

Communiversity

College Readiness Center Survey

Prepared in partnership with
Neighborhood House

Prepared by
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University of Minnesota
July, 2008

CMV Report 006

July 2008

CMV is coordinated and funded by the Center for Urban and Regional Affairs at the University of Minnesota.

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Gauging Program Services: Present and Future

Payne-Phalen Living At Home/Block Nurse Program

By Lindsey A. Johansen, UMN Graduate Research Assistant

January 3rd, 2008

This project was supported by Communiversity, a program of the University of Minnesota's Center for Urban and Regional Affairs (CURA). The contents of this report are the sole responsibility of the author, and are not necessarily endorsed by the University of Minnesota, CURA, or Communiversity.

Acknowledgements

Many, many thanks to the team at the Payne-Phalen Living At Home/Block Nurse Program. There hasn't been a day that I've walked into the office and not been greeted so friendly I felt like family. I cannot thank Barbara La Valleur enough for taking a chance on me, even when I admitted my fear of not being bilingual enough, and then for not letting me quit when I got overwhelmed with the start of my first graduate school classes. Also, many thanks to Mary Gallagher, for keeping me entertained and sharing stories about her experiences working with the program. What a wonderful group of people, all active in the team effort of keeping the elderly safe in their homes.

I want to send a huge thank you to the residents at the Divine Providence Nursing Home in Ivanhoe, Minnesota, who treated me so kindly in the past five years that I got hooked on working with the elderly population. I also want to acknowledge my "adopted" grandma, Helen Olson, who passed away this fall, but left an imprint on my heart. The experiences from the nursing home and the Adopt-A-Grandparent program not only changed my career path, but every aspect of my life. They taught me so many things, including compassion and the art of aging.

Without the support of CURA and Communiversity, this project would not have been possible. My gratitude to them, for in this experience as a research assistant, I learned so much more than would have been possible by just reading a book.

Last, but certainly not least, I need to thank my parents, who have always been there, willing to listen to my frustrations and struggles (even past their bedtime!), supporting me one hundred percent. I could not accomplish what I do without my family and their never-ending support system.

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¹ Center for Urban and Regional Affairs, Jeff Matson, GIS Mapping

Executive Summary

The Payne-Phalen Living at Home/Block Nurse Program (LAH/BNP) serves the diverse community of the District 5 Planning Area on St. Paul's East Side. The program's mission is "to build a circle of care around the diverse elders of St. Paul's East Side keeping them healthy and safe in their homes."² The purpose of this study was to evaluate the services provided to seniors by the Payne-Phalen LAH/BNP.

A 20-question survey was developed and conducted one-on-one with 50 randomly selected seniors from the program, 43 in English and 7 in Spanish. The results of this study showed that the Payne-Phalen LAH/BNP is well-received in its community and achieving its mission of keeping seniors safe at home and out of nursing homes. The two possible areas of improvement are increasing public awareness of the program and increasing medical and social advocacy for the seniors. The strongest area was the ratings of the staff's timeliness, performance, courtesy, and overall service.

The main goal, to evaluate the program, was accomplished. The possible side benefit of recruiting more volunteers may have been successful, but increasing financial donations is a slow process and has not markedly increased. Overall, the study was a success and the results should be very useful in future grant writing and community presentations.

² Payne-Phalen Living At Home/Block Nurse Program website, <http://blocknurse.org/payne/>

Introduction

Background of program

The Payne-Phalen Living at Home/Block Nurse Program (LAH/BNP), housed in First Covenant Church at 1280 Arcade St., St. Paul, was established in 1999 by members of the church and the local community and became a 501(C)(3) non-profit organization in 2004². It is one of 42 LAH/BNPs in Minnesota and North Dakota serving seniors in a specific geographical location. The Payne-Phalen program's uniqueness reflects the diverse community it serves in the District 5 Planning area on St. Paul's East Side.

The program's mission is "to build a circle of care around the diverse elders of St. Paul's East Side keeping them healthy and safe in their homes"². In 2007, the program kept 89 elders out of nursing homes at an estimated savings to taxpayers of over \$4.0 million³. It currently serves about 330 low and moderate income elders (and their families) including Caucasians, Latinos, and African Americans. Much of the support for the program is provided by over 100 volunteers including a Board of Directors and about 70 service learning nursing students from area colleges and the university. In 2004, the program was one of six organizations in Minnesota that were recognized and honored by the Jimmy and Rosalynn Carter Service Learning Award¹.

Purpose of the study

The purpose of this study was to evaluate the services provided to seniors by the Payne-Phalen Living At Home/Block Nurse Program (LAH/BNP). The results will be

² Payne-Phalen Living At Home/Block Nurse Program Website, <http://blocknurse.org/payne/>

³ Elderberry Institute, Inc., Cost & Services Analysis Report, www.elderberry.org

used in grant proposals, as well as to identify areas in need of improvement. A side benefit of the study may be securing monetary donations, attracting volunteers, and increasing community awareness about what the Payne-Phalen LAH/BNP does.

Materials and Methods

A 20-question survey was developed with questions based on suggestions from the Executive Director and the graduate research assistant. Other questions were related to an analysis of senior needs done by the Elderberry Institute³ stating that they are often not provided with medical and social advocacy, education on fall prevention, and rides to medical appointments.

A formula from Dillman⁴ was used to calculate the appropriate sample size. This accounted for how much sampling error could be tolerated, the sample size of the population being drawn, the variation of the population, and the amount of confidence wanted in the estimates made from the sample for the entire population. Allowing 10% sampling error, using 260 as the population size, expecting 50% to choose one of the two answers and 50% to choose the other, and assuming a 95% confidence level, a sample size of 70 interviews was calculated.

Using a random number generator, 70 clients were selected to survey. Several people were then removed from the list by the LAH/BNP team due to memory loss, current hospitalization, hospice care or death. The original plan was to call each client, explain the study, and then set up a date for the interviewer to visit them at home and

³ Elderberry Institute, Inc. Cost & Services Analysis Report, www.elderberry.org

⁴ Dillman, D.A. 2007. Mail and Internet Surveys: The Tailored Design Method. 2nd Edition. John Wiley and Sons, Inc.

administer the questionnaire. This method of survey implementation was chosen for several reasons. Many seniors have hearing loss, therefore spending an extended period of time answering questions over the phone would be extremely difficult and frustrating for both parties. Also, many seniors enjoy having company, so this would be an incentive to do the survey. The clients all live in a small geographical area, and so travel time and mileage would not be a prohibitive expense. Lastly, 21% of the clients speak Spanish as their first language, and the interviewer, although bilingual, felt more comfortable speaking Spanish in person, which allowed facial expressions, hand gestures, and body language for assistance.

Before conducting interviews, the survey was piloted on a client who stopped by the office after the draft was completed. She suggested re-wording a few questions and explained her overall thoughts on the survey from a senior's perspective. Several revisions were made to the survey based on her input.

The first challenge arose when many of the clients' phone numbers were no longer correct or did not answer. Meanwhile, it was determined that many seniors were giving similar answers, so the probability was not 50/50, and the sample size formula needed to be re-calculated, using 80/20 odds for each response. This gave a goal of 50 surveys instead of 70. Fifty more people were randomly selected from the list of remaining clients.

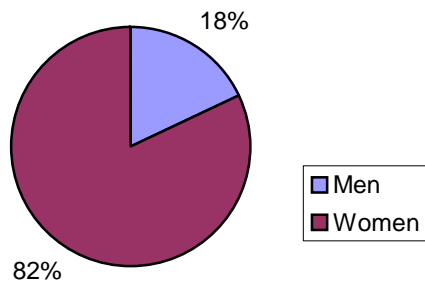
The second issue arose with many seniors who were unwilling to participate and others who didn't want a visitor, for various reasons. Offering to do the survey over the phone was the only option for these seniors. The survey then became a mixed implementation method study.

Interviews were conducted from mid-September through mid-November 2007. The data analysis was then performed using Microsoft Excel with a special emphasis on charts and graphs, as requested by the Executive Director.

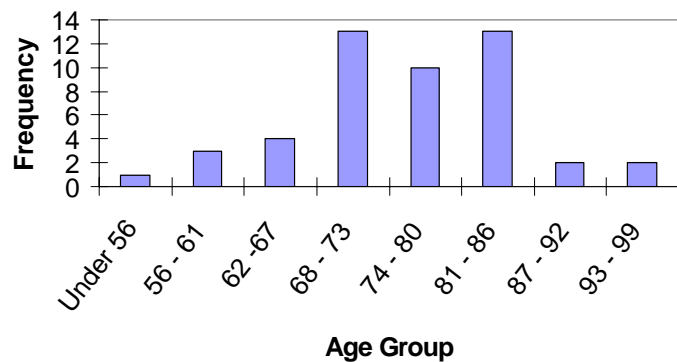
Results

The first two questions were answered by looking in the clients' files before going to the interviews. They were age and gender. Of the 50 interviewed, 9 were male and 41 were female. The average age was 75.7 (\pm 9.7) years, with a range from 55-99.

Gender of Clients Interviewed



Histogram of Ages of People Surveyed

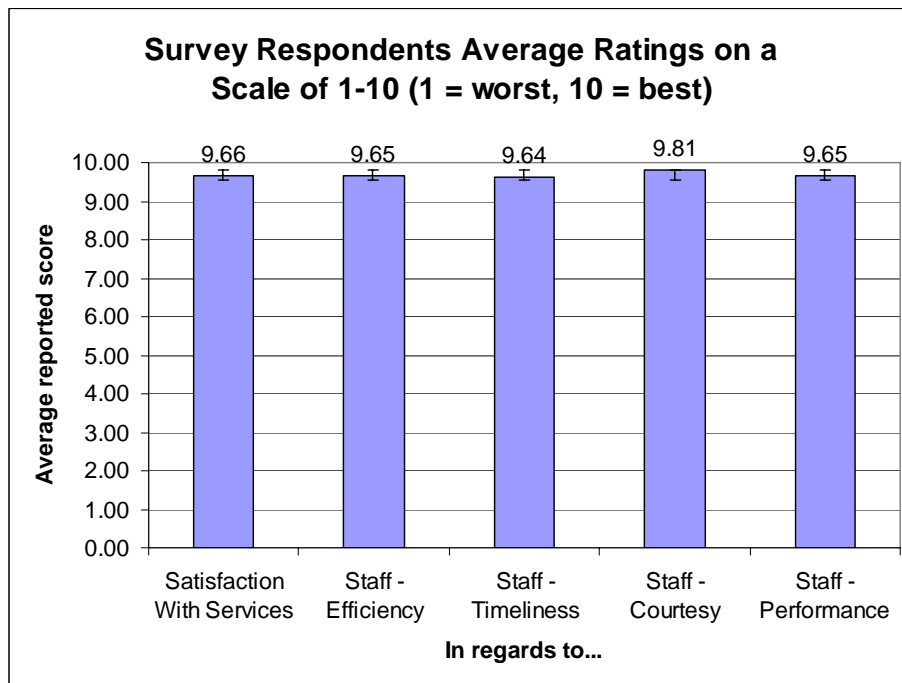


The first question asked them what language they preferred to speak, English or Spanish, and the survey was then continued in that language. Of the 50 interview participants, 7 chose to do the survey in Spanish. The second question asked if they were currently or had ever received services from the Payne-Phalen LAH/BNP. Answering “yes” was a requirement to qualify for the survey, so hence there were 100% “yes” responses for the surveys completed.

Question 3 asked how they had first found out about the Payne-Phalen LAH/BNP. The responses were categorized into family/friend (9), referral from a

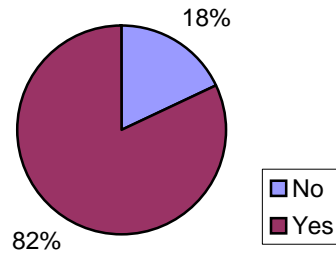
healthcare provider (8), advertisement (7), or other (26). Responses falling into “other” included an inability to remember, seeing their office at the church, or recommendation by a staff member.

Questions 4 and 5 asked the senior to rate the program and the staff on various qualities. The scale was from 1-10, with 1 being the worst and 10 being the best. For satisfaction of services, the average response was 9.66 ± 0.79 , with a range from 6-10. For staff efficiency, the average response was 9.63 ± 0.79 , with a range from 7-10. For staff timeliness, the average response was 9.65 ± 0.67 , ranging from 8-10. For staff courtesy, the average response was 9.81 ± 0.57 , with a range from 8-10. Lastly, for staffs’ overall performance, the average response was 9.68 ± 0.73 , ranging from 7-10.



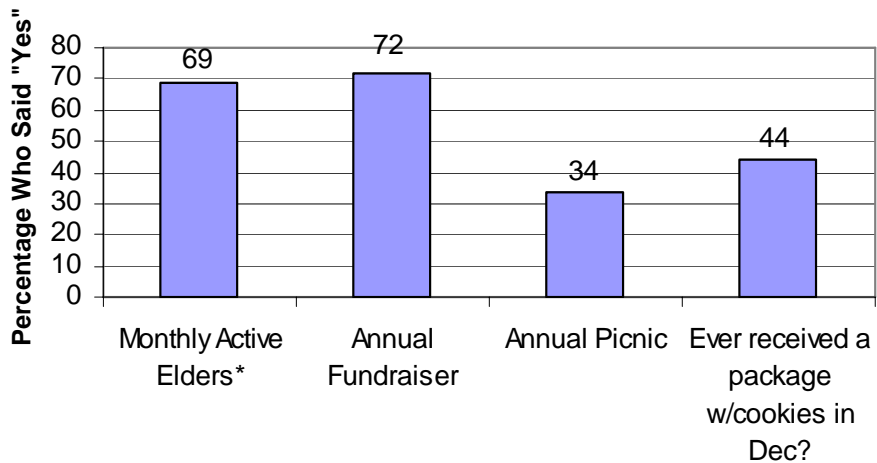
Question 6 asked the senior if the Payne-Phalen LAH/BNP had opened up social opportunities for them to attend. Nine said “no,” while 41 said “yes.”

"Has the program opened up social opportunities for you to attend?"



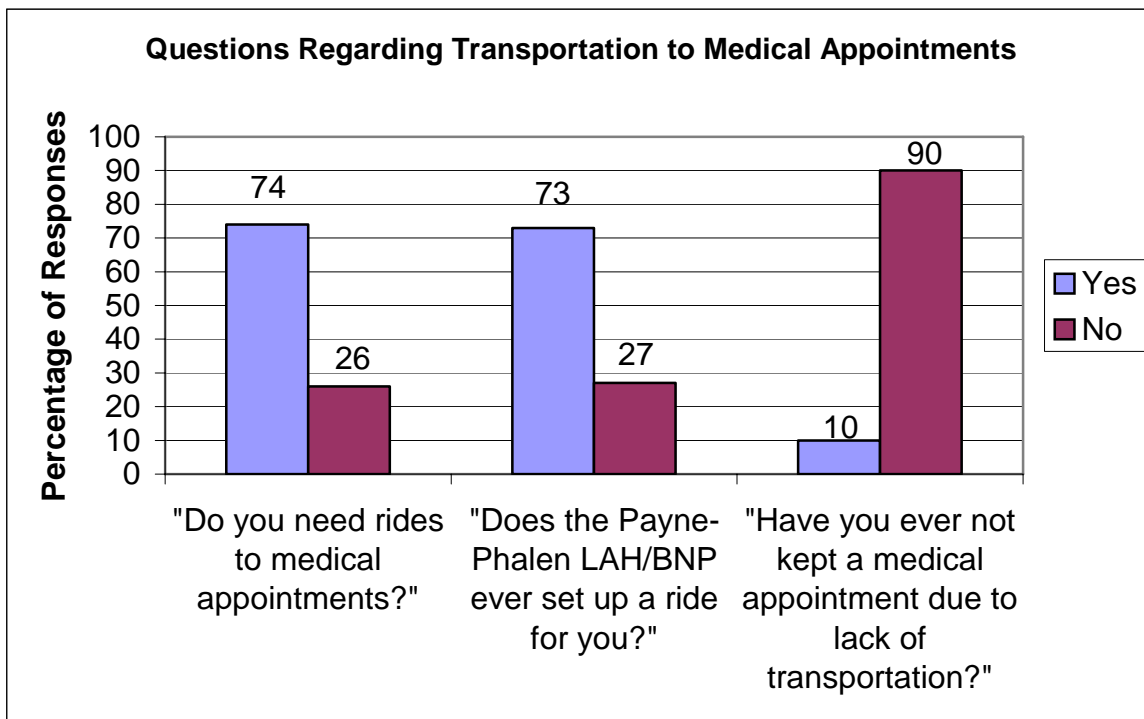
Delving further into the social opportunities offered by the program, question 7 asked about attendance at specific events. Fourteen (out of the 50) have attended an annual fundraiser, while 17 (of the 50) have attended the annual picnic in July. Of the 43 who spoke English as their first language*, 16 attended the monthly Active Elders group. Finally, when asked if they had ever received a gift of cookies in December, 22 (of the 50) said “yes.”

"Regarding Social Opportunities, Have You Ever Attended The..."



* Only out of the 43 survey participants who spoke English as their first language

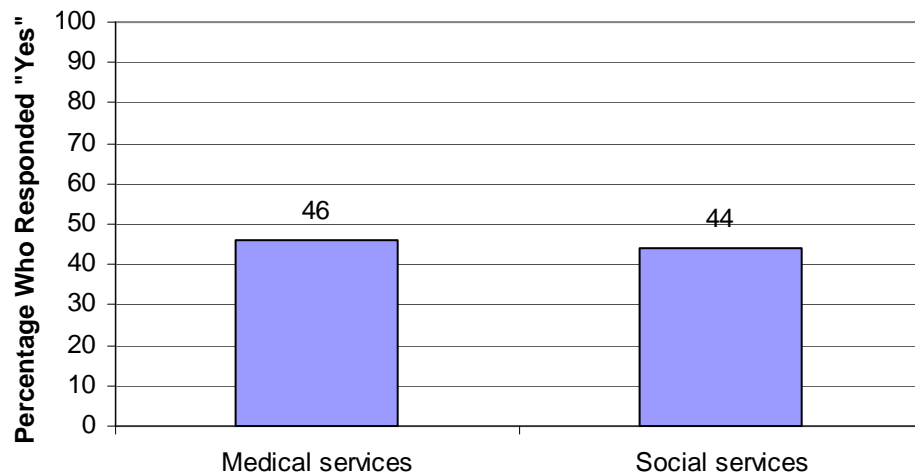
Question 8 was asked to address the need of transportation to medical appointments determined by the Elderberry Cost & Services Analysis Report³. Asking if seniors needed rides to their medical appointments, 37 said “yes” and 13 said “no.” Of the people who said “no,” they said they either drove themselves, walked, or had a friend or family member who drove them. The people who needed transportation were asked how often the Payne-Phalen LAH/BNP set up rides for them. “Always” was the response of 13 people, 14 said “sometimes”, and 10 said “never.” The people who responded “sometimes” or “never” quoted reasons similar to those who didn’t need rides, some also mentioning that they set up their rides through other services such as the Red Cross. Finally, when asked if they had ever not gone to a medical appointment because they didn’t have a ride, only 5 of the 50 people interviewed said “yes.”



³ Elderberry Institute, Inc., Cost & Services Analysis Report, www.elderberry.org

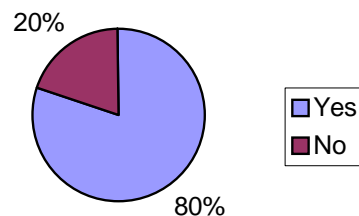
Questions 9 and 10 asked about advocacy for medical and social services, one of the items that the Elderberry report² determined to be lacking. When asked if the Payne-Phalen LAH/BNP advocated for the senior in regards to medical services, 23 said “yes” and 27 said “no.” The responses for social services were quite similar with 22 saying “yes” and 28 saying “no.”

"Has the Payne-Phalen LAH/BNP advocated for you in regards to your...?"



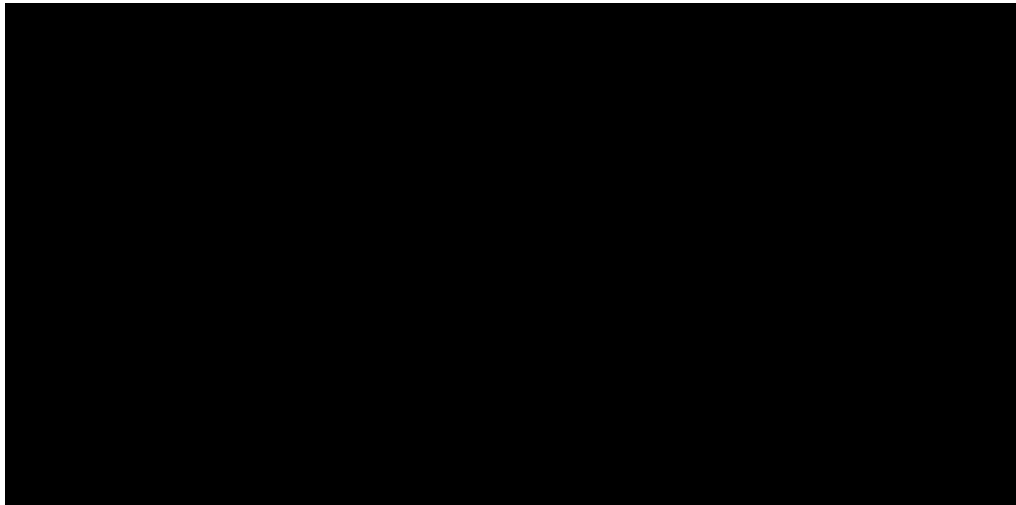
The goal of question 11 was to address fall prevention education, another weakness addressed by the Elderberry report³. The question asked “Has the Block Nurse or an outreach worker made any suggestions on supplemental equipment to be safer at home?” Of the 50 respondents, 40 said “yes” and 10 said “no.”

"Has the Block Nurse or an outreach worker made any suggestions on supplemental equipment to be safer at home?"

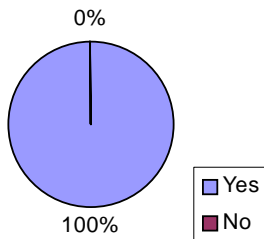


³ Elderberry Institute, Inc. Cost & Services Analysis Report, www.elderberry.org

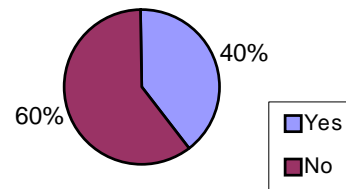
Looking at how much care is needed at home, question 12 asked if the senior needs additional help in their daily activities, like bathing and homemaking. Twenty-six said “yes” while 24 said “no.” The “yes” respondents were then asked if they’d received support from the Payne-Phalen LAH/BNP to obtain assistance in these areas. For the 18 English-speaking “yes” respondents, 8 replied “yes” and 12 said “no.” Interestingly, for the 6 Spanish-speaking “yes” respondents, all 6 replied that they had received help with assistance in the home.



**Of the Spanish-speaking "yes" respondents,
"Has the LAH/BNP helped you get
assistance in your home?"**

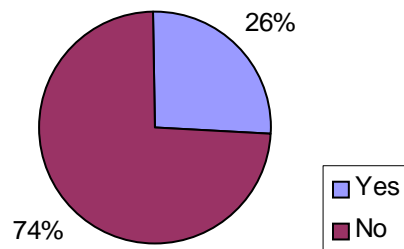


**Of the English-speaking "yes" respondents,
"Has the LAH/BNP helped you get
assistance in your home?"**



Question 14 was specifically for the purpose of learning about areas for improvement. The question was “Is there a service you need and which you are not receiving that would make a difference for you staying in your home?” Thirteen said “yes” and 37 said “no.” The “yes” respondents were asked what service that might be, and the answers were quite varied, including flu shot clinics in their apartment building, a larger blood pressure cuff, a 500 card group, and exercise classes.

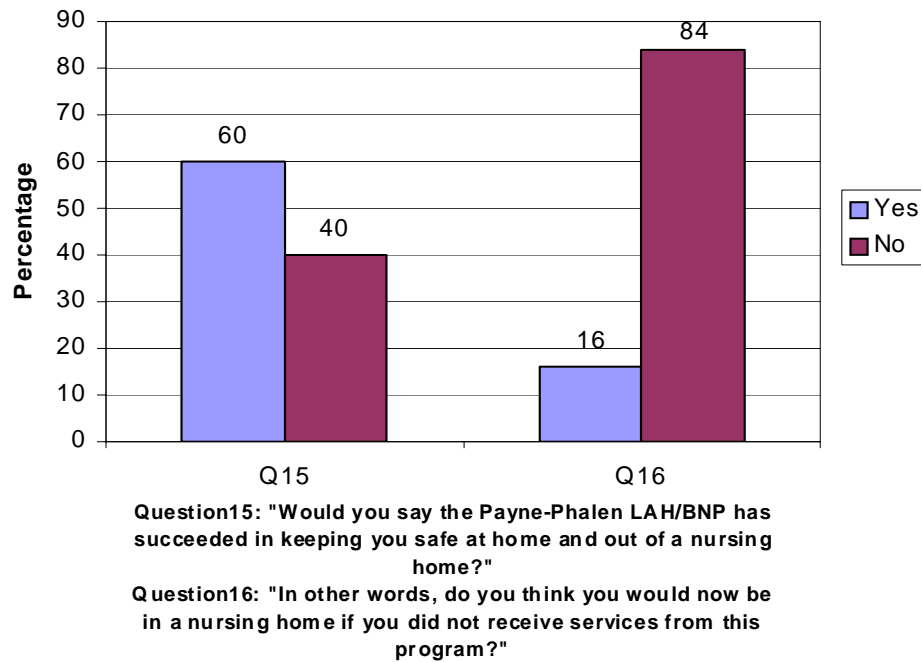
"Is there a service that you are currently not receiving that would help you to stay at home?"



The goal of questions 15 and 16 were to determine if the seniors believed the Payne-Phalen LAH/BNP was fulfilling their mission (keeping them healthy and safe in their homes). The question was asked twice with different wordings. First, “Would you say the Payne-Phalen Living at Home/Block Nurse Program has succeeded in keeping you safe at home and out a nursing home?” Following that question was “In other words, do you think you would now be in a nursing home if you did not receive services from this program?” This was interesting because some people didn’t want to say “no” but instead “not applicable.” Unfortunately, its hard to judge for whom “not applicable” really does apply, so for data analysis, “no” and “not applicable” were combined. For the first question, 30 said “yes” and 20 said “no.” For the second question, only 8 said

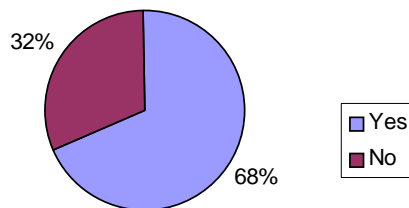
“yes,” and 42 said “no.” The second question was felt to be more extreme, and most “no” respondents added that they also used other healthcare providers or their children would take care of them if necessary.

Is the Payne-Phalen LAH/BNP achieving its mission?

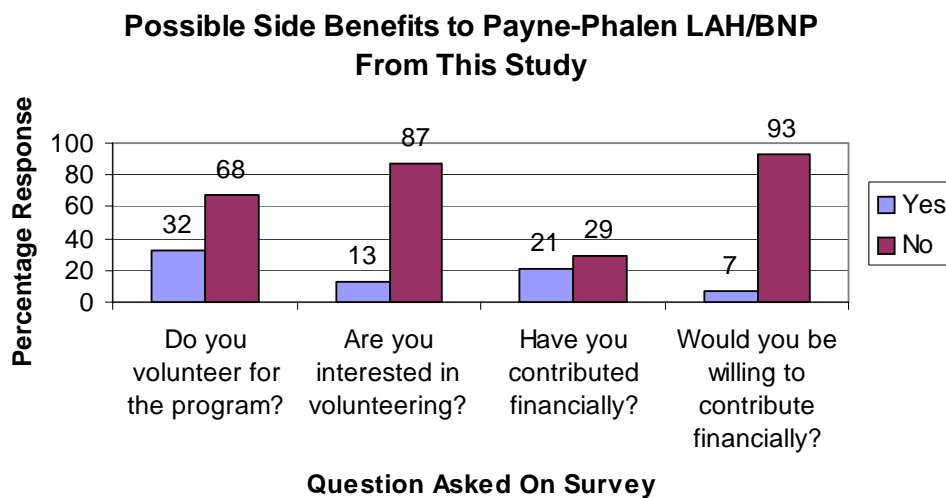


Question 17 addressed whether the seniors ever recommended the program to other people. Thirty-four said “yes” and 16 said “no.”

"Have you recommended the program to others?"



Question 18 and 19 addressed the possible side benefits of the study: recruiting more volunteers and financial donations. Sixteen people said they already volunteer with the program, and of those who didn't, four said they may be interested. Most people said they could barely keep track of themselves, they were too busy or too impaired to volunteer for the program. Twenty-one people said they already contribute financially to the program, and of those who don't, only two said they might be willing to do so. There was an overwhelming number of people who said they wished they could but simply couldn't afford to contribute.



The final question asked if there was anything else they'd like to say about the program, the services, or the staff. Most seniors took the time to say nice things about the program, how thankful they were for certain services, or paid a special compliment to their favorite staff member. No one said anything negative, and a few people offered suggestions for ways to improve (which have already been listed with question 14). See the appendix for all responses given to question 20.

Discussion

Data Analysis

One interesting result was that only seven of the 50 seniors interviewed learned about the program through promotional articles. Several people mentioned that they'd seen the office at the church but not known what they did until much later. Other people were surprised to find out about services the program provides that they were unaware of, such as rides to medical appointments. Finding more ways to get the word out about the program to the people who need it could be an area for improvement.

The staff ratings were phenomenal. There were very few scores below 10, and those people who gave 8 or 9 usually commented that it wasn't because the program was doing something wrong, but instead that the senior just never gave out perfect scores. I thought that the results from questions 4 and 5 were an area of which the Payne-Phalen LAH/BNP team should be very proud.

Question 6 may have under-reported "yes" responses because a few of the seniors who said "no" said that it was their own fault for not wanting to be social. It was unclear whether the program had offered them these social opportunities or not.

Question 7D, about receiving cookies in December, may have also under-reported "yes" responses, this time due to memory loss. The interviews took place in the fall, so many seniors said "No, I don't think so, I guess I can't remember", as it'd been close to a year since Cookie Day. This means it's very possible that some "no" respondents had actually received cookies.

Regarding the questions asked in response to the Elderberry Cost and Services Analysis Report³, the results were promising. Although not every senior is receiving

³ Elderberry Institute, Inc., Cost & Services Analysis Report, www.elderberry.org

rides to their medical appointments by the LAH/BNP, they are getting to their appointments, as shown by only 10% saying they'd ever missed an appointment because they couldn't get there. Of these 5 respondents, all of them thought it had only happened once. The results also showed the LAH/BNP is doing well on fall prevention education, with 40/50 responding "yes" to the question regarding it. The question that showed a weakness was in medical and social advocacy, with less than half saying they'd received each from the Payne-Phalen LAH/BNP. Part of this low rate was because several "no" respondents commented that they didn't need it yet, but knew the LAH/BNP would help them when the time comes. Also, some seniors had a hard time understanding what the question meant, even when it was reworded and explained in better detail. Because of these reasons, its hard to say how accurate the results regarding medical and social advocacy were.

People who need assistance in the home are getting it. One hundred percent of the Latino elders receive assistance from the LAH/BNP to receive in-home help. Only 40% of the English-speaking seniors reported receiving assistance to receive in-home help from the LAH/BNP, but all except one cited a different way they'd received help (referral from friend or family, there already was an in-house cleaning person, etc.) So although the LAH/BNP did not set up the assistance, the seniors were getting the help they needed.

Things I'd do differently

I learned so much from this experience about developing, implementing, and analyzing a survey and its results. I've gained much more knowledge by doing this hands-on than I ever could have learned in a class.

First, I realized my expectations were too high. I initially set my goal at 70 surveys (based on a formula) and only selected 70 clients in my random sample. That assumed a 100% response rate, with no refusals, wrong numbers, or inability to contact. I also hadn't considered that the LAH/BNP team would exclude people from my sample list due to memory loss, hospitalization, etc. In retrospect, that was incredibly unrealistic. It didn't take me long to learn that, and so when I had to adjust my goal to 50, I selected another 50 names so I'd have 120 possible participants.

After conducting the survey, I realized that some of my questions were not as effective as they could have been, for various reasons. A couple had problems with wording that seniors didn't understand (I was asked, "What does that mean?" many times after the questions regarding medical and social advocacy). I also had one question that was too long and complicated for my target audience. I asked them to choose the five most important services to them, from a list of almost all the services LAH/BNP provides. The answers I received ranged from zero ("I don't *really* need any of them") to every single item ("*Everything* they do is so great"). The data analysis for this question was next to impossible.

Also, because I was new to the program, I learned a lot in my short orientation, but I learned much more about the program through the interviews. Now that I know some of the other services provided, I wish I could have had them on my survey. Examples include Juntarse, the weekly gathering for Latino elders with memory loss, the Nutritional Assistance Program for Seniors (NAPS) program, and the Brown Bag nutritional program. In the question about how they learned about the Payne-Phalen LAH/BNP, a majority of answers fell into "other", many in ways I had not considered. If I

redid that question, I would have added more categories, such as “from staff” and “at the church.”

Dealing with a population more prone to memory loss, I quickly learned the importance of calling as a reminder before I drove to their home. Even once I implemented that, I still had no-shows on occasion, which was frustrating. I made a rule that if that happened once, then the next time I spoke with them, I'd do the survey over the phone. That seemed to work effectively.

Conclusions

The results of this study showed that the Payne-Phalen LAH/BNP is well-received in its community and achieving its mission of keeping seniors safe at home and out of nursing homes. The two possible areas of improvement are increasing public awareness of the program and increasing medical and social advocacy for the seniors. The strongest area was the ratings of the staff's timeliness, performance, courtesy, and overall service. The main goal, to evaluate the program, was accomplished. The possible side benefit of recruiting more volunteers may have been successful, but increasing financial donations is a slow process and has not markedly increased. Overall, the study was a success and the results should be very useful in future grant writing and community presentations.

Appendix: Answers to Open-Ended Question “Anything else you’d like say about the program, the services, or the staff?”

*Everybody she's met has been very good to her, loved meeting at the ice cream shop, looking forward to the orchard, loves the vet students visiting to check on her dog, wishes she was more involved but is ill a lot

*Really nice people, enjoys getting together, she stuffs envelopes and helps get mailings ready

*Thinks everyone is very nice, appreciates rides to appointments (even though he can drive), appreciates help with lawn work

*Would like flu shot clinic and exercise class in building

*Bigger blood pressure cuffs, blood pressure clinics more often, flu shot clinic at apartment complex

*Might need to use them more often in the future, nurse came by to take blood pressure & pulses, hasn't seen them in 6 months; wife has Alzheimer's, he is the primary caregiver (she now has diabetes also)

*Loves the staff, especially Artemio, named all the staff members and how great they are, program has been very good to her

*Would like to get out more, her daughter takes her out on Tuesdays, thinks they are very good

*Wants the nurse to come more often to take her blood sugar, blood pressure, give general advice; is homebound

*"Very very satisfied", told a story (while giggling) about how she always apologizes to Maryann (the Block Nurse) and how Maryann told her she doesn't need to, appreciates rides to medical appointments

*Would like brown bag 2x a month

*Enjoys the program, has a university student who visits

*"It's good, it's all a very good thing"

*They only came a couple times, she received cards about activities, she's been very sick

*Had hip surgery, heart problems; hasn't had much to do with the program, they came out once to explain everything and were very nice but she chose not to use it much yet

*More hours for Maryann or Mary, caregiver support group, grief support, more structure in active elders, more advertisement about what the program actually does (not just nursing)

*Everyone is friendly

*Excellent

*"It's the kind of program we really need", it's a great program, appreciate all the rides to appointments, appreciates how they wait at the office with him

*Staff is terrific, has a friendly visitor who she enjoys

*The staff are overworked and need more hours and more money; felt like in the mentor program, the student was more the mentor than she was (she laughs)

*Loves Brown Bag Program, service is excellent, very happy

*Everyone is good; they will be starting an exercise program in the building

*Wants more social things, more exciting activities (reading group, walking group, sewing group, more speakers, more info about available services, trip to Marion Center)

*Thinks they're great, her dad is "a happy camper" whenever they come to visit

*The program is doing everything they can, they are doing a good job; happy for Brown Bag

*Enjoys when he teases us and they tease him right back

*Happy with program, wondered if we are connected with "Door to Door" program

*Very appreciative, especially for all the rides

*Staff are wonderful, "give them an 'A'"

*Enjoys blood pressure clinics in building, knows about social opportunities, chooses not to attend, mainly used the program for rides (now uses Red Cross), 3-4 years ago when she had a house, BNP had someone rake her leaves

*Happy with program, enjoyed having student nurse visitor

*Thinks it's a great idea, but doesn't need it right now

*Really nice to have this support, wonderful program, everyone is so nice, thank Barbara for referral to Elderberry Institute

*Everyone is wonderful, thankful for having Maryann do her footcare

*"Perfect. Artemio is my angel."

*Appreciates her friendly caller

*"They come to the rescue, they help me out a lot, the staff is super, I'm so glad we've got this in the neighborhood"

*"Mary Gallagher is great"; wants more stimulating activities at Active Elders, maybe a 500 card playing group

*It's good, she likes to go every Tuesday so she can talk with other people, it makes her happy

*Happy with program

*Moving Dec 19 (with mother) to Missouri (going to be a first-time grandma!); the program is great, "They always know who it is when I call"

*"It's a wonderful cause, I commend them for helping to keep people in their homes"; hasn't had much experience with program yet

*"Everyone has always been very available and friendly when I've called with a question or something", they always help her neighbors

GIS Map goes here... can't copy and paste it, will have to keep as a separate file and staple it in the correct spot in this paper (page 23)

4. On a scale of 1-10, 1 being extremely unsatisfied and 10 being extremely satisfied, how satisfied are you with the services provided by the Payne-Phalen Living at Home/Block Nurse Program?

1 2 3 4 5 6 7 8 9 10

5. On a scale of 1-10, with 1 being extremely poor and 10 being extremely good, how does the staff rate in terms of:

Efficiency? 1 2 3 4 5 6 7 8 9 10

Timeliness? 1 2 3 4 5 6 7 8 9 10

Courtesy? 1 2 3 4 5 6 7 8 9 10

Performance? 1 2 3 4 5 6 7 8 9 10

6. Has Payne-Phalen Living at Home/Block Nurse Program opened up social opportunities for you to attend?

Yes No

7. Do you know about and attend the

Monthly Active Elders ____

Annual fundraiser ____

Annual picnic in July ____

Have you ever received a package with cookies in December? ____

Other: what? _____

8. Do you ever need transportation to medical appointments? Yes No

If so, does Payne-Phalen Living at Home/Block Nurse Program set up a ride for you?

Always ____ Sometimes ____ Never ____

Do you ever not keep medical appointments due to lack of transportation?

Yes No

9. Has Payne-Phalen Living at Home/Block Nurse Program advocated for you in regards to medical services?

Yes No

10. Has Payne-Phalen Living at Home/Block Nurse Program advocated for you in regards to social services?

Yes No

11. Has a nurse or outreach worker made any suggestions on supplemental equipment to be safer at home?

Yes No

12. Do you feel you need additional help in your daily activities, like bathing and homemaking?

Yes No

a. If so, has the Block Nurse or a staff representative given you a referral that could help you with these things?

Yes No

OR:

b. [If Latino] has Art or Ana helped you with any assistance in the home?

Yes No

13. What do you feel are the top 5 services provided by the program that have had the biggest impact on you? [if over the phone say "I am going to list off the services provided by the Block Nurse Program. As I go, please tell me the ones that have had the biggest impact on you."]

- Culturally appropriate care
- Skilled nursing visits
- Advocacy for medical and social services
- Service and care coordination
- Rides to medical appointments
- Caregiver support
- Family care conferences
- Monthly blood pressure clinics
- Home visits
- Health education
- Disease prevention
- Caregiver Respite
- Long term care planning
- Foot care clinics
- Friendly visitors
- One-on-one matched visitors
- Friendly callers
- Summer picnic
- Referrals
- Monthly active elders group

- ___ Annual multi cultural health fair, Love Yourself
- ___ Cookie day and gift distribution in December
- ___ Other: what? _____

14. Is there a service you need and which you are not receiving that would make a difference for you staying in your home?

Yes No

If so, what? _____

15. Would you say the Payne-Phalen Living at Home/Block Nurse Program has succeeded in keeping you safe at home and out a nursing home?

Yes No

16. In other words, do you think you would now be in a nursing home if you did not receive services from this program?

Yes No

17. Have you recommended the program to others? Yes No

If so, who?

Friend ___

Relative ___

Neighbor ___

Other: who? _____

18. Do you volunteer for the program? Yes No

If not, would you be interested in learning about volunteer opportunities? Yes
No

[If yes, would you like me to have Mary contact you? Yes No]

19. Have you contributed financially to the Payne-Phalen Living at Home/Block Nursing Program?

Yes No

If not, would you be willing to do so? Yes No

[If yes, would you like Barbara to contact you? Yes No]

20. Is there anything else you'd like to say about the program, services or staff?

Thank you so much for your help - I really appreciate you answering these questions for me. It was great to meet/talk with you!

Appendix – Survey in Spanish

Midiendo los Servicios del Programa: Payne-Phalen Living at Home/Block Nursing Survey

Before the interview, I will have:

Name: _____

Gender: M F

Current age:

under 64 ____
65-69 ____
70-74 ____
75-79 ____
80-84 ____
85-89 ____
90+ ____

Preguntas de la Entrevista

1. ¿Idioma que prefiere utilizar? Inglés ____
Español ____
Otro: ¿Cuál? _____

Hola, trabajo en un proyecto en Payne-Phalen Living at Home/Block Nurse Program. Me llamo Lindsey Johansen y estudio en la University of Minnesota. Estoy realizando una encuesta para el programa y necesitamos su retroalimentación. He trabajado con Barbara, Ana, Mary, Maryann y Artemio para aprender sobre el preograma. Me gustaría evaluar el programa y ver lo que estamos haciendo bien y en qué podemos mejorar. Tengo alrededor de veinte preguntas y me tomarán alrededor de media hora. ¿Podrías contestar esta encuesta para mí? _____

2. ¿Conoces o has recibido servicios del programa Payne-Phalen Living At Home/Block Nurse?

Si No

3. ¿Cómo conoció el programa?

Referencia de un proveedor de salud____
Amigo/Familiar____
Publicidad____
Otro: ¿Cómo?_____

4. En la escala del uno al diez, siendo uno extremadamente insatisfecho y diez extremadamente satisfecho, ¿qué tan satisfecho se encuentra con los servicios que provee el programa Payne-Phalen Living at Home/Block Nurse?

1 2 3 4 5 6 7 8 9 10

5. En la escala del uno al diez, siendo uno extremadamente pobre y diez extremadamente bueno, ¿cómo considera al staff en términos de...?

Eficiencia 1 2 3 4 5 6 7 8 9 10

Tiempos 1 2 3 4 5 6 7 8 9 10

Cortesía 1 2 3 4 5 6 7 8 9 10

Ejecución 1 2 3 4 5 6 7 8 9 10

6. ¿Ha el programa Payne-Phalen Living at Home/Block Nurse abierto oportunidades sociales para que usted pueda asistir?

Sí No

7. ¿Conoce y asiste a...?

Ancianos Activos Mensual____

Recaudación Anual de Fondos____

Picnic Anual en Julio____

¿Alguna vez ha recibido un paquete con galletas en Diciembre?____

Otro: ¿Cuál? _____

8. ¿Alguna vez ha necesitado transporte a citas médicas? Sí No

De ser así, ¿ha el programa arreglado transportación para usted?

Siempre____ En ocasiones ____ Nunca____

¿Ha cancelado citas médicas por falta de transporte? Sí No

9. ¿Ha el programa abogado por usted en relación a servicios médicos?

Sí No

10. ¿Ha el programa abogado por usted en relación a servicios sociales?

Sí No

11. ¿Ha alguna enfermera o trabajador hecho sugerencias en relación a equipo suplementario para estar más seguro en su hogar?

Sí No

12. ¿Siente que necesita ayuda adicional en sus actividades diarias como el baño y actividades propias de la casa?

Sí No

a. De ser así, ¿lo han referido su enfermera o representantes del staff con quien lo pueda asistir en dichas actividades?

Sí No

Or:

b. [If Latino:] ¿Art o Ana lo han ayudado con asistencia en el hogar? Sí No

13. ¿Cuáles siente usted que son los mejores cinco servicios que provee el programa y que hayan tenido el mayor impacto en usted? [If on the phone: "Voy a enlistar los servicios que provee el programa de enfermeras. A medida que avanzo, por favor indique cuáles han tenido mayor impacto para usted"]

- ___ Cuidado Culturalmente Apropriado
 - ___ Visitas de Enfermeras Apts
 - ___ Abogacía por Servicios Médicos y Sociales
 - ___ Coordinación de servicio y cuidado
 - ___ Viajes a Citas Médicas
 - ___ Soporte del Cuidador
 - ___ Conferencias de Cuidado Familiar
 - ___ Clínicas Mensuales de Presión Sanguínea
 - ___ Visitas a Domicilio
 - ___ Educación de Salud
 - ___ Prevención de Enfermedades
 - ___ Respeto del Cuidador
 - ___ Planeación de Cuidados a Largo Plazo
 - ___ Clínicas de Cuidado del Pie
 - ___ Visitantes Amistosos
 - ___ Visitantes Emparejados Uno a Uno
 - ___ Llamadas Amistosas
 - ___ Picnic de Verano
 - ___ Referencias
 - ___ Grupo Mensual de Ancianos Activos
 - ___ Feria Anual de Salud Multicultural, ámese a Sí Mismo
 - ___ Día de la Galleta y Distribución de Regalos en Diciembre
- Otro: ¿Cuál? _____

14. ¿Hay algún servicio que necesite y que no esté recibiendo que haría una diferencia en su estadía en el hogar?

Sí No

De ser así, ¿cuál? _____

15. ¿Diría usted que el programa ha logrado mantenerlo a salvo en el hogar y en el asilo?

Sí No

16. En otras palabras, ¿piensa usted que se encontraría en un asilo de no recibir los servicios de este programa?

Sí No

17. ¿Ha recomendado el programa a otros? Sí No

De ser así, ¿a quién?

Amigo____

Pariente____

Vecino____

Otro: ¿cuál? _____

18. ¿Es voluntario del programa? Sí No

If no, ¿estaría interesado en conocer sobre las oportunidades de voluntariado?

Sí No

[If yes, ¿puede Mary contactarlo? Sí No]

19. ¿Ha contribuido financieramente al programa Payne-Phalen Living at Home/Block Nursing?

Sí No

If no, ¿le gustaría hacerlo? Sí No

[If yes ¿puede Barbara contactarlo? Sí No]

20. ¿Hay algo más que le gustaría decir sobre el programa, servicio o staff?

Gracias por su ayuda – Realmente aprecio que haya contestado estas preguntas para mí. ¡Fue un placer haberlo conocido/haber hablado con usted!

References

Center for Urban and Regional Affairs 2007. Jeff Matson, GIS Mapping

Dillman, D.A. 2007. Mail and Internet Surveys: The Tailored Design Method.
2nd edition. John Wiley and Sons, Inc.

Elderberry Institute, Inc. Cost & Services Analysis Report. www.elderberry.org

Payne-Phalen Living At Home/Block Nurse Program Website
<http://blocknurse.org/payne/>

Addendum: Research on Local Grief Support Groups (September 10th, 2007)

There is not much in the way of grief support groups in the 4 zipcodes 55106, 55119, 55130, and 55109. Here is what I found:

http://www.allina.com/ahs/grief.nsf/page/support_3stpaul

Spouse/Partner Loss

Meeting Saturdays from 9:00 -10:30 a.m. (starting 9/15).

<http://griefloss.org/whatwedo/counseling.html>

1133 Grand Avenue, St. Paul, Minnesota, 55105.

Phone: 651-641-0177

Fax: 651-641-8635

Email: cg@griefloss.org

Capital City Grief Coalition

Area churches participate in providing ongoing grief support groups for persons suffering the loss of a loved one through death. Thursdays, 5 - 6:30 p.m.; meeting location changes every thirteen weeks. Contact Darlene Stensby (651) 227-6311

The House of Hope Presbyterian Church

797 Summit Avenue

St. Paul, MN 55105-3392

Telephone: (651) 227-6311

Facsimile: (651) 227-9969

E-mail: hoh@hohchurch.org

Addendum: Article written for the Payne-Phalen LAH/BNP Fall 2007 Newsletter

Greetings! My name is Lindsey and I'm a public health graduate student at the University of Minnesota. Through a Communiversitry grant from the Center for Urban and Regional Affairs, I've had the opportunity to work with the Payne-Phalen Living At Home/Block Nurse Program this fall. My project's goal is to evaluate the services provided by the program and see how we can make it even better!

I have had the joy of speaking with nearly 50 Block Nurse participants in the community, going through a survey, with each interview being unique and different from the last. I cannot tell you how much I appreciate your feedback and time answering my questions. So many people have been gracious enough to welcome me into their homes, while others have taken the time out of their hectic schedules to do my survey over the phone. Thank you! It has been so fun to meet such nice and interesting people! I've done interviews in both English and Spanish and learned so much from every individual.

As I finish up my interviews, I can tell you that the feedback I've received has been very positive. I've also gotten some great suggestions on ways to continue improving the program. I'm excited to analyze my data and show off these fantastic results!

One woman I spoke with called one of the staff members her "angel." Many others have told me how terrific all of the staff are, and said such beautiful things about the program. If I don't get a chance to meet you before my project is complete, I think I can safely say I'm leaving you in good hands with the team here at the Payne-Phalen Living At Home/Block Nurse Program.

Addendum: Article for the East Side Review, published on December 17th, 2007

(also online at:

<http://www.eastsidereviewnews.com/main.asp?SectionID=66&SubSectionID=132&ArticleID=1963>)

Ever wanted to adopt your very own grandparent?

Your Payne-Phalen Block Nurse Program is starting an Adopt-A-Grandparent Program

Lindsey Johansen, LAH/BNP staffer

In need of some warm fuzzies? Want to make a difference? How about making a new friend? The Payne-Phalen Living At Home/Block Nurse Program is looking for volunteers for their new Adopt-A-Grandparent Program and you may be just the fit!

My name is Lindsey and I'm a public health graduate student at the University of Minnesota. I have the opportunity to work with the Payne-Phalen Block Nurse Program this fall through a Communiversy grant from the Center for Urban and Regional Affairs. One of my goals is to help start up their Adopt-A-Grandparent program, serving the District 5 Planning Area on the East Side St. Paul.

I was involved with a similar program while attending the University of Minnesota, Morris as an undergraduate where I was paired with an 84-year old sweetheart named Helen who lived in an assisted living facility. I spent about two hours a week with her, running errands, going out for lunch, playing cribbage or just visiting over coffee and cookies. She enjoyed my company, and I quickly grew to enjoy taking that time out of my busy schedule to relax and, unintentionally, learn the art of aging. I enjoyed the program so much that after graduation I kept in touch with Helen by phone and letter and an occasional visit when I was in town. It wasn't until this fall when I said good-bye to her at the hospital before she passed away that I realized how much I had gotten out of our relationship. She had started out as a stranger, who I felt good visiting because I knew it meant a lot to her, but had become my friend, who I enjoyed visiting simply

because she was my friend.

The Block Nurse Program serves elders in the community, many of whom receive food boxes from the National Assistance Program for Seniors (NAPS) and the Brown Bag program, each once a month. We are looking for 25 volunteers to pair up with people receiving these food boxes. You would deliver your 'adopted grandparent's' food box once a month, and while there, spend a little time visiting and getting to know each other. We are very flexible to your schedule and the time commitment would be about two hours a month. By having volunteer families deliver food, the small Block Nurse Program staff would be freed up to concentrate on their mission: keeping the diverse seniors on the East Side safe and healthy at home.

This would be a great experience for your family to teach children the value of volunteerism, the art of aging and simply spending quality time together. We need people who speak English as well as people bilingual in Spanish and English. Of the 330 elders we served last year, about 21% are Spanish speaking.

If this opportunity calls to you, please contact us at 651.774.7078 or drop us an email at mary@blocknurse.org. It'll be an experience you won't regret!

Payne-Phalen Living at Home / Block Nurse Program

