

**Home Healthcare Report & Recommendations
Home Healthcare Workgroup
Disability Rights Commission
City of Madison
November 30, 2023**

INTRODUCTION

On March 21, 2023, the Madison Common Council unanimously adopted a Resolution 76649 recognizing the need for a comprehensive response to the home healthcare crisis and directed the Disability Rights Commission, along with City staff and other relevant partners, to study the issue and report their findings to the Council.

The Workgroup membership included: Disability Rights Commissioners Joe Frost and Melissa Madole; Patti Becker, Survival Coalition/Community Living Alliance; Jason Beloungy, Access to Independence; Anna Gouker and Dawn Ziegler, Rage Fund; Melissa Mulliken, Developmental Disabilities Coalition; Marilee Adamski-Smith, ADAPT; and Disability Rights and Services Program Staff, Rebecca Hoyt and Carly Major.

The Workgroup recommends the following:

RECOMMENDATION 1: Utilize current programs in the city budget to serve and address the needs of care recipients by providing incentives to care providers.

RECOMMENDATION 2: Establish an information and referrals page on the City of Madison website to support access to care.

RECOMMENDATION 3: Establish a grant for the development of a Care Network to connect care recipients with care providers.

RECOMMENDATION 4: Create a community and media outreach campaign centering on the lived experiences of people with disabilities to reduce stigma and build awareness.

RECOMMENDATION 5: Sponsorships for care providers needing certifications for specialized care.

The following items listed in the resolution were explored, but not pursued by the Workgroup:

1. The establishment of a clearinghouse where information shall be gathered and worked on.

Resolution 76649 did not provide funding for the establishment of a clearinghouse. The Department of Civil Rights developed an archive of research and meeting notes developed by this Workgroup in its place.

2. Connecting and developing a functioning plan to recruit immigrants and/or refugees from different countries.

After consideration of this proposal, the workgroup determined rather than focusing on a particular population, the workgroup will encourage policy proposals that benefit all care providers, whether paid or unpaid, by focusing on incentives that are provided regardless of gender, race, ethnicity, national origin, and immigration or refugee status.

BACKGROUND

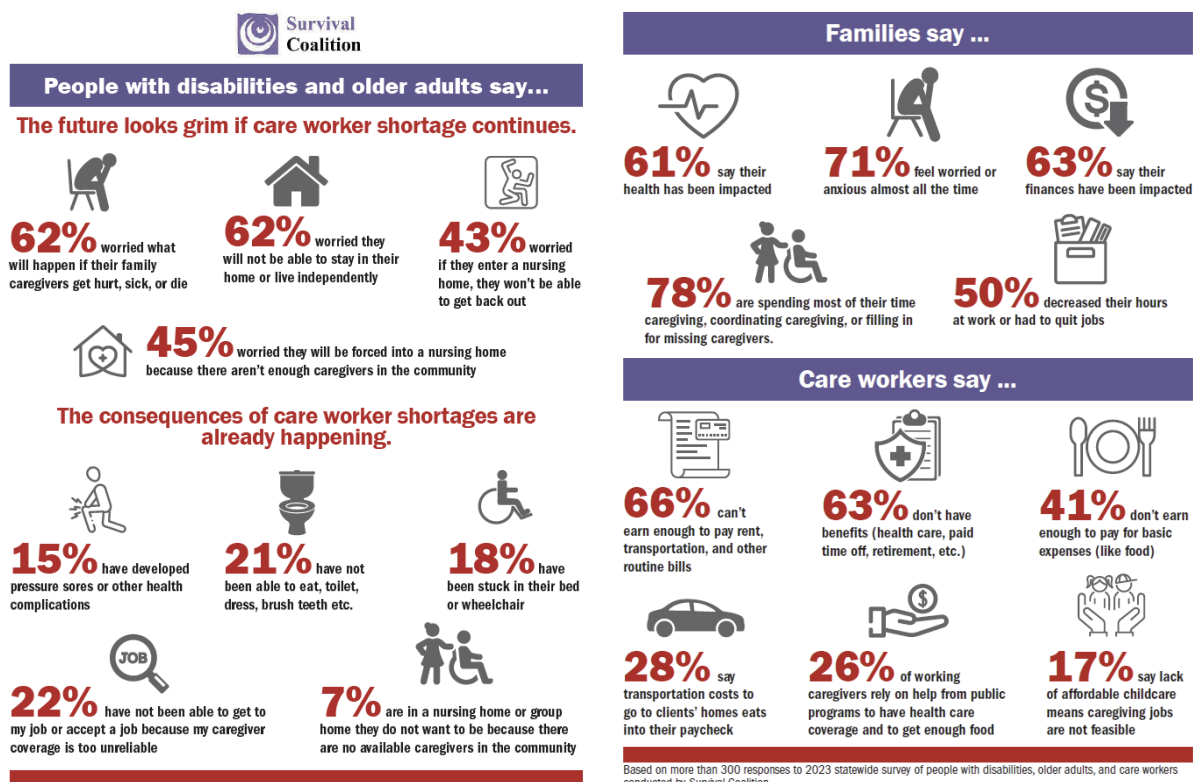
According to the United States Census Bureau, approximately 4.5 million Americans with illnesses and disabilities are cared for at home by aides, therapists, or nurses (New York Times, 2021). In-home care, or *home healthcare*, is where a person with a long-term health condition or disability receives general or specialized support to perform activities of daily living and to meet their health needs. In this report, we use the term *care provider* to describe anyone who provides care to anyone with a health condition or disability. The term *direct care professional* refers to individuals who provide support and care for wages. *Nonpaid care providers* are people who provide care to an adult without wages, usually a family member or loved one. A *care recipient* is a person who receives care to address their daily living needs. It is our intention to put forth recommendations that will benefit care recipients, nonpaid care providers, and direct care professionals.

Home healthcare services are essential to ensure that people with disabilities do not have to live in hospitals or other institutional settings. Care supports enable people with disabilities to meet their daily needs, participate in the community, and to work.

“Care workers are the workforce behind Wisconsin’s workforce. Care workers keep people with disabilities and older adults out of hospitals, out of nursing homes, and living independently. They enable people with disabilities and their families to participate in the workforce” (Survival Coalition, 2023).

In Wisconsin, there are an estimated 580,000 nonpaid care providers and more than 90,000 direct care professionals (Governor’s Task Force, 2022). The Governor’s Task Force on Caregiving Report projects that between 2015 and 2040, the population of Wisconsin residents ages 65 and older will increase by 72%, equating to 24% of the state population. As the population ages, the need for home healthcare will increase. However, there is currently a crisis in meeting the current demand for care.

Lack of care threatens the health and safety of people with disabilities and threatens their ability to live independently, to work, and to engage in community activities. Further, it poses a serious threat to the health, safety, and quality of life of people with disabilities.



According to a survey conducted by the Developmental Disabilities Coalition, providers in their membership are short 170.3 full time staff positions equating to 6812 hours per week of support that must be provided in overtime to meet the current need (Mulliken, 2022). Currently, direct care professionals experience low wages at least in part due to inadequate reimbursement in the long-term care system in Wisconsin. The average starting wage for direct care providers is \$15.02 per hour, only slightly above the poverty wage in Dane County (\$14.75) (Mulliken, 2022).

Additionally, one in four working-age adults provide care or financial assistance to an older family member, an adult child or other loved one with a disability, or a spouse with a long-term illness (WFCSA, 2021). According to the 2021 Caregiver Study, 56% of Wisconsin family caregivers (nonpaid care providers) reported that their current situation of balancing work and care was unstable. Working caregivers encounter difficulty balancing care and maintaining employment. For example, over half of working caregivers report needing to rearrange their work schedule, leave work early, use lunch breaks to provide care, and/or respond to emergency calls at work in order to maintain care for a family member or loved one (WFCSA, 2021). The 2022 Survival Coalition survey reports 40% of family caregivers left the workforce entirely and another 20% have had to reduce participation in the workforce to part-time.

The home healthcare crisis has been exacerbated by the COVID-19 pandemic. The pandemic has also widened disparities for care providers. "It is well documented that

minority populations and women experience disparities in access to health care, expectations to take on caregiving responsibilities, and opportunities for economic advancement. Paid care professionals and unpaid family caregivers, who are mostly women, were already experiencing all three of these inequities before the COVID-19 pandemic added a fourth. COVID-19 has resulted in higher rates of sickness and death for older people of color and in minority communities as a whole” (Governor’s Task Force, 2022). According to the Governor’s Task Force on Caregiving Report 61% of caregivers are women and over 81% are people of color (2022).

The City of Madison may not be able to directly affect the wages of direct care professionals or the loss of wages experienced by care recipients and nonpaid providers that results from this crisis. However, we believe that the City must explore opportunities to ease the financial burden these communities experience and to incentivize work in the home healthcare field.

“We need bold change...,” said Beth Swedeen, Survival Coalition Co-Chair. “The consequences of doing nothing are astronomical to the state.” “People who can live in the community are being forced into expensive Medicaid funded nursing homes because they can’t find the little bit of help they need to stay independent. This is fiscally irresponsible, and incredibly cruel to individuals and families” (Survival Coalition, 2023).

This report outlines the actions needed at the local level for the City of Madison to support our residents that give and receive care.

WORKGROUP RECOMMENDATIONS

RECOMMENDATION 1: *Utilize current programs in the city budget to serve and address the needs of care recipients by providing incentives to care providers.*

Nationally, home health aides, personal care workers or nursing assistants help more than 9.3 million older adults and people with disabilities live independently. In Wisconsin, 1 in 4 people in the workforce are leaving their jobs to care for a family member due to the home health workforce shortage (PHI, 2022). In Madison, the lack of care providers is directly affecting residents’ ability to remain living in their own homes with the support they need. Lack of community investment in the direct care professional workforce will continue to erode the fabric necessary for the City of Madison to remain the welcoming, accessible and inclusive community it claims to be.

Direct care professionals are the workforce behind Wisconsin’s workforce. Care workers keep people with disabilities and older adults out of hospitals, out of nursing homes, and living independently. They enable people with disabilities and their families to participate in the workforce and create community.

“Across the state families describe being forced to leave their jobs because there are no care workers to hire, compounding Wisconsin’s overall worker shortage,”

said Beth Swedeen, Survival Coalition Co-Chair. “Wisconsin can’t afford to have skilled, experienced professionals—many in fields already experiencing shortages—leave the field, but that’s exactly what’s happening (2022).

Lack of investment in the home health workforce has ripple impacts in every community in Wisconsin. In Madison, it means that individuals with disabilities are no longer able to live in their homes and neighborhoods. Aging Madisonians are forced to leave their neighborhood family homes in order to find the support they need. Madison based employers in all industries lose employees to family caregiving responsibilities. The National Alliance for Caregiving estimates the range for the impact on lost wages and pension benefits from \$303,260 to \$659,139 over caregivers’ retirement years, with greater impact on women’s wages (Schulz, 2016). For the direct care professionals who commit to remaining in a position with low wages, it means they will struggle with childcare costs, transportation, affordable housing, and compromise their own mental health and well-being.

The City of Madison vision of ***Inclusive, Innovative & Thriving, and mission to provide the highest quality service for the common good of our residents and visitors using the values of Equity, Civic Engagement, Well-Being, Shared prosperity and Stewardship*** is a solid guide to meeting the challenges of the care provider crisis. We have identified many current investments in the city budget that could be accentuated to more directly address this Madison home healthcare crisis.

The chart below includes several recommendations to further impact the lives of care providers through existing City programs.

Recommendation to Support Care Providers	Description (What)	Intended Impact (Why)	Required Action (How)	City Departments and examples of opportunities (Who)
Childcare Assistance	Increase availability of childcare tuition assistance to individuals identified as providing care in the City of Madison.	Care providers report challenges with paying for their own childcare costs. Additional options for assistance could increase recruitment and retention rates of this workforce.	Evaluate current offered childcare tuition assistance programs offered by City to ensure care providers have necessary access. Adjust policy and investment to meet need.	Community Development Division Child Care Tuition Assistance Community Development, City of Madison, Wisconsin
Transportation Assistance	Offer reduced or free Madison Metro bus passes to individuals identified as providing care in the City of Madison.	Care providers report difficulty in accessing reliable transportation to obtain and/or maintain employment. Additional options for assistance could increase recruitment and retention rates of this workforce.	Direct Metro Transit to expand employer and campus bus pass program to include individuals identified as providing care in the City of Madison.	Metro Transit, City of Madison, Wisconsin Employer & Campus Pass Programs Metro Transit, City of Madison, Wisconsin
Parking Permits	Offer street parking permits to individuals identified as providing care in City of Madison	Individuals using in-home supports often live in dense neighborhoods with limited street parking. Increasing access to street permits could increase recruitment and retention rates of this workforce.	Expand requirements for multiple permits to permit use of parking permits by care providers working inside a Madison residence.	Eligibility for Multiple Permits Parking, City of Madison, Wisconsin

Neighborhood Connections	Ensure neighborhood centers are accessible to all to reduce isolation of paid and unpaid caregivers. (respite, community connections, informal caregiving, natural supports)	Isolation has shown to impact individuals' health and well-being. Madison's established network of Neighborhood centers offer services that would benefit both paid and unpaid caregivers.	Evaluate city funded neighborhood center program offerings to ensure people with disabilities, and their care providers have necessary access. Adjust policy and investment to meet need.	City-Funded Neighborhood Centers Community Development, City of Madison, Wisconsin
Community Connection	Increase opportunities for neighbors to help neighbors. Create a program similar to Adopt A Block or Neighborhood Watch Program that would educate residents about the caregiver crisis, and facilitate opportunities for neighbors to help impacted neighbors.	Many people are challenged by wanting to help their neighbors, but not knowing where to start. Madison residents may be more likely to engage when there is a structure and development support for their effort.	Develop and implement a Madison Neighbor helping Neighbor program, using Madison Adopt a Block and Neighbor helping Neighbor framework from other cities as a model.	Adopt a Block Program Mayor's Office, City of Madison, Wisconsin https://www.fairfaxcounty.gov/neighborhood-community-services/villages https://www.cityofbowie.org/206/Neighbors-Helping-Neighbors
Community Awareness and Recognition	Develop effort that partners with local businesses to offer discounts to individuals who identify as home care workers, similar to efforts for other essential workers during the pandemic. (teachers, hospital employees, military families, EMS, Fire Fighter)	Care providers are often overlooked and underappreciated by their community. Public recognition led by City leadership could raise the public's understanding of the work and appreciation for its contributions to the community.	Develop and implement a community awareness campaign that recognizes and celebrates the care providers working in Madison.	Women in Construction Week Engineering, City of Madison, Wisconsin

Financial Education and Housing	Increase awareness of current and availability of additional financial education and housing or homeownership programs available to care providers	Care providers often meet the federal poverty levels necessary to qualify for financial education and/or housing assistance. Support provided to them stabilizes the workforce, and community networks.	Ensure that Care Providers, paid and unpaid are featured in marketing of any programs developed by City of Madison to further financial education and housing stability, or home ownership.	https://www.cityofmadison.com/dpced/community-development/housing/resources-for-homebuyers-and-property-owners https://ownitbbw.com/about/ https://www.uedawi.org/programs/bank-on-greater-milwaukee/
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RECOMMENDATION 2: Establish an information and referrals page on the City of Madison website to support access to care.

Currently, it is difficult for care recipients to determine the availability of services and decipher the options of service providers. Resources are listed via several county and state organization's website platforms, including but not limited to, the Aging and Disability Resource Center (ADRC), Wisconsin Department of Health Services, and Medicaid/Medicare Insurance provider directories. These web resources are inconsistent and difficult to navigate. One must search different web links and documents in order to compile the information needed to make a decision based on one's own needs. Presently, there is outdated and incorrect information scattered across multiple platforms.

Because different programs have varying eligibility requirements and application processes, care recipients experience barriers in accessing care they are otherwise eligible to receive. Once an individual qualifies for services, there are additional obstacles to establishing services and connecting with care providers. Some examples may be finding a good caregiver fit, navigating this process while potentially coping with medical flares, having to self-train and coordinate communication, and self-advocating for insurance coverage. Types of care may include care coordinators, patient navigators, community health professionals and at-home care providers.

Another challenge for people who receive care experience is retaining care. People who receive care often directly employ their care providers. They receive little support for employing and managing direct care professionals. For example, a recipient of care only needs 10 hours of assistance during the week. However, most direct care professionals are seeking full time employment. Additionally, in the event of a conflict, there is no Human Resource Department to reach out to for assistance. Having resources available in one location would reduce barriers for Madison residents needing care or supporting individuals to navigate and access information as needed.

Policy Alternative:

Create a subsection/sub-tab under the City of Madison website in the Health and Safety and Live and Work menus for "Long-Term Care and Support" (similar to the Community Programs and Children & Youth sections). This will provide a more user-friendly way of navigating available public and private services. The page should include, at minimum, links and information for: Care Recipients, Self-Directed Care Employers, Nonpaid Care Providers, Direct Care Professionals, and Home Healthcare Agencies.

Anticipated Outcomes:

Having a user-friendly platform would allow Madison residents to obtain clear and concise information regarding available public and private services and their respective eligibility criteria. Access to accurate information will benefit care recipients by removing barriers related to awareness, application, eligibility, and coordination of care.

Activities:

The City will establish bid opportunities for a lead organization to develop a task group consisting of care recipients, direct care professionals, nonpaid care providers, family members of care recipients, representatives from home healthcare agencies and other professionals who work directly with individuals who need assistance from others to maintain living life in their own home. The task group would create an outline of accurate, current, and necessary information for individuals seeking and providing care. In addition, they may collaborate with the City of Madison Information Technology and Web Development staff to create and maintain the webpage.

Outline Example:

1. Live and Work & Health & Safety
 - a. Long-Term Care Services and Supports/Home Health Care Supports / Supportive Home Care
 - i. State Funded Resources
 1. Family Care
 2. IRIS
 - b. Care Recipients/Self-Directed Care Employers
 - c. Direct Care Providers
 - i. Nonpaid Care Providers
 - ii. Direct Care Professionals
 - d. Home Healthcare Agencies
 - e. Private Pay Resources

Budget:

The City of Madison ought to consider a competitive rate of payment to compensate the lead organization and members of the task group. The City may use best value judgment for projects under \$10,000. For projects between \$10,000 and \$49,999, the city may obtain quotes from three potential providers. Though we do not anticipate the cost of this project to exceed \$50,000, the City may use a Request for Proposals (RFPs) in situations where price is not the only important variable; quality, schedule, project design, and service may be variables of equal or greater importance. RFPs are most often used for purchases of services greater than \$50,000. Additionally, Consultation may be needed with the City Information Technology Department to evaluate the cost of the project effort.

Evaluation:

The website should include an online survey created by the task group. The survey and web link shall also be disseminated amongst active associations and agencies such as Access to Independence, Community Living Alliance, Development Disabilities Coalition, Madison Senior Center, and Survival Coalition, IRIS Consultant and Fiscal Employer Agencies such as The Management Group (TMG), iLife, and GT-Independence, and Managed Care Organizations such as Inclusa, MyChoice, and iCare. Information should also be sought from personal networks to receive feedback

regarding ease of use, relevance of information, and if the information resulted in access to care.

The lead organization will use survey feedback and analytics to measure the efficacy of the content and subcategories. This will be done by working with a web server host or vendor to track monthly web traffic per site resource. They will then make adjustments as needed to facilitate ease of use and relevance of materials offered.

RECOMMENDATION 3: Establish a grant for the development of a Care Network to connect recipients of care with care providers.

The network would serve a similar function to established networks, such as Care.com. The main differences will be: 1) making it a free local platform to address common barriers to care for Madison residents, and 2) the network will serve care recipients and care providers by providing a platform for individuals to connect outside an employment contract.

Existing networks such as Care.com allow users to set parameters for certain types of care and hours. Direct care professionals looking for positions connect with care recipients and their networks of support. The Care Network would be open to people who do not have funds to pay for care and for those who wish to provide nonpaid care. For example, Neighbors helping Neighbors and students seeking academic credit for care hours. The Care Network may be an online forum or hosted by a nonprofit organization or community partner as an expansion of services.

The Care Network would address, but is not limited to, the following:

Example 1: A care recipient needs direct care in the morning, but their provider cannot come. The care recipient can go on the network to seek a direct care provider looking for extra hours to take the shift. The Care Network would connect the care recipient with care providers who are looking for additional work.

Example 2: A care recipient is looking for long-term services. The recipients of care would have the benefit of vetting their care provider through recommendations of other recipients of care.

Example 3: A care recipient seeks recommendations from other care recipients on how to respond to a care provider showing up late or not showing up for a shift(s). The advantage would be learning from others in similar situations and helping to create a healthy environment for retaining stable direct care professional employment.

Example 4: A resident does their weekly grocery shopping on Sundays. The resident makes themselves available to shop for care recipients needing support while they are out and drop off groceries to the care recipient.

Example 5: A resident is the primary care provider for an older parent. They are able to connect with another resident(s) in a similar situation and develop an arrangement to support care for their parents so they each can have needed breaks and options.

Policy Alternative:

The establishment of a grant to develop a Care Network will benefit care recipients, people seeking care for a recipient, nonpaid care providers, and direct care professionals by offering a single point of contact to share the availability of care with those who require support. Care recipients can connect with care providers to fill in gaps where they may be without a care provider. Direct care professionals can also access employment opportunities if they are in need of additional work hours. This will serve as a means to create more stability for those direct care professionals seeking paid employment as direct care professionals. The grant should require that any organization recipient must have a certain percentage of its makeup to include people with disabilities who receive care. The reason is to ensure the Care Network addresses the needs of those who utilize the platform.

Other services the Care Network could offer include toolkits, training guides and a communication hub to access the collective knowledge of the community. Often care recipients lack experience or the ability to train their care providers. Providing easily accessible resources will increase the success of care partnerships. Using the Nextdoor app as a model for dialogs and exchanges, the Care Network will serve as a hub where users can ask questions, share resources, and best practice recommendations learned from each other's experiences.

Anticipated Outcomes:

Recipients of care and their network of support will have a dedicated place to connect with care providers. Care providers will be able to increase their network of support and professional care providers more easily will be able to increase work hours with updated care requests. Care providers will be better able to connect with individuals and share information about their services. Additionally, a resource hub will fill a gap in available information for nonpaid direct care providers.

Activities:

The City of Madison will need to acquire funding for this grant opportunity. A framework may be developed to build on existing partnerships with Dane County, the State, and federal partners including Center for Medicare and Medicaid Services (CMS), the Administration on Community Living (ACL), and the research entities within the US Department of Health and Human Services. Ideally, the Care Network will become a growing group of care recipients, direct care professionals, nonpaid care providers, family members of recipients of care recipients, representatives from home healthcare

agencies and other professionals who work directly with individuals who need assistance from others to maintain living life in their own home.

Budget:

The City of Madison should consult with local agencies and nonprofits to determine the cost of establishing and maintaining a Care Network including administration, staffing, outreach, and other resources. For projects between \$10,000 and \$49,999, the city may obtain quotes from three potential providers. Though we do not anticipate the cost of this project to exceed \$50,000, the City may use Requests for Proposals (RFPs) in situations where price is not the only important variable; quality, schedule, project design, and service may be variables of equal or greater importance. RFPs are most often used for purchases of services greater than \$50,000.

Evaluation:

Evaluation of grant activities may include reporting by the grant recipient on the number participants served and if the participation resulted in either access to needed information or access to care.

RECOMMENDATION 4: Create a community and media outreach campaign centering on the lived experiences of people with disabilities to reduce stigma and build awareness.

By sharing discussions of disability and disability justice, the broader community can share an understanding and appreciation of disability identity and involvement in a supportive environment. The media content and resources will provide unique and relevant content that is created and provided by those with disabilities to share their lived experiences. This will help to grow support that will be beneficial to the entire community. These activities may be developed in conjunction with Recommendation 3 or separately.

Policy Alternative:

Develop a partnership between the City of Madison, disability-focused organizations, medical/care agencies, and the broader community to share discussions, resources, and knowledge of topics pertinent to the disabled community and disability justice. Some steps toward this goal include:

1. Develop a partnership of local disability advocacy and disability justice organizations, as well as the broader community.
2. Build relationships with local media partners to utilize their print, television, and web media resources.
3. Host monthly meetings/webinars/podcasts focusing on disability-oriented discussions.
4. Collaborate with local medical, educational, and care organizations to develop a series of ongoing seminars, events, and content.

5. Develop supportive training materials (print, online, and training videos). Topics may include but not limited to, safety in the home, safe transfers, and sanitary practices during care.
6. Work with the Care Partnership.

Topics to educate on may include safety in the home, safe transfers, sanitary practices during care, and burnout prevention strategies. The goals of these programs are to organize care provider training seminars informed by the experience of care recipients for both paid and unpaid care providers hosted by care recipients, disability organizations, medical organizations and medical staff including local universities and hospitals. Increasing the competency of care providers via free and community-informed training will benefit the disability and care provider communities alike. The partnership may also offer training seminars and in-home training sessions when appropriate.

Anticipated Outcomes:

Individuals looking for support can seek resources, add to a growing pool of knowledge and awareness, and expand community involvement. Growing public awareness of the needs of this community will hopefully elicit further support and opportunities.

Activities:

The City of Madison will develop a Disability focused partnership initiative with community leaders, private and nonprofit organizations, and other related groups to host meetings and discussions that are centric to the home healthcare crisis. Web solutions will be developed for hosting discussions, meetings, and online content. The partnership can then curate and moderate online content. The partnership will also develop supportive training materials (print, online, and training videos).

Budget:

The City Information Technology Department may evaluate tenable resources and costs for web hosting and service options for virtual sessions and online content, among these options:

1. Teleconferencing services for hosting virtual meetings and seminars.
2. Message board services for hosting Q&A discussions relating to community-generated topics.
3. Wiki or Content Management System services for posting a core site, documents, and ongoing announcements.
4. Video hosting services for posting videos developed by the partnership, and recordings of meetings or seminars.
5. Comment/feedback services for gathering community feedback, and suggestions for future topics and further discussion.
6. Email lists and feeds that allow organizers to send/receive emails to any interested parties.
7. Allow subscribers to subscribe to announcements and updates.

Evaluation:

The efficacy of disability themed sessions and seminars can be measured through both qualitative and quantitative means. For example, attendance numbers per month, surveys capturing feedback, and suggestions of future topics of interest. Measuring efficacy of web-hosted discussions and materials by working with a web-service host or vendor, determining monthly web traffic, per site/resource and gathering feedback via online surveys.

Reports of attendance, survey feedback, and community input will be shared with the Disability Rights Commission.

RECOMMENDATION 5: Sponsorships for care providers needing certifications for specialized care.

There is a community need for trained professional care providers that is currently lacking. Care work is a low-wage occupation and the need for further training may strain care providers financially. Care recipients in this community sometimes need specialized help that requires additional training for care providers. A suggested approach to facilitate continued education for providers is to offer incentives to provide continued training.

Policy Alternative:

Working with the City, educational institutions and medical institutions in Madison and Dane County will develop financial and academic incentives to fund direct care provider training.

Anticipated Outcomes

By linking interested medical students with training incentives and residents needing care and support, the care needs of the broader community will be bolstered. This strategy will provide students and direct care professionals with some requisite academic credits and job experience. Financial incentives for people training in-home healthcare skills will result in a safer and more stable pool of care providers who support the needs of those requiring home healthcare.

Activities:

Partnerships will be developed with the University of Wisconsin system, Madison College/Madison Area Technical College, and local nursing and medical schools to develop academic incentives for participation in training on home healthcare and for providing home healthcare services, state and federal partners including Center for Medicare and Medicaid Services (CMS) and the Administration on Community Living (ACL). Additional partnerships can be formed with the local hospitals, clinics, and home healthcare agencies, to develop other incentives for more specialized training and home healthcare participation.

Consider opportunities for high school students, volunteers, and nonprofessionals to provide supplementary care options such as housekeeping and grocery assistance to earn credits or academic incentives.

Contact information can be gathered for potential care providers and care recipients interested in participating in this initiative.

To fund this initiative, a grant will be developed to provide financial incentives for participants undergoing home healthcare training.

Budget:

Working with the City budget office, local educational and medical institutions can determine what financial incentives could be developed to pay participants for attending training sessions or supplement the cost of training.

Evaluation:

By gathering reports and metrics from the University of Wisconsin system and local nursing and medical schools of the number of students participating, the efficacy of these programs can be evaluated. In addition, reports and metrics will be collected from partnerships with the local hospitals, clinics, and home healthcare agencies of the number of individuals participating.

Feedback will be acquired from individuals/ care recipients, in the community, and care providers that received training.

CONCLUSION:

Home healthcare must be a priority for the City of Madison. Now and in the coming years, the need for care will affect many of our residents. Former First Lady, Rosalyn Carter said, "There are only four kinds of people. Those who have been caregivers. Those who are currently caregivers. Those who will be caregivers, and those who will need a caregiver."

The crisis in home healthcare is urgent. We urge the Common Council to build upon existing programs to provide incentives for new care providers and ease the financial strain on existing providers. We also recognize that the majority of recommendations included in this report require dedicated resources and funding to this pressing issue. While the workgroup explored a variety of alternatives, we find that the needs of Madison residents who receive and provide care cannot be met without budget allocation. We ask the Common Council to demonstrate their commitment to the disability community by implementing the recommendations in this report and ensuring they have the resources needed to be successful.

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