetings, the Executive Director will meet with the Board President to discuss pressing issues.

Finally, if a non-profit is dissolved, law must donate the sale of assets to another non-profit. If a co-op dissolves, any assets left over go back to members.

“We didn't see why this type of worker's co-op wouldn't work here,” Rowley says. “We thought that co-ops here are pretty much a way of life. And the economy was pretty good. So we made a proposal to the state and then got hooked up with the USDA.”

### **The Power of a Co-op**

In many ways, the Bronx-based co-op, Cooperative Home Care Associates, made sense as a model for the proposed Waushara County organization. The co-op model would allow workers to serve private pay clients and clients living outside of the county—something that was not permissible at the time in the county-run system. Moreover, the co-op could serve as a contract labor pool to area nursing homes, hospitals, Community Based Residential Facilities and other home care agencies. By combining outside revenue sources with its county contract, the proposed co-op would bring in enough income to provide benefits, insurance, patronage refunds and, possibly, increased pay to workers.

The co-op offered further group benefits that individual workers had not previously enjoyed. It could:

- Improve bargaining power
- Reduce overall costs
- Obtain products or services otherwise unavailable
- Improve product or service quality
- Expand new and existing market opportunities
- Increase income

Equally attractive, the co-op model would empower caregivers (who often are low-income women) to have a voice and take leadership positions in the operation of their company—an opportunity that would not exist in a different business structure. Through this model, caregivers could feel the deeper satisfaction of knowing that outside investors weren't earning a profit from their hard work and dedication. In fact, the co-op members could potentially enjoy additional financial dividends if they had a successful year in business.

In short, the potential benefits were significant enough that the project appeared to Rowley to be worth seriously pursuing for Waushara County. Certainly, there were

major differences between the Bronx, New York, and rural Wisconsin. But it seemed to Rowley that the concept was still sound. It was worth exploring. To that end, Rowley received the first of several Community Options Program (COP) Community Links grants from the State of Wisconsin to fund the development of the cooperative.

The Community Options Program (COP) is a state-funded program to provide assessments, case plans and community services as an alternative to nursing home placements for all disability groups as well as the frail elderly. COP-Waiver is a Medicaid Waiver program. COP serves five categories of individuals: frail elderly, people with chronic mental illness, people with physical disabilities, people with developmental disabilities, or those who are chemically dependent. COP-Waiver primarily serves the elderly or people with physical disabilities.

To help facilitate the co-op development progress, Rowley brought in Margaret Bau and Dianne Harrington as consultants. Bau was an expert on co-ops. In her job with USDA Rural Development in Stevens Point, Bau had advised and helped develop numerous rural cooperatives. She knew what was involved, how to develop a business plan and how to structure the governing board. Dianne Harrington was a consulting social worker living in the Wautoma area. She had a great deal of experience in the long-term care field. As a case manager she well knew the value and importance of homecare providers. Because she lived in the county, she actually knew a number of the workers. As Rowley envisioned it, Harrington's role would be to help communicate to area homecare workers the value of a worker's cooperative and what was involved in its formation. She would also be instrumental in contacting key people in the community and organizing meetings to lay the groundwork for the co-op.

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## **Building a Workers Cooperative**

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### **A Step-by-Step Project History**

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Setting up the co-op was hardly an overnight task. In fact, it took a great deal of preliminary work—research, meetings, public presentations and two different business plans—before it finally got off the ground.

Following is a yearly timeline that tracks the steps of developing Cooperative Care, with commentary from the principals involved.



## **Getting Started**

1999

In the fall of 1999, Lucy Rowley and Dianne Harrington met to discuss the possibility of starting a worker's co-op in Waushara County. Ms. Rowley had received a grant from the state to fund the exploration of co-op possibilities in the county and change the system of providing supportive home care. She asked Ms. Harrington to lead the exploration and do some research about other co-ops around the country. She wanted her professional advice about whether such a co-op would work in Waushara County. Consequently, Harrington brought the USDA's Cooperative Development Specialist, Margaret Bau, into the project. They formed a development team that ultimately saw the co-op grow from its earliest inception to the day it opened its doors for business.

Dianne Harrington explains: "She (Lou) asked me if I would look into this and whether I thought it would make any sense, whether I would help develop a business plan and get things off the ground. So, I started talking to people about what the situation was and reading material about other homecare co-ops. I found a few others around the country. Then I came across Margaret Bau's business card and I called her. We met within a week of that phone call and ended up working as partners through the whole thing. She had the practical information about how co-ops work and building one from the ground up. I had the local access to workers and the human services staff and other local connection. So we complemented each other well."

Margaret Bau says: "Dianne and I then started contacting co-ops doing similar work. One of those was The ICA Group in Boston. And the initial conversations were not encouraging. Jim Megson, of this Boston group, said, 'Don't do this under any circumstances!' He said that it was a money loser. Due to a change in the MA reimbursement rate in 1997 the lowered rate was really hurting home healthcare agencies, who were dropping their home care and CNA services across the country. The east coast co-ops were also having problems with a labor shortage. Moreover, there was the problem of low wages paid for what was very often hard and often thankless work. Why would people, so the thinking went, empty bedpans and perform menial chores when they could make the same amount of money (and make it in easier manner) working at a fast food franchise?"

"Dianne and I took all of this into consideration," Bau continues. "But we concluded that this project would be different. Different because the east coast models were working with a group of low-income folks who had no previous home care skills. We were starting out with a group who had been working as CNAs and providers for many years. With Cooperative Care, there would be a contract with the county, ensuring business

and income. The costs of running a business and insurance would be a lot different in Waushara County than on the east coast.”

### **Mandatory Meetings**

In November 1999, Dianne Harrington and Margaret Bau held two mandatory meetings for in-home providers of Waushara County. At these meetings they explained the concept of a co-op and talked about other organizations across the country that were doing something similar.

Margaret Bau says: “I had everyone go around the room and introduce themselves and say how long they had been doing this work and why. A lot of people there did not know each other, so it was a reaffirming act. I had created a survey, which I passed out to get a feel for what sort of skills the women already had and what their pay was and what they thought would be *fair* pay. We also wanted to learn how far care providers would be willing to drive. All of the information was to be used for a business plan we would be putting together. We also wanted to find out if they could choose benefits, how they would rank them, the type of training they had had, or would like to have.

“After the meetings we were able to collect the survey information. We had a very high rate of return and I compiled the information and asked people to come forward and serve on the steering committee. For the next year and a half, the steering committee met every month.

“I think one of the hardest things in this entire project was getting the workers to come together and talk about co-ops and their work and everything, and to hear what this actually would or could be,” adds Harrington. “We had a lot of information sessions set up that people just didn’t come to. They were working and it had never occurred to them that they could own this business and actually have a piece of it. It was very difficult to get the word out and get it *across* what this co-op means. People were familiar with co-ops. But explaining the whole process and getting them together—it took a lot of effort to get information out to people.”

### **Creating a Business Plan**

2000

The next step was the creation of a business plan. Bau and Harrington knew that to secure a start up business loan from a bank they would need a business plan: A fairly detailed description of their market, projected revenues, administrative needs, work force and development plans for the future. The first major roadblock occurred when the business plan they paid a marketing firm to write turned out to be completely useless.

### **After a False Start, a Successful New Business Plan**

“The first business plan we paid for was also the first major snag we had along the way,” Bau says. “We used the Community Links grant from the Bureau for Aging and Long-term Care Resources to help pay a marketing and business development consultant to write this plan and, unfortunately, this first business plan really slowed us down. The whole process with this consultant should have taken four months, but it ended up taking nine months, and the product was so flawed that I had to completely rewrite it. The financials were so far off we couldn’t use any of it—we ended up ditching it all. They couldn’t give us anything.

- **Although Bau had worked with farm co-ops and arts-and-crafts co-ops, Cooperative Care offered different financial and business challenges for her. She enlisted the help of Amy Pietsch from CAP Services, who Bau says was instrumental in helping her put together a persuasive business plan. CAP Services is a community action agency that services five counties and offers people help in starting their businesses.**

“We had tried various ways to approach this, but we had great success with CAP Services,” says Waushara Supervisor Lou Rowley. “As a community action agency they serve a number of counties and they’re very active and prominent around the state as a business incubator.”

“Amy (at Cap Services) was able to give some guidance on what was needed in the business plan, what was necessary in the marketing plan and how much money we would be able to borrow,” Bau says. “She also put us in touch with a locally owned bank—the Farmer State Bank in Waupaca.

### **\$125,000 for Start-up Costs and a Board of Directors**

“Our plan was based around getting a ten percent loan for \$125,000 to cover payroll, and to pay for rent, and office equipment. We already had a contract with the county for provider services. The county estimated approximately \$587,000 in business initially. So that helped a lot and was enough for the bank to take a risk. This is a small community, which also helped. The bank knew the co-op’s board president, Donna Tompkins. So, it really wasn’t a problem getting the loan.”

- After developing the business plan—and before presenting it to the bank—Bau and Harrington sponsored three meetings on one day with future Cooperative Care members.
- The purpose of these meetings, Bau says, was to explain the plan and answer any and all questions people had. It was a lot to accomplish in one day, Bau admits, but it helped build the foundation for the co-op.

“We presented the business plan to the care providers and answered people’s questions. Then we asked those in attendance whether they thought this was feasible and if they wanted to proceed. The next step was that we also asked them to pay \$40 to

become a co-op member. We also asked them to vote from among themselves a five-member board of directors who would answer to the whole co-op.

“Up until that point we had only had a steering committee, but now we had an actual board of directors. This was a *very* important step. It’s very difficult to make many decisions with 81 people. But it is easier when the 81 people vote for five people to be on the board. The following week, then, those five people signed the articles of incorporation with the State of Wisconsin to become a legal entity.”

### **Finding a Building and a Director**

2001

In January 2001, Dianne Harrington, Amy Pietsch and two co-op board members took their business and marketing plans for the co-op to the Farmer’s Bank in Wautoma. The plan was thorough and detailed, showing an excellent understanding of the home care provider market, the existing contract with the county, how the business would be run and how it could grow. The result was that the bank gave the co-op the \$125, 000 loan needed to set up an office, buy equipment and hire employees. With a guaranteed start-up loan in hand, they were ready to organize the co-op board of directors and move ahead.

“Getting the loan wasn’t as difficult as I would have thought it would be,” Harrington says. “Because of Amy’s connection. But one of the real challenges was to get the rest of the board members to understand their role in the bigger picture of the co-op. That was, and continues to be, something that has to be worked on.

“I ended up doing a lot of work for the board helping them to evaluate themselves. Most of these women had never been involved in anything like this before, or had ever had this kind of role. Parliamentary procedure was a great unknown to them.”

### **Developing Policies**

In February the next step for the board was to develop policies find office space and hiring staff.

“Once we had a governing board, we could move ahead more quickly. First, the board members decided among themselves who would serve as president, vice-president, secretary, and treasurer,” Bau says. “They drew lots over who would serve for two or three years, so we would have a rotating board. This way there would always be experience as well as new board members.

“From then on, I helped them do such things as putting together drafts of the by-laws and then running them by the board. By law provisions such as ‘Who could be a member of the cooperative?’ etc. All of that had to be worked out. The next challenge was to start looking for space to rent for an office, getting a tax ID and looking into health insurance. We needed to put all of the pieces in place.”

Harrington remembers other start-up details: “There was always the challenge of educating the workforce about co-ops. But there were also a lot of other details and things to do. I was screening rentals spaces. I did some local salary surveys to get an idea about what we might expect to pay for staffing. I was meeting with the local insurance agency to see what liability coverage was going to cost. I called the state to see how to do worker’s compensation. There truly was a long list of things that we needed to learn how to do.”

### **Regular board meetings and finding space**

By spring, 2001, Cooperative Care’s board was meeting regularly and Harrington was making in-roads into eventually setting up the physical space that would be the co-op’s office. Even more important, the board needed to hire people to handle the day-to-day tasks of running a business. Thanks to input from an advisory committee comprised of local business people and community leaders, Harrington was also able to find some excellent candidates for internal co-op positions. One of the most important positions to fill was the executive director spot. Board president Donna Tompkins, advisor Fred Harash and Bau interviewed candidates. They chose Don Grothe, who had a great deal of experience working as an administrator in a nursing home and a CBRF.

“Don was one of the happy surprises that came along when he did,” Harrington says. “He was the perfect person for this job. He had the personality to go out and sell things and be a good schmoozer. He also had an extensive background in long-term care.”

- **Although Grothe did have the necessary experience, there were many challenges he had to face. In many ways, he was improvising as he went along.**

“The co-op was set up on paper,” Grothe recalls. “But Lucy Rowley wasn’t really sure how it was all going to work. No one was, really. However, because the groundwork was well laid out, with a little organization we could move ahead.

“When I came on board in May 2001, there wasn’t so much as a desk or chair. So, I began the process of outfitting the office, setting up office policies, personnel policies, etc. I got it up and running as an actual place. We started with five clients from the

county and by the end of July we had between sixty and seventy. By the first part of August I could see that it was going to be profitable.

### **Finding a Nurse**

“There were a couple of challenges immediately that related to the business plan that we had to deal with. The first was that they had projected how much we would be paying a nurse. Anyway, what they projected was below what the market dictated. The board realized pretty quickly we were not going to get a nurse at \$15 an hour, which is what we had planned to pay.”

- **Seriously underestimating the amount of money necessary to hire an RN for supervision and scheduling—\$23 an hour was the competitive rate—the board needed to rethink its budget for the position. In the meantime, Grothe asked his wife, who is an RN, to temporarily fill in and do the supervising and scheduling for the first six weeks until an acceptable candidate was found and hired. Ultimately, the board interviewed and hired Jim Gawne, Sr., RN. (As of this writing, Mr. Grothe is no longer the director of the co-op, although he is still a consultant and doing the co-op’s accounting. Mr. Gawne is now the director and the RN supervisor. )**

### **The 10 Important Co-op Building Steps**

Clearly, Bau and Harrington had a logical, organized plan based on previous experience as they built Cooperative Care from the ground up. Not surprisingly, their work mirrored a co-op building model developed by the United States Department of Agriculture. For anyone considering starting a co-op, here is the USDA's recommended 10-step approach:

1. Hold an exploratory meeting with others who have a similar interest and determine whether you have common needs and desire to address those needs as a group.
2. Select a steering committee to guide the group through the formation process.
3. Conduct a survey of potential members.
4. Analyze markets for products, supplies and services.
5. Prepare a business plan.
6. Incorporate the business.
7. Adopt bylaws and select a board of directors.
8. Find investment funds—including member investment needed to carry out the business plan.
9. Hire management and employees, and acquire facilities and equipment.
10. Begin operations.

### **The First Year in Business**

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#### *June 2001*

Cooperative Care opened its doors for business in June 2001, serving Waushara County and beyond. It was truly a cause for celebration: What had only once been an idea had become an active enterprise employing dozens of people and serving several hundred clients. Although the co-op now had an office, a governing board, a staff and a host of clients, there were still pitfalls to overcome and challenges to face.

Of course, virtually all start-up businesses expect a rough early period, which is usually compounded by unexpected problems. And Cooperative Care had its share of immediate difficulties. However, several developments emerged that the planners of the co-op and the County had not envisioned.

### **Mistakes**

- Planners forgot to include in the business plan the employer share of Medicare and social security tax. This resulted in \$40-50,000 in additional expenses that were not included. This led to the Co-op hiring three administrative staff rather than four.
- The Co-op also discovered that the County was not going to pay for overtime for workers. This posed a problem for workers who had been working more than 40 hours a week for clients and were counting on a higher income. However, from the County's perspective, paying time and a half for overtime was not possible. It simply wasn't in their budget and was unprecedented. Cooperative Care's solution was to pay workers who provided 24-hour care a special, lower rate for when the client was sleeping. This met the County's criteria and satisfied the workers who were working longer hours.
- With the new pay structure, which was \$15 an hour for supportive home care and \$17 for personal care, the County was faced with what was ultimately between a 40-50% increase in costs. This proved to be a troublesome and unexpected revenue shortfall for the County.

Once the kinks were worked out the operation did begin to run more smoothly, however. By the end of the year, in fact, the cooperative turned a profit. Dividends were distributed to workers depending on the percentage of their contribution. In total, around \$44,000 was distributed among the 58 active members. \$24,000 was given in cash. The rest was held as retained earnings. Cash payments were as low as \$10-15, and as high as \$1,000. In short, the first year in business ended on a high note. The workers/owners were clearly rewarded for their efforts and contributions.

### **CO-OP OPERATION: Assignment / Scheduling**

Assigning and scheduling workers is an extremely important but challenging function of the co-op. Scheduling determines who works, how much and when. For the worker, this translates into income and benefits. Although some of Cooperative Care's workers choose to work part-time, those who work full-time must share the workload. This could become problematic if there was not enough full-time work to go around. In an attempt to create a fair work environment, Cooperative Care developed the following "Assignment/Scheduling Policy:"

### **Factors considered when making assignments:**

#### **1. Services Required**

When the need is for a Home Care Worker, scheduler should attempt to schedule a Home Care worker for the assignment. Home Care Workers are not assigned to Personal Care Assignments. A Personal Care Worker should only be assigned to a Home Care assignment when there is no Home Care Worker available.



**2. Proximity of Caregiver to Client**

Consideration of the distance required for the caregiver to travel to the client. The distance traveled affects travel time and mileage reimbursement. It is cost effective to schedule the closest caregiver when possible.

**3. Employee Status**

Consideration of hours required to maintain the caregiver's status. Caregivers who are required to maintain minimum hours to continue to qualify for benefits should be given first opportunity if their current assignment level falls below the required minimum hours.

It is the intent of the cooperative that care assignments are made in an equitable and non-discriminatory manner.

**4. Overtime Status**

Consideration of the cooperative's cost to provide services. It is not cost effective to schedule a caregiver who will be paid at the overtime rate when there are caregivers available for the assignment who will not incur overtime.

**5. Non-voluntary Assignments**

Members will be required to work weekend/holiday/second or third shift hours on an on call basis, in the event that there is need and no one volunteers to work the assignment.

**Procedure**

Personal Care Workers who are C.N.A.s will be assigned a number 1 thru 4. The weekends of each month will be assigned a number 1- 4. In the event there are 5 weekends in a month, the 5th weekend will rotate between 1- 4, advancing with each occurrence. The list will be posted in the Cooperative Care office. When a need arises for weekend or holiday coverage the scheduling staff member will first contact all eligible members to arrange a voluntary assignment.

1. If no member accepts the assignment voluntarily then the scheduler will assign members as follows:
  - a. If the need occurs on the first week of the month, the scheduler will call the first name on the #1 list.
  - b. After working that shift, the worker's name goes to the bottom of the list.
  - c. If the worker is unable to work the assignment their name remains at the top of the list, and the next person is called.
  
2. Members who are assigned in this manner will receive \$1.50 / hr shift premium as compensation.

3. Members who continually refuse to work when their turn comes may be subject to disciplinary action.
4. *If the member finds his or her own replacement* for the shift, the member's name may be moved to the bottom of the list and that member will be eligible for the premium.
5. Replacements must be approved by administrative staff in advance.

Replacements that incur overtime will be authorized only in exceptional situations.

Since Gawne took over as co-op director in the fall of 2002, he has shared the scheduling duties with the office manager. Scheduling is always a juggling act, but Gawne says he follows the board-determined scheduling policy.

"The call comes in or it's a referral, and I'll screen it for the type of work required," he explains. "I'll make suggestions based on my knowledge of the caregivers and, ideally, my knowledge of the client. There are socioeconomic factors and you're playing matchmaker.

"We take into account the provider's side. If I've got someone who is receiving health insurance and dropped below 30 hours that would be the first one I'd call. We're small enough so that we know who's tight on benefits."

### **MA Supervision**

Medicaid Personal Care (MA PC) supervision has been a challenging issue for Cooperative Care from the co-op's first days in business. The treatment plan for participants receiving MA Personal Care Services must be reviewed in person by a registered nurse every 50 – 60 days. This is significant because most of the co-op's clients receive MA funding. Supervisory site visitations of Personal Care Workers, then, is a mandatory part of obtaining Medicaid funding. Consequently, maintaining rigorous supervision is important.

When Cooperative Care first opened, the co-op did not have a registered nurse to do the scheduling and MA PC supervision. For the first six weeks or so, Waushara co-op director Don Grothe's wife, who is a registered nurse, provided MA supervision. Once the co-op hired Jim Gawne, Sr., as its nurse-scheduler-PC supervisor, the matter was taken care of for the first year.

However, when Grothe left in late 2002 to take another job, Gawne accepted the co-op directorship and continued to handle his other duties as nurse-PC Supervisor. Although

taking on the dual positions was a significant cost cutting measure for the co-op—having one person basically doing the jobs of two people usually is—there was legitimate concern whether Gawne could do both jobs. So far, the dual position role seems to be basically working, although there have been significant challenges in operating under this new organizational model. At present, the county public health nurse is doing the PC supervision. The co-op office manager is sharing scheduling duties with Gawne, freeing up some of his time for directorship duties.

### **Job Responsibilities at the Co-op**

As of this writing, the co-op has two positions—the executive director and the business manager. A third, part-time position may be added in the future.

As the co-op's executive director, Jim Gawne's duties include doing the co-op's marketing, negotiating contracts with the County, scheduling workers and screening potential clients. The executive director answers to the co-op's board of directors. Because it is not feasible to consult with the board on day-to-day decisions, Gawne says he regularly talks with the board's chairwoman, Donna Tompkins.

The co-op business manager shares scheduling responsibilities with Gawne. The business manager also deals with worker's compensation and employment issues, tallies the time sheets, enters information in the computer and provides print-outs of all data to the head of the board. She also prints out the bills for the county and the private pay clients.

Former co-op director Don Grothe is on retainer to do the payroll, handle the co-op's accounting and pay the bills. Gawne says Grothe's continued role in this capacity saves the co-op money because Grothe's services cost less than those of an outside consultant. Moreover, as the co-op's former director, he's very well acquainted with the co-op's business.

### **2002 Budget and Expenses**

As of March 2003, Cooperative Care has 81 members, with 57 active. Of this group all but two are certified nursing assistants (CNAs). Two members are homemaker aides. The co-op has 75 active clients. Following is the 2002 budget and expenses.

**Rate Breakdown**

**Total Billable Hours:** 59,914 <sup>3</sup>/<sub>4</sub> hours

Income per hour:	\$15.87 per hour
Hourly income profit:	\$1.09 per hour
Benefit:	\$2.68 per hour
Employee wages:	\$9.05 per hour
Administration:	\$3.05 per hour

**Total Income for 2002:** \$950,939.24

Expenses:	\$885,262.42
Net Income:	\$67,368.35

**Budgeted Income:** \$985,820.81

**Budgeted Expenses:** \$918,452.46

**Predicted Net Income:** \$67,368.35

**Reflections on the Impact of the Cooperative to Date**

A year-and-a-half since the co-op opened, the people responsible for its creation and development have had time to reflect on its impact and, if anything, what they would do differently a second time around. Here are some of the comments:

**Lucy Rowley**

“When projecting what the impact was going to be, we should have taken more care and done a more thorough job of it. We did our projection about the whole program instead of looking at some of the individual costs. We missed some of the factors that would affect the overall budget, such as overtime. “

**Managing the Cost Overruns at the County**

“Certainly, our expenses contracting with the co-op did increase dramatically that first year. We had anticipated a twenty or a twenty-six percent jump. But when we got down to it, it actually went up forty-three percent. That has since leveled off.

“Yes, it was a significant increase for us. But the fact is we had been getting by on the cheap for so long, we had basically been paying as little as possible. So, of course, it was a huge jump. Though I don’t think we’re paying any more now than other agencies that have contracts with private vendors. We’re now paying the same rates that other departments are paying. In fact, we were able to negotiate the rate down fifty cents an

hour for this year's contract. We also were able to add some things in the contract that we wanted and we got some additional funding, which allowed us to increase the volume of services purchased."

### **How the County Managed Sharp Cost Increase**

"I have to admit that it's a challenge and we're still working our way out of it," Rowley admits. "Basically, we used the combination of service and support review, rate variances from the state and additional CIP II slots from nursing home closures to help defray some of the extra costs. We were also able to eliminate one staff position. We had a full-time position basically managing all of these providers. We don't have to do that anymore.

"We also tried to streamline our procedures so we that we weren't wasting staff time. The streamlining made it possible so that staff can now do more billable time, which also helps offset some of the cost.

### **The Co-op Provides Stable Jobs**

"The other important thing, though—and I feel very strongly about this—is that I think this co-op is important to us as a Human Services Department. This is a low-income county. We don't have a lot of good jobs or low-income jobs with benefits. This was an opportunity to support families, and that costs money. We have to look at this more than just as low-income long-term care, but also the jobs that it brings to the county.

"Overall, though, our experience with the co-op has been excellent. We have terms in our contract that require fulfillment of ninety percent of what request and we've been looking at 95% fulfillment by them. That's pretty darn good. We never got that from home health agencies."

### **Dianne Harrington**

"We were concerned about so many people in this community who were doing this under the table and weren't reaping the benefit. Working on the side for cash doesn't ensure the worker any protection or SSI for later on, and it doesn't give the client any assurance of quality of worker or freedom from exploitation. It's just not a good set-up. We feel the advent of the co-op helped address this situation. It helps the workers *and* provides quality assurance for clients."

### **Don Grothe**

"The co-op has offered workers lots of new advantages and benefits. Prior to the creation of the co-op, the care providers didn't have worker's compensation, and they didn't have liability insurance. They did have unemployment insurance but they were not paid overtime, it was all straight time, not time-and-a-half. And though they were receiving mileage compensation, they were not paid for travel time between clients. Now they also have access to health insurance, they get personal time, holiday pay and we have a flexible benefits section that offers pre-tax deductions."

**Jim Gawne, Sr.**

“Overall, I think the year’s gone surprisingly well, particularly in view of some of the oversights. The co-op still turned a nice profit the first year; they paid patronage dividends and paid down some of the loan. For a start up company these were not things you necessarily expect.”

**Member Reactions**

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A survey was developed to assess the impact of the formation of the cooperative on the satisfaction worker-members feel with their jobs. (See Part Two for a detailed description of the survey and the analysis of the results.) The survey was administered in the fall of 2002, and included three sections.

The first section was a set of demographic questions designed to profile the respondents by variables that may have been relevant to their level of job satisfaction.

The second section was a set of forced-choice questions asking respondents to indicate their current level of satisfaction with specific aspects of their current jobs, and their overall level of job satisfaction. Each of the 10 Satisfaction questions was paired with a comparison question, another forced-choice question asking how satisfied the respondent was now, compared to before the Cooperative was formed in June 2001.

The third section of the survey was a set of seven open-ended questions. The questions were designed to collect more detailed information about what factors contribute most to the satisfaction members feel with their jobs, and to explore the extent to which members act and feel as though they are actively involved in the Cooperative.

Forty-three members completed surveys; a response rate of 69%. Members were allowed to maintain anonymity. Analysis of survey responses indicates Cooperative Care members are generally and uniformly satisfied with most aspects of their jobs. The formation of the cooperative in June 2001 seems to have had an overall positive impact on the job satisfaction of current members. That impact is both tangible (increased wages and access to benefits) and intangible (an increased feeling of investment in the organization’s management and well-being and a greater sense of security and stability). The intangible impact seems to be related primarily to members receiving more and/or better information about their jobs and the organization.

The positive effect may not be robust, however. The involvement felt by many members is informal and, as such, may fade over time if not nurtured and supported. It appears that the highest levels of overall satisfaction occur in members who claim to be more formally involved in the cooperative, or who describe their involvement in terms of the amount and quality of information they receive. Also, although satisfaction with

wages increased more than any other factor, there were almost as many complaints about current wages as there were compliments.

In addition to the impact the cooperative structure has had on member satisfaction, the survey results indicate that **compensation** and **recognition** are the most important determinants of members' general job satisfaction. While satisfaction with wages clearly increased since the formation of Cooperative Care, there was less change in the way members feel about the recognition (both internal and external) they receive for their work. One might ask whether the unique structure of the cooperative has any intrinsic advantages over other organizational structures in meeting the **compensation** and **recognition** needs for workers. The answer to that question is beyond the scope of the data gathered here.

From the perspective of the worker/members, the formation of the cooperative was a good thing. While the cooperative has not solved all the challenges facing an organization trying to provide the best possible conditions for workers, it may have created an environment that is more conducive to meeting those challenges.

## **Consumer Reactions**

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In an effort to gauge consumer satisfaction with Cooperative Care's providers, the co-op conducted a consumer survey in the summer of 2002. (See Part Two for survey results.) The survey asked consumers whether they were satisfied with eight different aspects of the care they receive from Cooperative Care members. Forty people responded. The results indicate that consumer satisfaction with services performed during the co-op's first year of operation was extremely high—an average of 96% of the respondents reported they were satisfied with each of the eight aspects of care. This suggests great satisfaction with all facets of provider service. A ninth question asked whether the consumer was satisfied, overall, with the services they receive. Ninety-seven percent of respondents answered "Yes". A complete table summarizing consumer responses to each question, as well as a table of all comments from respondents, is included in Part Two of this report.

In a separate survey the BALTCR COP Waiver Quality Assurance Team also administered a satisfaction survey to a very small sample of Waiver program participants during program monitoring in 1998, 2000, and 2002. In this survey, which is conducted at each biannual monitoring, participants are presented with a set of declarative statements regarding their satisfaction with care management, in-home workers, and substitute care, if applicable. They are asked to indicate their agreement with each statement using a 5-point scale. A score of 5 indicates the highest possible level of satisfaction with each statement. Seven of those questions relate to the participant's satisfaction with their in-home worker(s). A table summarizing the responses of Waushara County waiver participants is included in Part Two. The average response across all seven in-home worker questions was 4.6 in 2002 and 2000, and 4.7 in 1998.

Since the survey is administered to a small number of participants (6 in Year 2002) selected in a non-random manner, it is difficult to draw in-depth conclusions from the data. In general, results from all counties show a strong positive response bias, with little variability. While this may indicate that waiver participants are highly satisfied with their in-home services, it may also reflect response biases, e.g., participants are very grateful for the availability of these publicly funded services and may be reluctant to criticize the quality of the actual service.

However, it does seem safe to say that on the whole Waushara County consumers are satisfied with the provider services they're receiving. In fact, the most encouraging conclusions that can be drawn from the surveys suggest that the transition from the private service provider model to the co-op employment structure has been fairly seamless. There do not appear to be problems with service interruption or a change in quality of services. This should be taken as very good news, indeed.

The consumer satisfaction expressed in the surveys above was borne out in a handful of personal interviews, too. In October 2002, TMG's Kimberly Nelson conducted several interviews with Waushara County consumers at their homes. The interviews were qualitative in nature—informal, personal and loosely structured. However, the sentiments expressed supported the high satisfaction scores in the written survey. People are generally very happy with their care providers.

### **Qualitative Interviews**

Following is a brief report on what TMG's Kimberly Nelson found out talking to the consumers.

*When meeting with five clients of Waushara County, I found all reporting that they did not notice any change in their care since the advent of Cooperative Care. All clients maintained their previous SHC and MAPC workers during and after the co-op were formed. All reported good continuity of in-home care.*

*Of the five clients interviewed, one reported that she was not aware of the change in agency. Another client reported that his in-home workers no longer complained about being paid once a month because the co-op workers are paid every other week. Two clients reported some dissatisfaction with the current Co-op Registered Nurse, in that he had not visited with a client and, instead, had addressed the son of the client rather than talking directly to the client. However, all clients reported that if they did not receive the help of the Co-op workers they would not be able to live independently in their own home.*

*One client had had four social workers during the past year; another reported having three social workers in the past year. Finally, one client had not met her new social workers at the time of the visit.*



*M. M., a Cooperative Care client, said he likes the services that he receives now and does not wish to change anything. He stated that his current social worker, Jim Surprise, is great to work with, and that he spoke with M.M. about the Co-op and how things would change. M.M. said that he is comfortable calling Jim Gawne regarding his care if changes need to be made with the schedule or the workers.*

*L. T., another client, reported that what she likes best about her workers is that they are always very cheerful and they ask what she needs them to do.*

*All clients reported that there are fewer reasons to call their Social Workers. Instead, they now discuss SHC or care concerns with their co-op workers.*

## **The Future of Cooperative Care - Areas for Growth**

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Cooperative Care has an advantage that many businesses do not. Namely, they have a contract with the county that essentially guarantees a stable revenue source during the period of the contract. Although Cooperative Care's continuing business with the county seems assured for the near future, thus guaranteeing stable revenues, the co-op, like any business, needs to grow. With shrinking state and county budgets, the co-op can't depend completely on revenue increases from Waushara County. They will have to look outside their county contract. Financial growth—finding new sources of revenue—will allow them to be able to raise worker wages, continue to offer end-of-the-year patronage refunds on profits and consider additional benefits.

Co-op Director Jim Gawne says the co-op is continuing to explore several avenues for the coming years.

- **Replication of the Worker Co-op Model**

There has some interest in this pilot program among some counties. Cooperative Care could serve as a consultant in helping other counties establish a worker co-op. They could help the counties avoid some of the pitfalls they encountered and basically streamline the process. However, Gawne says that current fiscal crises facing the state and counties have curbed some of the initial enthusiasm.

“At this point in time,” he says, “the counties seem pretty nervous at expanding. So we're just offering services beyond our county, when possible. This will offer us additional revenue. So for us, we're looking at expanding in this capacity one brick at a time, so to speak. You can still get your house built but you may have to do it brick by brick.”

- **Personal Care Supervision**

Cooperative Care is providing personal care supervision for Waushara County, which provides additional income for the co-op. It also is something of a challenge for Gawne, given his other supervisory and administrative responsibilities.

- **Private Pay and non-Waushara County Clients**

Cooperative Care's contract with Waushara County affects county residents receiving services such as supportive home care and personal care through COP-W funding. However, there are many consumers in the county and beyond who do not qualify for publicly funded services. Nonetheless, they still need and can afford to pay for home care services. This represents perhaps the largest untapped growth area for Cooperative Care, and the co-op is actively pursuing it.

“I'm excited where things are going,” Gawne says. “It's pretty early in the game for us. I see more chance for growth in the next year than we've had in the 16 months

prior. I see our private pay is starting to expand. We're charging fifty cents an hour more, but not mileage to clients. And what's encouraging about the private pay is that I'm getting more calls and finding people less shell-shocked when I tell them what it costs, because private pay isn't covered by insurance."

As of this writing, about 10% of the co-op's clients 74 clients are private pay. The co-op charges fifty cents an hour more for its worker services with private pay clients. They also do not charge mileage costs to, Gawne says, "make it a little less cost intrusive.

The co-op is also starting to contract with Green Lake County, which is referring clients. They have a single provider and single client contract.

## Summary

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By most direct care standards, Cooperative Care has been a very successful venture. It now seems destined to provide Waushara County residents with high quality homecare and personal care staffing for the foreseeable future. The co-op has 80 plus members who have served over 114 clients. But when trying to evaluate just how well the co-op is doing, it helps to have some universal reference points.

The Direct Care Alliance (DCA), a national coalition of long-term care consumers, direct care workers and concerned healthcare providers, has identified a number of key issues that need to be addressed to improve the work environment, performance quality and professionalism of direct care providers. Among those identified by the DCA are: Inadequate Wages and Benefits, Unreasonable Workloads, Poor Supervision and Job Quality, and No Presence in Policy Discussions.

Although Cooperative Care did not set out to address these issues per se, the fact is that they're addressing, and excelling, in most of the relevant categories anyhow. That's impressive. Moreover, one of the main reasons they're able to excel is due to the very existence of the co-op and the many advantages it offers its members.

Following is a summation of how Cooperative Care is doing with regards to the aforementioned categories.

### **Wages and Benefits**

It is well known that direct care providers are woefully underpaid and underappreciated. Nationwide, many caregivers live below the poverty line or work multiple jobs or extra hours to support their families. Along with low wages come few if any benefits. Retail or service-industry jobs often offer better pay and benefits. No wonder, then, that the turnover rate within the homecare industry is very high, there are widespread labor shortages, and there are too many inexperienced caregivers.

Cooperative Care has taken several major steps toward improving worker rewards. The co-op was able to offer hourly wage increases and envisions continuing to give raises as long as the co-op is able to increase its revenues. Workers are currently paid between \$7.50 and \$9.75 an hour.

More significantly, they now have many professional benefits they did not have. These benefits include liability insurance, health insurance, travel time, personal time, holiday pay and pre-tax deductions. In short, most of the benefits enjoyed by any professional working in a professional environment.

## **Workloads**

Unpaid for travel time has always been one of the principal reasons for homecare providers sometimes being forced to work unreasonable hours to make ends meet. Because in-home hours have decreased, they have had to take on more clients and spend more time on the road. Because Cooperative Care pays for travel time, there is less incentive and need to overload worker schedules. And because co-op direct care providers *are* their own bosses and ultimately oversee the functions of supervisors who schedule the work, they're in a great position to address the workload issues. Unlike many other direct care providers around the country, Cooperative Care members have not seen unreasonable workloads as much of a problem. In fact, the co-op has had to deal with the opposite problem—workers who would like to work more hours or work overtime.

## **Supervision and Job Quality**

Across the country, poor supervision and inconsistent worker performance is endemic. To some degree they go hand-in-hand. Supervisors often have neither management nor communication skills necessary to foster a good supervisor-worker relationship. Consequently, they're not able to articulate or tactfully communicate with workers when corrections need to be made. And because supervisor-worker relationships may be a key factor in retention and whether frontline workers stay or leave an employer, the importance of the quality of management and the work environment is especially important. Consistency and continuity are extremely important factors in maintaining quality of services.

Perhaps the most telling single fact is that Cooperative Care has made a huge impact on Waushara County on worker retention. The national in-home health care provider turnover ratio is between 40 and 60 percent. Cooperative Care's turnover ration has been just a little over one percent, according to Cooperative Care Director Jim Gawne. This is phenomenal.

Moreover, the consumer and worker surveys included in this report confirm that both job performance and supervisory management of workers has remained strong. Consumer satisfaction with worker job performance has remained steady, and worker satisfaction has significantly increased since the advent of the co-op. All of this bodes very well for future worker performance and consumer satisfaction.

## **Presence in Policy Discussions**

Although direct care providers provide essential services they have very little say or clout in governmental policy discussions. That may change somewhat as national advocacy organizations like the Direct Care Alliance, or, in Wisconsin, the Wisconsin CareGivers Association, grow in stature. However, in the daily lives of frontline workers, there are very few avenues for them to voice their opinions or offer their views on policy issues that affect their work. The co-op model, on the other hand, does not just

encourage staff input but *mandates* it. The co-op *is* the workers. Their voices don't merely matter, they are the backbone of the whole enterprise. Consequently, there probably isn't a better structural model in America for engaging workers in policy dialogues than a worker's co-op. It should also be noted that as the only direct care organization in Waushara County, Cooperative Care does have clout.

The Direct Care Alliance believes two other areas need to be addressed to build a healthier direct care workforce. These two are: A Poorly Trained Paraprofessional Workforce and Absence of Accurate Data to Document Quality Care.

As of this writing, Cooperative Care has not developed training curricula, nor is it sponsoring training, for supportive homecare. The State of Wisconsin does not mandate chore service training per se, although the federal waivers require training documentation for supportive home care workers and personal care work. Because almost all of Cooperative Care's workers are either experienced supportive home care workers or certified nursing assistants, documenting their training has not been a problem to date. Overall, the training issue will need to be addressed for new supportive home care workers working with consumers receiving federal waiver money. The county is no longer providing supportive home care training but will require it for waiver participants. The lack of homecare training resources and curricula is common throughout the state. While it is not a fair criticism to suggest Cooperative Care should be offering training when it hasn't been required, it is something the cooperative needs consider. Training offers quality assurance to consumers and can be a factor in retaining workers from leaving. To date, Cooperative Care has offered only one training for Certified Nursing Assistants. Because it was very expensive for the co-op to offer this training, the co-op is uncertain if this will be offered again.

DCA also pointed to the Absence of Accurate Data to Document Quality Care. DCA was specifically referring to the lack of federal statistics relating to long-term care services. Significantly, Cooperative Care does have some internal data regarding consumer satisfaction with services, and they also have worker satisfaction surveys.

The development and building of the Cooperative Care worker's co-op in Waushara County was a bold and innovative achievement. Driven by an innovative vision of how the institution of a worker's co-op could make the work of providing home care in the county better for both workers and consumers, the co-op's developers took a chance and by most accounts succeeded. The co-op has proven to offer these advantages:

### **For Workers**

- Personal Empowerment.
- Increased Professional Self-esteem.
- Professional Benefits.
- Stability.
- Better Pay.

- Job Satisfaction.
- Voice in Co-op.
- Profit Participation.

**For Consumers**

- Consistent Service.
- Satisfied and Conscientious Workers.
- Low Turnover/Better Continuity.
- Continuity of Workers.

**For Waushara County**

- Stable and Dependable Provider Source.
- Removes Operational Burden from County.
- Low Turnover.
- No potential I.R.S. liability
- Helps Families of Providers.

Of course, no experiment, regardless of how successful it is, occurs without pitfalls. The Cooperative Care venture was a learning experience for all—for the consultants who shepherded the project, for the co-op board and providers, for the cooperative's administration and for the county.

But now that it is up and running, growing and turning a profit, the advantages that the co-op brings to all concerned seem self-evident. The co-op clearly most benefits the workers themselves. However, this should continue to have a significant trickle down impact in the coming years. Greater job satisfaction and contentment with the work environment makes for better workers, increased professionalism, greater efficiency and better service for consumers. After a year and a half in existence the Cooperative Care "experiment" seems to be paying off on all fronts.

## **Part Two: Cooperative Care Member and Consumer Surveys**

A survey was developed to assess the impact of the formation of the Cooperative on the satisfaction worker-members feel with their jobs. (A copy of the survey tool is in Appendix A) The report team drafted the questions with revisions based on guidance from the Cooperative Care Director and other Board members. The survey included three sections. The first section was a set of demographic questions designed to profile the respondents by variables that may have been relevant to their level of job satisfaction. These variables included age, level of education, length of employment as a home care worker, and primary motivation for continuing to work in the field.

The second section was a set of 9 forced-choice questions asking respondents to indicate their current level of satisfaction with specific aspects of their current jobs, with a 10<sup>th</sup> question asking for their overall level of job satisfaction. Each of the 10 Satisfaction questions was paired with a Comparison question, another forced-choice question asking how satisfied the respondent was now, compared to before the Cooperative was formed in June 2001.

The third section of the survey was a set of seven open-ended questions. The questions were designed to collect more detailed information about what factors contribute most to the satisfaction members feel with their jobs, and to explore the extent to which members act and feel as though they are actively involved in the Cooperative. A final question asked respondents to articulate the specific ways in which the Cooperative is, and is not, meeting its mission.

Surveys were mailed from TMG in late October 2002 to 62 CC members, along with a cover letter from CC Executive Director Jim Gawne and postage-paid return envelopes that allowed members to maintain anonymity. Completed surveys were returned to TMG, where the data was compiled and analyzed for this report. Forty-three completed surveys were returned, for a return rate of 69%. The results were compiled and summaries of the raw data are attached to this report.

### **Member Survey Results and Analysis**

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The demographic data is summarized in Appendix B. Respondents were overwhelmingly female (91%) and over the age of 35 (91%). Looking closer at the age of respondents, almost half (46.5%) were over the age of 55. The majority had achieved either a high school diploma or G.E.D. (29%) or a C.N.A. certificate (38%) as their highest level of relevant education. Most respondents (84%) had been working as home care providers for more than 3 years, and 44% had been working for more than 10 years. When asked their primary reason for continuing to work as a home care worker, a majority of respondents (63%) selected an altruistic reason: "I like caring for elderly and disabled people" (35%) or "I want to help people live independently" (28%). Ten percent indicated wages and benefits was their primary motivation.

On average, respondents provide care for just over 2 clients per week, and work for an average of 25 hours per week, divided evenly between Personal Care and Supportive Home Care services.



Tables 1 and 2 summarize the results of the job satisfaction portion of the survey. Respondents were asked to rate their current satisfaction with nine job-related factors (and their overall job satisfaction) on a four-point scale. Next, respondents were asked to compare their current satisfaction level with before the cooperative was formed in June 2001 using a 3-point scale. Because very few respondents reported being “unsatisfied” with any of the Satisfaction Factors or “less satisfied” than before, a more sensitive measure was needed to identify meaningful differences. Therefore, for analysis, the response categories for the Satisfaction and Comparison questions were weighted:

<b>Satisfaction Response</b>	<b>Weighted Score</b>
Very Unsatisfied	-2
Somewhat Unsatisfied	-1
Somewhat Satisfied	+1
Very Satisfied	+2

<b>Comparison Response</b>	<b>Weighted Score</b>
Less Satisfied Now	-2
About the Same	0
More Satisfied Now	+2

Using the weighted averages of all responses, a “Satisfaction Score” and a “Comparison Score” were calculated for each question. Tables 1 and 2 include the Satisfaction and Comparison Scores, as well as the distribution of responses across all categories.

Although comparable statewide, national, or other organizational data is not available, the results suggest that Cooperative Care members have a high level of satisfaction with their current jobs.

- Overall, 98% are somewhat or very satisfied with their jobs.
- On each of the 9 satisfaction factors, at least 90% of respondents indicated they are somewhat or very satisfied.
- The Satisfaction Scores suggest respondents are *least satisfied* with:
  - wages and benefits,
  - paper work related to their jobs,
  - availability of training, and
  - having input into agency decisions.
- Respondents are most satisfied with their *chance to make a difference in a client’s life*.
- When asked to compare their current satisfaction with how they felt before the cooperative was formed, 59% reported they are, overall, more satisfied now.
- Only one respondent reported being less satisfied, overall, now than before the cooperative was formed.
  
- There was no apparent effect for any of the demographic variables.

The formation of the cooperative appears to have *increased worker satisfaction* (i.e. highest Comparison Scores) primarily in three areas:

- ◆ Wages and benefits,
- ◆ Receiving information about agency issues
- ◆ Having input into agency decisions.

It is interesting to note that two of these areas (**wages and benefits** and **having input into agency decisions**) show relatively low current satisfaction levels. In other words, this data suggests that the formation of the cooperative effectively improved worker satisfaction in two areas where an improvement was most needed.

**Table 1: Summary of Responses to Member Satisfaction Survey**

Number of Respondents=43 (out of 62)

**Current Satisfaction**

Satisfaction Factors	Very Unsatisfied	Somewhat Unsatisfied	Somewhat Satisfied	Very Satisfied	Sat Score by Question (Range: -2 to +2)
	(-2)	(-1)	(+1)	(+2)	
My work schedule (including the number of hours I work and the process for scheduling my work hours)	0%	7%	26%	67%	1.53
Paperwork I need to complete	0%	9%	30%	60%	1.42
Wages and benefits*	2%	2%	41%	54%	1.41*
Useful training has been offered for the skills needed to do my job	3%	8%	25%	65%	1.43
Having my efforts recognized by others / Feeling respected for the work I do ( <b>External Recognition</b> )	2%	2%	26%	70%	1.58
The chance to "make a difference" in a client's life ( <b>Internal Recognition</b> )	0%	2%	7%	91%	1.86
Supervisors are available to support me and help me solve work problems or concerns	2%	0%	10%	88%	1.81
Receiving information about issues facing the agency and workers	2%	0%	27%	71%	1.63
Having input into decisions about how the agency is run	5%	3%	30%	63%	1.43
<b>Overall, how satisfied are you with your job?</b>	<b>2%</b>	<b>0%</b>	<b>19%</b>	<b>79%</b>	<b>1.71</b>
*Lowest Current Satisfaction					

**Table 2: Summary of Responses to Member Satisfaction Survey**

Number of Respondents=43 (out of 62)

Comparison to Before Co-op

<u>Satisfaction Factors</u>	Less Satisfied	About the Same	More Satisfied	Comparison Score by Question (Range: -2 to +2)
	Now (-2)		Now (+2)	
My work schedule (including the number of hours I work and the process for scheduling my work hours)	11%	51%	38%	0.54
Paperwork I need to complete	6%	69%	25%	0.39
Wages and benefits**	6%	31%	64%	1.17**
Useful training has been offered for the skills needed to do my job	3%	67%	31%	0.56
Having my efforts recognized by others / Feeling respected for the work I do ( <b>External Recognition</b> )	6%	56%	39%	0.67
The chance to "make a difference" in a client's life ( <b>Internal Recognition</b> )	0%	56%	44%	0.89
Supervisors are available to support me and help me solve work problems or concerns	3%	58%	39%	0.72
Receiving information about issues facing the agency and workers	3%	39%	58%	1.11
Having input into decisions about how the agency is run	3%	41%	56%	1.06
<b>Overall, how satisfied are you with your job?</b>	<b>3%</b>	<b>38%</b>	<b>58%</b>	<b>1.14</b>

\*\*Most Increase in Satisfaction

**Member Comments on the Satisfaction Questions**

Nine respondents made additional comments on their responses to the Satisfaction questions. The complete list of comments is in Appendix B. The comments were categorized by tone and content, as follows:

Positive Comments (5)	Negative Comments (4)
Wages (3)	Too much paperwork (2)
Receiving information and support (2)	Want more hours (1)
	Want better wages and insurance (1)

**What are the Most Important Factors for Member Satisfaction?**

When asked to describe the most important factor in determining whether they are satisfied with their jobs, 38 of 43 respondents provided detailed answers. Their comments, which are attached to this report, were sorted into the following categories. Please note that some respondents listed more than one factor, so the total number of responses in Table 3 is greater than 38. Based on this data, **Wages and Benefits** and **External and Internal Recognition** appear to be about equally important to members. Looking back to the Satisfaction and Comparison data, it appears that satisfaction about **Wages and Benefits** was clearly improved by the formation of the cooperative. The majority of respondents reported no change in their satisfaction levels for either the **External** or **Internal Recognition** factors, although a significant minority (approximately 40%) reported increased satisfaction in each category.

**Table 3: Most Important Satisfaction Factors**

Number of Responses	Satisfaction Factor	Description of Factor
14	External Recognition	Appreciation, respect, and recognition from <i>others</i> , such as the client, the clients' family, and the employer.
14	Wages and Benefits	Compensation received for the work.
13	Internal Recognition	People enjoy the intrinsic value of the work – the chance to “make a difference”; the “good feeling” it gives them.
2	Control	Setting or influencing own work schedule.
2	Family/Personal	Motivated to care for a family member.

When asked what specific change would improve their current satisfaction with their work, 10 respondents provided these answers:

How to Improve Satisfaction?	Number of Responses
Higher wages or more benefits	4
More personal involvement with the cooperative and/or fellow members	5
Less paperwork	1

**Do Members Feel Involved in the Cooperative?**

Respondents were asked four different questions designed to discover how members feel the cooperative has impacted their jobs and the way they experience “involvement” in the cooperative. The questions asked whether they are active in the cooperative, whether their work or their feelings about work have changed since joining the cooperative, and whether they feel more control over their work since joining the cooperative. Respondents were then asked to provide open-ended comments supporting each of their answers. Table 4 summarizes their responses to those questions.

**Table 4: Summary of Responses to Questions about Cooperative Involvement**

<b>ACTIVE IN COOPERATIVE</b>		<b>Work Changed by Cooperative</b>		<b>Feelings Changed by Cooperative</b>		<b>More Control in Cooperative</b>	
Yes	No	Yes	No	Yes	No	Yes	No
60%	40%	16%	84%	40%	60%	49%	51%

**Do Members Feel Active in the Cooperative?**

The majority of respondents feel they are active in the cooperative. Their descriptions of what it means to be active generally fell into three categories.

- *Formal involvement:* Sitting on the Cooperative Board, active participation in the Sunshine Club or other formal committee, actively participating in cooperative decisions.
- *Informal involvement:* Identifies as a member, but not with any formal role or activity; “spreads the word” about the cooperative and speaks positively about it; uses the word “we” to describe the cooperative.
- *Receiving information:* Associates membership with a consistent and reliable flow of information between workers and “management”; uses the words “us” and “them” to describe workers and cooperative.

There appears to be a relationship between the way in which a member is active in the cooperative and their level of job satisfaction. Individual Satisfaction and Comparison Scores were calculated, and the average scores were compared based on the type of involvement claimed by respondent. Table 5 shows that comparison. Note that a Satisfaction Score can range from -2 to +2, and is the average of responses to all 10 Satisfaction questions. A Score of +2 would mean the respondent answered “very satisfied” to each question. Similarly, the Comparison Score is the average of responses to all 10 Comparison questions. A score of +2 would indicate the respondent answered, “more satisfied now” to all 10 questions.

**Table 5: Average Satisfaction and Comparison Scores: Active vs. Not Active Members**

Average Satisfaction Scores		Average Comparison Scores	
All Active Members	1.60	All Active Members	.80
Active - Formal Involvement	<b>1.73</b>	Active - Formal Involvement	.88
Active - Informal Involvement	1.45	Active - Informal Involvement	.86
Active - Receiving Information	<b>1.73</b>	Active - Receiving Information	<b>1.13</b>
All “Not Active” Members	1.58	All “Not Active Members”	.70

Scores are the average of all individual responses to all 10 questions in each category, and can range from -2 to +2

The data shows no difference between the average Satisfaction Scores of Active and Not Active members. However, when the type of activity is factored in, members with **Formal** or **Receiving Information** involvement are more satisfied with their jobs than members who have **Informal Involvement**. The Comparison Scores show that members with **Receiving Information** involvement had a greater increase in satisfaction after the Cooperative was formed than any other sub-group of members.

**Are Members’ Work or Feelings Changed by the Cooperative?**

Most respondents (84%) do not believe the cooperative has changed the **nature of their work** in any significant way. A larger minority (40%) *does* believe the cooperative has changed the way they **feel about their jobs**. Comments supporting this question varied, but the most common theme was an increased feeling of confidence in the stability and competence of the organization.

Respondents talked of being more secure and less stressed with their jobs. They also perceive the presence of more support or back up in completing their jobs.

**Do Members Feel More Control as a Member of a Cooperative?**

Approximately one-half of the respondents feel more in control of their work as a cooperative member. For some, this feeling of control manifests as having a voice – feeling that their concerns and ideas are welcome and will be respected. For others, more control seems related to having some ability to set or influence one’s work schedule. Several respondents who answered “no” to this question indicated that they already felt an adequate level of control over their work before the cooperative was formed.

**How well is Cooperative Care meeting its Mission?**

Respondents were asked to describe the extent to which Cooperative Care is and is not meeting its stated mission. Comments could be grouped into three general categories: **Compensation**, **Quality Client Service**, and **Member/Worker Support**. Specific comments about how well the cooperative is meeting its mission were distributed fairly evenly between positive and negative assessments. The complete list of comments is in Appendix B. Table 6 shows the distribution of comments according to the three areas listed above.

<b>Table 6: Distribution of Comments on Achievement of Mission</b>					
<b># of Respondents who believe Mission is being achieved in these areas</b>			<b># of Respondents who believe Mission is <i>not</i> being achieved in these areas</b>		
<b>Compensation</b>	Wages	6	<b>Compensation</b>	Wages	4
	Benefits	3		Benefits	3
<b>Quality Client Service</b>		5	<b>Quality Client Service</b>		1
<b>Member/Worker Support</b>	General	4	<b>Member/Worker Support</b>	General	5
	Training	1		Training	3

The “positive” and “negative” comments about the achievement of the Cooperative’s Mission tend to mirror each other. For example, some say the wages are “fair” and “better than average”, and that they are “happy to have health insurance.” Others ask for higher wages and less costly access to health insurance.

**Summary of Member Survey**

Cooperative Care members are generally and uniformly satisfied with most aspects of their jobs. The formation of the cooperative in June 2001 seems to have had an overall positive impact on the job satisfaction of current members. That impact is both tangible (increased wages and access to benefits) and intangible (an increased feeling of investment in the organization’s management and well-being and a greater sense of security and stability). Note that the intangible impact seems to be related primarily to members receiving more and/or better information about their jobs and the organization.

The positive effect may not be robust, however. The involvement felt by many members is informal and, as such, may fade over time if not nurtured and supported. It appears that the highest levels of overall satisfaction occur in members who claim to be more formally involved in the cooperative, or who describe their involvement in terms of the amount and quality of information they receive. Also, although satisfaction with wages increased more than any other factor, there were almost as many complaints about current wages as there were compliments.

In addition to the impact the cooperative structure has had on member satisfaction, the survey results indicate that **compensation** and **recognition** are the most important determinants of members' general job satisfaction. While satisfaction with wages clearly increased since the formation of Cooperative Care, there was less change in the way members feel about the recognition (both internal and external) they receive for their work. One might ask whether the unique structure of the cooperative has any intrinsic advantages over other organizational structures in meeting the **compensation** and **recognition** needs for workers. The answer to that question is beyond the scope of the data gathered here.

From the perspective of the worker/members, the formation of the cooperative was a good thing. While the cooperative has not solved all the challenges facing an organization trying to provide the best possible conditions for workers, it may have created an environment that is more conducive to meeting those challenges.

**Consumer Survey Administered by Cooperative Care**

In May 2002, Cooperative Care distributed a Client Satisfaction Evaluation to individuals receiving services. The survey asked consumers to indicate which specific services they were currently receiving, and whether there were additional services that they felt they needed. Next, consumers were asked to indicate their level of agreement with nine statements concerning their satisfaction with the services they were receiving and the Cooperative Care employees delivering those services. There was also an open-ended question asking for any general comments about Cooperative Care and its employees. The consumers were asked to identify themselves on the survey, and all respondents did so. Forty consumers completed and returned the survey and the results are summarized in Table 7.

<b>Table 7: Results of Consumer Satisfaction Questions</b>		<b>Percent of respondents who answered question:</b>			
Number of respondents = 40					
<b>Question</b>	<b>Yes</b>	<b>Some what</b>	<b>No</b>	<b>Don't Know</b>	
The care I receive is the kind of care I desire	97%	3%	0%	0%	
Are you satisfied with the CC employees who come into your home?	97%	3%	0%	0%	
CC employees appear to know what their responsibilities are	95%	5%	0%	0%	
Are you satisfied with the promptness and reliability of CC employees?	92%	8%	0%	0%	
CC employees are neat and clean in appearance and personal hygiene	97%	0%	0%	3%	
I am treated respectfully at all times by CC employees	100%	0%	0%	0%	
I feel that my rights are being protected by CC employees	95%	0%	0%	5%	
CC employees respect my home and property	95%	5%	0%	0%	
Overall, I am satisfied with the services provided by CC	97%	3%	0%	0%	

**Summary of Respondent Comments to Consumer Satisfaction Questions**

Clients were also given an opportunity to provide more detailed comments to each of the satisfaction questions described above. Those comments are listed below.



**Other services you feel you need but are not currently provided:**

- Working with client and her children so they can be self sufficient
- I would like therapy for arthritis
- If necessary we may need assistance in getting meds filled in Wautoma.
- I have 2 caregivers. DT she does housekeeping and laundry. Also, changes bed linens. DE, she helps me bathe and dress and makes the bed.

**The care I receive is the kind of care I desire**

- Main objective is to "TRAIN" Bill or at least prompt him to do more for himself
- I am well satisfied with Pam. She is a wonderful person.
- haven't used it enough to know.
- My mom takes care of my needs and father fills in if she can't be there (for her) for me.
- Very Good
- Excellent Service
- Outstanding
- I received the care I needed at the time. Thank You.
- I like it a lot

**Are you satisfied with the CC employees who come into your home?**

- DC is wonderful. KH also
- K does things quick. She is considerate when it comes to colds as she will not do any baking if she has colds or other contagious illness
- K was very caring
- DT-very satisfied-long standing working relationship-do not change provider
- KT she does good work. Very Nice
- I m very well satisfied.
- My mom takes care of my needs and father fills in if she can't be there (for her) for me.
- B is great.
- Very Good

**CC employees appear to know what their responsibilities are**

- They do a wonderful job with Joe
- I would hope K will ask me where to put things. I think she could clean better if we both decided where to put things. She will do extra things not listed. Sometimes I leave until last minute to write list. I could be more prepared-more detail on list
- She's very responsible and does a good job.
- I like P very much and I don't know what I would do without her.
- Very Good

**Are you satisfied with the promptness and reliability of CC employees?**

- K will come 15 minutes early to make sure she gets here on time. She will work around my Dad's appointments, my appointments, and my kids appointments
- Schedule is understandably "flexible".
- Always on time. Always does thorough job.
- I have only known P
- Yes to Somewhat
- If they are going to be delayed, they call and give me an estimate of time of arrival.

**CC employees are neat and clean in appearance and personal hygiene**

- K's hair is always fixed nice and shines good.
- Very professional
- Always clean and neat.
- She is always clean.

**I am treated respectfully at all times by CC employees**

- Always very friendly and a very nice person.
- I am well satisfied.

**I feel that my rights are being protected by CC employees**

- She has told me if I ever needed to talk with her, she will be there for me. She said she keep it confidential
- I certainly feel that they are.
- She's very honest and very trustworthy.
- Very.

**CC employees respect my home and property**

- Very conscientious with my stuff.
- Very good.
- Live with my parents, my personal things have a special place for me.
- Yes to Somewhat

**Overall, I am satisfied with the services provided by CC**

- "NO CHANGES"
- Absolutely wonderful. She does a very good job.
- Very satisfied.
- I do prefer morning hours.

**Other Comments regarding CC and its employees?**

- I would like to see about extending the weekly hours for D in my home.
- S and D are outstanding
- K is a friendly person and enjoy working with her
- I greatly appreciated your availability on such short notice.
- Recommend KT
- I am contacted or alerted to needs and issues. I appreciate that.
- In the future I might need more help, but for the time being I m getting excellent service.
- The plowman plowed up some gravel when plowing that he couldn't help. Is there any way that can be pushed down so the lawn man can do a better job. Thanks for a good job.
- Mom and I are blessed to have K for help. She is wonderful, the best. Thank You
- Great Job. Keep up the good work.
- My ladies are very caring individuals. I am well taken care of.

Table 8 summarizes the number and the type of services received by survey respondents.

Service	# of Clients	% of Clients	# of Services Received	# of Clients	% of Clients
Chore Assist	24	60%	1	9	23%
Bathing	23	58%	2	4	10%
Laundry	18	45%	3	5	13%
Dressing	17	43%	4	4	10%
Grooming Care	17	43%	5	8	20%
Grocery Shopping	16	40%	6	2	5%
Meal Prep	16	40%	7	3	8%
Hygiene Assist	14	35%	8	3	8%
Lawn Care	8	20%	9	2	5%
Feeding Assist	7	18%	10	0	0%
			<b>Average # of Services Received:</b>	4.1	

**Survey Administered to Waushara County Waiver Participants by BALTCR COP Waiver Quality Assurance Team**

The Bureau of Aging and Long Term Care Resources (BALTCR) administers Wisconsin’s Home and Community Based Medicaid Waiver program for elderly and physically disabled individuals. BALTCR’s COP Waiver Quality Assurance Team completes a biannual review of each county’s Cop Waiver/CIP II program. One component of that review is personal interviews with a sample of program participants. In the course of the interview participants are asked to complete a survey on their satisfaction with case management, in-home workers, and substitute care services (if applicable). Table 9 summarizes the results of the in-home worker survey questions for Waushara County Waiver participants in each of the last 3 years that the survey was administered.

<b>Table 9: Waushara County COP Waiver Participant Satisfaction Survey Results</b>		2002 County Average	2000 County Average	1998 County Average
		N = 6	N = 5	N = 7
<b>In Home Worker Questions</b>	My In home worker(s) arrive on time	4.0	4.5	4.9
	My in-home worker(s) perform tasks the way I like them done	4.7	4.7	4.4
	My In-home worker(s) do the tasks they are supposed to do.	4.8	4.5	4.3
	My worker(s) don't change very often.	4.5	4.3	4.7
	I trust my in-home worker(s)	4.8	4.8	4.7
	I am comfortable with my in-home worker(s)	4.8	5.0	4.9
	I am satisfied with my in-home worker.	4.7	4.7	4.9
	<b>Overall In Home Worker Average Score</b>	<b>4.6</b>	<b>4.6</b>	<b>4.7</b>

# Appendix A: Member Survey Tool

Date completed: \_\_\_\_\_

The purpose of this survey is to learn how well Cooperative Care members are satisfied with the work they do, and whether participation in the cooperative has changed their experience with their jobs. Your answers will be treated with confidentiality.

The following information will help us to analyze the responses to this survey. **Please circle the appropriate choices for the following:**

<b>Sex:</b>	Female	<b>Age:</b>	18-24	45-54	<b>Level of Education achieved (Circle one):</b>	Grade School	CNA Certificate	Registered Nurse (RN)
			25-34	55-64		Some High School	Other Occupational Certificate (e.g., child care, cosmetology)	Some College
			35-44	65+		H.S. Diploma or GED	Licensed Practical Nurse (LPN)	4-year (bachelor) degree
	Male							

<b>How long have you been employed as a home care worker (either Personal Care Worker or Supportive Home Care Worker)?</b>	Less than 1 year	1 to 2 years	3 to 5 years	6 to 10 years	11 to 15 years
	16 to 20 years	21 to 25 years	26 to 30 years	31 to 35 years	More than 35 years

**How many individual clients do you work with each week?**

**How many hours do you work each week, on average, as a home care worker?**

**What is the primary reason you continue to work as a home care worker? (Circle one)**

Money/compensation/ Benefits	To care for a family member
Job security/Few other job opportunities	I like caring for the elderly and people w/ disabilities
Recognition and respect from others	<del>I want to help people live independently</del>
I am good at the work	Other, please specify:

**Is this number of hours:**

Too Few	About Right	Too Many
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**Of the total hours worked each week, how many hours are spent:**

**Providing Personal Care?**

**Providing supportive home care?** (e.g. housekeeping, cooking, other chore assistance)

## Appendix A: Member Survey Tool

*The following table asks you to rate your level of satisfaction with certain aspects of your job. First, please indicate how satisfied you currently are with each aspect. Then, think about how you felt before June 2001, when Cooperative Care was formed as a worker-owned cooperative, and whether you are now more or less satisfied than you were then. If you were not employed with the agency before June 2001, please leave the second question column blank.*

Again, please think about how you feel about your job today. Then, think about how you felt about your job, and the work you do, before the change occurred in June 2001. **Mark your Response with an X in the Box that most closely describes your answer for each question.**

Please indicate how satisfied you are with each of the following parts of your work:	1. How satisfied are you currently?				2. Compared to before Cooperative Care was formed in June 2001, how satisfied are you now?		
My work schedule (including the number of hours I work and the process for scheduling my work hours)	Very Unsatisfied	Somewhat Unsatisfied	Somewhat Satisfied	Very Satisfied	Less Satisfied Now	About the Same	More Satisfied Now
Paperwork I need to complete	Very Unsatisfied	Somewhat Unsatisfied	Somewhat Satisfied	Very Satisfied	Less Satisfied Now	About the Same	More Satisfied Now
Wages and benefits	Very Unsatisfied	Somewhat Unsatisfied	Somewhat Satisfied	Very Satisfied	Less Satisfied Now	About the Same	More Satisfied Now
Useful training has been offered for the skills needed to do my job	Very Unsatisfied	Somewhat Unsatisfied	Somewhat Satisfied	Very Satisfied	Less Satisfied Now	About the Same	More Satisfied Now
Having my efforts recognized by others / Feeling respected for the work I do	Very Unsatisfied	Somewhat Unsatisfied	Somewhat Satisfied	Very Satisfied	Less Satisfied Now	About the Same	More Satisfied Now
The chance to "make a difference" in a client's life	Very Unsatisfied	Somewhat Unsatisfied	Somewhat Satisfied	Very Satisfied	Less Satisfied Now	About the Same	More Satisfied Now
Supervisors are available to support me and help me solve work problems or concerns	Very Unsatisfied	Somewhat Unsatisfied	Somewhat Satisfied	Very Satisfied	Less Satisfied Now	About the Same	More Satisfied Now
Receiving information about issues facing the agency and workers	Very Unsatisfied	Somewhat Unsatisfied	Somewhat Satisfied	Very Satisfied	Less Satisfied Now	About the Same	More Satisfied Now
Having input into decisions about how the agency is run	Very Unsatisfied	Somewhat Unsatisfied	Somewhat Satisfied	Very Satisfied	Less Satisfied Now	About the Same	More Satisfied Now
<b>Overall, how satisfied are you with your job?</b>	Very Unsatisfied	Somewhat Unsatisfied	Somewhat Satisfied	Very Satisfied	Less Satisfied Now	About the Same	More Satisfied Now

**Please comment on any of the above:**

**Appendix A:  
Member Survey Tool**

**ADDITIONAL QUESTIONS**

- 1. What is the most important factor in determining whether you are satisfied with your employment?  
(for example: wages, recognition for a job well done, respect, appreciation, etc.)
  
  
  
  
  
  
  
  
  
  
- 2. Is there anything you would like to change that would improve your satisfaction with your job?

**Cooperative Care was formed in June 2001.**

- 3. Do you consider your self an active participant in the cooperative? 

Yes	No
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**If you answered yes, please explain how you participate. If you are not an active participant, please explain why not:**

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- 4. Has the formation of the Cooperative Care changed:

**Appendix A:  
Member Survey Tool**

**How you do your work?**

Yes	No
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If your answer is YES, please complete the following:

**Cooperative Care membership has changed how I do my work in this way:**

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**5. Has joining Cooperative Care changed how you feel about your work?**

Yes	No
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If you answered Yes, please explain how being a member of Cooperative Care has changed the way you feel about your work:

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**6. I feel more in control of my work as a member of the cooperative?**

Yes	No
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Whether you answered Yes or No, please explain your answer:

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**Please Consider Cooperative Care's Mission Statement:**

*The mission of Cooperative Care is to provide high quality home-based care while providing fair wages and benefits to the people caring for the elderly and disabled.*

**7. In what areas do you feel the cooperative is meeting the mission statement**

**8. In what areas do you feel there is room for improvement?**



## Appendix B: Member Survey Respondent Profile and Raw Data

### Profile of Survey Respondents

Age						
	18-24	25-34	35-44	45-54	55-64	65 +
Male	1	0	1	1	1	0+
Female	2	1	10	7	12	7
	<b>7.0%</b>	<b>2.3%</b>	<b>25.6%</b>	<b>18.6%</b>	<b>30.2%</b>	<b>16.3%</b>

### Education

	Grade School	Some High School	HS Diploma or GED	CNA Certificate	Other Occupational Certificate	LPN	RN	Some College	4-year degree
Male	1	0	3	0	0	0	0	0	0
Female	0	3	9	16	4	2	1	3	0
	<b>2.4%</b>	<b>7.1%</b>	<b>28.6%</b>	<b>38.1%</b>	<b>9.5%</b>	<b>4.8%</b>	<b>2.4%</b>	<b>7.1%</b>	<b>0.0%</b>

### Length of employment

	Less than 1 yr	1 to 2 yrs	3 to 5 yrs	6 to 10 yrs	11 to 15 yrs	16 to 20 yrs	21 to 25 yrs	26 to 30 yrs
Male	1	0	1	1	0	0	0	1
Female	2	4	6	8	9	5	2	2
	<b>7.1%</b>	<b>9.5%</b>	<b>16.7%</b>	<b>21.4%</b>	<b>21.4%</b>	<b>11.9%</b>	<b>4.8%</b>	<b>7.1%</b>

### Primary Reason for Working

	Money/Compensation/Benefits	Job Security/Few other job opportunities	Recognition and respect	Good at the Work	Care for Family Member	Like Caring for elderly and disabled	Want to help people live independently	Other
Male	1	0	0	0	2	1	0	0
Female	3	1	0	2	5	13	11	1
	<b>10.0%</b>	<b>2.5%</b>	<b>0.0%</b>	<b>5.0%</b>	<b>17.5%</b>	<b>35.0%</b>	<b>27.5%</b>	<b>2.5%</b>

### Summary of Clients and Service Provided

	Clients per week	Hours per week	
		PC Hours	SHC Hours
n=	42	42	33
Average	<b>2.1</b>	<b>24.7</b>	<b>13.7</b>
Mode	1.0	20.0	10.0
Median	1.0	21.0	10.0

## Appendix B: Member Survey Respondent Profile and Raw Data

<b>Member Survey - Satisfaction Comments</b>
Cooperative Care keeps you updated on things and feels way more personal and caring
Wages are comparable and/or above average wages for CNA work in the home care agencies, however health insurance benefits as yet are more costly than most home care agencies according to my comparisons
I was very satisfied with personal contact and information I received from XX, but have more contact now with the nurse supervisors and administrative staff, which is nice.
Should be paid for at least 40 hours/week and better insurance coverage as well.
Paperwork- I don' t think it is necessary to write travel times down on every timesheet if they don't change.
#2 The timesheets are ridiculous. So much is repetitive. #3 What benefits??? #5 Recognized? A joke. Sends out plenty of notes, to complain or to cut down!!! #9 Input. I'd like more pay. I need to support my children.
I'm satisfied only I'd like 2 or 3 hours a week more.
The wages and benefits have greatly improved since the coop formed. Before June 2001 there were no benefits offered. Being on the Board of Directors I have had many opportunities to develop policies on how the agency is run
I like having someone to call for information.

<b>Member Survey What is the most important factor in determining whether you are satisfied with your employment?</b>
Appreciation and respect
The work I do everyday, which I want to continue to enjoy, is why I've stayed in the home care setting for many years. It makes me feel like I am contributing something worthwhile to others in need
Right there (on the "for example" line: wages, recognition for a job well done, respect, appreciation, etc.)
Everything listed.
Appreciation
Wages, of course are important; affordable insurance; appreciation for what I do
Wages, flexibility, being called when needed, loving to give 100% undivided attention of my clients.
Adequate wages (now are more than enough) and ability to somewhat control amount of hours and days schedule.
Wages, being more active and involved in all efforts toward our jobs.
Respect and wages are about equally important, however, if need be, respect comes first.
Recognition for a job well done, respect.
I was able to get a better wage for work I was already doing, and love doing.

## Appendix B: Member Survey Respondent Profile and Raw Data

<b>Member Survey</b> <b>What is the most important factor in determining whether you are satisfied with your employment?</b>
Keep handicapped daughter in home.
Helps keep our daughter at home.
Knowing I have been able to assist clients to remain in their homes. They appreciate even the smallest aid and consideration. Being able to give back to the community.
Appreciation; wages
Wages, recognition for a job well done, respect, appreciation
Appreciation, able to do a good job, wages
Wages and Health Insurance
If I enjoy my work, which is helping others, that makes me satisfied. I love to help others. It's what I done and always wanted to. It makes me feel good about myself.
I think an important factor really includes all the things listed, but most important is respect and appreciation from your employer. Recognition for a job well done from the employer is important, but most important person to get that from is the client
I like to see how the yards look after I am done.
I'm satisfied knowing I helping people stay in their homes as long as possible.
Wage.
The people I work for. The elderly happy with what I do.
Helping People
Appreciation
I'm happy to go to work because I like my job. Wages/insurance.
When you get a card from the family saying that you did a very good job for the family member you took care of. And the respect that you get from your clients when you did your job right and a thank you for helping.
Recognition for a job well done, appreciation.
Seeing my people happy (Getting their own way!); They are happy being in their home; Just having someone to talk to
I would say that recognition by myself, or others, that I have done a good job, given good care, is one of the factors. Appreciation for a job well done and knowing I have been able to help a person remain in their own home is important to me.
I like what I do-a job well done.
All of your examples above, but reversed, wages being last
Wages and number of hours available to me
Friends and some _____ make \$21. Where we make \$9.50.

## Appendix B: Member Survey Respondent Profile and Raw Data

<b>Member Survey</b>
<b>What is the most important factor in determining whether you are satisfied with your employment?</b>
Knowing the clients feel good and give so much thanks. It's a great feeling
Appreciation and respect

<b>Member Survey: What would you change that would improve your satisfaction with your job?</b>
Definitely higher wages. I have been a single mother raising 3 children and we never got above the poverty level. They are all grown now and incidentally earn many times more wages than I do yet as a home health aide
To get more involved in the meetings
Possibly more meetings w/staff and our members.
Appreciation; wages
Double the hours presently allowed per week and better insurance coverage (dental and eye).
Maybe be able to spend more time just talking and listening to my clients. Just being a friend.
I only work a few hours a week and I am very satisfied with my job and my client. I would not know of any changes to make my job better.
More pay for us.
More time to do things with them.
Less paperwork
When there is more than one caregiver in a home it would be nice for each to meet each other. Also more information given to us by SS worker - More communication between workers
More clients=more hours

## Appendix B: Member Survey Respondent Profile and Raw Data

Active in Cooperative?	Member Survey: Are you an active participant in the cooperative?
Yes	I do my job and stop in to meet people and buy from the sunshine club at sales to help benefit them for their good deeds and time.
Yes	I try to get the word out to other nursing assistants and home makers that this cooperative is a different work setting, as the members are directly involved in the business of running a worker owned cooperative for health care in the home
Yes	Cooperative Care keeps us informed and we do the same.
Yes	I am an official member of the coop, also active in the fundraising committee. Very satisfied overall.
Yes	I'm more of an "on-call emergent fill-in basis" employee. When the phone rings I try to be available always. I am actively picking up more 'scheduled' hours as time permits at this time.
Yes	Passing out the good work of own cooperative worked (supported) at the county fair --passed out info.
Yes	I feel that I am able to get good advice every time I would need it. I have sought that many times. I am filling out this survey because they asked me too. Paperwork is my least favorable duty.
Yes	I have been able to help with coop activities. I have been able to assist clients.
Yes	Helped with sunshine club
Yes	Take care of client all the time.
Yes	I feel like I am an active participant because I am kept up on what is going on in the coop. I have a lot of correspondence with them. Easy to get answers from them on any questions I have.
Yes	I help keep the grass down so the elderly and disabled and the health care providers can see where they are walking.
Yes	I helped form a ice cream social that workers and clients where everyone was welcomed and had fun. I'm always willing to step in.
Yes	Participates, as I am able. I live on the western edge of county so only generally work with clients in my area. I unable to drive so have to depend on family for transportation so I don't go too far from home
Yes	I participate in the cooperative by being a board member who helps make decisions for the cooperative. Also being a treasurer for the sunshine club which buys gifts for members who are hospitalized or sick.
Yes	I'm a member of the Board and a member of the Sunshine Club and I hand out a lot of pamphlets to people.
Yes	Doing jobs they want done and being there when they want me.
Yes	I was at the working fair for C. Care; to get the word out
Yes	I had served on the steering committee. I have served (on the) Board of Directors since February 2001
Yes	I worked the fair booth this summer. Donated to the craft fairs. And am on the committee for the next craft fair

## Appendix B: Member Survey Respondent Profile and Raw Data

Active in Cooperative?	Member Survey: Are you an active participant in the cooperative?
Yes	Attend annual meeting. Prepared baked goods for fundraiser. Purchased items at fundraiser. Read newsletter cover to cover. Try to take the best care of my clients.
Yes	I haven't missed many days and try to get to all the meetings.
Yes	I love to care for the elderly no matter if it is one client or several clients in a day
No	All I do is keep this info and they do the same.
No	No time.
No	Do not have time with handicapped daughter.
No	Seems to be a lot of "two facing" and coop "pets."

Work Changed by Cooperative?	Member Survey: Has the formation of Cooperative Care changed how you do your work?
Yes	More caring, more informed.
Yes	Am made more aware of all current rules and regulations by State or Federal government-information more accurate. Can more easily get answers to any questions I may have (usually quickly).
Yes	Talk with others/receive good continuing education.
Yes	They are more informative, I learn things from the Newsletters, and from the things others do to Jim's advice.
Yes	I do my work well and I'm there for them when they need me.
Yes	I am much more conscientious about my work. I am very proud of the Coop and I delight in speaking about all the ways I/we can help people remain in their home.
Yes	The cooperative made it for me to become a CNA. Through their funding for the class. Before the cooperative I did housekeeping jobs
No	I still care for my client as always
No	N/A since I was not actively employed in this line of work prior to 2002.
No	Didn't work before it was a co-op.

## Appendix B: Member Survey Respondent Profile and Raw Data

Feelings Changed by Cooperative?	<b>Member Survey: Has joining Cooperative Care changed how you feel about your work?</b>
Yes	I feel I have more input as to how the agency is run. I feel my voice counts and my experience is valued.
Yes	Just knowing it's not a dead end job.
Yes	I get paid for being able to enjoy my job.
Yes	I have always really enjoyed the work but feel like there is more back up assistance now with any problems that might develop.
Yes	Being more involved with personnel and associating. I feel more recognized as a coop member and more involved. Much more businesslike.
Yes	More answered questions, support team.
Yes	The pay is a little better; there is a little more work
Yes	You feel more wanted and as a person, not a number
Yes	I feel like that I can do it neater and more professional.
Yes	Belittled in some respects.
Yes	Its nice to have the better wages and flexible schedule
Yes	I feel more appreciated since the co-op started.
Yes	My work seems more like a team effort. I feel more willing to fill in for another member if needed to service our clients. I feel more appreciated by staff also.
Yes	I feel like I am getting fair wages and insurance but most of all I am making a difference in my client's life that he is able to be home.
Yes	Yes, it has taken some of the stress away. Plus having workman's comp makes a big difference.
Yes	Its more rewarding to do the work knowing you're compensated a little better and have more perks.
No	I enjoy my work helping the people stay in their own homes for as long as they can.
No	I felt needed before. But now we can assist more clients.
No	I feel more secure in what I'm doing, and for the office people helping us out if we need it.

More In Control?	<b>Member Survey: Do you feel more in control of your work as a cooperative member?</b>
Yes	I am able to have a flexible schedule, which works around my other job.
Yes	Knowing that I am doing it for myself.
Yes	I feel that I get more help with the client I take care of. I get solutions to any problems that I may come across.
Yes	Because I am a member and a co-owner of this business. Plus I am the Secretary of the Board of Directors with makes me more self-confident as well.
Yes	It is possible now to make a schedule change with sufficient notice and how it can be accomplished without a last minute problem.

## Appendix B: Member Survey Respondent Profile and Raw Data

More In Control?	<b>Member Survey: Do you feel more in control of your work as a cooperative member?</b>
Yes	Easier access to personnel and their involvement with us as members.
Yes	It's great experience to be "in control" of my life and employment. I can schedule my hours around my family, even if on an "emergent" basis.
Yes	I only work a few hours and being a member of the coop really has not changed anything for me. I have always felt in control of my work, as far as hours worked. I don't feel that control is a big factor.
Yes	If you need to know anything you are welcome to ask anytime
Yes	They will listen to me if I come up with a better idea.
Yes	If I'm having any kind of problem we can call for a meeting to talk over any kind of problems.
Yes	I have a voice in the business decision.
Yes	Because I have been told I'm doing badly. You get praise when you're doing things right.
Yes	I do what they want me to do.
Yes	For the years I've been working I'm learning all the time
Yes	Because I have support of staff, and an available RN to answer any and all questions regarding the care I give or need to give, this gives me more of an ownership feeling - towards my work and the coop in general.
Yes	I feel I have some control. Its nice.
Yes	That's a hard one - yes and no. I feel we have more back up with the cooperative. If we are ill we can take off work and not worry about the clients.
Yes	Yes, because you walk in a home and already know what your doing, you basically feel right at home
Yes	I am able to work as much or as little as I wish
No	Knowing I am not just working for the clients or company but for myself.
No	I don't need to feel control.
No	I work 20 hours a week with another company and I only have one person with cooperative care. I think cooperative care is a good thing. I hope we have it for a very long time.
No	Do same work.
No	Things really have not changed my approach to my duties. I try to help make the client comfortable and work with them in what and how things are done to make them content.
No	Have none, every time I turn around I haven't this or that per letter. How about the good I do..
No	I am semi retired and this is a way of doing something I enjoy. Without it being full time. It is more flexible to suit my current lifestyle.
No	I work regardless, the same whether co-op or not.
No	Can't seem to get any more hours



**Member Survey:  
How is the cooperative meeting its mission?**

Better than average wages	High quality home care	
I have insurance now	Administration has been responsive - quickly	I feel more appreciated by client as well as others.
Furthering education.		
Allowed to keep daughter at home.		
Gives more earnings plus vacation and overtime pay.		
Getting more pay		
My mother is happy with her care giver and she even spends her own time to play cards and talk	I am happy to have health insurance	
In providing home-based care.	Giving benefits to their employees	
Keeping clients in their own homes.	Helping clients with their basic needs.	Being a good listener.
When things are told to the right party, there is follow through.	As of now there isn't need for anything. We take one thing at a time when there needs to be an improvement.	
They are giving us a fair wage and we get paid for our miles, which no other job has ever done.		
Provides good wages and many benefits to those who qualify by hours, etc...	Coop Care staff is committed to giving good care - always teaching - informing members of ways to improve attitude and methods of care.	
I feel we are meeting these goals and more.	There should be more communication between caregivers on the case and more feedback from SS workers	
Fair wages - OK	Profit sharing - excellent	
It meets most or all of the Mission Statement.		

## Appendix B: Member Survey Respondent Profile and Raw Data

<b>Member Survey: How can the cooperative improve in meeting its mission?</b>	
Lower cost of member health insurance benefits	
More training in the homes with new CNAs and fill in CNAs.	
Given the current dislike of many employees for work on holidays (and or weekends) it might help if all workers were to select at least 1 holiday each year they would work if needed (such as if the usual scheduled worker had worked one or more holidays already that year. This would really help the people who work many Sundays and they might like off once in a while.	
More meetings.	One on one with supervisors.
As problems arise they are being met as quickly as possible.	
CNAs are getting more pay, and doing my job as a housekeeper; There are a lot of CNA that should do more CNA work not housekeeping. Cost county more money	
The hours should be increased according to clients needs and pay is there as well. If they were somewhere else it'd cost a lot more.	
In the wages.	
Need more workers in case someone gets sick or injured.	
Wages	Benefits
Higher wages/benefits.	Expanding business.
The coop could find way to get more members more involved. Social activities to become better acquainted and feel the "team concept"	
There should be more communication between caregivers on the case and more feedback from SS workers	
High quality home-based care needs education. Continuing education	Health care Insurance - can't get enough hours to qualify
Could send flyers out to caregivers on specific illnesses or problems that might help.	