

# ShareCare of Leelanau, Inc.

## Final Report Summary Appendix

March, 2015



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## Summary Appendix

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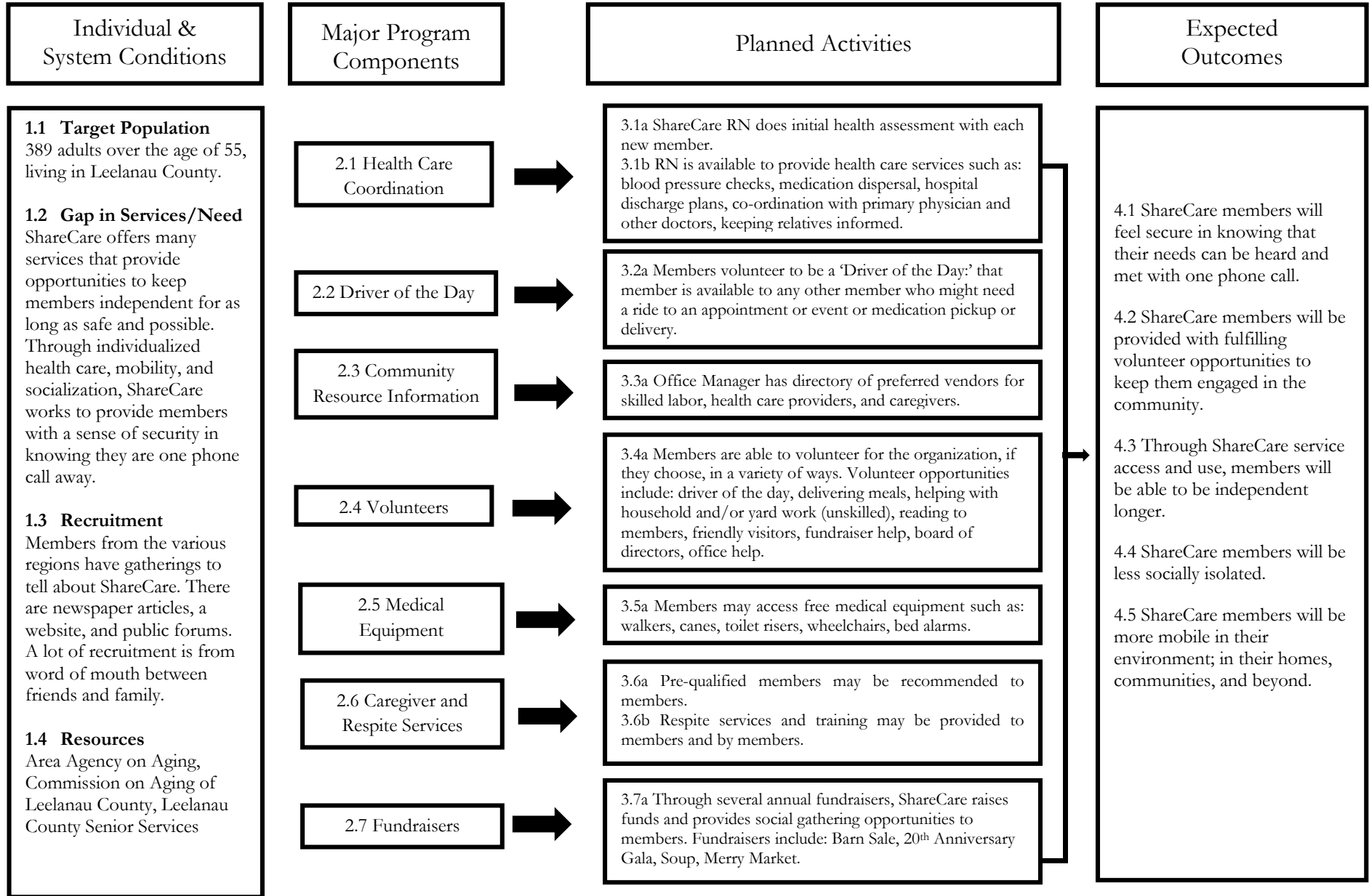
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## Logic Model- May 2014



## Board Minutes: Milestones in Policy and Organizational Changes

### 1992

- April 30 – First Board Meeting
- November 5 – Voted that Leelanau Memorial Hospital and ShareCare would operate together, that there would be a volunteer component, and that there would be a membership requirement.

### 1993

- February 22 – Business plan discussed between ShareCare and Leelanau Memorial Hospital
- March 6 – Articles of Incorporation and Bylaws were introduced
  - Membership: part time residents are the same as full time residents; membership classes: charter (joined before Jan 1, 1994), contributing (reached the age of 60), institutional (community organizations, churches, businesses, etc.), associate
- April 12 – Corporation was registered
- June 30 – Signed the official agreement for the affiliation agreement with Leelanau Memorial Hospital (LMH); membership fee schedule established; applied for Rotary Grant of \$10,000
- September 14 – Volunteer component discussed- decided that some services would be provided: transportation of all kinds including meal delivering, socializing, and clerical.
- September 21 – Did not receive Rotary Grant
- September 28 – Hiring of an executive director was discussed
- October 21 – Insurance coverage potential to be through RSVP; LMH is cutting staff and can at most give an hour a day to ShareCare
- October 27 – Discussion of Service Manager position
- November 23 – To offer 20 hours/week at \$10/hour- no more than \$12,000 for annual salary; 8% Social Security and workman's compensation; no other benefits.
- December 9 – Received 501c3 status
- December 17 – Hired Registered Nurse as Executive Director

### 1994

- January 6 – Fees determined: based on members age as of May 14, 1994- members would stay the same class as when they joined; discount to members who only spend ½ the time in the area- answer no
- January 27 – Discussion of Value to members: screening of available services done for the member on a personal basis, possible advantage of group rates, ready availability of services in a demand heavy environment, coordination of services, availability of volunteer services
- February 18 – Executive Director expressed need for loaned medical equipment; volunteers to be covered by RSVP policy
- February 25 – Motion to join the Michigan League for Human Services to help with insurance and other matters- passed
- March 17 – Tax exempt reported
- March 24 – Munson Hospital signed letters of agreement for skilled care
- April 7 – 157 members
- April 22 – Treasurer reported – enough funds to get through the next year, but need 350-400 members to be a viable, self-supporting organization
- May 10 – 398 members

- May 26 – Discussion about hiring an additional office employee, apply to Kellogg or Rotary for grant
- July 27 – Rotary grant received for \$4000 for a computer; Kellogg grant received for \$25,000 for Director salary
- August 25 – Concerns discussed around dispensing medications- decision: RN to be dispenser, volunteer will remind and oversee dosage; Resignation of Volunteer/Services Coordinator
- September 8 – “In relation to the Affiliation Agreement, LMH expressed regret and apologized for the fact that they have not supplied the social worker as agreed upon. Ten hours per week as promised will now be supplied in the future.”
- December 1 – Issue with current membership fee being a barrier in recruitment of new members- strongly recommended that the membership fee be reduced and dues remain the same. Decision: moved that the initial fee be \$75 for anyone wishing to join ShareCare; Board committees established: executive, finance/grant, marketing, professional and contract services, volunteer services, advisory committee (LMH and SC members), facilities and equipment, insurance/legal, quality evaluation, communications, study committee, community outreach

### 1995

- January 5 – Board moved a policy that if volunteers supply meals from their own homes, there will be no reimbursement to the volunteer; objectives of the marketing committee: to increase membership from 400-700 in the next three years and retain 95% of present membership
- February 2 – Growth Potential Analysis found approximately only 500 households who are not ShareCare members
- March 2 – Executive Director report: “I have concerns about the feasibility of providing nursing services to our members. We have a fair number of requests for such services. Discussion needed.” Discussion: use of trained volunteers, off-duty or retired nurses and aides- raised question of insurance
- March 30 – Received Kellogg Grant of \$23,600 for Director salary; discussion of hiring clerical/administrative help; readdressing that ShareCare’s objectives is to *arrange* services for members, not *provide* professional nursing services
- May 18 – Office manager position approved at 28 hours/week; proposed the idea of setting up an endowment fund
- July 19 – New office manager introduced- to work 16-20 hours/week
- August 16 – Presentation of endowment fund through Community Foundation
- September 12 – Volunteer committee recommended 1 year terms for captains and changing region boundaries
- November 1 – Discussion about providing weekend nursing coverage- consensus to recruit Registered Nurses to provide an ‘on-call’ roster for Saturday and Sunday
- November 15- Kellogg suggested that records be kept on the cost of maintaining a ShareCare client at home and compare these to the costs of maintaining the same person at the same level of care in an institution

### 1996

- January 24 – Discussion: should a nominal fee be charged for care management?; professional back-up system on weekends is working; change of title- Executive Director is now called Care Manager
- February 21 – New roles added to the board: Vice President of Operations and Vice President of Development, bylaws amended with roles
- March 20 – New committee: Training Leelanau Caregivers (TLC) has 15 people

- April 24 – Endowment fund established
- June 19 – Received notice that Munson Home Health Care and Michigan In-Home Help cannot staff 24-hour care in Leelanau County; ShareCare’s liability insurance arrangement will no longer pertain upon completion of the merger of the two agencies
- July 17 – Co captains now responsible for making ‘Friendly Phone Calls’ to new and old members
- October 16 – No longer able to carry through on the Training Leelanau Caregivers program; advised that ShareCare join the American Society on Aging; projected annual shortfall of \$14,000
- November 20 – Introduced idea of Driver of the Day program

## 1997

- January 15 – Change in address from Suttons Bay to Northport; effort made to devise a business plan for Munson in order to use liability insurance coverage through them; Driver of the Day program set up on 3-month basis
- February 19 – Discussion about considering charging dues for the 85+ cohort who currently pay no dues
- March 19 – Discussion about charging for RN services versus asking for a donation to be made to ShareCare
- April 23 – Discussion about giving free memberships to worthy local people in need; ShareCare tries to limit paying members who join when they need services immediately
- June 18 – Consensus: sponsoring organizations should be approached for charitable memberships; those who apply for membership with immediate needs, if denied, can still be offered help; new service proposed: ShareCare Visiting Day – similar to Driver of the Day, contact with lonely or single members
- June 26 – Marketing and Finance committee discussion of raising dues and membership enrollment fees
- August 20 – Motion passed: raise class IV dues to \$150 (from \$0) and new member Class I dues to \$50 (from \$5); introduced \$2000 Life Membership for the endowment fund

## 1998

- January 21 – Obtained Beaumont Hospitals curriculum for Training Leelanau Caregivers; open to non-ShareCare members
- March 18 – Goals from Board Retreat: 1) Improve financial performance by 50% in 3 years with the ultimate target of self-sufficiency; 2) Increase awareness of the SC organization to all audiences by develop and implementation of a 3 year communication plan; 3) Limit SC liability by developing an understanding of the risk associated with each service; 4) Develop cooperative relationships with appropriate orgs that have been identified as key to helping SC fulfill its mission; 5) Develop a balanced membership profile that provides an even distribution of membership types
- May 20 – Motion to have 6 board meetings per year; Merrill Lynch endowment account to be moved to WCMA fund
- June 24 – Plans discussed for ShareCare Neighbors program to host 8-10 monthly get-togethers
- August 4 – Care Manager (Executive Director) resigns
- August 20 – New Care Manager accepted; Changed title to Care Coordinator
- September 16 – Motion to change title of Care Manager to Executive Director – did not pass; Motion to change title to Care Director – passed
- November 18 – Board to meet monthly; Retreat motions: Add ‘Charitable Giving’ to values; Change to Vision Statement: A charitable organization serving Leelanau County for the support

and enhancement of the quality of life; Change to Mission Statement: To enhance independent living and peace of mind for our members through special programs, volunteerism, and access to quality services.

- December 9 – Care Director’s goal of contacting at least one community organization per month

## 1999

- January 20 – Motion passed: close Merrill Lynch account and transfer case to the Grand Traverse Regional Community Fund (GTRCF) to establish \$50,000 in the spendable reserve and rest in the non-spendable fund
- February 17 - \$113,101.56 was transferred to GTRCF with \$50,000 in spendable
- March 17 – MSW offers to aid in grief counseling for the organization on an individual basis
- April 21 – Office Volunteer Program to be set up like Driver of the Day; a welcome communication to be discussed for new members
- July 21 – Discussion of problem with on-call nurse duty, people are not available; Motion passed to pursue grant from the Robert Wood Johnson Foundation
- August 18 – Board was notified that LMHC is no longer able to honor agreement of 24-hour telephone coverage. Staff agreed to cover weekends on a limited basis; discussion of having a contracted caregiver, the member, and the RN sign a caregiver contract
- September 15 – Moved to participate in the LMHC Women’s Health Clinic for underinsured and noninsured women
- October 20 – Joining the Bay Area Older Adult Services Partnership; Robert Wood Johnson grant denied
- November 17 – TRIAD board consideration (connection with Sherriff’s department, Senior Citizens, and State Police)
- December 15 – Program proposed for expanding Driver of the Day to include rides for those combating loneliness

## 2000

- January 19 – Proposal of Kings and Queens of ShareCare for those over 90
- February 16 – Adopted ‘Wellness’ concept as a goal for ShareCare to entice members not yet in need of services; continued problems with 24-hour telephone service
- March 15 – New vision and purpose discussed incorporating wellness concept
- May 17- Motion passed to have a Co-Vice President of Development
- August 16 – Grant requests: Rotary Charities for building our Endowment Fund to \$1 million by 1/1/2007 and Campbell Fund for \$500-\$15,000 for a project
- September 20 – Title changed from Care Director to Executive Director; new office manager; not reapplying for the TLC program
- November 14- Strategic Planning Meeting discussed: relocation of office, marketing to new members, revitalizing volunteer program

## 2001

- January 17 – Life Enhancement Grant submitted
- February 21 – Motions to amend the policy for Donor Categories and how they are published to membership; Grant application denied
- March 21 – Members of Leelanau County Commission on Aging (COA) presented: “Ways in which Leelanau County Commission on Aging and ShareCare can work together to serve our aging County population.” Decision was to have ShareCare board members serve on both boards



- April 18 – Motion to have Executive Director make judgment on cases when potential members are in need of immediate care until policy is in place
- May 16 – approved that Huntington National Bank is now the deposit for ShareCare funds
- July 18 – Brought up that prior to 1996, anyone over the age of 85 no longer paid dues, since 1996, everyone pays dues; identified person to do an audit review and opinion of the ShareCare books; applied for license to solicit donations
- September 19 – New video conference system through Munson will allow for less in-home visits; ‘Grid System’ introduced to assess applicability of determining potential members for ShareCare; began sending volunteer interest forms to new members
- November 14: Motion passed to create a Development Committee; Strategic Planning reported ShareCare problems: financial stability, need for more exposure about ShareCare, operations and continuity, quality assurance, lack of a long range business plan; Consider: raising fees, charging for care management, marketing and ways to raise money, creation of a development committee for major fundraising

## 2002

- January 16 – Raises given to employees and mileage adjusted according to government average
- February 12 – Motion to amend bylaws to establish new membership enrollment fee and dues schedule effective May 15, 2002; Moved to increase life membership from \$2000 to \$3000
- February 20 – New ‘Grid System’ for evaluation potential members passed; Motion passed: re-write job description for Executive Director to go from 30 hours/week to 24 hours/week; staff secretary reduced from 40 hours/week to 35 hours/week
- March 20 – Executive Director resigns; now called Care Coordinator; new person hired under 24 hours/week schedule; ShareCare affiliates with Leelanau Bereavement Support Group
- April 17 – Discussion of driver liability for Driver of the Day needs discussion
- June 19 – Discussion needed for members calling to express they will not continue membership with fee increase. Finance Committee recommendations moved and passed: suspend deposit of funds to the GTRCF, create account with North Western Bank, move spendable reserves from GTRCF to North Western Bank, new endowment reserve to be identified, examine alternate investment opportunities
- August 21 – New office manager hired
- September 18 – volunteer events not well attended, need for a neighborhood coordinator
- October 16 – rethinking neighborhood gatherings based on low turnout
- November 20 – potential grant monies discussed for a volunteer coordinator; increased salary for employees; recommended that board members contact members as ‘telephone reassurance’ – important activity for volunteers to get involved.

## 2003

- January 15 – Munson ER nurse now keeping track of ShareCare members who come in; Development of Respite Care Program
- February 17 – Letter received from member of the TRIAD board that there is dissention and thought that ShareCare is ‘for the rich people’ discussion of inviting more ShareCare board members to support them
- February 19 – Computer classes taught by the office manager; reported that membership capacity without adding staff is 400 +/-
- April 16 – Discussion about dues increase and members requesting explanation; discussion of potential duplication of services between ShareCare and COA; proposed: ShareCare will not give names of recommended contractors and will instead direct members to other sources

- June 18 – Decided that if a person could not pay for membership with due increase then ‘we guaranteed that membership’
- August 20 – Discussed making clergy aware of congregants who are ShareCare members; lost about 10% of membership; Conversation about potential for a volunteer coordinator
- September 17 – Bonek Insurance agent has declined to renew liability insurance- new carrier, George Anderson Agency has been found
- November 19 – Effie’s Place Assisted Living opens in Leland – every resident is automatically a ShareCare member and ShareCare’s RN acts as visiting nurse as they cannot have their own nurse on payroll; ShareCare website is developed and launched

## 2004

- January 21- Sick Leave policy discussed for on-call personnel; raised mileage reimbursement to government standard
- February 18 – Request from member’s children to instate an Access Fund in honor of their father, a ShareCare member and enthusiast, to be used to support potential members that might not otherwise be able to afford membership
- April 21 – Announcement that Leelanau Memorial Health Center will be closed. ShareCare needs new office space; Committee accepted the Access Fund proposal
- July 21 – Motion passed to implement background checks on recommended caregivers as well as interviews; another discussion on whether partial membership for summer residents is an option, decided it is not
- August 18 – In response to Effie’s Place requesting a price break for memberships, motion passed to institute a separate fee schedule for institutions of four or more people providing a 10% reduction of annual dues with initial fee to remain the same as the regular fee; ShareCare Fair grossed \$6000
- October 20 – Confidentiality statement passed around and signed by board members; discouraging conversation had about membership numbers and potential new members; suggested to have a member at the COA meetings to not duplicate services
- November 17 – Office manager to attend board meetings quarterly, sick day and bereavement day policies discussed

## 2005

- April 20 – Motion passed: policy of ShareCare is that all persons in a household must be ShareCare members. Recommended that this policy be retained, but that exceptions could be made at the discretion of the executive board; Motion passed: current fee structure is preventing couples from joining, particularly in cases when only one spouse would benefit from membership. The committee recommends that the primary membership fee be retained but that a spousal discounted membership be adopted
- August 17 – Held first golf outing fundraiser at the Homestead; started Enterprise column for ShareCare; Circle of Care program introduced
- October 19 – Implemented Circle of Care calling circle; discussion of moving into Northport Hospital building; fee structure to be discussed, a more simple increase percentage to be considered
- November 16 – Finance committee does not recommend hiring an additional part time staff person to make systematic visits to members; nurses and staff receive raises and mileage compensation adjustments

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**2006**

- January 18 - Driver of the Day guidelines for volunteers need to be written
- April 19 - Transition committee formed to accommodate move to new office location; received \$200,000 charitable donation to come in the next 6-9 years
- June 21 - Credit card obtained for office staff
- August 16 - Discussed concerns about driver of the day eligibility. Ran article in the newsletter about how to monitor your abilities to drive.
- October 18 - New Credit Card Policy drafted; moved office site
- November 15 - Policy for Credit Cards approved; ShareCare DVD to be sold for \$10 to members and \$25 to outside groups; New gift policy presented for approval

**2007**

- March 21 - Policy is needed for Access Fund; Letter is received from a past president stressing the importance of the 24/7 nurse on-call system
- August 15 - Letter received from an organization trying to duplicate ShareCare. Decided not to charge other organizations or individuals who wish to use ShareCare as model and contact us for help. Policy committee to make policy on how we share information; held conversation on whether to send year-end appeal to family members of members
- October 17 - Increased Care Coordinators hours to 30 hours/week; discussion of privacy constraints for mailing to family members; recommended to get rid of pager system- approved
- November 28 - concern with drivers discussed- what to do if member experiences complications while transporting them; initial discussion of need for on-call nurses

**2008**

- April 16, 2008
  - Grand Traverse Regional Foundation presentation
  - **Board accepted draft of driver policy**
- June 18
  - Driver safety classes to be offered
  - Age at which a person can join SC is 55
  - Discussion of charging for information. Beacon hill charges \$300
  - Transportation Fund: agreed the need to establish a fund to reimburse drivers
- July 16
  - Vans no longer paying for Care Coordinator's gas
  - Working on on-call nurses policy to ensure coverage
  - IRS rate for reimbursement for charitable reasons is .14/mile
  - Moved to reimburse drivers who take the training class if requested
- September 17, 2008
  - Motion that SC video be priced at \$10 and the complete SC info package at \$100; Discussion: OM charges \$30 to mail both to groups or individuals. Have only 4-5 requests per year. Price package on sliding scale or by donation and charge additional fee for a conference call- motion passed
  - Retiring drivers are 85+ years old
- December 10, 2008
  - Looking into neighbors driving neighbors vs. drivers pulled from county

## 2009

- January 21, 2009
  - Cannot anticipate GTRC grant money
  - Conversation about membership survey
- February 11, 2009
  - Creating employee handbooks
  - Looking for board members with marketing or fundraising experience
  - Making sure all members have a signed authorization of release of information on file
  - Ad hoc committee formed to evaluate the 24 hour on call nursing system
- April 15
  - **On call nurses are underused, proposal to have members use 911 during non-office hours. Unanimous approval**
  - Munson will no longer be able to complete payroll for ShareCare staff
- June 17
  - OM to sit on panel on aging at Community Foundation of Southeast Michigan
- August 19
  - Looked at minimum age requirement of 55
  - **Four Pillars**
    - 24 hour access through a single phone call triggers access to services
    - volunteer services help keep cost down
    - free healthcare coordination/monitoring by SC RN
    - access to quality independent service providers
  - conversation with 911 alert person to discuss ramifications for board decision to eliminate 24 hour phone service through SC
- September
  - Munson will no longer do ShareCare payroll effective 12/31/09
  - **Recommendation to strike the language in the SC policy that members must be 55 and older**
    - **RSVP driving insurance only covers those over 55**
- October 19, 2009
  - Personnel committee requests creating position for Volunteer Coordinator
- November 18
  - **No age limit motion passed**
  - **Munson no longer doing payroll for ShareCare**

## 2010

- January
  - Conversations about strategic plan
    - Goals: improve fundraising, grow membership, improve synergy, maintain volunteer morale, develop a calendar
- June 2010
  - **Planned giving conversation brought up**
  - Using the connector to facilitate social opportunities for members
  - Motion to have a discount for membership for a limited time passed
  - Ad hoc committees to explore ways to reinstate a viable on-call system, and a new "home" for ShareCare
- July 21

- Consideration to develop a corps of volunteers to help the RN in her role as Care Coordinator by taking over some for her visits
- September 15
  - Finance committee to look into the way that the endowment is being managed by GTRF
  - Conversation about offering a payment plan for dues
- October 20
  - Goal to raise \$25,000
  - **Join the National Association of Professional Geriatric Care Mangers**
  - Distinction that we don't refer members - don't want to upset other businesses

## 2011

- January 26, 2011
  - Membership drive results: 332 when began in august, in January, 417
  - Get acquainted gatherings to be scheduled
  - Recruitment drive scheduled for the south region in April
  - Driver training policy compliance was poor
  - Letter received from upset member about lack of help during her hospitalization. ShareCare was not aware of the hospitalization and didn't know her needs- conversation around how to improve communication and be more informed
- February 16, 2011
  - Fundraising report outlines Legacy Society (planned giving)
  - Volunteer reporting and management discussed
    - New reporting system through RSVP and United Way of Northwest Michigan
  - Increase in Care Coordinator hours from 30 hours/week to 32 hours/week
- June 15, 2011
  - Make drivers safety class a recommendation and lower driving age from 85-80
  - Attended Area Association on Aging Conference
    - Conversation about being listed with the Village to Village Network
- September 21, 2011
  - Highlands reported ShareCare will have to pay rent for the space they had always had for free- conversation around looking for new place
  - Care Coordinator reporting the amount of time she has been spending due to the aging of the membership
- November 16, 2011
  - Report made about the potential for a ShareCare 'Sharing House' - independent from ShareCare and a nonprofit
  - **Motion to accept lease agreement with Binsfeld Center**
- December 14
  - To move into Binsfeld on February 1, 2012

## 2012

- January 25, 2012
  - Conversation about need to balance the budget
  - committee formed to address the potential for a volunteer coordinator- how that would look different from the volunteer services chair on the board
- February 15, 2012
  - Board identified that 'after Anne, our biggest member benefit is the Driver of the Day service'
  - **Volunteer coordinator instated- unpaid**

- All moved into the Binsfeld Center in Lake Leelanau
- April 18, 2012
  - Held grand opening open house for new ShareCare office
  - Mission statement to now have 'quality of life' component and a social component
  - Motion to revisit the independent caregiver policy and ShareCare's relationship with them
- June 20, 2012
  - With strategic plan- concerns: 24 hour on call nurse service and independent contractor recommendation/oversight
  - Need for more gatherings discussed
  - Insistence of having contracts between caregivers and members
  - Resolution committee resurrected to talk about caregiver issues
  - Number of seniors who use ShareCare versus COA- "ShareCare members are typically higher up in the socio-economic ladder and transplants. COA users typically lower on the socio-economic ladder and locals.
- July 18
  - Talk of outsourcing ShareCare requests for caregivers to an established home health agency in the area
- August 15, 2012
  - Meeting to 'beef up co-captain system'
  - New caregiver documents amended about agreements, contracts, and background checks
- November 28, 2012
  - talk of hiring an outside consultant or office help
  - motion to go through with a long-term planning process
- December 19, 2012
  - Visioning committee identified: developing a sustainable financial plan and getting ShareCare services in sync with what members want and what they're willing to pay- as needs

## 2013

- January 16, 2013
  - Conversation around Emergency Preparedness for storm situations
  - Visioning conversations began- asked members to consider areas in ShareCare that will be considered during visioning process
- April 17, 2013
  - Approved the proposed budget for 2013
  - Explored contracting out caregiver services but decided against it
  - Voted to offer caregiver workshops throughout the year
  - Visioning to take place to explore options based on current deficit
- June 19, 2013
  - New president
  - New health care plan moved and accepted by board members
  - A new committee structure was proposed and accepted
  - Potential to collaborate with senior serving agencies for membership with Village to Village
- July 17, 2013
  - Caregiver was dismissed based on allegations and after communicating with the person the Resolution committee determined they had acted wrongly.
  - By-Laws and Policy committee unanimously recommends **against** the proposal to term-limit board membership

- September 18, 2013
  - 20% discount discussed for members who participate in a gathering and others, moved and passed
  - Visioning committee conversations discussed around what retreat will have: 1) review dues structure, 2)encourage giving, 3) encourage volunteering, and 4) identify services that members might be willing to pay more for
  - Shared accounts from meeting with new Director of Leelanau County Senior Services – conversations around overlap of services and how to minimize
  - **Moved to be a part of the Village to Village Network**
- November 20, 2013
  - Success of gatherings discussed- procedure for year-end gathering discussed
  - Loss of a regional captain
  - Friendly caller list suggested
  - Visioning committee conversations discussed around what retreat will have: 1) review dues structure, 2)encourage giving, 3) encourage volunteering, and 4) identify services that members might be willing to pay more for
  - PVM Meeting arranged
  - 2014 budget proposal

## Media Content Analysis

ShareCare of Leelanau's media presence is most notably in countywide newspapers. On some occasions, ShareCare has been featured on local television morning news specials as well as in local community magazines. ShareCare of Leelanau is listed as a resource for the county on several government and nonprofit websites.

The Leelanau Enterprise, The Record Eagle, and Grand Traverse Insider have published articles about ShareCare over the organization's history. Most articles make mention of:

- The staff composition: office manager, care coordinator (registered nurse)
- Location and contact information: both the original location in Northport, MI and in Lake Leelanau, MI
- Goals: most articles mention a variation of ShareCare's mission - 'Neighbors Helping Neighbors', 'Keeping people living in their homes independently and safely', 'Comprehensive and affordable assisted living services in their own home'
- Program serves: Leelanau County residents - most make mention of a number (300, 420, over 1,000 to date, etc.)
- Services offered: rides, simple chores, meals, friendly visits, equipment, caregiver referrals, plumbing, registered nurse services, volunteering, monthly newsletter
- Nonprofit and membership organization: some articles mention the membership fees, some present the membership fee schedule specifically
- Origination: articles mention by name the founders of ShareCare and how the concept was conceived and implemented

Until very recently, ShareCare's presence was mainly known in Leelanau County. ShareCare has since become a member of the Village-to-Village Network, a group of organizations with similar goals, nationwide.



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## Board Minutes: Key Policy and Organizational Changes

The first board meeting on record was held on April 30, 1992. ShareCare received corporation and 501c3 status in late 1993. At this time, they also hired their first staff person, a registered nurse, as the executive director. Over the course of ShareCare's history, there have been several policy and organizational changes that have contributed to how ShareCare functions today. Below is a summary of key policy and organizational changes from ShareCare's inception to today.

### 1. Membership

In the creation of the definition for membership, the ShareCare board decided that part time residents would be considered the same as full time residents. Several times, this policy has been questioned. Each time, it was decided that the policy would stand as written.

When originally creating the fee schedule for members, members over the age of 85 did not pay dues. All members paid dues by the end of 1997, including those members 85 and older. At this time, there was also the introduction of Life Membership for \$2000. In 2002, a fee increase was moved for all members to have increase in dues; Life Membership would now cost \$3000.

NO LONGER 55+ REQUIREMENT

### 2. Driver of the Day

The Driver of the Day program began in 1997. Drivers were offered insurance through the Retired Seniors Volunteer Program (RSVP). Over the years, liabilities for both drivers and riders were discussed at length. In 2006, discussion was had regarding drivers monitoring their own abilities to continue to be a driver for someone else.

In 2008, a policy was instated that members over the age of 85 would 'retire' as drivers through ShareCare. In 2001, the policy was updated to state that drivers would 'retire' at the age of 80.

### 3. Affiliations

Over the years, ShareCare has affiliated with several local, regional and national organizations.

Local: Munson Hospital 1994-present; Leelanau Memorial Hospital 1993-2004 when closed; Grand Traverse Community Foundation 1996-present; TRIAD, board with Sheriff's Department, senior citizens, and state police 1999; Leelanau Commission on Aging; Leelanau Bereavement Support Group 2002; Effie's Place Assisted Living 2003-present

Regional: Michigan League for Human Services 1994, Bay Area Older Adult Services 1999

National: Retired Senior Volunteer Program (RSVP) 1994, National Association of Geriatric Care Manager 2010, Village to Village Network 2013

#### 4. Administrative

At the end of 1993, ShareCare had discussions about hiring an Executive Director. It was decided that having an Executive Director who was also a Registered Nurse (RN) would be advantageous to the organization and its members. An RN was hired as the Executive Director at the end of 1993. The Executive Director resigned in 1998 and the new hire was then called a Care Manager. The title 'Care Manager' was changed to Care Coordinator and then Care Director. In 2000, the title was changed back to Executive Director. When the Executive Director resigned in 2002, they hired a new person, who was also an RN under the title of 'Care Coordinator.' The changes in title were accompanied by changes in job description, compensation, and hours that person would work.

ShareCare has held an Office Manager position since 1995. This position has had support from a volunteer 'Volunteer Coordinator' for a short time in 2012, but ShareCare has always had at least one administrative position.

One of the four pillars with which ShareCare was based includes the 24-hour on-call nurse assistance. In 2009 this service was discontinued. Conversations about its usage, value, and need have since been a topic every year since.

## Key Informant Interviews

### 1. Current and Past Board Presidents (N=4)

The current board president and 3 past presidents were interviewed about their experiences and understanding of ShareCare's history. They have served 1 year, 3 years, 6 years, and 5 years respectively in their roles as presidents.

#### 1) *How would you describe ShareCare?*

All 4 interviewees mentioned that ShareCare offers a way for "senior citizens to stay in their homes as long as possible with respect and safety." Other elements mentioned include:

- Volunteers in the neighborhood to help in different ways: driving, small tasks around the house, social activities (3/4)
- Access to a professional Registered Nurse to support with: information about health issues, transitions in and out of hospital, managing medications, intermediary between members and their families, coordinates care. (3/4)
- Membership Organization (2/4)
- Similarities to a Long Term Care policy: "Start paying premiums to belong and you may or may not need ShareCare immediately, but eventually there is a good chance you will need services. Having that insurance policy to fall back on is wonderful." (2/4)

#### 2) *What are some current and past challenges for ShareCare?*

Three areas of challenge were: Administrative, Financial, and the Community Mentality.

- Administrative: Not having an Executive Director (2/4); Maintaining a membership of 400 (2/4); Maintaining Contact with members through the co-captain system (2/4); and Managing Caregivers (2/4)
- Financial: Financial Sustainability (2/4), and Fundraising (2/4)
- Community Mentality: Non-members thoughts of ShareCare's 'elitist mentality' and affordability (2/4); overcoming when members do not ask for help (2/4)

Other challenges mentioned:

- Recruiting experienced board members (1/4)
- Increased personnel costs with rise in health care (1/4)
- As the age of members increase, their needs increase (1/4)
- Having the ShareCare office in Northport (1/4)
- Lack of a volunteer coordinator (1/4)

- Lack of attendance at neighborhood gatherings (1/4)
- The unknown at the inception of ShareCare (1/4)

### 3) *What have been some triumphs in ShareCare's history?*

All four interviewees identified a past triumph being when the office relocated to the central location of Lake Leelanau. Three mentioned the staff being a triumph for the organization, and the increased fundraising efforts in more recent history. Two mentioned the large membership drive in 2010 that brought in almost 100 members in 1 month. Other triumphs mentioned include:

- Establishing the Driver of the Day program (1/4)
- Use of online system for meal delivery planning (1/4)
- Hosting Caregiver workshops (1/4)
- Undergoing a strategic planning process (1/4)
- Bringing in an intern to evaluate ShareCare (1/4)
- Affiliating with the Village to Village Network & Community Connections (1/4)
- Establishing the Planned Giving Program (1/4)
- Establishing the Access Fund (1/4)
- Establishing the Endowment (1/4)
- Getting on sound financial footing (1/4)
- Connection with the Homestead for Fundraising efforts (1/4)
- Presenting about ShareCare at a National Conference (1/4)
- Having 400 members at the start in 1994 (1/4)

### 4) *What does ShareCare currently do well?*

Three interviewees mentioned the Driver of the Day program being an aspect of the organization that does well. Two mentioned that having the staff persons in charge, specifically these particular staff persons, is an asset to the organization. Two also mentioned the safety net that ShareCare offers to members, "Provides a logical and safe access for members; a person, a supportive organization and a person that they know is professional, prepared, and has a great track record to help with issues- that is the big picture." Other items mentioned:

- Maintaining 400 members (1/4)
- Keeping seniors in their own homes (1/4)
- Communication through the newsletter (1/4)
- Having a nurse who makes house calls (1/4)
- Having volunteers who are up to any challenge (1/4)
- Being a caring organization (1/4)
- Openness to working with challenging cases and members (1/4)

### 5) *How could ShareCare improve in the future?*

Two interviewees mentioned having an executive director and affiliating more with local groups with similar missions and goals. Other future needs for improvements included:

- Updating the bylaws (1/4)
- Co-captain system (1/4)
- New services (1/4)
- Affiliating with health organizations (1/4)
- Greater volunteer involvement (1/4)
- Improved communication with members on what ShareCare offers (1/4)
- Overcoming members not asking for help (1/4)
- Establishing an Elder Home affiliated with ShareCare (1/4)
- Supporting families during times of death (1/4)
- Establishing a Volunteer Coordinator position (1/4)
- Having a nurse in every area (1/4)
- Updated patient record system (1/4)
- Regaining enthusiasm around the organization (1/4)

### 6) *What is ShareCare, for you?*

Each president had a different story or motivation for affiliating with ShareCare and taking on the role as president.

- “I’m always surprised at how many of my friends are not members. To me it is a no-brainer. It is an organization that will help you when you need it. I think that is worth a tremendous amount. ShareCare provides the net for us that isn’t available anywhere else for us in this community.”
- “For me, it has been a good thing on both sides of the picture, the sharing and the caring. When we joined, I was thinking at the time that I don’t need this organization as far as the caring part; I’ll do my part to help others. That proved to be wrong. [...] I don’t know what we would have done without ShareCare. I found it personally comforting to be able to call ShareCare. [...] On the sharing side, I get a personal satisfaction from being able to do something for the organization which is why I served on the board and as president.”
- “ShareCare has meant a lot to me, as a member and being able to do things that will help other people. I have never done things for people that I didn’t feel better afterwards. I have met a lot of people through ShareCare and have a lot of friends I might not have known. I think it is a tremendous vehicle for being able to help other people. [...] I’ve always felt so proud that we do what we do.”

“ShareCare was the determining factor when I planned to move from here. I had to stay in Leelanau County, even though I have a lot of family in other areas. It will help me somehow; I can’t predict. For me personally, it brought together a lot of my experiences and interests. It has been a personal pleasure of my aging and retirement years. I wouldn’t consider living somewhere else and not have it.”

## Satisfaction Surveys

June 1995

- Response Rate 21%
- Most satisfied with: the Connector, assessments, phone calls, response to request
- Least satisfied with: the Connector, assessments, phone calls
- Is SC living up to its promise: yes 80%, no 2%, not sure 18%
- Would you call SC- yes 91%, not sure 6%, no 3%

May 1996

- Response rate: 32%
- Satisfaction with Communication dropped from 71% to 62%
- Volunteer services used up for transportation (8-21%), meals (4-11)

ShareCare Survey- Fall 2002

- Response Rate: 11% of households surveyed responded
- Nursing Need: only 20% of respondents indicated they had a need for nursing assistance
- Secretarial Support: 48% indicated they had called the office with a need or concern
- Neighborhood meetings: 30% said meetings were informative or somewhat informative; 20% said meetings were not informative; 28% said they hadn't attended or didn't plan to attend
- Board accessibility: 12% felt the board was not accessible to them
- Favorable comments (5) focused on the helpfulness of the SC organization
- Negative Comments (9) focused primarily on the forthcoming dues increase and neighborhood meetings (need more meetings, increase awareness)

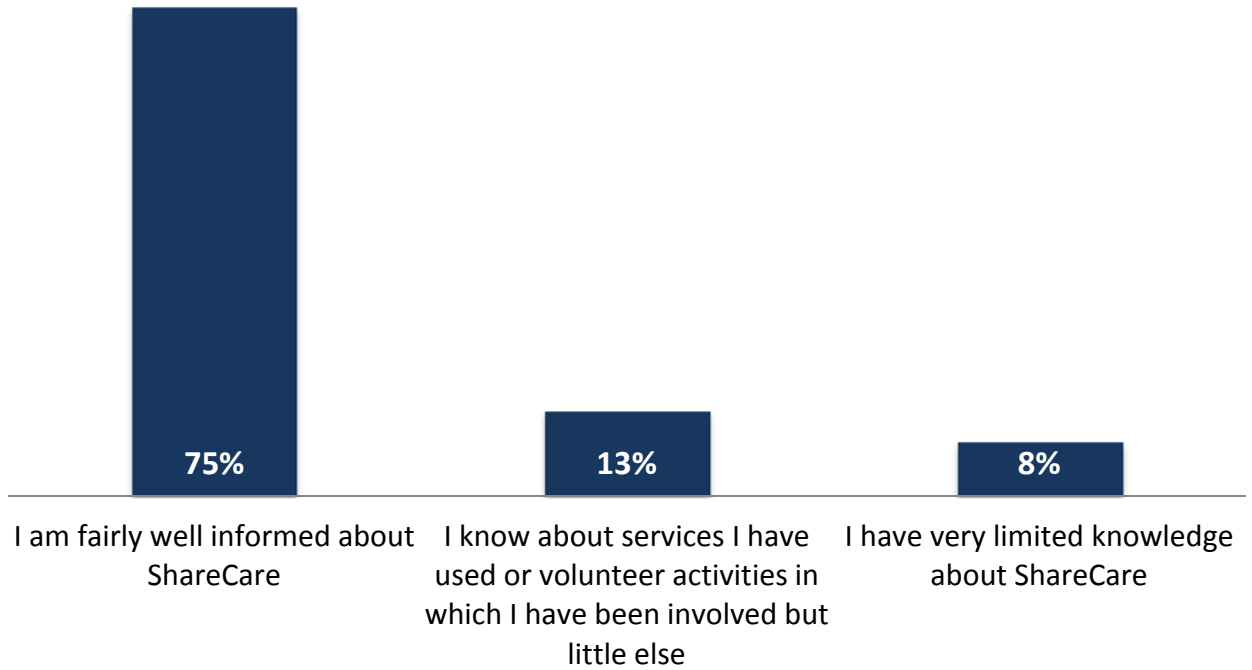
Winter 2009

- Response Rate: 54%
- Nursing Need: 50% said this was the most valuable to them
- 36% DOD, 36% assistance from office
- 21% peace of mind, security, comfort
- 11% caregiver management
- 7% opportunity to volunteer
- 6% medical equipment
- 5% volunteer assistance in the home
- 3%- social activities, community working together to help others, back to family and friends
- Services used: RN visits, transportation, office phone advice, equipment use
- Importance of SC as you age: 28% essential, 65% very important 6% somewhat important 1% not important

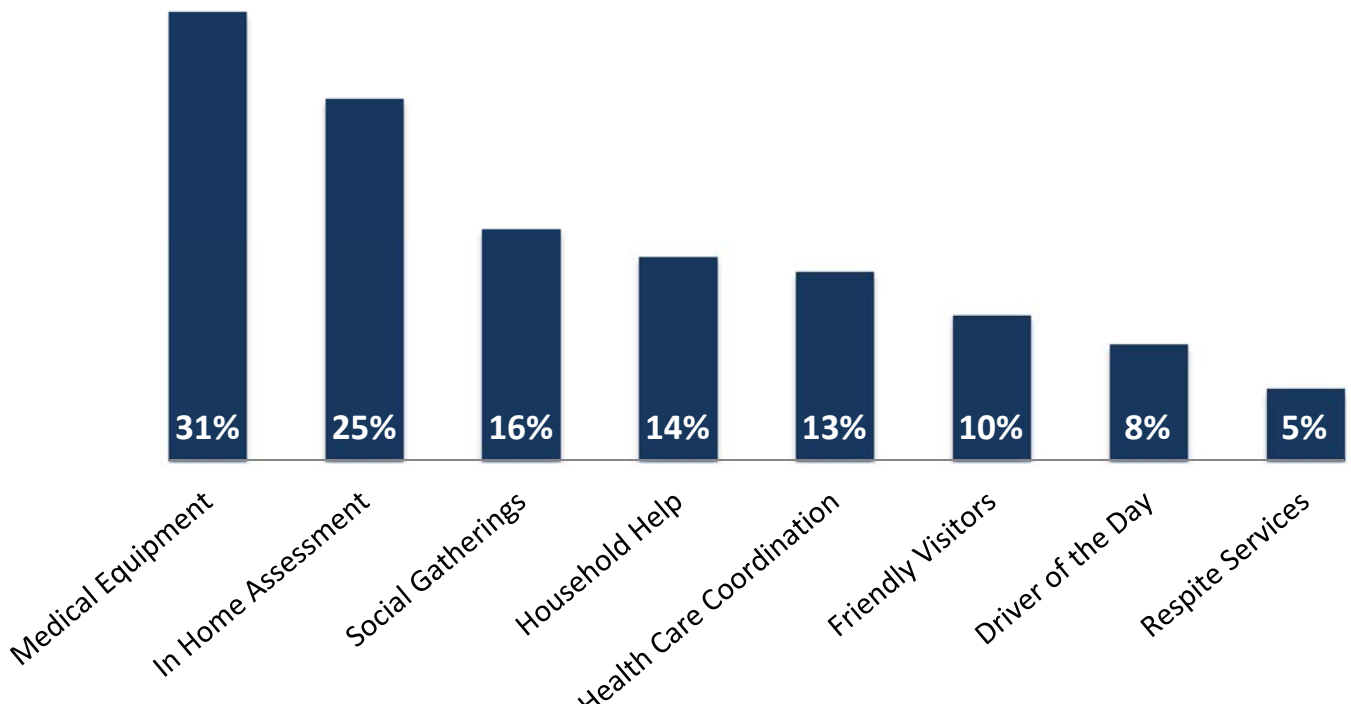


## ShareCare Member Survey 2014 Analysis

### 1. How informed are you about what ShareCare does? (Check only one answer) (N=130)

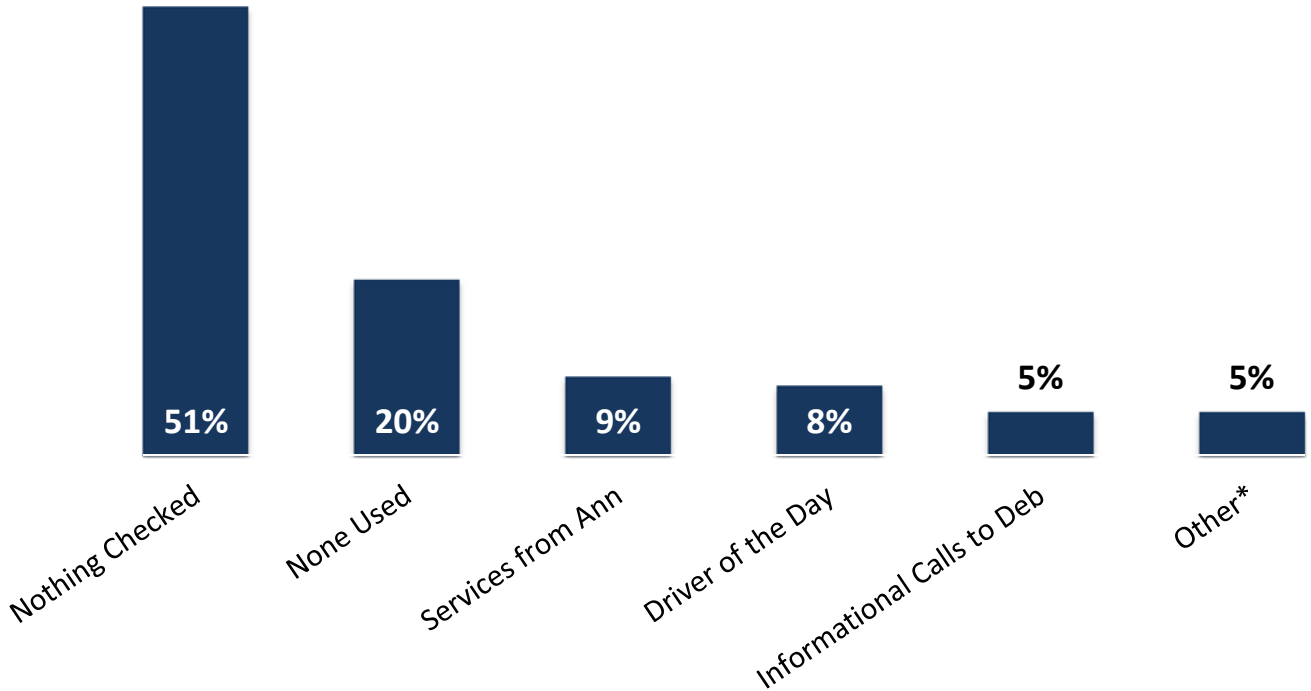


### 2. What types of ShareCare services have you used in the past year? (Check all that apply) (N=134)



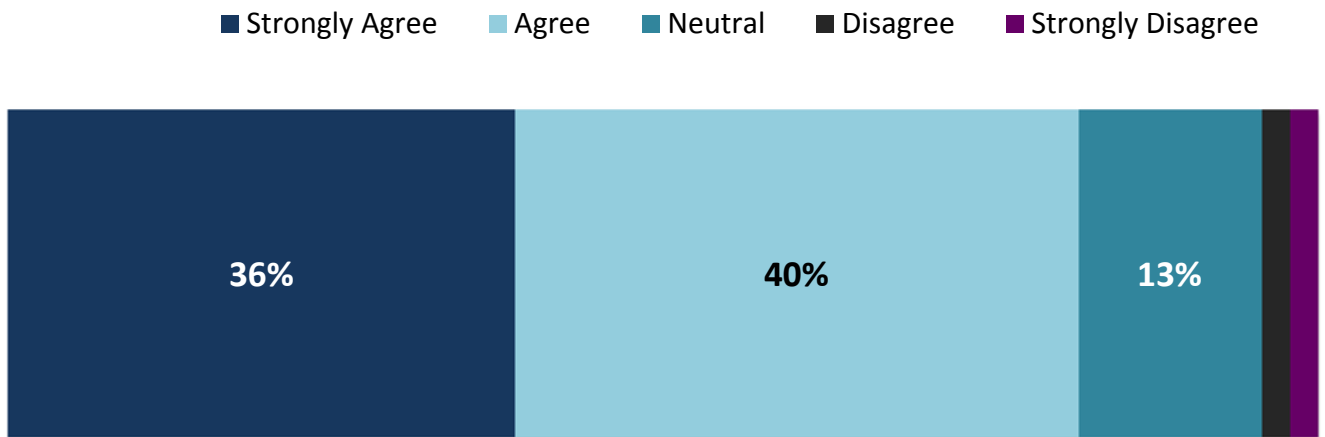


What types of ShareCare services have you used in the past year? *Other: (N=66)*



\*Other: 24-hour help/caregiver services (3%), meals (1%), in-services (1%)

3. ShareCare services meet my needs (mark one) (N=123)



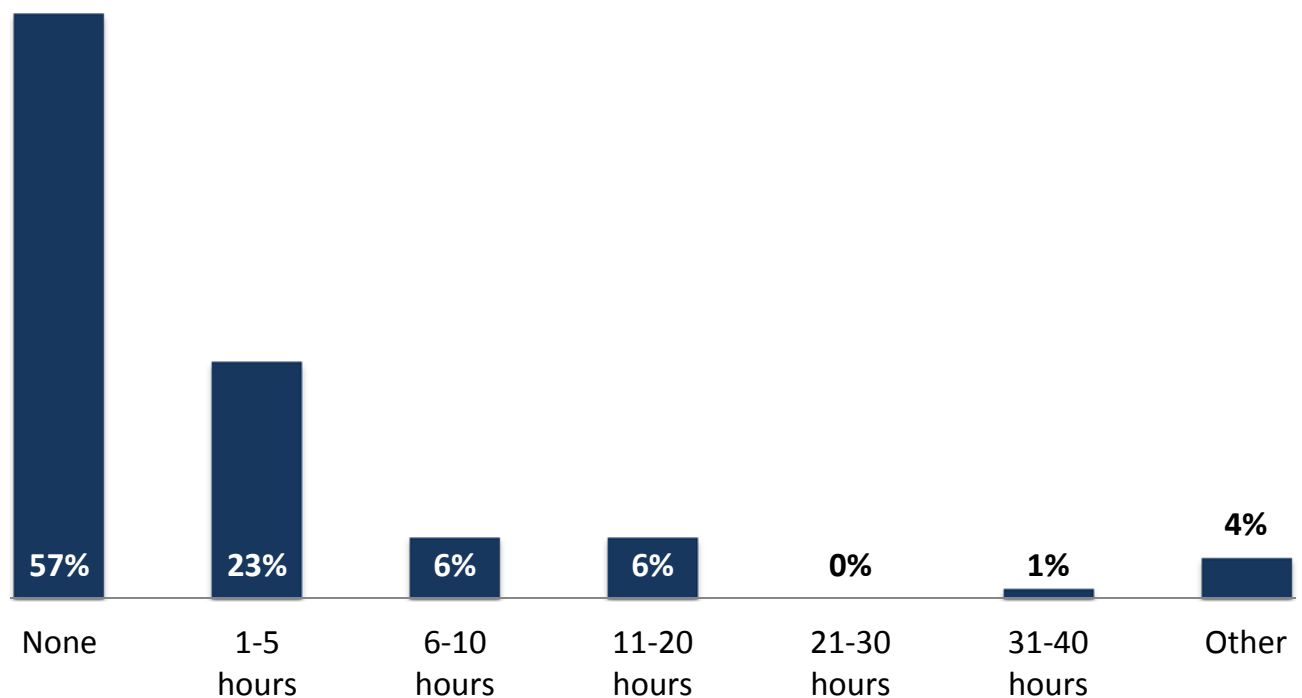
#### 4. What services should ShareCare consider offering that are not offered today? (N=58)

- **Senior programs and activities**
  - **Computer/technology seminars (4)**
  - **Caregiver seminars (2)**
  - CPR class
  - Handling medical emergency at home
  - Treating an injury
  - General instructional short workshops
  - Heart health book club
  - Teen Techs
  - Aging in community- options
  - Death Cafes
  - International Potlucks
  - How to buy long-term care insurance
  - Living with chronic disease/pain
- **No needs yet (10)**
- **There are enough (10)**
- **Chain Call list to check on members (4)**
- **Help with 5 wishes (3)**
- **No suggestions (3)**
- **Partner with Munson/Leelanau County Senior Services (2)**  
Less than 2%
  - Calls from Ann or Deb
  - Visits from Ann to assisted living facilities to conduct assessments (quarterly)
  - Picking up groceries
  - Rides to local events
  - Seasonal home cleaning and repairs
  - Meal Delivery
  - Pet help (walking, to vet, groomer)
  - Snow removal services
  - Lists of: medical clinics, nurse practitioners, plumbers, electricians, landscapers, etc., caregivers
    - More in-home maintenance services previously offered by Leelanau County Senior Services
    - Dependable people who do chores for pay
- **Online equipment list- what is available**
- **Check homes when away**
- **Keeping entire membership informed**
- **Train advocates for people at doctor appointments**
- **Consumer counseling**
- **More social gatherings**
- **Other (2)**

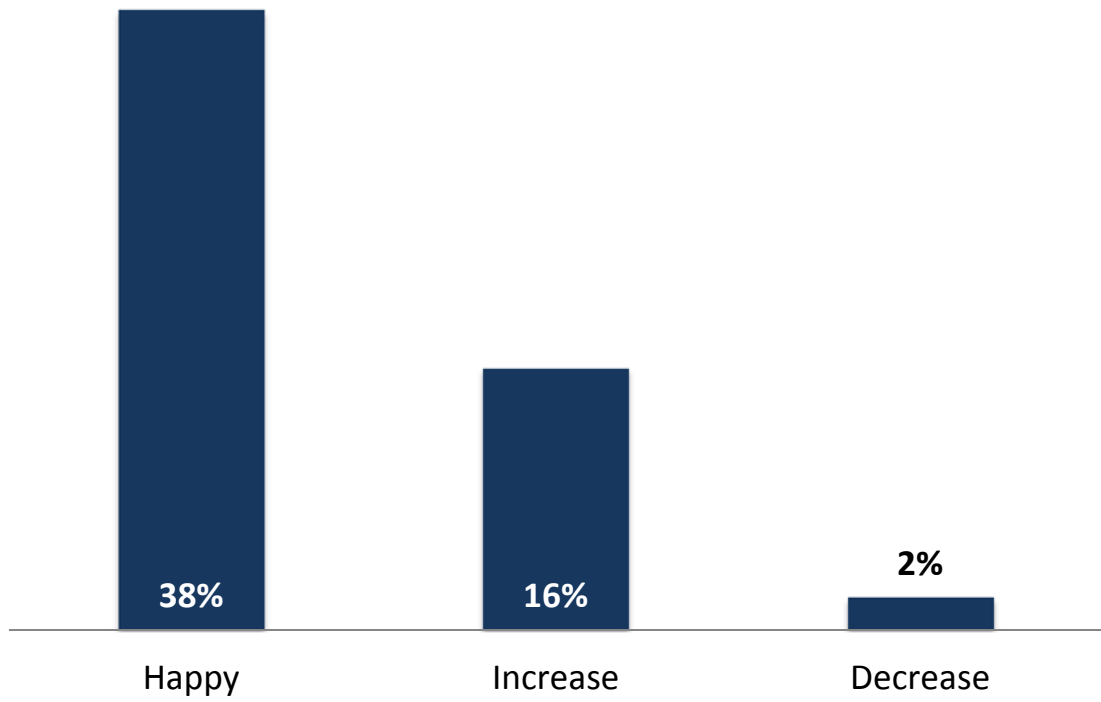
**5. What else could ShareCare do to make your ShareCare membership more valuable? (N=39)**

- Satisfied (15)
- Don't know (5)
- More social interactions with members/neighborhood gatherings (4)
  
- Services at a discount
- Improve co-captain system
- Evening and weekend events for working members
- Home delivery of groceries
- Lower membership fee
- 24- hour nursing hotline
- Switch to Time Bank system
- Readily accessible, up to date 'yellow pages' for Leelanau County
- Other (2)
- See #4 (5)

**6. How many hours do you volunteer with ShareCare each month? (N=112)**



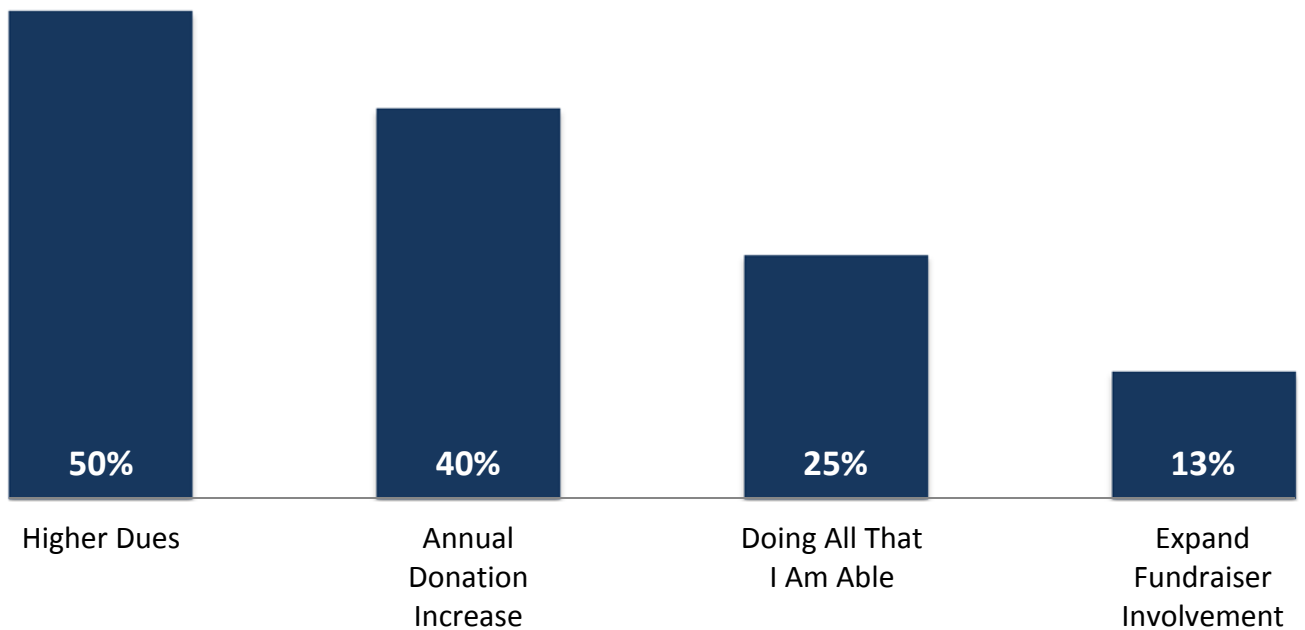
7. How would you like to change your volunteer hours with ShareCare? (N=75)



**8. What volunteer activities would you consider doing? (N=74)**

- None (26)
  - Driving (11)
  - Visit members (9)
  - Clerical work/office help (9)
  - Delivery of food and/or equipment (6)
  - Fundraiser help (4)
  - Errands (3)
  - Handyman (3)
  - Reading to members (3)
  - Anything I can (3)
  - Landscaping (2)
  - Teach or present information (2)
  - Odd jobs (2)
- 
- Photography
  - Publish list of jobs and responsibilities
  - Playing bridge
  - Walking
  - Researching care options
  - Respite care
  - Review home accessibility issues
  - Rides in the country
  - Mending clothes
  - Taking members to events
  - Membership committee
  - Caregiver information/help
  - Board member
  - Highway cleanup
  - Not sure (2)
  - Other (3)

9. Finally, ShareCare runs an annual operating deficit and Members have suggested that we cannot continue this and maintain our current level of services. We have offered options in the past to reduce/eliminate this deficit. **Which of the following options might you be able to support? (Check all that apply) (N=134)**



## ShareCare Impact Survey 2014

Name \_\_\_\_\_

Gender  Male  FemaleAge Range  50-59  60-69  70-79  80-89  90-100+I've been a ShareCare member for:  5 years or less  6-10 years  11-15 years  16-20 yearsHousehold Composition  Live Alone  Live with Others

How would you describe your housing?

 Single home  Condominium  Apartment  Assisted Living  Nursing homeSelf-Rated Health  Very Good  Good  Fair  PoorService Access

- As a ShareCare member, I have more access to useful information about community resources than I used to  
 Disagree  Somewhat Disagree  Somewhat Agree  Agree  NA
- As a ShareCare member, I use community resources more than I used to  
 Disagree  Somewhat Disagree  Somewhat Agree  Agree  NA
- As a ShareCare member, I am more likely to get the medical care I need, when I need it  
 Disagree  Somewhat Disagree  Somewhat Agree  Agree  NA
- As a ShareCare member, I am more likely to know how to get assistance of any kind when I need it  
 Disagree  Somewhat Disagree  Somewhat Agree  Agree  NA

Health and Well-Being

- ShareCare contributes to my overall health  
 Disagree  Somewhat Disagree  Somewhat Agree  Agree  NA
- ShareCare contributes to my overall happiness  
 Disagree  Somewhat Disagree  Somewhat Agree  Agree  NA
- As a ShareCare member, My quality of life is better  
 Disagree  Somewhat Disagree  Somewhat Agree  Agree  NA
- As a ShareCare member, I have had an easier time transitioning home after hospitalization or injury that I used to  
 Disagree  Somewhat Disagree  Somewhat Agree  Agree  NA

Self-Efficacy for Maintaining Independence

- As a ShareCare member, I have an easier time taking care of myself than I used to  
 Disagree  Somewhat Disagree  Somewhat Agree  Agree  NA
- As a ShareCare member, I have an easier time taking care of my home than I used to  
 Disagree  Somewhat Disagree  Somewhat Agree  Agree  NA
- As a ShareCare member, my relatives are more informed about my needs & health than they used to be  
 Disagree  Somewhat Disagree  Somewhat Agree  Agree  NA
- As a ShareCare member, I am more likely to be able to stay in my own home as I get older

Disagree       Somewhat Disagree       Somewhat Agree       Agree       NA

**Social Impacts**

- 1. **As a ShareCare member, I know more people than I used to**  
 Disagree       Somewhat Disagree       Somewhat Agree       Agree       NA
- 2. **As a ShareCare member, I leave my home more than I used to**  
 Disagree       Somewhat Disagree       Somewhat Agree       Agree       NA
- 3. **As a ShareCare member, I participate in activities and events more than I used to**  
 Disagree       Somewhat Disagree       Somewhat Agree       Agree       NA
- 4. **As a ShareCare member, I volunteer more than I used to**  
 Disagree       Somewhat Disagree       Somewhat Agree       Agree       NA
- 5. **As a ShareCare member, I feel more connected with other people than I used to**  
 Disagree       Somewhat Disagree       Somewhat Agree       Agree       NA

**Thinking back, why did you become a member of ShareCare?**

**Why do you continue to be a member of ShareCare?**

**How has ShareCare been most helpful or valuable to you?**

**Have you had any challenging or negative experiences with ShareCare since becoming a member?**

**How could ShareCare improve?**

**Is there anything else about your experience as a ShareCare member that you would like to share?**