**Situation Analysis**

**One Step Closer – An original documentary on hospice care**

**By:**

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**-Problem/Opportunity Analysis**

Death is inevitable; this is a simple fact of life. The bottom line is that even though life has an end, people have a responsibility to be educated on how that life leaves the planet. With so many advancements in the medical field and life being prolonged farther each and every year medical budgets can be depleted leaving families with more hardships to face after their loved ones are gone. With all of these advancements in technology it’s easy for families to lose track of the options in front of them. *One Step Closer* provides families with the questions they should be asking and gives insight on the available options they actually have. Hospice provides a fiscally responsible solution to end of life treatment and provides families with the comfort and peace of mind they deserve and allows the patient to live their final days with dignity and ease.

**-Hospice Care Analysis**

The end of life is uncommon to all people who walk this planet as we all will lose loved ones and personally go through the experience at some point in time. End of life care in the United States and the rest of the world are becoming more intuitive on how to create a more comfortable time dealing with death. There are a variety of ways a person can spend the final days, weeks, and months of their lives and hospice or palliative care are just a few examples on how to make the dying and their loved ones more comfortable in their finals days.

It is first important to know the meaning of palliative care and how it relates to end of life care. Palliative care is provided throughout the United States to ease the pain and suffering from an illness. In a medical setting such as hospital or hospice, palliative care is defined as the “relief of the pain, stress, and other debilitating symptoms of a serious illness (What is Palliative Care).” Hospice organizations always offer palliative care, but the two are not mutually exclusive as palliative care can be given at any time throughout a person’s life if he or she has been ridden with a debilitating illness. Palliative care helps give people strength to end the suffering they are feeling and overcome an illness they are experiencing at a certain time. In terms of hospice care, palliative care is used to help ease the pain of a terminal illness by relaxing both the patient and the family as the finals day’s a patient’s life comes to end (What is Palliative Care, 2010).

It is, however, important to understand what is not Hospice Care and death with dignity. Euthanasia or Physician Assisted suicide is far from Hospice Care. As stated, hospice care is meant for patients to live out the final days of their life as comfortable as possible without doctors and nurses bothering with pills, tubes, or other variations to keep a patient living, but uncomfortable. PAS will directly end a person’s life with the families or patients consent which is dramatically different that Hospice and palliative care (Emanuel, 1999). Hospice care works with families, friends, and patients to overcome the end of life experience. It is a very tough experience for all to go through which makes Hospice care and palliative care such a unique and helpful way to go through the loss of a loved one.

Hospice care was “originally designed as refuge or way station for terminally ill patients and their families, offering an alternative to traditional medical care (Paradis & Cummings, 1986).” Although much of this though process has changed, there are some goals that the original creators of hospice care had in mind. They are as follows:

* + To provide palliative care
  + To minimize physical discomfort
  + To treat the patient and family as unit of care
  + And to help terminal patens live as fully as possible until death (Paradis & Cummings, 1986)

As stated there are a many ways to deal with the death of a loved one and when hospice was introduced decades ago, it was an afterthought for many care givers and physicians to recommend that they introduce themselves to hospice care ( Hiris & Mor, 1983).

As the movement began to gain steam it provided a basis for “challenging traditional medicine and examining the quality of care given for the dying (Paradis & Cummings, 1986).” It has been seen that many terminal patients died while isolated and neglected in a hospital setting (Hiris & Mor, 1983). The hospice experience is a great example of how the family of a loved as well as the terminal patient can interact until death has come. In 1979 the National Hospice Organization helped form the most frequently used definition which include the basic component such as

*“involvement of both the patient and family in the care plan, 24-hour, 7-day-a-week care, interdisciplinary team services, continuity care, symptom management, palliative care and supportive care, integrated patient and home care, educational programming for patients and families, bereavement services after the patient’s death, and the use volunteers* (Paradis & Cummings, 1986)*.*”

The use of hospice care does a great deal not only for the patient, but also the family. Hospice allows terminally ill patients “die with dignity and [lower] concerns over escalating health care costs (Paradis & Cummings, 1986).” The end of one’s life can save family an exorbitant amount of money if their simply is no cure for the patient. Once death is known to be inevitable, hospice care can ease some of the funds from the dying and the family as well as comfort those who are in direct connection with the people who are passing on.

In 1979 extensive research was gained through a great by the Health Care Financing Administration. In 1979 two accomplishments were gained by the NHO that detailed Medicare reimbursement for hospice care and working with the JCAH to develop hospice standards. These standards have “come to have a significant influence over hospice care (Hamilton, 1993).” Hospice care is economically beneficial due to the Medicare Hospice Benefit Program (MHBP). The Program allows people to use proper end of life care through a hospice program without the worries of economic hardships. The MHBP includes:

* The coverage of 100 percent of hospice care with the exception of physicians
* Payment of medications related to the terminal diagnosis at 100 percent
* Payment for DME related to the terminal diagnosis at 100 percent
* Payment for medical supplies related to the terminal diagnosis at 100 percent
* Payment for 13 months of bereavement support at 100 percent
* Pays for any palliative therapy related to the terminal illness at 100 percent.

Hospice care is provided by thousands of Hospices around the world and is one of the most economically sound decisions and patient and family can make when the end of a life is near (Bernhagen, 2010).

The national Hospice Organization estimates that in 1995 there were roughly 1,500 hospices in the United States that cared for approximately 190,000 (the majority of them cancer victims). Since 1993 that number has tripled to 4.850 hospices in the United States. With the growing number of senior citizens, life expectancy is continuing to grow, making hospitals fuller and treatment for the dying nonexistent in many hospitals across the country. End of life care is more important than ever because of the growing number of senior citizens, which currently stands at roughly 40 million (Hospice Basics, 2010). There are many reasons that demand hospice and end of life care such as

* We are all more expected to die more slowly and incrementally
* Grow life expectancy has nearly doubled over the last 100 years
* Most of us will die in institutions like hospitals and nursing facilities rather than at home
* Many doctors and are not fully trained to administer proper end-of-life care
* Pioneers considered death a natural part of the life cycle; now is it considered optional and a failure (Rainbow Hospice, 2006)

Those who work for hospice care are professionally trained to help cope and relax those who are in the final days of their life, which is uncommon in hospitals and other doctor offices (Hospice Basics 2006). Those who work for hospice care get to know patients and family members at a personal level that I not seen in many hospitals and it also allows many people to live their final days in a comfortable environment like their own homes. It can be seen that many people prefer to live out their final days in their own been instead under the care of a doctor.

It can also be seen that end of life care such as hospice can not only ease the pain of losing a life, but it has been known to prolong the life of those using hospice care. Researchers studied people who used and didn’t use hospice. The research examined various cancers and heart diseases (Bernhagen, 2010). It was found that the mean survival rate for those using hospice care was 29 days longer than those who did not use hospice care (Bernhagen, 2010). This illustrates the importance of hospice care in the United States and how it can effectively create a comfortable end of life process, but also ensuring that life is not cut short. The extra 29 days of life while in the hands of hospice will ensure tranquility and comfort while life comes to an end.

As seen, end of life care is very important to the medical field as it can save people money; it can prolong the life of a terminally ill patient, and will also comfort the patient as well as the family related to the patient. It is important to understand the real benefits of end of life care, palliative care, and hospice care. We all will experience death at some point in our; to understand it now will be benefit all in the future.

**-Rainbow Hospice Profile**

# *Terry Kaldhusdal*

This is Terry Kaldhusdal’s fifth documentary film. His previous work includes Thinking Like a Historian, for the Wisconsin State Historical Society, and America’s Kings and Queens, The Gilded Age in Middle America, which will be shown on Milwaukee Public Television in 2010.

The Milwaukee Journal Sentinel has written that Kaldhusdal’s work is “clear and concise” and added that he has a “passion for learning and a talent for communicating.” Columnist Laurel Walker has called his work “A-plus” and stated that he has “a knack for documenting history.”

In 1991, Terry joined his wife as a classroom teacher and moved from Southern California to Wisconsin. He currently teaches fourth grade at Magee Elementary School. His students have created documentaries that include the history of the Kettle Moraine School District and personal digital stories on everything from responsibility to the three branches of government. In 2009, one of Terry’s students was featured at the AHA Film Festival in Southern Illinois.

Terry has traveled across his state and across the country as a speaker to improve our educational system. He was honored in 2006 with the Kohl Fellowship Award and in 2007 as the Wisconsin State Teacher of the Year. Terry resides in Oconomowoc, Wisconsin with his wife, Janet, and their three children.

# *Mike Bernhagen*

Mike Bernhagen is well-acquainted with the American medical system.  From 1994 to 2003, he worked in business development with one of the Midwest’s largest integrated healthcare delivery systems and multi-specialty group practices.  During this decade, his time and energy were spent focusing on things like “revenue growth”, “patient acquisition”, and “referral relationship development”.  Those priorities changed in late 2003, however, when his mother, Rita, passed away from congestive heart failure and vascular dementia.  Watching her slow, physical and cognitive decline as well the struggle of his family and her healthcare providers to deal with the process inspired him to join the hospice movement in 2004.  Since that time, Mike has been on the road working as a hospice advocate.  Over the course of that journey, his travels have taken him to countless destinations - clinics, churches, hospitals, nursing homes, assisted living facilities, senior citizen centers, disease specific support groups, and private residences – where he’s talked with literally thousands of people from all walks of life.  But, it has been with the dying and their loved ones that his most meaningful and rewarding conversations have taken place.  In fact, one of the great lessons he’s learned from terminally ill people is that most are not afraid to die; rather they are afraid of the dying process.

One Step Closer: A 360-Degree View on End-of-Life Care

Examines multiple perspectives on end-of-life care and includes information and experiences gathered from interviews with dying patients, their families, hospitals, doctors, nurses, clergy, assisted living facilities, nursing homes, hospice programs, payer sources, national experts on death and dying, and the bereaved. To date, Mike and Terry have shot approximately 50 hours of film and interviewed 30+ individuals from California, Illinois, Vermont and Wisconsin.

This project will shed light on a natural life event that many avoid. Throughout the film there will be intimate accounts of the emotional, spiritual, physical and financial burdens associated with the historical shift that has occurred with dying. Forty years ago, most people suffered a quick death, but today we are more likely to experience a slow, incremental dying process. Unlike most films, One Step Closer isn’t a big Hollywood production. This one is literally being created by two friends with a camera, a list of questions, a laptop computer and some editing software. That’s why they’re asking for your help. Take some time to explore this website. Learn about Terry and Mike’s personal calling to the project, view the trailer displayed on this page, click on the icons above to meet some of the very special people they’ve been privileged to interview, and consider making a [tax-deductible donation](http://www.onestepcloserfilm.org/index.php/donate) that will help take this message to the American people in the fall of 2010. Our goal is to receive donations from all 50 states in the union. By working together, all of us can make a big difference.

*Rainbow Hospice Healthcare*

Rainbow Hospice believes that each person has a right to live life to the fullest, with joy and dignity. Each new day blesses us with many choices. That is as true for the person with a terminal illness as for any other individual. Our priority is to present and explain all care, allowing each patient to make his or her own decisions and choices that:

• enhance the quality of life

• assure physical well-being through pain and symptom control

• address both the patient’s and family’s emotional and spiritual needs

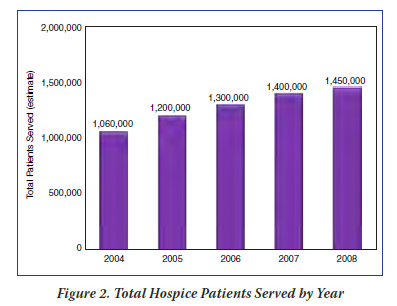
The goal of hospice care is not to prolong or shorten life, but to ensure patients live a life of quality. RHC focuses on providing quality of life and compassionate care for terminally ill patients, as well as support for the needs of caregivers. Interdisciplinary team members provide a total attentiveness to the needs of the patient and family members. Hospice provides the family emotional support by arranging for short-term respite if they are burdened by commitments at home or simply need to take some time for themselves.

Locally, Rainbow Hospice cared for 342 patients and their families from its six-county service area in 2008, providing 20,349 days of care.  53.9% of these people were cared for at home, 18.7% in assisted living facilities, 13.9% in nursing homes and 13.6% in hospitals.  In terms of diagnoses, 44.4% had cancer while the rest were experiencing such things as heart disease, debility unspecified, dementia/Alzheimer's, lung disease, stroke or coma, kidney disease, motor neuron diseases, liver disease, etc.

Jefferson County and surrounding area residents have become very sophisticated in understanding their options for end-of-life care as evidenced by the fact that 19.1% percent of RHC’s referrals came directly from patients, family members, friends and neighbors in 2008. Physicians accounted for 38.3% of our referrals, hospitals 22.1%, assisted living facilities 9.2%, nursing homes 5.9% and home health agencies 3.8%. Rainbow Hospice patients are slightly older than the national average.  Last year, 83.6% of our patients were 65 or older, compared to 81.7% nationally. Currently, Rainbow Hospice has 39 full-time and part-time employees. Last year, 70 volunteers helped Rainbow Hospice serve patients.

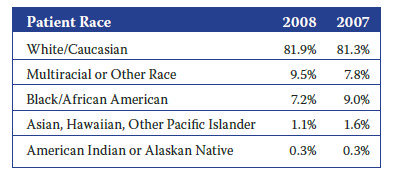
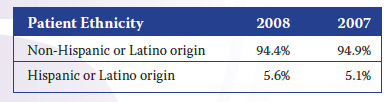
**-Consumer Analysis**

This main purpose of this section will be to take a closer look at who the target audience is for hospice care and the documentary. Generally speaking, the most obvious answer is patients diagnosed with some type of terminal illness that leaves them with a limited time frame of life. Many different illnesses can be diagnosed leaving the patient in this unfortunate situation. According to the National Hospice and Palliative Care Organization (NHPCO) there are a wide variety of illnesses and defining characteristics that show specific demographics for this selective audience.

The following graph provided by the NHPCO shows the gradual incline hospice care has seen over the last five years. It’s clear that a steady incline had occurred averaging about 100,000 more hospice patients each year since 2004.

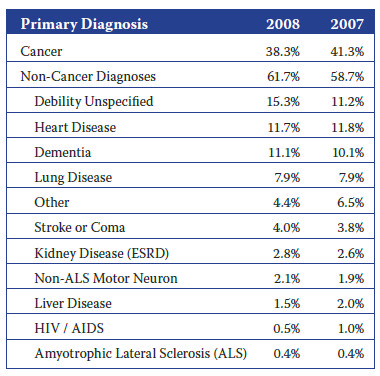
In 2008 the Centers for Disease Control and Prevention estiamted 2,500,000 death within the United States. NHPCO calculated that 963,000 (38.5%) of those deaths were hospice treated deaths.

*Demographics*

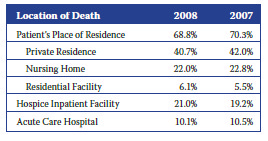
After annalyzing the numbers it’s fair to say that hospcie care seems biased in that roughly 80% of hospice patients are caucasian, however, keeping a client is generally much easier than signing a new one. The focus should be more on the races that don’t have high numbers in these charts, simply educating the markets with little contribution is one of the best areas to promote to in that the highest gains can be made from the bottom up. Here is a graph from the NHPCO showing the percentage of hospice patients by race. Hispanic ethnicity is not classified by race according to the National Census Bureau standards. Just below are the statistics for Hispanic and Latino ethnicity during 2007 and 2008 years.

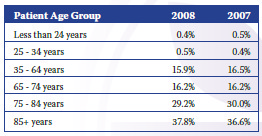
*Primary Diagnosis*

The most vital demographic concerning hospice care is the primary diagnosis of the patients receiving hospice care. Surprisingly cancer has decreased dramatically from the 1970’s when hospice was introduced into the medical field. The advancements of technology and medicine have given Americans prolonged life and better percentages at fighting off the disease. With those advancements comes better health care that is more efficient at fighting cancer off and prolonging life in individuals who choose curative treatment opposed to hospice. The graph below from the NHPCO shows exactly what illnesses have become the leaders in patients of hospice care.

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The graph is also another indicator of whom the documentary should be targeting. Certain diseases have higher rates of fatality and increased symptoms of pain and dementia. Hospice specializes in making for a more comfortable death and these patients’ families should be considering hospice care if not educating themselves on the option.

One large advantage patient’s have with hospice care is the fact they can stay right in their place of residence and undergo the treatment. This makes the final days more comfortable not only for the patient but family members as well. This is also a large selling point of hospice care, the fact that a patient can maintain dignity while being treated. Patients at hospitals are surrounded by machines and a cold, lonely feeling. The NHPCO’s graph shows where the majority of patients receiving hospice care chose to be for the location of their death, not surprisingly 70% resided in their place of residence. When informing the target audience of people uneducated on hospice care, this is a vital piece of information they should be informed on.

The last category to take a look at is age. The age category for patients 65 and older makes up a little over 80% of all hospice users. When determining target audience it would appear white/Caucasians over the age of 65 are the dominant hospice user. Also, patients over the age of 85 make up more than a third of hospice users as well. Life expectancy has increased and these numbers are a direct indicator of that.

All graphs and statistics were provided by the NHPCO 2009 Facts and Figures Analysis.

**-Product Analysis**

The documentary “One Step Closer” provides viewers with a clearer view on end-of-life care. It gives viewers the opportunity to think about what they would want for themselves when the end of life is coming to them. It will also try and change our culture by making death a less taboo topic. By including interviews and testimonials from family, friends, and physicians of those who are dying, clergy, experts on death, nursing home workers, and other differentiating views, the viewers will have the best, accurate view on the situation.

The film’s target channels for getting their information out are through broadcast on national television and film festivals. They would also show the video to social workers, doctors, and hospitals to benefit from and to show to their patients.

*Benefits to Donators*

In order for Terry and Mike to cover the film’s costs, they need an estimated $200,000. Any donations made to their cause will provide people around the world with the information they need to make a decision about end-of-life care. The donation can be made either anonymously or by recognition. The donation can also be made out to honor whomever they choose and this information will go up on their web-site.

Whoever donates will receive the knowledge that they are helping the world to make death more comfortable, dignified, less expensive, and allow people to die where they want to be. Everyone deserves the chance to decide. The donation is also tax-deductible and benefits the greater good.

**-Competitive /Market Analysis**

There are over 500 hundred charities in the U.S.A today according to American Institute of Philanthropy (AIP). Most charities are for the greater good of society. The charity market is very competitive and the people that do give donations have a tie to the cause of the charity. With the current state the U.S. economy is in, charities are finding it difficult to get people to donate. Also there are so many crises in the world today that comes first when it comes to citizens giving donations.

The American Red Cross is one of the top charities that majority of the World’s population donates to. There are six different charity groups on the American Red Cross website for people to donate to and they are: International Response Fund, Haiti Relief and Development, Disaster Relief Fund, Where the Need Is Greatest, Service to the Armed Forces, and Your Local Red Cross Chapter. Those six groups of charity by the American Red Cross have specific cause and donations. This is a huge competitor because the American Red Cross has been around since 1881 and is a trusted charity organization that most American citizens donate to.

American Red Cross was founded by Clara Barton; the American Red Cross has been the nation's premier emergency response organization. As part of a worldwide movement that offers neutral humanitarian care to the victims of war, the American Red Cross distinguishes itself by also aiding victims of devastating natural disasters. Over the years, the organization has expanded its services, always with the aim of preventing and relieving suffering. Today, in addition to domestic disaster relief, the American Red Cross offers compassionate services in five other areas: community services that help the needy; support and comfort for military members and their families; the collection, processing and distribution of lifesaving blood and blood products; educational programs that promote health and safety; and international relief and development programs.

**Rating**

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| [**Overall Rating**](javascript:openBrWindow('http://www.charitynavigator.org/index.cfm?bay=glossary.word&word=Overall%20Rating&print=1','glossary','scrollbars=yes,width=625,height=300')) |  |  | http://www.charitynavigator.org/_gfx_/icons/stars/3stars.gif |
|  |  |  | (54.62) |
| [**Organizational Efficiency**](javascript:openBrWindow('http://www.charitynavigator.org/index.cfm?bay=glossary.word&word=Organizational%20Efficiency&print=1','glossary','scrollbars=yes,width=625,height=300')) |  |  |  |
| [Program Expenses](javascript:openBrWindow('http://www.charitynavigator.org/index.cfm?bay=glossary.word&word=Program%20Expenses&mid=7&cid=15&print=1','glossary','scrollbars=yes,width=625,height=400')) | 90.1% |  |  |
| [Administrative Expenses](javascript:openBrWindow('http://www.charitynavigator.org/index.cfm?bay=glossary.word&word=Administrative%20Expenses&mid=3&cid=15&print=1','glossary','scrollbars=yes,width=625,height=400')) | 5.9% |  |  |
| [Fundraising Expenses](javascript:openBrWindow('http://www.charitynavigator.org/index.cfm?bay=glossary.word&word=Fundraising%20Expenses&mid=2&cid=15&print=1','glossary','scrollbars=yes,width=625,height=400')) | 3.9% |  |  |
| [Fundraising Efficiency](javascript:openBrWindow('http://www.charitynavigator.org/index.cfm?bay=glossary.word&word=Fundraising%20Efficiency&mid=1&cid=15&print=1','glossary','scrollbars=yes,width=625,height=400')) | $0.19 |  |  |
| [**Efficiency Rating**](javascript:openBrWindow('http://www.charitynavigator.org/index.cfm?bay=glossary.word&word=Efficiency%20Rating&print=1','glossary','scrollbars=yes,width=625,height=300')) |  |  | http://www.charitynavigator.org/_gfx_/icons/stars/3starsb.gif |
|  |  |  | (36.51) |
| [**Organizational Capacity**](javascript:openBrWindow('http://www.charitynavigator.org/index.cfm?bay=glossary.word&word=Organizational%20Capacity&print=1','glossary','scrollbars=yes,width=625,height=300')) |  |  |  |
| [Primary Revenue Growth](javascript:openBrWindow('http://www.charitynavigator.org/index.cfm?bay=glossary.word&word=Primary%20Revenue%20Growth&mid=5&cid=15&print=1','glossary','scrollbars=yes,width=625,height=400')) | 1.0% |  |  |
| [Program Expenses Growth](javascript:openBrWindow('http://www.charitynavigator.org/index.cfm?bay=glossary.word&word=Program%20Expenses%20Growth&mid=6&cid=15&print=1','glossary','scrollbars=yes,width=625,height=400')) | 3.3% |  |  |
| [Working Capital Ratio](javascript:openBrWindow('http://www.charitynavigator.org/index.cfm?bay=glossary.word&word=Working%20Capital%20Ratio&mid=4&cid=15&print=1','glossary','scrollbars=yes,width=625,height=400')) (years) | 0.49 |  |  |
| [**Capacity Rating**](javascript:openBrWindow('http://www.charitynavigator.org/index.cfm?bay=glossary.word&word=Capacity%20Rating&print=1','glossary','scrollbars=yes,width=625,height=300')) |  |  | http://www.charitynavigator.org/_gfx_/icons/stars/3starsb.gif |
|  |  |  | (18.11) |

[**Income Statement**](javascript:openBrWindow('http://www.charitynavigator.org/index.cfm?bay=glossary.word&word=Income%20Statement&print=1','glossary','scrollbars=yes,width=625,height=300'))**(**[**FYE**](javascript:openBrWindow('http://www.charitynavigator.org/index.cfm?bay=glossary.word&word=FYE&print=1','glossary','scrollbars=yes,width=625,height=300')) **06/2008)**

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| [**Revenue**](javascript:openBrWindow('http://www.charitynavigator.org/index.cfm?bay=glossary.word&word=Revenue&print=1','glossary','scrollbars=yes,width=625,height=300')) |  |
| [Primary Revenue](javascript:openBrWindow('http://www.charitynavigator.org/index.cfm?bay=glossary.word&word=Primary%20Revenue&print=1','glossary','scrollbars=yes,width=625,height=300')) | $3,047,854,854 |
| [Other Revenue](javascript:openBrWindow('http://www.charitynavigator.org/index.cfm?bay=glossary.word&word=Other%20Revenue&print=1','glossary','scrollbars=yes,width=625,height=300')) | $136,102,887 |
| **Total Revenue** | **$3,183,957,741** |
|  |  |
| [**Expenses**](javascript:openBrWindow('http://www.charitynavigator.org/index.cfm?bay=glossary.word&word=Expenses&print=1','glossary','scrollbars=yes,width=625,height=300')) |  |
| [Program Expenses](javascript:openBrWindow('http://www.charitynavigator.org/index.cfm?bay=glossary.word&word=Program%20Expenses&print=1','glossary','scrollbars=yes,width=625,height=300')) | $3,303,759,527 |
| [Administrative Expenses](javascript:openBrWindow('http://www.charitynavigator.org/index.cfm?bay=glossary.word&word=Administrative%20Expenses&print=1','glossary','scrollbars=yes,width=625,height=300')) | $216,990,153 |
| [Fundraising Expenses](javascript:openBrWindow('http://www.charitynavigator.org/index.cfm?bay=glossary.word&word=Fundraising%20Expenses&print=1','glossary','scrollbars=yes,width=625,height=300')) | $143,424,304 |
| [**Total Functional Expenses**](javascript:openBrWindow('http://www.charitynavigator.org/index.cfm?bay=glossary.word&word=Total%20Functional%20Expenses&print=1','glossary','scrollbars=yes,width=625,height=300')) | **$3,664,173,984** |
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| [Payments to Affiliates](javascript:openBrWindow('http://www.charitynavigator.org/index.cfm?bay=glossary.word&word=Payments%20to%20Affiliates&print=1','glossary','scrollbars=yes,width=625,height=300')) | $0 |
| [Excess (or Deficit)](javascript:openBrWindow('http://www.charitynavigator.org/index.cfm?bay=glossary.word&word=Excess%20%28or%20Deficit%29&print=1','glossary','scrollbars=yes,width=625,height=300')) for the year | $-480,216,243 |
|  |  |
| [Net Assets](javascript:openBrWindow('http://www.charitynavigator.org/index.cfm?bay=glossary.word&word=Net%20Assets&print=1','glossary','scrollbars=yes,width=625,height=300')) | $2,559,637,123 |

**(**Charity Navigator Rating - American Red Cross)

The American Red Cross had to borrow money for the first time in 125 years to help victims. Because of the economy downturn, The Red Cross drew 340 million dollars from it one billion dollar credit line from seven banks. That money went to helping Hurricane Katrina victims with food, clothing and temporary shelters. The Red Cross raised 1.3 billion dollars from donors and some of that money came from companies like Wal-Mart, Office Depot and Anheuser-Busch. After Hurricane Katrina the Red Cross had another problem and needed another 900 million dollars.

“The cash isn't coming in as fast as we're putting it out,” says **Robert McDonald**, chief financial officer of the charity. “We need to get money into hands of victims as quickly as possible.”(Red Cross, Red Ink - Forbes.com)

Christian charities are also another big competitor. Christian charities bring in some of the top donations. There are charities like, Food for the Hungry, World Vision, Christian Disaster Relief and many more.

Food for the Hungry is one of the biggest Christian Charities, which is an international organization of Christian motivation, committed to working with poor people to overcome hunger and poverty through integrated self-development and relief programs. Relief efforts include famines in Africa, typhoons in Southeast Asia, floods in the United States, and earthquakes in Central America. It is rated A- on AIP. (*Food for the Hungry)*

Kids Around the World, a Christian charity for children that are in difficult situations such as war, natural disaster and economic stress. This is another big competitor when it comes to donations.

**Rating**

|  |  |  |  |
| --- | --- | --- | --- |
| [**Overall Rating**](javascript:openBrWindow('http://www.charitynavigator.org/index.cfm?bay=glossary.word&word=Overall%20Rating&print=1','glossary','scrollbars=yes,width=625,height=300')) |  |  | http://www.charitynavigator.org/_gfx_/icons/stars/3stars.gif |
|  |  |  | (57.89) |
| [**Organizational Efficiency**](javascript:openBrWindow('http://www.charitynavigator.org/index.cfm?bay=glossary.word&word=Organizational%20Efficiency&print=1','glossary','scrollbars=yes,width=625,height=300')) |  |  |  |
| [Program Expenses](javascript:openBrWindow('http://www.charitynavigator.org/index.cfm?bay=glossary.word&word=Program%20Expenses&mid=7&cid=20&print=1','glossary','scrollbars=yes,width=625,height=400')) | 78.9% |  |  |
| [Administrative Expenses](javascript:openBrWindow('http://www.charitynavigator.org/index.cfm?bay=glossary.word&word=Administrative%20Expenses&mid=3&cid=20&print=1','glossary','scrollbars=yes,width=625,height=400')) | 9.5% |  |  |
| [Fundraising Expenses](javascript:openBrWindow('http://www.charitynavigator.org/index.cfm?bay=glossary.word&word=Fundraising%20Expenses&mid=2&cid=20&print=1','glossary','scrollbars=yes,width=625,height=400')) | 11.4% |  |  |
| [Fundraising Efficiency](javascript:openBrWindow('http://www.charitynavigator.org/index.cfm?bay=glossary.word&word=Fundraising%20Efficiency&mid=1&cid=20&print=1','glossary','scrollbars=yes,width=625,height=400')) | $0.10 |  |  |
| [**Efficiency Rating**](javascript:openBrWindow('http://www.charitynavigator.org/index.cfm?bay=glossary.word&word=Efficiency%20Rating&print=1','glossary','scrollbars=yes,width=625,height=300')) |  |  | http://www.charitynavigator.org/_gfx_/icons/stars/3starsb.gif |
|  |  |  | (32.89) |
| [**Organizational Capacity**](javascript:openBrWindow('http://www.charitynavigator.org/index.cfm?bay=glossary.word&word=Organizational%20Capacity&print=1','glossary','scrollbars=yes,width=625,height=300')) |  |  |  |
| [Primary Revenue Growth](javascript:openBrWindow('http://www.charitynavigator.org/index.cfm?bay=glossary.word&word=Primary%20Revenue%20Growth&mid=5&cid=20&print=1','glossary','scrollbars=yes,width=625,height=400')) | 30.8% |  |  |
| [Program Expenses Growth](javascript:openBrWindow('http://www.charitynavigator.org/index.cfm?bay=glossary.word&word=Program%20Expenses%20Growth&mid=6&cid=20&print=1','glossary','scrollbars=yes,width=625,height=400')) | 25.3% |  |  |
| [Working Capital Ratio](javascript:openBrWindow('http://www.charitynavigator.org/index.cfm?bay=glossary.word&word=Working%20Capital%20Ratio&mid=4&cid=20&print=1','glossary','scrollbars=yes,width=625,height=400')) (years) | 0.09 |  |  |
| [**Capacity Rating**](javascript:openBrWindow('http://www.charitynavigator.org/index.cfm?bay=glossary.word&word=Capacity%20Rating&print=1','glossary','scrollbars=yes,width=625,height=300')) |  |  | http://www.charitynavigator.org/_gfx_/icons/stars/4starsb.gif |
|  |  |  | (25.00) |

[**Income Statement**](javascript:openBrWindow('http://www.charitynavigator.org/index.cfm?bay=glossary.word&word=Income%20Statement&print=1','glossary','scrollbars=yes,width=625,height=300'))**(**[**FYE**](javascript:openBrWindow('http://www.charitynavigator.org/index.cfm?bay=glossary.word&word=FYE&print=1','glossary','scrollbars=yes,width=625,height=300')) **12/2007)**

|  |  |
| --- | --- |
| [**Revenue**](javascript:openBrWindow('http://www.charitynavigator.org/index.cfm?bay=glossary.word&word=Revenue&print=1','glossary','scrollbars=yes,width=625,height=300')) |  |
| [Primary Revenue](javascript:openBrWindow('http://www.charitynavigator.org/index.cfm?bay=glossary.word&word=Primary%20Revenue&print=1','glossary','scrollbars=yes,width=625,height=300')) | $2,128,341 |
| [Other Revenue](javascript:openBrWindow('http://www.charitynavigator.org/index.cfm?bay=glossary.word&word=Other%20Revenue&print=1','glossary','scrollbars=yes,width=625,height=300')) | $2,544 |
| **Total Revenue** | **$2,130,885** |
|  |  |
| [**Expenses**](javascript:openBrWindow('http://www.charitynavigator.org/index.cfm?bay=glossary.word&word=Expenses&print=1','glossary','scrollbars=yes,width=625,height=300')) |  |
| [Program Expenses](javascript:openBrWindow('http://www.charitynavigator.org/index.cfm?bay=glossary.word&word=Program%20Expenses&print=1','glossary','scrollbars=yes,width=625,height=300')) | $1,569,359 |
| [Administrative Expenses](javascript:openBrWindow('http://www.charitynavigator.org/index.cfm?bay=glossary.word&word=Administrative%20Expenses&print=1','glossary','scrollbars=yes,width=625,height=300')) | $189,556 |
| [Fundraising Expenses](javascript:openBrWindow('http://www.charitynavigator.org/index.cfm?bay=glossary.word&word=Fundraising%20Expenses&print=1','glossary','scrollbars=yes,width=625,height=300')) | $227,814 |
| [**Total Functional Expenses**](javascript:openBrWindow('http://www.charitynavigator.org/index.cfm?bay=glossary.word&word=Total%20Functional%20Expenses&print=1','glossary','scrollbars=yes,width=625,height=300')) | **$1,986,729** |
|  |  |
| [Payments to Affiliates](javascript:openBrWindow('http://www.charitynavigator.org/index.cfm?bay=glossary.word&word=Payments%20to%20Affiliates&print=1','glossary','scrollbars=yes,width=625,height=300')) | $0 |
| [Excess (or Deficit)](javascript:openBrWindow('http://www.charitynavigator.org/index.cfm?bay=glossary.word&word=Excess%20%28or%20Deficit%29&print=1','glossary','scrollbars=yes,width=625,height=300')) for the year | $144,156 |
|  |  |
| [Net Assets](javascript:openBrWindow('http://www.charitynavigator.org/index.cfm?bay=glossary.word&word=Net%20Assets&print=1','glossary','scrollbars=yes,width=625,height=300')) | $555,201 |

**Charts**

|  |  |
| --- | --- |
| **Expenses Breakdown**  **http://www.charitynavigator.org/CFIDE/GraphData.cfm?graphCache=wc50&graphID=Images/9824486551340105.PNG**  **Expenses Legend** | **Revenue/Expenses Trend**  **http://www.charitynavigator.org/CFIDE/GraphData.cfm?graphCache=wc50&graphID=Images/1863201781340106.PNG**  **Revenue-Expense Legend** |

|  |  |
| --- | --- |
|  | Primary Revenue |
|  | 2004 |
|  | 949,871 |

|  |  |
| --- | --- |
|  | Program Expenses |
|  | 2004 |
|  | 796,686 |

|  |  |
| --- | --- |
|  | Primary Revenue |
|  | 2005 |
|  | 912,113 |

|  |  |
| --- | --- |
|  | Program Expenses |
|  | 2005 |
|  | 671,226 |

|  |  |
| --- | --- |
|  | Primary Revenue |
|  | 2006 |
|  | 1,959,381 |

|  |  |
| --- | --- |
|  | Program Expenses |
|  | 2006 |
|  | 1,371,356 |

|  |  |
| --- | --- |
|  | Primary Revenue |
|  | 2007 |
|  | 2,128,341 |

|  |  |
| --- | --- |
|  | Program Expenses |
|  | 2007 |
|  | 1,569,359 |

Haiti is another organization competing for donations. There are many celebrities, companies, sports teams and other donors giving to the cause. Charity Navigator indicated that Haiti is a record breaking group in the amount of donations it’s receiving. There’s so many News coverage on the Haiti earthquake that people are giving more and more each day. Amazon.com’s homepage received 111,000 dollars in the first six hours of the disaster, which is linked to the Mercy Corps group.

No organization has compiled total giving, but donations are adding up quickly: Actors Brad Pitt and Angelina Jolie gave $1 million to Doctors without Borders. CNN founder [Ted Turner](http://content.usatoday.com/topics/topic/People/Business,+Science+and+Technology+Figures/Ted+Turner) said he'll give $1 million to relief efforts. The New York Yankees donated $500,000. Eli Lilly and Co. pledge $125,000 in immediate aid and $125,000 more over the next year. The American Red Cross has raised $8 million through texts that add $10 donations to phone bills. Oxfam America has raised $2.7 million (Haiti donations on track to break records - USATODAY.com).

These are all competitors that are competing for Charities. Peoples are donating to organizations that they feel need the money the most. Also the media is playing a large role in how many total donations an organization receives because of the amount and extensive new coverage that the organization gets. For example, Haiti has gotten a lot of news coverage and donations continue to pour in because more people are reading about it in newspapers, watching it on television or online news. There are also many groups that are coming together to raise money for Haiti.

The large audience that must be recognized is that of independent film creators, enthusiasts, and documenters. The independent and documentary film public must be recognized. There are various sites that could be tacked to gain donations, references in blogs and other publications regarding these types of films, and recognition among fellow documentary and other people working in cinema. Independent film creators and connoisseurs are a group of people outside of the end of life care field that would be interested in this film. Documenters and film creators are looking for ways to express their views and a well made film, regardless of the topic, will gain recognition throughout the community.

The Independent Film Channel and the Milwaukee Independent Film Society both word towards spreading the words of independent films across the United States and locally as well. ; It beneficial to inform these websites and their blogs of the upcoming movie. This will undoubtedly increase awareness of the film and possibly gain donations when the film is mentioned on the website and or blogs. Independent film websites feature people from all backgrounds and there is a good chance that film makers, and lovers of independent films or documentaries might have similar stances towards end of life care. This would help reach the overarching goal of the campaign to raise 200,000 dollars to fund the filming, production, and distribution of the film.

There are many people that subscribe to independent film magazines such as the Independent Film Magazine and Independent Film Quarterly. Both of these magazines feature articles about upcoming films and offer blogs on their websites to promote upcoming movies and gain recognition among independent film makers.

To complement film websites and magazines, there are various festivals in the surrounding area that would be beneficial to the creators of the documentary. Showing the finished product of the film will allow the creators to showcase what has been created. The festival put on my independent film organization will allow the creators 360:End of Life Care, the ability to distribute more films to those who suggest it to others and there is once again a large possibility of donations as many who have worked in the field know the trouble of raising money for a film.

*Below is list of Websites, Magazines, and Festivals that contribute to Independent Film Projects.*

**Broadcast Media:**

Independent Film Channel:

Sundance

**Magazines:**

Film Maker Magazine

Independent Film Magazine

Indie Wire

Filmmaker

**Blogs:**

Independent Film Blog

Cenematical

Jurden and Marcy’s Independent Blog

Indie Film Blog

**Target Audience**

Wisconsin Hospital Groups Profile

**Dane County Hospitals:**

|  |  |
| --- | --- |
|  |  |

* ***Meriter Hospital-*** is a health organization that provides high-quality health care in South-Central Wisconsin.

Meriter's Mission

To heal this day

To reach for tomorrow

To embrace excellent always

To serve our communities-

For a lifetime of quality health care.

<http://www.meriter.com/content/?cm_id=257>

* ***Stoughton Hospital-*** this is an organization that’s been around over 100 years. They have expertise on diagnosis and treatment and making sure their patients are comfortable, have convidence and security.
* ***William S. Middleton Memorial Hospital-*** This hospital is a highly affiliated acute care facility providing comprehensive tertiary care in medicine, surgery, neurology, and psychiatry for inpatients or outpatients. This health care organization is affiliated with the University of Wisconsin's Medical School and Hospital.

Mission

To provide safe, quality patient care to eligible veterans, educate healthcare professionals, and conduct research.

<http://www.madison.va.gov/about/index.asp>

**Jefferson County Hospital:**

* ***Fort Memorial Hospital*** is the only hospital in Jefferson County and it’s located in Fort Atkinson that provides excellent, compassionate care for their patients and communities.

Our Mission Statement guides us in our daily endeavor to provide the best health care possible. It is simple and memorable for us all. We promote it widely for all

we serve to read, understand and to help our public hold us accountable for the promises we make.

<http://www.forthealthcare.com/fort.php?fhc=mission-vision-core>

**Kenosha County Hospitals:**

* ***Aurora Medical Center-*** is a not-for-profit health care provider in Wisconsin. This organization has six missions that they live by:

A better way for people to get the care they need in settings that are convenient and comfortable

A better way for families to receive the services and support they need to lead healthier lives

A better way for physicians to offer the latest technology and treatment options to their patients

A better way for talented people working in health care to fulfill their professional callings

A better, more cost-effective way for employers to provide for the health care of their employees

A better way to build healthy communities

<http://www.aurorahealthcare.org/aboutus/index.asp>

**Racine County Hospitals:**

* ***Aurora Memorial Hospital of Burlington***- is a not-for-profit health care provider in Wisconsin. This organization has six missions that they live by:

A better way for people to get the care they need in settings that are convenient and comfortable

A better way for families to receive the services and support they need to lead healthier lives

A better way for physicians to offer the latest technology and treatment options to their patients

A better way for talented people working in health care to fulfill their professional callings

A better, more cost-effective way for employers to provide for the health care of their employees

A better way to build healthy communities

<http://www.aurorahealthcare.org/aboutus/index.asp>

* ***Wheaton Franciscan Healthcare-*** is a not-for-profit organization with goals of making a difference in their patients and communities life. They have an integrated health care system in Milwaukee, Waukesha, Washington, Racine and Ozaukee counties. This is an organization with comprehensive outpatient centers and six acute-care hospitals including All Saints, Elmbrook Memorial, Franklin, St. Francis, St. Joseph and the Wisconsin Heart Hospital. This organization has three transitional and extended care facilities including full-service medical laboratory, home health and hospice agency.

Wheaton Franciscan Healthcare is committed to living out the healing ministry of Jesus by providing exceptional and compassionate health care that promotes the dignity and well being of the people we serve.

<http://www.mywheaton.org/about/mission_vision_values.asp>

**Rock County Hospitals:**

* ***Beloit Memorial Hospital***

At Beloit Memorial Hospital, we are committed to provide an environment in which our physicians, nurses, and hospital staff can deliver the highest quality of care to our patients. Our reputation of excellence has been achieved by our uncompromising pledge to combine technology with compassion.

<http://www.beloitmemorialhospital.org/>

* ***Edgerton Hospital & Health Services-*** This is an organization that provides health care to their community with Integrity, Compassion, Accountability, Respect and Excellence.

At Edgerton Hospital and Health Services, we know that health care is all about people - our patients, their families and our employees. As our guiding principles demonstrate, we understand that community hospital is not just a label but a promise to value each person who enters our doors.

<http://www.edgertonhospital.com/vision_mission.php>

**Walworth County Hospitals:**

* ***Aurora Lakeland Medical Center*** is a not-for-profit health care provider in Wisconsin. This organization has six missions that they live by:

A better way for people to get the care they need in settings that are convenient and comfortable

A better way for families to receive the services and support they need to lead healthier lives

A better way for physicians to offer the latest technology and treatment options to their patients

A better way for talented people working in health care to fulfill their professional callings

A better, more cost-effective way for employers to provide for the health care of their employees

A better way to build healthy communities

<http://www.aurorahealthcare.org/facilities/display.asp?ID=0008>

**Waukesha County Hospitals:**

* ***Community Memorial Hospital-***

To improve quality of life and meet the comprehensive needs of the community by providing high-quality, safe, cost-effective health services. Our exceptional employees, volunteers and dedicated medical staff work collaboratively to serve our patients with compassionate, dignified and state-of-the art care.

<http://www.communitymemorial.com/about_us/index.cfm>

* ***Oconomowoc Memorial Hospital and Waukesha Memorial Hospital-*** This is a group that is associated with ProHealth care and is one of the largest healthcare providers between Milwaukee and Madison.
  + Today, through responsible and responsive growth, we offer 26 primary care centers, home health care, inpatient and home hospice services, long-term care, senior residency communities, a health and fitness center, and more, with services continually developed and added to keep pace with community need and demand. These all-encompassing services provide a seamless continuum of care to patients of all ages.
  + ProHealth Care also offers a network of nearly 1,000 physicians and 6,000 employees, making us one of the largest employers in Waukesha County. In 2005, ProHealth Care was named one of the Best Places to Work by Milwaukee Magazine and MRA.

<http://www.prohealthcare.org/about-prohealth/our-mission.aspx>

|  |
| --- |
|  |

These groups of hospitals are all potential targets audience because they’re all organization that deals with health related issues. These organizations have in patient and out patient that they provide medical care for. This group of target audiences knows what it takes to care and assist patients with up to date medicine.

This group is measurable. We can look at the Dane county hospital records in the 2009 and 2010 Census. They are actionable; they take immediate action to their patient’s health conditions. People in the Dane community look up to them as leaders and can identify them based on effectiveness to the community. This group of target audience are accessible; people know where to find them and they can be reach easily. Anyone can approach these target groups because they are there to protect and make life livable for people surfering from illness. They will listen to advise that could help their patients and community.

These target audience all value respect, integrity, excellence, quality, safety, service, growth, compassion and accountability to their patients and communities health.

**Intermediary Target Audience**

*Nurses*

This group is important because they are the ones that can pass the message on about hospice care. They can encourage patients to visit the website and hopefully donate.

*Doctors*

This group can refer their patients and families to hospice organization. They can also let them know about the Film and will most likely want to be involved and potentially donating.

*Patients in Hospice Care*

They are important intermediary target because they are tie to the cause. They are emotionally, physically and mentally related to hospice care. They are in hospice facility and will want to be part of the film and have emotional appeal to donate.

*Families of patients*

This is a group that will be emotionally involved with this film. They will feel connection to the film and want their love one story to be heard. They will also want to donate so that their love one memory and name is tie to the film, which will create long lasting memories.

**Strategic Plan**

Target Market 1: People involved in the field of End of Life care

*This is a rather large target market and can include members of the hospice community, doctors, nurses, and other caregivers. A professional way to inform people about the film and end of life care is hold informational lectures concerning the documentary.*

**Tactic: Informational Lectures at hospitals and hospice care sites**

Message Strategy

When conducting lectures in the surrounding area and nationally it’s important that both Mike and Terry are present because press conferences are vital to the success of the campaign and require creditability. The press conferences will be mostly be informational followed by an extensive question and answer portion to answer provide adequate information that will be deemed more news worthy. The purpose of the press conferences is not only to inform people on the topic of end of life care, but also get support from surrounding hospitals and hospice care sites. News media and prospective supporters must see the legitimacy of the documentary so they can possibly invest in the documentary and support it coming to fruition.

Media Strategy

For the lectures it will be important to invite all surrounding hospice care and end of life practitioners in the surrounding cities along with local TV news and paper media reporters. Major cities will include Madison, Chicago, Milwaukee, Green Bay and St. Paul. Large crowds will be encouraged and travel arrangements will have to be implemented for attendees who need to commute a farther distance. Also, many Hospitals have a monthly newsletter and it will be important to get each of the hospitals to recognize the press conference and the legitimacy of the hospital. These lectures will be open not only to the staff of the hospital, but the public also will be invited, especially those who have loved ones in the hospital at the time as these people will more interested in end of life care when compared to those who are at a much younger age.

**Tactic: Quarterly news release to select hospitals**

Message Strategy

The messages strategies will differ each month, giving news stories and stats concerning end of life care. Hospitals directly involved with hospice care and influential end of life care treatments have a newsletter to send out and these must be treated like a small news paper. The press releases must be informative not only about end of life care, but also the documentary and include the names of regionally and nationally known doctors and well known end of life care practitioners. The press releases will include a brief summary of current news involved with the documentary, updates concerning end of life care, and each release will contain information about the film and who to contact if interested in printing a feature story or donating.

The purpose of these press releases is to receive features stories in larger hospital newsletters or magazines that support the cause or have a high volume of patients that would be directly affected. These news releases will inform people on how to deal with the end of life, the documentary, and any statistics that may be beneficial for those involved.

Media Strategy

It will be important to send out releases to hospitals and hospice care centers across the United States, primarily in the Midwest where the film is being produced. There are many hospitals and hospice care sites that would benefit from receiving these news releases and they need to be directly targeted. It’s important to narrow down the most beneficial candidates or hospitals that have similar characteristics to that of the Rainbow Hospice Center. The quarterly news releases will allow the writers for nationally known hospitals and smaller hospitals to be kept up to date on the film.

**Target Audience: People looking towards end of life care for themselves or loved ones**

*The target audience for these tactics includes people who are interested in end of life care for themselves or loved ones. If looking for themselves these people will be much older than the average age in the United States, but the tactics must also be able to reach a younger audience as well as many take care of parents and grandparents the final years of their lives.*

**Tactic: Brochure of Hospice Care Benefits**

Message Strategy

This message must be amusing to the eye as well as informative. The documenters must first inform people on proper end of life care and attempt to convince people that dying is a natural part of life and can be handled with care and dignity. In essence, the brochure must first attempt to convince people to seek proper end of life care and not necessarily prolong their life at a hospital by showing statistics such as the monetary problems with prolonging life and possible consequences of prolonging life.

The second half of the brochure would include information regarding the documenters, their experiences with end of life care, and their film “One Step Closer”. The reason will be in the latter portion of the brochure is to ensure that the film makers are here to help and not influence people to do something they do not feel ready to do. Mike and Terry, however, do intend to use these brochures to pitch the movie to people who are nearing the end of their life, looking toward the future of their lives, or have a loved one that will be gone in the near future.

Media Strategy

A brochure allows the creators of the film to have complete control of what information is involved. This is key for something life a film because it allows Mike and Terry to inform people on the topic as well as the documentary. These brochures will be available at local hospitals and hospice care sites first and if they are seen successful, more will be printed and distributed across the United States. An electronic brochure will also be made available on the film’s website making it easy for people who want a little bit more information, but it is primarily aimed at people who cannot access the internet due to lack of electronics or are currently at a hospital.

**Tactic: Create a Facebook fan page**

Message Strategy

A Facebook page will allow tech savvy users to access information regarding end of life care and “One Step Closer”. The creators of the film will keep this page updated and continually update the “status” of the page with quotes from people from the film, stats concerning end of life care, and articles that can be studying regarding end of life care. The Facebook page will allow people to invite others to join and will feature pictures and videos of film, including an extended trailer to get more people interested in the film and in end of life care.

Media Strategy

A Facebook group allows the film to have complete control of the messages they relay to the public. The group can target people who just lost a loved one, are dying themselves, or are in the process of helping a loved one reach the end of their life. The film makers need to use Facebook due to the growing numbers of older users from the ages of 35-50. There are more and more users from Generation X and the Baby Boom Generation using social media websites and these people must be targeted.

The Facebook page will link up the user with other distributed pieces of literature created by One Step Closer. This will help people cope with their loss, inform them on the topic, and help the film gain interest by a widespread of people across the United States. Since the internet is a global entity, there will be no confusion on whether this should be taken locally or nationally; when the Facebook group is created, it will be able to viewed across the globe.

**Tactic: Newsletter via signup**

Message Strategy

The opt in newsletter will allow people to be kept up to date regarding the film and any information the film makers feel important to distribute. The newsletter will include interviews that are not seen in the film, statistics that are vital to end of life care, and a special section dedicated for user who have lost a loved one and their experience with end of life care or hospice care. For this to happen, users will submit stories via the newsletter and this will allow a more personable experience for all readers.

Media Strategy

The creators of the newsletter will have control of everything because it will be sent out with regards to the film. Mike and Terry will personalize this and make people feel as though they are speaking directly to them. The newsletter will be two forms, physical and electronics. The physical newsletter will be sent out once a month to houses across the United States and the electronic version will be able to be sent via e-mail the same week as the physical distribution. The newsletter will also be made available on the film’s website and on the film’s Facebook page.

**Tactic: Run and walk sponsored by Rainbow hospice**

Message Strategy

At the run and walk, prior to the start of the event, Mike and Terry will each give a little speech concerning end of life care and the importance of it. There will also be people at the start and finish handing out literature concerning the documentary and proper end of life care. The run and walk will be more about the start and finish rather than the actual event as people will be informed of the topic and it will motivate people to donate to the film or become more educated on the topic enough to convince others to purchase the film or donate.

The run/walk will be first held in Madison and if the response is high, there will be multiple other run/walks across the Midwest and the rest of the United States

Media Strategy

The run and walk will be balance of controlled and uncontrolled media. Mike and terry will have the opportunity to say what they want concerning the documentary and end of life care prior to the event. However, local media will be invited and they will be able to produce stories that may differ from the intentions of Mike and Terry. It will be important to invite radio stations, TV stations, newspapers, magazines, and hospital press agencies to the event. This will happen in the upcoming spring months when the temperature is warm, but not too hot to thwart off potential supporters.

**Interpersonal media**

Mike and his partner can tell their story better with face-to-face communication.

For the message strategy, we want to let hospitals, hospice organization and our intermediary target audience knows about the film. We can do this by conducting interview with Mike and his partner on local television shows.

Media vehicle that can be use for this is CW affiliate with WBUW (channel 57), which serves all of south-central Wisconsin, and W65EE (Channel 65), a low-power translator station of the Trinity Broadcasting Network. This can be PSA during hours early morning hours, which more adults are watching. It can be a short clip of the news caster asking mike and his partner about the film.

Another way to conduct interpersonal media is by going to events. Rainbow Hospice, which is located in Janesville, is a sponsor for the documentary film. Dane and Rock County are located in South-east of Wisconsin, which is where Mike and his partner will get most of their support from.

There are many events that go on in Janesville, especially issues related to health care. Mike and Terry can get support and donation by going to these events and talking about the film. There are health care groups that have events and meetings every month in Janesville for the community to come and take part in. The Caregiver Support group is a group of people that come together for health and wee-being of individuals. This group consists of parents, spouse, family members and any other people that have lost someone or is going through hard times with a love one that is sick. This group also has a Caregiver Coffee Hour once a month to talk about issues concerning health of others. Rock and Dane County are involved in these events and anyone can attend.

Another event that takes place once every couple of months is Hospicecare Golf Classic. This is considered to be the hottest golf event in Rock County. At this event you can win prizes, there’s silent auction and raffles. This is a great way to network and talk with people that are involved with hospice care.

These interpersonal media are great ways for Mike and Terry to communicate with others about their “One Step Closer documentary face-to-face; this way people are getting information directly from the Mike and Terry. This is also more personal and hopefully will get more people to visit the website and get more donations.

The message strategies for the public relations strategies identified in the G.O.S.T are to be consistent with messages presented in the marketing section of the G.O.S.T. As stated in our situation analysis and our G.O.S.T one of our goals is to not have the film associated with assisted suicide. This will be the main objective for the public relations goals.

Target Audience: Our goal is to create awareness of the film and to not associate the film with assisted suicide, our target with these messages are the residents of Wisconsin, Minnesota, Illinois and Iowa.

**Brochure:**

The brochure should highlight all the things a person should do before death occurs, such as wills and power of attorney. This is to break the ice and to get people to start talking about death, which is what part of the problem. This should also include information about Mike and Terry and how to contact them, but this information should be on the back of the brochure.

This media should be distributed at every event Mike and Terry go to. It should also be given out to lawyers groups as a way to create business for them and to create publicity for us. It can also be distributed to hospitals and hospice centers to give patients there information about the legal process of dying.

**Press Releases-**

There are four press releases to be made. They will be sent out to all newspapers in Wisconsin, Illinois, Iowa and Minnesota that have a circulation greater than 5,000 people.

Press Release One: This press release should be a reminder to the newspapers since they already sent out a press release saying that they were doing a film. It should update the newspaper on the progress of the film.

Press Release Two: This press release should highlight Ira Byock and his contribution to the field of death and dying and to the film itself.

Press Release Three: This Press release should be similar to the brochure, detailing all the things a person should do before death.

Press Release Four: The final press release should be about Anne Moore about the article that she wrote and her connection to the film.

**Social Media-**

Our Facebook, Twitter and Youtube efforts should be to garner interest in the film and create a place for people to share their experiences and opinions on death and dying in America. Creating the conversation is our job. We do thing by editing out clips of the film for people to watch on Youtube, and link it to both Facebook and Twitter. Give people updates on how the film is going. Tell them what is coming up and how to donate.

There cannot be a set number of times you post to social media but you need to put something up every day. The message strategy is to stay constant and to connect with people. Social media users watch, follow or become fans because they want to know what is happening with what they subscribe to, if you don’t keep regularly posting content the public will lose interest.