Market Survey of
In-Home Health Care Providers

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Conducted on behalf of
North East Senior Citizen Resource Center, Inc.
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Market Survey
of
In-Home Health Care Providers

Results and Analysis

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Executive Summary

As the North East Senior Citizen Resource Center (NESCRC) moves into 2009, it seeks new and creative ways to serve seniors residing in Columbia Heights, St. Anthony, and Northeast Minneapolis to further its mission: "Helping Seniors Live Independently With Dignity."

Each senior experiences aging differently. Some seniors have supportive community networks including spouses, family members, friends or other caretakers that may assist them in meeting day-to-day needs and provide them with friendship and support. Others have grown isolated from community contacts and resources in a neighborhood that has drastically changed throughout their lives. As seniors age, they may face health conditions such as limited mobility, acute memory loss or extreme dementia, or illnesses that force them to give up many personal freedoms. Some may have no choice but to go into a care facility. Others may not be facing these hardships themselves, but discover the majority of their peers in these situations, which creates barriers between them. All of these conditions can prevent seniors from being connected to a familiar, supportive network and environment.

One of the most difficult challenges facing seniors is a move from becoming independent to dependent as they age. Because they may be forced to give up personal freedoms or become disconnected from support networks that allow them access to community resources and social services, seniors may encounter additional problems in addressing their healthcare needs. Some seniors forgo needed health care because of their lack of a support system to drive them to appointments, stay with them after procedures that require at-home monitoring, or because they have become depressed in their isolated situation and apathetic about their health or unsure how to manage their health issues. Some forego procedures because they do not have the ability to access care. Others move into assisted living or nursing home care due to common problems such as memory loss or limited mobility. While this group may need some assistance in their day-to-day living, being forced to leave the home is often stressful and can cause seniors to become depressed. While some may opt to move into an assisted living facility to address immediate healthcare needs, some may find themselves isolated in a new and unfamiliar community, and face financial hardships due to the high cost of these accommodations and services. Barriers to health care and procedures along with the increased stress that comes with a loss of independence and support systems can have further negative impacts on a senior's health.

Providing care in a senior's home can not only be more cost effective for seniors and their families, but also better for a senior's morale, and as a result, his or her health. Adding health care services to NESCRC's repertoire would not only respond to the needs of the community, but also adhere to NESCRC's mission of helping seniors remain independent and age in place in their own communities.

In order to avoid a redundancy in service provision, NESCRC launched its Market Survey of In-Home Health Care Providers to identify which types of in home health care serves are currently available and where there are gaps in services. NESCRC seeks information on how it can work with the community in order to fill those gaps.

A total of 44 surveys were completed and returned to NESCRC. These responses provide a general idea of the landscape of service provision, funding and collaboration. Survey results indicate that adult day care, family foster services, case management and community based nursing were provided by the least number of respondents. In addition, fewer respondents provided home delivered meals, home modification, adaptive technology, money management, Insurance/Medicare Part D consultations, and support groups. A limited number of organizations provided free services, most charged a fixed rate for service. Organizations frequently used Medicare and medical assistance to cover service fees. Most organizations collaborated with one or more types of service providers including non-profit organizations, for profit agencies and businesses, and government agencies to deliver services. The following report highlights these and other key findings, and provides the organization with recommendations to guide NESCRC in its strategic planning for the future.

Project Description, Purpose and Objectives

NESCRC has been considering adding a health component to its service provision and looked to other service providers in the public and non-profit sectors to learn how to better focus its efforts and gain some understanding of how it can implement services. To guide NESCRC in this goal, the organization collaborated with the University of Minnesota's Center for Urban and Regional Affairs Department to conduct a survey of the market for in home health care services. Research Assistant Erika Grace Nelson was hired in September 2008 to conduct this survey. The survey was constructed with the following objectives:

- Determine what in-home health care services are being offered by private and non-profit organizations that serve seniors living in Northeast Minneapolis, Columbia Heights, and St. Anthony, and identify gaps in service provision for these areas

- Obtain a greater understanding of how these organizations charge participants for service and collaborate with public, non-profit and private resources to subsidize the cost of service provision

- Determine what limitations, if any, providers have in terms of serving senior residents of Northeast Minneapolis, Columbia Heights and St. Anthony

- Use the above information to determine what services NESCRC should seek to provide and uncover resources that will facilitate service implementation

Survey Design

The North East Senior Citizen Resource Center's Market Survey on In Home Health Care Providers went through many changes during the design process. The researcher referred to surveys previously conducted by the organization, other organizations and professional research centers to obtain an idea of how questions should be worded to gain the desired effect. These other works included The Governor's Commission on Senior Services 2001 report, Southeast Seniors' Living at Home/Block Nurse Program's *2006 SES Survey* and the University of Minnesota's Center for Urban and Regional Affairs' 2008 study, *Gauging Program Services: Present and Future, Payne-Phalen Living at Home/Block Nurse Program*, and the Minnesota Center for Survey Research's *St. Anthony Village Survey of Older Adults*. These studies focused primarily on the needs of seniors in various communities, and provided an idea of what services to look for from community providers. The NESCRC survey differs from these studies in that it attempts to ascertain whether necessary services are being provided by local service providers, and if so, if they are accessible to the individuals who need them. In addition, the researcher consulted *Quality of In-Home Care Services in Oregon's Long Term Care System*, which examined the process organizations take in providing in-home services, obstacles they face in service provision, and what can be done to facilitate this process. The researchers also looked to the Minnesota Department of Human Services' *2007 Provider Survey*, a survey examining characteristics of various health care and other social service providers in the state of Minnesota, particularly for the proper phrasing of service options in Questions 1, 3, 6, and 7. The researcher had one in-person and one electronic correspondence with Rossana Armson of the

Minnesota Center for Survey Research at the University of Minnesota Twin Cities to design the survey. After the in-person meeting with Rosanna, the survey was pre-tested by Eileen Hafften of Dinner Bell, a non-profit organization in Minneapolis which delivers meals to seniors in their homes. After discussing Ms. Hafften's interpretations of the questions, Ms. Armson was consulted via e-mail to redesign questions for which the intended message was not communicated in the pre-test. After distributing the survey to organizations at the Northeast Senior Health Fair, one small change was made to question #8. A copy of the final survey containing response marginals has been included in APPENDIX A.

Population, Sample, and Selection

NESCRC's target population for this project was the entire market of public, non-profit and private organizations providing services in the private homes of seniors residing in Northeast Minneapolis, Columbia Heights, and St. Anthony. After considering Executive Director Kay Anderson's input on organizational priorities, the selection process resulted in a convenience sample.

Originally, Ms. Anderson wanted to focus only on organizations located in NESCRC's service areas, i.e., providers located in ZIP codes 55413, 55418, and 55421. Using these criteria, the Minnesota Department of Health's website generated a list of 21 registered providers, six of which were ineligible because they were either Class F Assisted Living or Housing with Services care providers or did not serve seniors. Thus, only 15 providers from the target ZIP codes were eligible. Because of this, but also because organizations outside this area could potentially serve its clientele and NESCRC could perhaps learn from these organizations, it was decided to seek feedback from organizations outside NESCRC's direct service area. The first surveys came from a convenience sample of organizations at the Northeast Senior Health Fair held on October 21st at Eastside Neighborhood Services. At this event, the research assistant explained to vendors the goals of the survey and asked for their participation. From this event, six completed surveys were received.

The research assistant then used a list of home health care service providers in Hennepin County as listed on the Minnesota Department of Health's website to begin contacting additional organizations. Of the six organizations who responded at the Health Fair, four overlapped with the home health care provider list obtained from the Minnesota Department of Health's Website. After removing duplicate entries (as is the case when an organization has more than one provider classification) this list contained 332 organizations. Eighty-four of these organizations were eliminated immediately due to a classification identifying these organizations as Assisted Living or Housing with Services care providers. The remaining 248 were divided into three groups: (1) Organizations in NESCRC's service areas, (2) Organizations in other areas of Minneapolis and the Northern suburbs and (3) the other surrounding areas in Hennepin County.

All fifteen eligible organizations located in NESCRC's service areas were contacted with nine responses, an additional response was received at the health fair from an unlisted organization. Next, the researcher systematically selected seventy-seven organizations from an alphabetical list of eligible organizations located in the City of Minneapolis and Northern suburbs of Hennepin County. Of these, four were already in NESCRC's network. Twenty (n=20) valid responses were received from the city of Minneapolis and its Northern suburbs. In addition, there was one refusal, 15 ineligible organizations (due to factors such as a cancellation of the program, ineligible services, an out of

service phone number, or some other inability to communicate), and 34 non-respondents. An additional survey came from an organization who NESCRC had come into contact with at a previous event, which was not listed on the Minnesota Department of Health's website.

From the Minnesota Department of Health's list, another twenty-eight of the remaining 128 organizations located in other areas of Hennepin county were selected per recommendation of other community organizations, because of convenience or prior knowledge of the organization (such as materials obtained from health fairs NESCRC had attended) resulting in 12 responses. A volunteer also contacted churches in NESCRC's service area, learning that two had parish nurse programs. The coordinators for both of these church programs were contacted but neither responded. Two additional organizations providing feedback were unidentified due to their choice not to provide contact information. This resulted in a 50% response rate from organizations in NESCRC service areas (Nine out of 18 eligible organizations; 15 registered plus 2 church programs and one unlisted program). The Minneapolis and Northern suburbs yielded only a 25% response rate and the Southern suburb group had a response rate of 48%. One organization providing services to seniors in NESCRC's service areas located in St. Paul also responded. Overall, 44 organizations responded out of 123 contacted, with a 36% response rate.

Mode of Distribution

A majority of the organizations contacted had no previous formal relationship with NESCRC. Six organizations were contacted at the Senior Health Fair on October 21, 2008. After having the goals of this project explained to them, each organization and received, completed, and returned surveys on-site. Four organizations already in NESCRC's network were contacted by phone and asked to complete the survey. A cold-call requesting participation in the survey was NESCRC's first contact with the remaining participants. All organizations were screened by verifying that they provided health care services in private residences or adult day care enabling adults to continue to remain living in their homes. Once verified, organizations were asked which mode of survey distribution best fit their needs.

Organizations could complete the survey in a number of ways. When contacted, the researcher asked all organizations their preferred mode of distribution. The survey was available in both a paper format and an online format designed using Survey Monkey. Paper copies were mailed, faxed or distributed in person. Nine surveys were returned via mail, 4 via fax and 6 in person. Participants were encouraged to use the online format if they had internet access due to skip logic which reduced the number of irrelevant/redundant questions asked of the respondent in the paper format. The ability to skip irrelevant questions made the on-line survey much shorter, which presumably increased the response rate. Twenty-five surveys were received electronically. Participants were not surveyed over the phone for a number of reasons. The survey contains a number matrix-style questions which are difficult to ask and interpret over the phone. In addition, and in part due to the style of the survey questions, phone interviewing would be time consuming, with the likelihood that fewer surveys would be completed and submitted. All data was collected between September 2008 and January 2009.

Response Biases/Limitations of the Study

As with any survey, this project has potential for both researcher and respondent biases. To begin there is potential for coverage error because the researcher chose to use a database that focused on providers in Hennepin County, when one of its service areas is located in Anoka County. Though three providers in Columbia Heights were contacted, none of them provided a response. It is important to note that a sample of providers in Hennepin County is not necessarily representative of providers in Anoka County. In addition, the majority of respondents were private practice providers registered with the State Department of Health. Though the researcher did her best to follow leads to alternative providers, such as volunteer providers or church programs providing services, these were difficult to locate. Thus, the results do not reflect the range of services that are available. Finally, respondents were encouraged to participate in part because of the potential clientele they could gain from being added to NESCRC's referral network. Again, organizations with limited resources may have been discouraged from participating due to the potential increase in demand for services from their organization. However, because the survey sought information on services provided rather than opinions, there was little room for social desirability bias that exists in many other questionnaires. Also, because surveys were distributed in four different ways, there is room for bias, though this would most likely be due to the skip logic format that kept organizations from responding to certain questions versus those who saw them and responded despite their irrelevance.

There is high potential for specification error and non-response, particularly with paper surveys where respondents may not have carefully read directions and left responses blank rather than responding "service not provided," and among respondents who only provided a handful of services and may have not thoroughly read directions for questions that they perceived to be irrelevant. The fact that the marginals for "Service not Provided" between Questions 1, 2, 6, and 7 are relatively high also provides evidence for specification and/or measurement error, meaning that respondents either misunderstood the directions or what the question was attempting to measure. Finally, the sample the researcher ended up with was largely a convenience sample, meaning there could be something inherently shared by organizations who could be conveniently contacted versus those who were more difficult to reach. Some of these factors include, but are not limited to the inability to connect with service providers who were non-native English speakers, those who had hours opposite to those of NESCRC, and organizations who remain unknown due to low publicity of their services.

Survey Results

Services Provided

Questions 1 and 2 of the survey inquired as to what types of in home health services (such as skilled nursing) and related services (such as chores) organizations offered. These questions sought to ascertain whether services were provided, and if provided, whether the service was offered by volunteers or a paid contractor/ employee. The least offered services were Adult Day Care (on- or off-site) and Family Adult Foster care, with only 7% and 5% of organizations providing these services respectively. In terms of healthcare related services, fewer organizations offer home delivered meals than any other service, with only 7% of respondents offering the service. Home modification was provided by 16% of respondents, adaptive technology by 11%, money management

by 25%, insurance and Medicare Part D consultations by 16%, and support groups by 9%. As noted above in the Response Biases and Limitations section, a high non-response rate on these items suggests that services were not provided, further alluding to the need for organizations to provide these services to the community.

Seventy percent or more of the organizations surveyed provided medication set-ups (70%), skilled nursing in an adult's home (74%), or home health aides/personal care attendant (PCA) services (84%), however, only one organization used volunteers to provide these services. More frequently offered, but by no means popular, related services included both 24-hour after emergency stays and transportation services at 41%, and chores with 36%. The most frequently provided related services were homemaker services at 68% and home safety and fall prevention services with 55% of respondents providing services. The frequencies of all write-in responses have been included in Attachments A and B in Appendix A. (Note: Any overlap between write-in responses for Question 1 and Question 2's provided services is reflected in the data described above.)

Fees for Services and How Participants are Charged

Questions 5-7 of the survey focused on the types of fees for services. Eighty-two percent of the reporting organizations indicated that they charged some kind of fee for their services. For both home health care and its related services, respondents indicated that they predominately charge fixed rates for services (refer to APPENDIX A for response marginals). Related home services were more likely to be provided on a sliding fee scale than health care services. Support groups were the most commonly provided free service, with the entire 14% of organizations surveyed who provided the service doing so for free. An examination of the eight respondents who do not charge a fee for service reveals that four use Medicare, three use private insurance, and seven use donations, gifts or grants to offset the costs of service provision. Of those who do not have income restrictions for service, 19 organizations subsidize fees for services for both Medicare and Private Insurance, and 6 rely on donations, gifts, or grants.

Subsidizing Costs of Services

The goals of Questions 7 and 8 was to understand how organizations helped reduce costs of service provision for both the provider and consumer. 50% of respondents work with Medicare and/or Medical Assistance and14% with private insurance or HMOs. Sixteen percent of organizations rely on donations, gifts, or grants to make their services available. Five organizations (11%) provided a write-in response of "Private Pay". Most organizations (n=30, 70%) reported that they did not receive any grants to assist in their service delivery. For those who did receive grants, 9% reported the assistance of private foundations, 5% corporate grants, 7% city grants, 7% state or federal grants, and 5% the United Way.

Service Limitations

Questions 10 through 18 sought to determine the limitations providers may have in providing services to NESCRC's target population. First, question 10 asked those surveyed if they had limitations on the areas they served. Forty-three percent reported no geographic limitations. Fortunately, NESCRC's service area seems to be well covered by providers. Of the 21 organizations who reported limitations, most organizations still had a broad service area. Eight served Ramsey, Hennepin, and Anoka Counties, three served Hennepin and Ramsey Counties, and three served only Hennepin County. Question 12 looked to see if organizations limited services based on income. Eighty-six percent of respondents reported that they do not. Of the eleven percent that reported income restrictions, 2% defined their restriction as "low-income," 2% as eligible for medical assistance, and 2% that income could not be over $1,000.[1] 82% of organizations have no limitations on service to clients based on their age. Of those who do, 7% reported that a client must be at least 18 years old, 5% that they be 55 or older, and another 5% that clients be 65 or older. Most of the providers surveyed (84%) do not limit service based on a client's disability status. Of the 11% who do, two organizations required limited mobility, one required impaired vision, two required a terminal illness, and one required mental illness. One organization reported that it would not work with individuals needing lifting or transferring. Finally, 34% of organizations require some form of a referral for services. Of all the organizations surveyed, 34% will accept a referral from family, friends or community members, 45% from a doctor, 36% from a social worker, and 45% from a social service organization. Nine percent provided a write-in answer of a self-referral. One organization responded that a Physician's orders are required for insurance reimbursable orders.

Organization Type and Collaborations

Questions 20 and 21 examined if organizations were in the private, public, or non-profit sector and what types of private, public or non-profit organizations they collaborate with to provide services. Twenty-five percent of respondents self-identified as non-profit organizations, 73% as a for-profit business or agency, and no respondents identified as a government agency. In terms of collaborations in service provision, 55% of respondents collaborated with non-profit organizations, 68% with for-profit agencies and businesses, and 64% with government agencies. A cross tabulation identifying what types of organizations collaborate together is provided in APPENDIX B.

Recommendations

Reflecting on the data provided above, NESCRC should:

- Explore adult day care, adult foster care, community based nursing and case management as possible health care services based on client demand

- Explore home delivered meals, money management and Medicare Part D consultations, and support groups as potential related service offerings based on client demand

- Expand upon its adaptive technology and home modification services

[1] The researcher assumed that this was monthly income, though it was not defined in the responses.

- Do outreach to like-minded organizations in order to provide the aforementioned services

- Explore ways to subsidize the cost of services, particularly through the use of Medicare/medical assistance, to provide the health care and related services it chooses to provide

Analysis and Discussion of Recommendations

Responses to Questions 1-4 indicate gaps in service provision as few organizations provide Adult Day Care and Family Adult Foster Care. These may be services that NESCRC should consider. Though day services are not necessarily provided in one's home, they would enable an elder needing assistance to stay in his or her own home and seek day services off-site when a primary caretaker is unavailable. Provided NESCRC could locate affordable space in the community to hold such a program, this method also would likely be more cost effective, as it could allow for a greater client to caretaker ratio. Adult foster care would allow a group of elder adults with special needs to live together in a caretaker's home, but would require them to leave their current homes, which seems inconsistent with the mission of NESCRC. In addition, providers must meet all government requirements, which could be a tedious process. Community based nursing may be another area for NESCRC to explore in terms of health services provision, for many of the same reasons as day services. Case management also had a moderate level of provision, and is a service the organization could offer on-site or in a senior's home. This would help seniors understand their options and make educated decisions on health care options.

Responses on related health care services indicate that few organizations provide home delivered meals, home modification, adaptive technology, money management, insurance/Medicare Part D consultations and support groups. NESCRC may wish to expand its adaptive technology services as well as its home modification offerings. Money Management and Medicare Part D consultations could easily be incorporated into Case Management, should NESCRC consider this service. Home delivered meals are the least offered service and should be considered, subject to demand in NESCRC's service area.

Survey responses also indicate that, though numerous services are provided by area organizations most charge a fixed rate. Results also reveal that for those who provided a services on a free or sliding fee scale, whether private or non-profit providers, 100% relied on some kind of subsidy, which is likely why free and sliding-scale services appear less frequently. Medicare/medical assistance was the most highly reported form of subsidy, followed by donations and insurance. These results suggest that NESCRC could benefit from learning more about the role Medicare/medical assistance can play in any health care program they choose to implement. This idea is further supported by the fact that less that 10% of organizations received funding in each of the categories of corporate, city, state and federal grants.

Of course, NESCRC may have to require referrals, income, age or other limitations on services depending on how it chooses to fund its new services. Responses also indicate that collaborations between organizations are an integral part of service provision.

Conclusions

The geographic area served by NESCRC has few in-home health care providers located within its boundaries which could make it difficult for a senior to on his/her own find a provider for a needed service. Yet, many providers located outside the NESCRC service area, provide services in Northeast Minneapolis, Saint Anthony and Columbia Heights.

The information obtained in this study suggests that some services are readily available and that there are gaps in the availability of other services either because few organizations provide these services or because such services are not affordable. As NESCRC looks to its future, it would most benefit from providing and/or expanding upon services offered less frequently by other providers, or by providing similar services for free or on a sliding scale. In addition, NESCRC stands to benefit from collaborating with other agencies in providing these services. A plan to offer key services at affordable rates promises to both serve the community as well as bring NESCRC closer to its mission.

APPENDIX A
SURVEY QUESTIONS AND RESPONSE MARGINALS

North East Senior Citizen Resource Center (NESCRC) Market Survey of In-Home Health Care Providers

North East Senior Citizen Resource Center:
"Helping Seniors Live Independently with Dignity"

Thank you for your interest in the North East Senior Citizen Resource Center's (NESCRC) Market Survey of In-Home Health Care Providers. NESCRC's mission is to help seniors live independently with dignity. As you are well aware, connecting seniors to affordable in home services is often a challenge. To aid in fulfilling our mission we are conducting a survey of private, public and non-profit in-home health related service providers to learn more about their service provision, fees, and eligibility requirements.

We hope that you will take a moment to complete this brief survey. Your responses are valuable in that they will help us identify gaps in service provision, as well as understand ways in which the public, private and non-profit sectors can work together to meet the demands of Minneapolis elders.

This survey has no risks. You will not be directly compensated for your participation; however, if you choose to be added to NESCRC's service directory, your organization/business may benefit by receiving referrals from our network. Your decision to complete or refuse this survey will in no way affect your future relationship with NESCRC. If you have any questions about this survey, you may contact Erika Grace Nelson, Research Assistant, at 612-781-5096 or erikagrace@nescrc.org.

NESCRC MARKET SERVICES SURVEY

Note: Because numerous questions followed a "circle all that apply" format, meaning response were not required, nor were response types mutually exclusive. Respondents could select one or more responses, or none at all for any given category. The percentages in this summary reflect the number of respondents who selected that choice. Therefore, percentage totals will not total 100% in some cases.

Q1. Which of the following HOME HEALTH services does your organization provide, either with volunteers or paid staff? If you do not provide a service, select "service not provided." *(Circle all that apply.)*

	Service not provided	Service provided by volunteers	Service provided by paid staff or paid contractor	MISSING
Community based nursing	43% (19)	2% (1)	39% (18)	16% (7)
Skilled nursing care in older adult's home	36% (16)	2% (1)	52% (23)	9% (4)
Home health aide/ personal care attendant	16% (7)	2% (1)	80% (3)	2% (1)
Adult day care	75% (33)	0%	7% (3)	18% (2)
Family adult foster care	75% (33)	0%	5% (2)	21% (9)
Medication set-ups	30% (13)	2% (1)	57% (25)	11% (5)
Case management	43% (19)	0%	41% (18)	16% (7)

Note: Results may exceed 100% as categories as provider types are not mutually exclusive.

Q2. Does your organization provide any OTHER home health services?
Please describe: [Refer to ATTACHMENT A following survey)

Q3. Which of the following home health RELATED services does your organization provide, either with volunteers or paid staff? If you do not provide a service, select "service not provided." *(Circle all that apply.)*

	Service not provided	Service provided by volunteers	Service provided by paid staff or paid contractor	MISSING
Home delivered meals	71% (31)	5% (2)	2% (1)	23% (10)
Home modification	61% (27)	0%	16% (7)	23% (10)
Adaptive technology	66% (29)	0%	11% (5)	21% (9)
24-hour after emergency stays	41% (18)	5% (2)	36% (16)	18% (8)
Transportation	46% (20)	9% (4)	32% (14)	14% (6)
Homemaker services (laundry, cooking, cleaning, etc.)	21% (9)	2% (1)	66% (29)	11% (5)
Chores (lawn mowing, shoveling, etc)	43% (19)	5% (2)	32% (14)	21% (9)
Respite care/caregiver services	30% (13)	5% (2)	46% (20)	21% (9)
Money management	52% (23)	7% (3)	18% (8)	25% (11)
Insurance/Medicare Part D consultations	61% (27)	2% (1)	14% (6)	23% (10)
Home safety/fall prevention	25% (11)	5% (2)	50% (22)	18% (8)
Support groups	66% (29)	5% (2)	5% (2)	25% (11)

Note: Results may exceed 100% as categories as provider types are not mutually exclusive.

Q4. Does your organization provide any OTHER home health RELATED services? Please describe: [Please refer to SURVEY ATTACHMENT B following survey]

Q5. Do you request a fee for your organization's services?

18% (8) 0 NO → GO TO **QUESTION 8**

82% (36) 1 YES

Q6. Of the following HOME HEALTH services, how are recipients charged for service? Do you charge no fee*, a fixed rate, or a sliding fee scale? If the service is not provided by your organization, select "service not provided." (*donations may be accepted.) *(Circle all that apply.)*

	Service not provided	No Fee	Fixed rate	Sliding Fee Scale	MISSING
Community based nursing	30% (13)	5% (2)	30% (13)	9% (4)	14% (6)
Skilled nursing care in older adult's home	23% (10)	5% (2)	39% (17)	9% (4)	7% (3)
Home health aide/ personal care attendant	7% (3)	2% (1)	59% (26)	11% (5)	-
Adult day care	61% (27)	0%	7% (3)	0%	11% (5)
Family adult foster care	61% (27)	2% (1)	5% (2)	0%	11% (5)
Medication set-ups	23% (10)	2% (1)	41% (18)	14% (6)	2% (1)
Case management	27% (12)	5% (2)	30% (13)	7% (3)	11% (5)

Note: Results may exceed 100% as fee types are not mutually exclusive.

Q7. Of the following home health RELATED services, how are recipients charged for service? Do you charge no fee*, a fixed rate, or a sliding fee scale? If the service is not provided by your organization, select "service not provided." (*donations may be accepted.) *(Circle all that apply.)*

	Service not provided	No Fee	Fixed Rate	Sliding Fee Scale	MISSING
Home delivered meals	63% (28)	2% (1)	0%	5% (2)	16% (7)
Home modification	57% (25)	2% (1)	11% (5)	0%	9% (4)
Adaptive technology	68% (30)	0%	2% (1)	0%	9% (4)
24-hour after emergency stays	36% (16)	5% (2)	25% (11)	9% (4)	5% (2)
Transportation	34% (15)	5% (2)	21% (9)	11% (5)	9% (4)
Homemaker services (laundry, cooking, cleaning, etc.)	9% (4)	2% (1)	55% (24)	11% (5)	2% (1)
Chores (lawn mowing, shoveling, etc)	36% (16)	2% (1)	32% (14)	7% (3)	5% (2)
Respite care/caregiver services	18% (8)	2% (1)	41% (18)	14% (6)	7% (3)
Money management	48% (21)	7% (3)	11% (5)	5% (2)	9% (4)
Insurance/Medicare Part D consultations	55% (24)	7% (3)	7% (3)	2% (1)	9% (4)
Home safety/fall prevention	23% (10)	7% (3)	32% (14)	14% (6)	9% (4)
Support groups	55% (24)	14% (6)	0%	0%	11% (5)

Note: Results may exceed 100% as fee types are not mutually exclusive.

Continue→

Q8. Is your cost of service provision subsidized or covered by any of the following? *(Circle all that apply.)*

50% (22) Medicare/Medical Assistance ("Medicare" in pilot survey)
14% (6) Private insurance/HMO
16% (7) Donations/gifts/grants
5% (2) None (Write-In)
11% (5) Private Pay (Write-In)
27% (12) MISSING
Note: Totals exceed 100% as categories are not mutually exclusive.

Q9. If your organization has received grant money to provide services during the 2008 calendar year, what type of grant did you receive? *(Circle all that apply.)*

70% (30) No grants received in 2008
9% (4) Private foundation grants
5% (2) Corporate grants
7% (3) City grants
7% (3) State or Federal grants
5% (2) Other (please specify) __United Way__
Note: Results exceed 100% as categories are not mutually exclusive.

Q10. Does your organization limit who it provides services to based on GEOGRAPHIC AREA?

43% (19) 0 NO →GO TO **QUESTION 12**.

48% (21) 1 YES→ Q11. Please describe your geographic limitations (use ZIP codes if possible).

[Please refer to SURVEY ATTACHMENT C following survey]

5% (2) MISSING

Q12. Does your organization limit who it provides services to based on INCOME?

86% (38) 0 NO→ GO TO **QUESTION 14**.

11% (4) 1 YES→ Q13. Please specify maximum and/or minimum income requirements:

Minimum Income: 2% (1) Low-income (Write-In)
2% (1) Eligible for Medical Assistance (Write-In)
2% (1) 1,700
Maximum Income: 2%(1) 1,000

16% (7) MISSING *Note: Percentages reflect total sample.*

Continue→

Q14. Does your organization limit who it provides services to based on AGE?

82% (36) 0 NO→ GO TO **QUESTION 16**.

16% (7)1 YES→ Q15. Please specify your minimum age limit:

7% (3) 18
5% (2) 55
5% (2) 65
Note: Percentages reflect total sample.

Q16. Does your organization limit who it provides services to based on DISABILITY STATUS?

84% (37) 0 NO→GO TO **QUESTION 18**.
11% (4)1 YES→ Q17. Please indicate which disabilities and individual must have in order to receive your services. Check all that qualify.

5% (2) Limited Mobility
2% (1) Vision Impaired
0% Hearing Impaired
5% (2) Terminal Illness
2% (1) Mental Illness
0% Chemical dependency
0% Other (please specify)__ _____
2% (1) Can *not* work with anyone who needs Lifting or transferring (Write-In)
Note: Percentages reflect total sample.

2% (1) MISSING

Q18. Does a client need a referral to utilize your services?

64% (28) 0 NO→ GO TO **QUESTION 20**.
34% (15) 1 YES→
Q19. What type of referral does your agency require before it will provide services? Please check all that apply.

34% (15) Family members/Friends/Community members
45% (20) Doctor
36% (16) Social Worker
45% (20) Social Service Organization
9% (4) Other (please specify) Self-referral (Write-In)
2% (1) Write-in: Physician's orders are required for insurance reimbursable orders
Note: Results exceed 100% as categories are not mutually exclusive. Percentages reflect total sample.

2% (1) MISSING

Q20. Which of the following best describes your organization type? *(Circle one.)*

25% (11) Non-profit organization
73% (32) For-profit agency
0% Government agency
2% (1) MISSING

Q21. Do you collaborate with any of the following types of organizations to provide services? *(Circle all that apply.)*

55% (24) Non-profit organization
68% (30) For-profit agency/business
64% (23) Government agency
21% (9) MISSING
Note: Results exceed 100% as categories are not mutually exclusive

Q22. Would you like us to add your contact information and service listing responses to our service provider directory? (*Circle one.*):

0% **NO**, I DO NOT want to be included in your service directory.

98% **YES →**

Please provide your contact information below. This will ensure that seniors who seek the type of services you provide can be connected to your agency in the future.
Name:_____
Company/Organization:_____
Street Address:_____
Suite:_____
City/Town:_____
State:_____
ZIP/Postal Code:_____
E-mail address:_____
Phone number:_____

2% (1) MISSING

THANK YOU FOR YOUR PARTICIPATION!

STOP.

ATTACHMENT A

OTHER HOME HEALTH SERVICES

Service Type	%	n
Diabetic Foot Care/Shoe Fitting	2%	(1)
Dietician	2%	(1)
In Home Shopping Service	2%	(1)
Occupational Therapy	14%	(6)
Physical Therapy	14%	(6)
Social Workers	2%	(1)
Speech Therapy	11%	(5)
Homemaking	9%	(4)
Rehabilitation	2%	(1)
Meal planning and preparation	5%	(2)
Medication reminders	5%	(2)
Bathing	2%	(1)
Handymen	2%	(1)
Cleaning	2%	(1)
Hospice	7%	(3)
Palliative Care	7%	(3)
Mental Health	2%	(1)
24 hour care	2%	(1)
Skilled nursing	7%	(3)
Home Management	2%	(1)
Wound/Dressing Changes	2%	(1)
Personal assistant	5%	(2)
Blood pressure clinics	2%	(1)
Health seminars	2%	(1)
Outreach nurse	2%	(1)
Visiting volunteers	2%	(1)
Foot care	5%	(2)
Flu shots	2%	(1)
PCA	5%	(2)
HHA	2%	(1)
Housing with services	5%	(2)
Financial help	2%	(1)
Pharmacist	2%	(1)
Hand care	2%	(1)
Companion services	2%	(1)

Note: Percentages reflect total sample.

ATTACHMENT B

OTHER RELATED HOME HEALTH SERVICES

Service Type	% n
Care management	2% (1)
Emergency response	2% (1)
Shopping	2% (1)
Meal prep	5% (2)
Extended care	2% (1)
Ambulation assistance	2% (1)
Light transfers	2% (1)
Hygiene	4% (2)
Skilled nursing	2% (1)
Mental health	2% (1)
Showering assistance	2% (1)

Note: Percentages reflect total sample.

ATTACHMENT C

GEOGRAPHIC RESTRICTIONS BY GROUP SAMPLE AND TOTAL SAMPLE

Restricted Service Area	**Number % sample % total**
Hennepin, Ramsey and Anoka Counties	8 (86%) (18%)
ONLY Hennepin County	3 (14%) (7%)
ONLY Hennepin and Ramsey Counties	3 (14% (7%)
ONLY Anoka and Ramsey Counties	1 (5%) (2%)
ONLY Anoka County	1 (5%) (2%)
ONLY ZIP Codes 55418, 55429, 55430, and 55414	1 (5%) (2%)
ONLY ZIP Codes 55414	1 (5%) (2%)

APPENDIX B

NON-PROFIT, FOR-PROFIT and GOVERNMENT COLLABORATION BY ORGANIZATION TYPE

		Type of Collaboration		
		Non-profit n % within group (% total sample)	For-Profit n % within group (% total sample)	Government n % within group (% total sample)
Organization Type	Non-Profit N=11	8 73% (18%)	7 64% (16%)	10 91% (23%)
	For-Profit N=32	16 50% (36%)	23 72% (52%)	16 50% (35%)
	TOTAL N=43 (one missing response)	24 100% (56%)	30 100% (68%)	26 100% (59%)

APPENDIX C
GLOSSARY OF TERMS

24-hour After Emergency Stays – 24-hour supervision provided by paid staff, volunteers or other caregivers after surgery or a life-threatening event to ensure that senior does not face any side effects or other complications

Adaptive Technology – Technological modifications in a senior's home that will help him or her maintain connections to the community and outside world, such as telecommunications for the hard of hearing, digital TV conversions or internet installation and training

Adult day care – A service provided at a central location where one or more licensed caregivers supervise seniors with special needs. Seniors can attend day services for all or part of the day, allowing them to return to their individual homes or return to the supervision of their primary caregivers at the end of the day.

Assisted living – A residence facility, usually apartment style, that provides seniors with specialized care services, such as nursing or personal care attendants, on-site in their home.

Bias – Errors in data collection or interpretation that make survey feedback less reliable

Caregiver services – see Respite Care

Case management – Services that help seniors navigate information and provides consultations on health-care options and other difficult decisions. Usually provided by a social worker or other trained individual.

Chores services – Household maintenance, housekeeping, or yard chores such as raking leaves or snow removal

Community Based Nursing – A community program that provides drop-in preventative health care screenings or other treatments at a central community location

Convenience Sample – A sample of individuals of a population being studied who were chosen to participate in a project because it was easy to contact them and obtain their feedback

Corporate Grants - Monetary gifts provided from a business to an organization to cover costs for program services

Coverage error – Coverage error occurs when the conclusions drawn from a set of data are unreliable because there is something unique about those who responded that does not reflect the entire population that the researcher is studying

Foot Care – Foot hygiene services provided to those who cannot do so for themselves. For diabetics, foot care must be provided by a Registered Nurse (see also Registered Nurse)

Government Agency – A government funded entity or program offering social services to the public

Government Grants – Monetary funds provided to an organization to cover costs for program services. Government grants can be provided at the city, state, or federal level and usually involve a contractual relationship.

Home Health Aide (HHA) – see Personal Care Attendant

Home Modification – Routine repairs and/or adaptations to homes to keep them well maintained and/or accommodate the needs of seniors (such as wheelchair ramps or shower grips)

Homemaker Services – Day-to-day living services such as meal preparation, laundry, house cleaning, etc.

Home Safety/Fall Prevention Services – Individual or group consultations for seniors instructing them how to navigate their homes with limited mobility or other disabilities and avoid other situations that would cause potential hazardous situations in the home

Housing with Services – see Assisted Living

Insurance Consultations – Individual or group consultations providing seniors with information on how to file insurance claims and/or navigate other benefits plans such as Medicare or Medicaid

Marginals – The number and percentage of respondents who provided a response for a particular question.

Measurement Error – Measurement Error occurs when respondents misunderstand survey questions to mean something other than what the researcher intended. The information they provide is therefore inconsistent with the actual element the researcher was trying to measure.

Medical Assistance – A publicly funded healthcare program for low-income and elderly individuals in the State of Minnesota. In Minnesota, 75% of Medical Assistance funding goes to seniors and individuals with disabilities.

Medicare/Part D Consultations – see Insurance Consultations

Medication Set-Ups – Medications are prepared as prescribed for a senior by a registered nurse

Money Management – Group or individual consultations for seniors providing advice on how to manage savings, social security or other income, and/or how to avoid financial fraud and scams

NESCRC – Acronym: North East Senior Citizen Resource Center

Non-response – Non-response occurs when subjects fail to provide information. Non-response can be intentional or unintentional

Non-profit Organization – A non-government organization that responds to public needs without the intent of making a profit

Outreach Nurse – a community nurse that makes house calls to provide health care screenings and other services (see also Community Based Nursing)

PCA – see Personal Care Attendant

Personal Care Attendant (PCA) – Any individual providing day-to-day assistance, such as bathing, meal preparation, housecleaning or feeding for a person with disabilities. A PCA can be a professional, such as a registered nurse, or simply a close friend or relative.

Private Foundation Grants – Monetary gifts provided by individual/family/corporate foundations for an organization to cover costs for program services

Private Pay – Out-of-pocket fees for services

RN – see Registered Nurse

Registered Nurse (RN) – Health care professionals who treat and/or educate patients about their medical conditions. Registered Nurses hold degrees from an accredited program and are licensed to administer treatment and medication, perform diagnostic tests and operate medical equipment.

Respite care – Services that provide temporary relief for the primary caregiver of an older adult with special needs.

Senior apartments – Independent apartment homes reserved for individuals of a certain age group. Such facilities are usually subsidized by the government in an effort to be more affordable to seniors with fixed/limited incomes

Skilled Nursing – Health care services provided by a Registered Nurse (see also Registered Nurse)

Social Service Organization – Any community-based, non-profit, government or other organization providing services to meet a public need

Social Desirability Bias – Social Desirability Bias occurs when a respondent answers a survey question untruthfully because the true response would give others a negative image of the respondent

Specification Error – Specification error occurs when a researcher attributes an observed outcome to a specific variable when in actuality it is caused at random or is attributed to something else entirely