Rarely do a county government and a not-for-profit organization have a common service vision, much less a shared one for senior care. But Steele County in rural Minnesota took a creative approach, fueled by a comprehensive review of its demographics and economic position, to prepare for an aging population.

Located in a region of farms, lakes and rivers about an hour south of the Minneapolis-St. Paul metro area, Steele County undertook a project five years ago called Communities for a Lifetime: Preparing for All Generations to plan for population changes, notably the expected increase in numbers of aging county citizens.1 The results matched data from a broader statewide study indicating that by 2011, more than 25 percent of Steele County’s residents would be age 55 or older and that there would be a rapid increase of households in the county of people ages 55-69.2

“We looked at this challenge as an opportunity because we had a little time to plan,” said Tom Shea, former Steele County commissioner and current Steele County administrator. “We had time to be creative in our thinking about how the community wanted to care for our seniors. It was a way to get ahead of the demographic shift that was looming and prepare for future community needs.”

The county formed a community advisory committee to discuss and develop plans to address the needs the report identified. A clear vision emerged for long-term senior care that was different from the typical delivery model. “We wanted the full continuum of care to serve our residents far into the future,” said Shea. “And it was important to efficiently coordinate and connect the many separate resources serving our community.”

The committee’s recommendations included an emphasis on partnerships, an expansion of county senior service programs, development of additional and affordable senior independent housing, assisted living and alternative long-term care approaches and community-based services for older adults.

From these recommendations, Steele County fashioned its “Communities for a Lifetime” initiative and, in a unique approach, turned to the state government for special legislation authorizing a new county not-for-profit organization that

---

**BENEDICTINE HEALTH SYSTEM**

- A Catholic, entirely long-term care health system
- National office in Duluth, Minn. with support offices in Cambridge, Minn. and New Brighton, Minn.
- 40 long-term care campuses in seven states
- Offers the entire spectrum of long-term care including skilled nursing facilities, assisted living and independent senior housing
would take long-term care out of the public sector. (Minnesota state law does not allow counties to hold an equity position in outside organizations — either for-profit or not-for-profit.)

The legislation passed. In the summer of 2009, Steele County Communities for a Lifetime (SCCL) formed. Its purpose is to achieve the county’s goal of serving its older residents (and avoiding a crisis in meeting their long-term care needs) through fully engaging the community in comprehensive planning, providing effective care coordination among community providers, enhancing the current physical delivery system and creating an approach that leverages community resources.

One of SCCL’s first priorities: the Cedarview Care Center in Owatonna, Minn. Owned and operated by the county since its days as the “poor farm” over 100 years ago, Cedarview was a 108-bed, long-term care facility that needed a significant upgrade to keep up with senior resident needs and demands. The plan was to downsize and replace Cedarview, repositioning it as a new post-acute and long-term care residence, and SCCL knew it would need partners in the undertaking.

“We wanted [a partner] with a focus on residents and families and one with the business acumen to do it successfully,” said Shea. “After we considered the options, we approached the Benedictine Health System to partner with Steele County on this important initiative and vision for aging adults. The [Benedictine Health System] core values and how they integrated these values throughout the organization was a contributing factor in our decision.”

The county also began a collaborative effort with Mayo Health System (Owatonna Clinic) and Allina Health (Owatonna Hospital), who already were partners in a centrally located, regional health care campus that serves as a medical hub for residents in a 60-mile radius. These organizations supported SCCL’s vision of a long-term care continuum, and they supported building new long-term care and post-acute facilities on the regional health care campus. This proximity would allow efficient delivery of services: Residents in either the skilled nursing facility or recovering in the post-acute or short-stay facility would be easily able to visit the clinic or hospital for the specialized care and rehabilitation that they would need.

SCCL chose the Benedictine Health System’s “living community” model as the approach to be used for the county’s new facility, and a collaborative effort began in order to site and construct it.

“The Benedictine living community is a unique delivery model that includes the full spectrum of aging options located on one campus. It means that independent housing, assisted living and skilled nursing options are available in one area, with an acute-care facility nearby,” said Dale Thompson, president and CEO of Benedictine Health System. “This close availability to services allows for smooth transitions back and forth depending on a senior’s health needs.”

The Mayo Owatonna Clinic donated land for the new facility; Steele County and the Benedictine Health System are handling construction and Benedictine Health will provide management services once the new building is operational, expected to be in 2013. The Owatonna Hospital provided the physical connection from the hospital to the new building and has plans to coordinate services with the new facility.

The total project is budgeted at $15.2 million. Both Steele County and Benedictine Health System have provided equity to secure long-term bond financing. The facility will accept Medicare, Medicaid, Elderly Waiver and private-pay residents.

The new facility will be a participating organization of the Benedictine Health System. It will be considered a “ministry partner,” and while not a Catholic facility, it will adhere to the *Ethical and
Religious Directives for Catholic Health Care Services, an agreement that was necessary for the project to begin. However, the project is more than the convergence of management elements to bring a new facility into being. Steele County and Benedictine Health have been fully involved in engaging the surrounding community regarding the new facility and its culture. For example, a dedicated advisory steering committee led by Benedictine Health Services senior staff fashioned the mission, vision and core values for SCCL. The group had a diverse membership representing a wide spectrum of stakeholders including farmers, business owners, county commissioners, community service leaders and others. The same process got under way for the new facility.

“The process for developing the mission, vision and core values for both SCCL and the new facility was a dynamic one,” said Sabra Otteson, a local business owner and member of the SCCL board and steering committee. “The committee was dedicated to the task of defining the mission, vision and core values, making them our own and then communicating them to the greater community.”

The committee met for several months to craft the new facility’s mission, vision and core values. Next came the important task of choosing a name. With input from current facility staff, significant discussion and review, Koda Living Community was chosen for the new facility. Koda is the Dakota Indian word for “friend,” and its choice reflects the American Indian population that once called this area home and that continues to have a significant cultural influence on the region.

A groundbreaking ceremony was held on October 31, 2011. As with all partnerships, flexibility and understanding of each organization’s operations and culture were key to making it a success. The completed Koda Living Community is slated to open in early 2013 to serve the residents of Steele County, to maximize the integration of care and community resources and to provide a model for senior health service delivery throughout the region.

BECKY URBANSKI is senior vice president for mission, marketing and education at Benedictine Health System, Duluth, Minn.

NOTES
3. The Minnesota Elderly Waiver Program (EW) funds home and community-based services for seniors age 65 and older who are eligible for Medical Assistance (MA) and require the level of medical care delivered in a skilled nursing facility but choose to reside in the community. The Minnesota Department of Human Services operates the program under a federal waiver to Minnesota’s Medicaid State Plan. Counties administer the program. Source: http://www.dhs.state.mn.us/main/idcplg?idcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_005942.