


ROSEVILLE
REQUEST FOR COUNCIL ACTION

Date: November 16, 2015
Item No.: 11.d

Department Approval

City Manager Approval



Item Description: Receive Update on Roseville Block Nurse Program Reinvention Task Force

1 **BACKGROUND**

2 At the October 6, 2014 City Council meeting, the City Council authorized the formation of the
3 Roseville Block Nurse Program Reinvention Task Force. Sara Barsel, Co-Chair of the Task
4 Force will be presenting an update to the City Council on the Task Force’s work this past year.
5 Extensive information about the Task Force’s work is included in Attachment A.

6
7 **POLICY OBJECTIVES**

8 One of the goals of Imagine Roseville 2025 is that support the health and wellness of community
9 members. Strategies identified in IR 2025 to further that goal include “Promote and encourage
10 active and healthy lifestyles for all” and “Support initiatives and partnerships to improve health
11 care quality, affordability, and access”.

12
13 **BUDGET IMPLICATIONS**

14 Nothing projected at this point although the City has made copies for the Task Force.

15
16 **STAFF RECOMMENDATION**

17 Review the information and receive an update about the work of the Roseville Block Nurse
18 Program Reinvention Task.

19
20 **REQUESTED COUNCIL ACTION**

21 The City Council should review the information and receive an update about the work of the
22 Roseville Block Nurse Program Reinvention Task.

Prepared by: Patrick Trudgeon, City Manager (651) 792-7021

Attachments: A: Roseville Block Nurse Program Reinvention Task Force Report to the City Council.

Roseville Block Nurse Program Reinvention Task Force report to City Council – Nov. 16, 2015.

Authorization: Roseville City Council authorized formation of the **Roseville Block Nurse Program Reinvention Task Force** on Oct. 6, 2014.

Co-chairs: Sara Barsel and Greg Peterson, Roseville Fire Dept. Battalion Chief and Emergency Manager

Initial meeting: Feb., 2014 - 21 potential members

Stalwart participants: Mina Gurung, Tim O'Brien, Bill Marczewski, Mark Nichols, Katy Otterness, Gary Olson, Greg Peterson, Judi Beardsley, Sara Barsel.

Initial dual goals:

1. Evaluate the feasibility of reestablishing a Block Nurse Program for Roseville.
2. Assessment of health needs /gaps analysis for underserved and underrepresented Roseville residents.

Target populations:

- i. seniors (age ≥60 years old)
 - ii. individuals ethnic and culturally-diverse populations
 - iii. individuals with low income
3. Determination of feasibility of reestablishment of a Block Nurse Program for Roseville.

Methods: Information was collected through surveys and informational interviews or meetings.

Six surveys were constructed on Survey Monkey for ease of completion and analysis. The Senior survey was also available in hard copy. All surveys may be viewed using the **Survey Monkey links** provided below.

The surveys fall into three categories:

1. Resident surveys to determine access to medical and dental services, mental health services, nutritious food, physical and mental exercise, housing, transportation, and use of available senior services.
Roseville Senior Health Needs Survey: <https://www.surveymonkey.com/s/7W3NJ5P>
Roseville Adult Health Needs Survey 2: <https://www.surveymonkey.com/s/YK5XHXR>
2. A survey to determine what, if any of these health-related services are provided by residential facilities and apartments in Roseville, with particular emphasis on senior residential facilities (independent senior living).
Roseville Senior Housing Health Service Survey: <https://www.surveymonkey.com/s/9VHV7ZJ>
3. Health care provider surveys to gather data about health care providers identified as specializing in services for underserved and underrepresented, as well as ethnic minorities.
Medical Provider Survey: <https://www.surveymonkey.com/s/LFDRTN6>
Mental Health Provider Survey: <https://www.surveymonkey.com/r/ZZ72M8Z>
Dental Services Provider Survey: <https://www.surveymonkey.com/r/Z66YBKN>

Survey status:

1. Resident health needs surveys have been closed and subject to initial, simple analyses. Further analyses may occur, if time and/or interest permit. This report is based on initial analyses of these surveys.
2. Senior Housing Provider surveys are still awaiting completion by more housing managers. This information will assist in determination of service redundancies and needs.
3. Health care provider surveys are still awaiting completion by more health care providers. This information will be collated and indexed to provide a static guide to health care services for specific populations (e.g. low income and free health care services, services with staff fluent in languages other than English, services with staff fluent in other cultural approaches to health care, etc.) This medical/mental health/dental provider information resource/database will be housed within the City of Roseville's website.

Informational interviews and meetings were held with staff of the following agencies/businesses:

Minnesota Dept. of Health (Commissioner Ehlinger, Ass't Commissioner Ayers, Division Director Myhre, staff)
 Saint Paul - Ramsey County Public Health
 HealthEast
 HealthPartners

Living at Home Network (formerly Living at Home Block Nurse Program)
 Northeast Youth and Family Services
 Suburban Ramsey Family Collaborative
 Roseville Area Senior Program
 Lutheran Social Service
 Amherst Wilder Foundation – Twin Cities Mobile Market
 Defunct Roseville Block Nurse Program – board members

Survey results:

166 **Roseville Adult Health Needs Survey 2** and 198 **Roseville Senior Health Needs Surveys** were completed. Representative summary results from these surveys are presented here and in the attached appendices.

General demographics:

adults	seniors																																				
<p>Q1 What is your age? n = 160/166</p> <table border="1"> <caption>Q1: What is your age? (n = 160/166)</caption> <thead> <tr> <th>Age Group</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>18 to 24</td> <td>2</td> </tr> <tr> <td>25 to 34</td> <td>49</td> </tr> <tr> <td>35 to 44</td> <td>41</td> </tr> <tr> <td>45 to 54</td> <td>32</td> </tr> <tr> <td>55 to 64</td> <td>31</td> </tr> <tr> <td>65 to 74</td> <td>2</td> </tr> <tr> <td>75 or older</td> <td>3</td> </tr> </tbody> </table>	Age Group	Count	18 to 24	2	25 to 34	49	35 to 44	41	45 to 54	32	55 to 64	31	65 to 74	2	75 or older	3	<p>Q3 What is your age? n = 192/198</p> <table border="1"> <caption>Q3: What is your age? (n = 192/198)</caption> <thead> <tr> <th>Age Group</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>55-59</td> <td>3</td> </tr> <tr> <td>60-64</td> <td>35</td> </tr> <tr> <td>65-69</td> <td>30</td> </tr> <tr> <td>70-74</td> <td>23</td> </tr> <tr> <td>75-79</td> <td>23</td> </tr> <tr> <td>80-84</td> <td>19</td> </tr> <tr> <td>85-89</td> <td>29</td> </tr> <tr> <td>90-94</td> <td>22</td> </tr> <tr> <td>95-100</td> <td>5</td> </tr> </tbody> </table>	Age Group	Count	55-59	3	60-64	35	65-69	30	70-74	23	75-79	23	80-84	19	85-89	29	90-94	22	95-100	5
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<p>~18% adult survey respondents identified themselves as members of ethnic minorities or diverse cultures. The majority of these individuals are students in the ISD623 Adult Learning Center. It was exceptionally difficult to</p>	<p>Virtually all of the senior survey respondents were caucasian and European/American background. It was exceptionally difficult to get individuals in specific culturally diverse communities to complete the surveys.</p>																																				

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Five areas of inquiry were notable for their responses. Specific survey responses and analyses identified as “improvement opportunities” are in the attached appendices.

1. **# of individuals without completed advance directive documents.** (Appendix A)
2. **# of individuals who describe themselves as “socially isolated”.** (Appendix B)
3. **# of individuals who have not participated in self-management health care opportunities,** i.e. classes in chronic disease management, classes in fall prevention and balance improvement, home safety checks. (Appendix C)
4. **Transportation issues** (Appendix D)
5. **# of seniors who use community senior services,** i.e. RASP and other available senior services. (Appendix E)

Additional summary survey data is available upon request. It is too lengthy to include in this report.

Conclusions:

Block Nurse Program:

The data gathered argues against reinstatement of a Block Nurse Program for Roseville. Specific and detailed reasons are available upon request. There is insufficient space to include this material in this report, however RASP offers BNP-type services. These are listed in Appendix F, a comparison of RASP BNP-type services to Saint Anthony Park Seniors, a Living at Home BNP program.

Moving forward:

1. **Roseville Block Nurse Program Reinvention Task Force has reinvented itself as CHAT (Community Health Awareness Team).**
 - a. CHAT will serve as a catalyst, conduit and collaborator to expand selected health-related services.
- **CHAT will publish a regular health-related information column in the *Roseville City News*,** beginning with the Jan/Feb 2016 edition. Topics will/may include information about the Advance Care Planning events in April May/June 2016; crisis lines; resources for discount prescription drugs; free hearing assistance devices, food shelves and Twin Cities Mobile Market sites/free meals; Health Care Homes -definition, services available, and ways to find them; mental health services; support groups.
- **CHAT is hosting a planning meeting for events that will increase participation, discussion, and completion of Advance Care Directives,** including the Vial of Life and Honoring Choices documents. The meeting is a collaborative effort between CHAT, Roseville Fire Dept. EMT, Honoring Choices MN, health care Advance Care Planning teams, legal specialists, senior housing providers, home health care agencies, parish nurses, RASP, Ramsey County Library, and others with interest and expertise. The initial effort will target seniors & caregivers; subsequent efforts will address the entire adult population.
- CHAT is exploring ways to find sponsors for the Lutheran Social Service Senior Companion Program to service Roseville residents. The Senior Companion Program is a cost-effective, proven program to address social isolation in seniors (including homebound), caregivers (while provide respite) and adults with disabling conditions.
- CHAT will continue to analyze data from the surveys and share it with appropriate agencies.

Appendices:

Appendix A: Advance Planning Education

Appendix B: Social Isolation

Appendix C: Self-Management of Health Care

Appendix D: Transportation

Appendix E: Community Senior Services

Appendix F: BNP comparison with RASP

Prepared by Sara Barsel 11/9/15

Executive summary:

Roseville Block Nurse Program Reinvention Task Force report to City Council – Nov. 16, 2015

Roseville Block Nurse Program Reinvention Task Force, an all-volunteer group of citizens who primarily have health care backgrounds or training, have functioned during 2015 to 1) evaluate the feasibility of reestablishing a Block Nurse Program in Roseville; 2) to determine health needs /gaps analysis for underserved and underrepresented Roseville residents. The target populations:

- a. seniors (age ≥60 years old)
- b. individuals ethnic and culturally-diverse populations
- c. individuals with low income

Methods for data collection included 1) construction, administration, and analysis of six electronic surveys aimed at residents (adults (18 – 59 years old), seniors (≥60 years old), senior housing providers, and medical service providers; and 2) informational interviews and meetings with health care agency personnel.

166 adults and 198 seniors completed the resident surveys.

Preliminary survey analysis of the resident surveys identified five areas of interest and potential remediation actions:

1. Advance Directive Planning
2. Social Isolation
3. Self-Management of Health care
4. Transportation
5. Use of existing senior services

Data analyses and recommendations are contained within the relevant appendices.

Reestablishment of a Roseville Block Nurse Program is not recommended for many reasons, which are not elaborated in this report.

Roseville Block Nurse Program Reinvention Task Force has reinvented itself as **CHAT (Community Health Awareness Team)**. CHAT will serve as a catalyst, conduit and collaborator to expand selected health-related services. To this end, CHAT has the following ongoing efforts for 2016:

1. Publication of a regular health-related information column in the *Roseville City News*
2. Coordination of collaborative events to increase advance care planning document awareness, discussion, and completion. The initial target audience is composed of seniors and caregivers. Once this is underway, efforts to address similar needs among younger adults will be undertaken.
3. Exploration of ways to reduce social isolation among Roseville adults and seniors, and provide respite for caregivers. The primary focus is identification of site sponsor(s) for the Lutheran Social Service Senior Companions program.
4. Continued efforts to collect completed senior housing and medical provider surveys for analyses and database construction.

Appendix A: IMPROVEMENT OPPORTUNITY : ADDRESS ADVANCED PLANNING EDUCATION

CURRENT STATE

As indicated by Roseville survey:

1. DPOA-Health Care:

Adults (18-59) 35% have 53% do not have 11% unfamiliar
Seniors (≥ 60) 66% have 30% do not have 4% unfamiliar

2. Medical Health Care directive:

Adults (18-59) Did not address?
Seniors (≥ 60) 76% have 22% do not have 2% unfamiliar

3. POLST (Physician Orders for Life Sustaining Treatment):

Adults (18-59) 15% have 54% do not have 30% unfamiliar
Seniors (≥ 60) 40% have 31% do not have 30% unfamiliar

4. Honoring Choices:

Adults (18-59) Did not address?
Seniors (≥ 60) 13% have used 39% have not used 48% unfamiliar

(Note: Majority of surveys completed by those of caucasian/Northern European ancestry)

National Averages:

Approx. 30% of all adults have advanced directives.

(FYI: Statistics from one study):

"Of the 7946 respondents, 26.3% had an advance directive. The most frequently reported reason for not having one was lack of awareness. Advance directive completion was associated with older age, more education, and higher income and was less frequent among non-white respondents. Respondents with advance directives also were more likely to report having a chronic disease and a regular source of care. Advance directives were less frequent among those who reported not knowing if they had an EOL concern."

Rao, Jaya K et al "Completion of Advance Directives Among U.S. Consumers". American Journal of Preventive Medicine 46.1 (2014): 65-70 PMC.Web23 Sept 2015

DESIRED STATE

Majority of adult population (of all ages) will have access to information regarding advance directives and will have medical information/advance directives (of some type-Vial of Life, POLST, Medical Directive, DPOA-HC) in place.

Reference: Respecting Choices LaCrosse WI

Collaboration of major health care organizations in LaCrosse to develop a model for end-of-life planning/decision making which began in 1991. Goal: 50% of adults would have advance directives in place. As of 1995, 85% of adult population had AD's, 2007 – 90% did and to date, 96% do.

Reference: Honoring Choices MN—collaborative, community based initiative led by the Twin Cities Medical Society

RATIONALE

To diminish personal/professional distress and costs at multiple levels.

1. EMT's/Paramedics/Medical Professionals: Clear statement of patient's intent. Avoid second guessing/family debate-indecision regarding heroic/palliative treatment.
 - a. Reference: Maplewood MN recent EMT/Paramedic incident regarding DNR vs CPR.
2. Patient's wishes are known and respected.
3. Family conflict/guilt/moral distress avoided/diminished regarding how to treat loved one.
4. Possible cost/time/resource savings:
 - a. Reference: LaCrosse Wi—advance planning process saves \$3000-\$6000 per patient/yr
 - b. Reference: Maplewood, MN--incident investigation/administrative leave for employees/possibilities-fears of litigation

KEY ACTION ITEMS

1. Local Fire Dept. effort to provide Vial of Life for all Roseville residents.
2. National Health Care Decisions Day April 16,2016
Purpose: To promote understanding of and provide resources for advance directives planning.

RESOURCE NEEDS

1. Vial of Life availability through fire dept/other?
2. Community Health Care Decision Day Program-April 16, 2016
 - a. Secure location/time for event
 - b. Partner with local organizations specifically Honoring Choices MN and major medical providers
 - c. Arrange speaker or panel discussion regarding advance directive planning (include medical, first responder (EMT/Paramedic), legal, spiritual, family?, personal? viewpoints).
 - d. Publicity: Newspapers, Roseville newsletter, city website, flyers (outreach through school system?, senior housing sites?, library?, RASP?, Community ed? etc)
 - e. Printed materials/Handouts/display of information
 - f. National Health Care Decisions website (for further information)

Reference: Community Ed class on Sept 30 regarding Healthcare directives (Judi Beardsley).

COMMITMENTS

1. Roseville City Council endorsement of Health Care Decisions Day

2. Availability of free meeting space (city hall?, library?, Fairview community center?)
3. Speakers/panel members (gratis?)
4. Involvement from Honoring Choices? (speakers, handouts, materials)
5. Printing—free through city?
6. Senior housing providers? (provide resident transport to event?)
7. Endorsement by major medical providers?
8. Fire Dept—vials of life available
9. Library—Display of books, info on advance planning?
10. Budget??

Katy Otterness

9/23/15

Appendix B: Improvement Opportunity: Reduce Social Isolation

Current state

- Data from our surveys
 - Do you feel socially isolated Senior survey (≥60 years old) n=190/198
 - Yes: 14% (27 individuals) No: 86%
 - Do you feel alone or socially isolated? Adult survey (18 – 59) n = 155/166
 - Yes 9% (14 individuals) No: 91%
- Anecdotal data re: Roseville Fire Dept EMS calls:
 - estimated percentage for falls – about 30% of EMS calls (source – Greg Peterson, RFD)
 - no formal numbers available
 - percentage for EMS calls for companionship
 - percentage for individuals who should no longer live independently / are no longer safe at home
- Depression is a major behavioral health issue for seniors and caregivers.
- Roseville’s seniors (≥65 years old) comprise ~21% of the total population.
 - Dementia – living alone - est. ≥100 individuals
 - Unpaid Roseville caregivers est. based on 2010 U.S. Census:
 - $(26,480)(.21) = 5561$ caregivers in Roseville
 - $(5561/33,660)(100) = 17\%$ of Roseville’s adult population are caregivers for adults
 - No data is readily available to calculate the % of adult individuals living with significant disabilities and/or co-morbidities.
 - Our survey data: 10% adults; 19% seniors self-identify with chronic physical condition(s)
 - No data is readily available to estimate the number of homebound adults and seniors living in Roseville.
 - No data is readily available to est. the number of these individuals serviced by PCAs, home healthcare agencies, meals-on-wheels, or other social services.
- Seniors who completed our survey indicated anticipation of difficulties carrying out some Activities of Daily Living, in the future.

Desired state

- **Ageing in place:** The ability to live in one’s own home and community safely, independently, and comfortably, regardless of age, income, or ability level. Source: Centers for Disease Control and Prevention <http://www.cdc.gov/healthyplaces/terminology.htm>
 - **Increase the ability of Roseville seniors living independently to age-in-place safely.**
- For Roseville, with an increasing senior population:
 - Decrease the number of individuals who feel socially isolated (seniors and non-seniors).
 - Decrease the stress on unpaid caregivers (seniors and non-seniors).
- **Implement the Lutheran Social Service of MN (LSS): Senior Companion Program** <http://www.lssmn.org/oa/seniorcompanion/> (Details available upon request.)
 - **This supervised program will provide consistent, trained volunteer companionship for participating seniors (and a limited number of qualified adults), while providing training and stipend-compensated volunteer opportunities for seniors (age ≥55).**

Rationale

- **LSS Senior Companion Program is a longstanding, evidence-based program:**
 - Established 1974
 - The Senior Companion Program is part of the national Senior Corps of the Corporation for National and Community Service.
- Senior Companions provide consistent, weekly companionship and assistance to seniors and caregivers for seniors. Senior Companion volunteers are available to assist adults 18 - , but younger adults generally have some major disability.

- Senior Companions may assist individual seniors with shopping, trips (to medical facilities and/or visiting), social companionship, participation in exercise and/or health-related activities, etc., as determined by SC volunteer and senior client.
- Senior Companions receive training in signs of depression and other senior-specific concerns, and are in a position to pass along this information to LSS staff for appropriate referrals.
- Sponsorship of this program helps to reduce social isolation for seniors and their caregivers.

Benefits

- **Benefits to senior companion clients**
 - less isolation
 - reduced mental health issues including anxiety and depression
 - better health and nutrition
 - increased ability to remain living independently at home for a longer period of time
- Frail and isolated seniors who do not qualify for the current programs (waiver, UCare for Seniors, etc.) would have access to ~4 hours of consistent companionship and assistance/week.
 - This would contribute to supporting individuals' aging-in-place, with benefits to everyone, including cost efficiency, increased safety checks, etc.
 - This would increase the number of seniors safely aging-in-place, as there are some waiver-eligible seniors currently participating in the program.
- Senior companions can also provide respite for caregivers (any age) of seniors.
 - This contributes to support of caregivers, whose health may become impaired from care giving responsibilities and lack of/insufficient access to respite.

"In 2014, 40 Senior Companion volunteers served 189 clients across Anoka County in partnership with the Anoka County Community Action Program. Over 90% of those clients were still living independently in their own homes at the end of the year."

Source: communication with Ron Urbanski, Lutheran Social Service of MN Senior Corps

- **Benefits to senior companion volunteers**
 - improved mental and physical health
 - increased financial security due to the stipend
 - great satisfaction knowing that are making a difference in the communities

Key Action Items

- Establish 3-5 year pilot program *per discussion w LSS, City of Roseville, Northeast Youth and Family Services, etc.* Roseville EMT can suggest potential clients, based on their calls.
 - Funding source(s) (to be identified)
 - Administration (to be identified)
 - Intake and screening for senior companions and senior participants (LSS)

Resource needs

- Administration - tbd hours/month
 - Supervise senior companions
 - Issue stipend checks
 - Host monthly meeting
 - Possibly assist in selection of seniors who receive companions
- Cost of program / senior companion / year - to service 3 – 5 seniors

"Rough costs for sponsor: Without the waiver involved, the cost to the partnering agency is \$150.00 per year per volunteer plus the cost of any client travel at \$.35/mile. So, if a partnering agency has **10 Senior Companion volunteers serving 45 clients, and the volunteers are allowed to drive each client 120 miles per year, the cost would be \$3,390.00 (\$1,500.00 for the volunteers and \$1,890.00 for the client travel). Partner agencies must also factor in the cost of the person who will monitor the client/volunteer matches.**" Annual estimate.

Source: communication with Ron Urbanski, Lutheran Social Service of MN Senior Corps

Commitments tbd

Discussion with NYFS indicates a strong interest in increasing services beyond their current chore service, to independent seniors living-at-home. The LSS Senior Companion Program is one program being considered as a way to address social isolation of senior individuals while maintaining the integrity of their community-based service model. The possibility of NYFS increasing programming to compliment their current chore services to Roseville seniors will be considered in 2016 and would be dependent on securing additional resources.

An alternative means to sponsor the LSS Senior Companions Program, as a pilot, would be if the City of Roseville serves as the site sponsor. Anoka County is currently sponsoring the Senior Companion Program, and may be contacted for details (contact Cathey Weidman 763-792-8790).

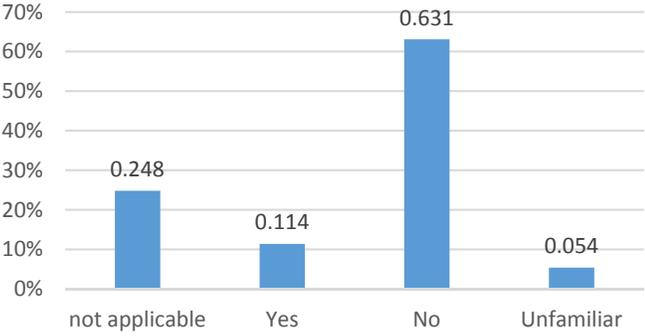
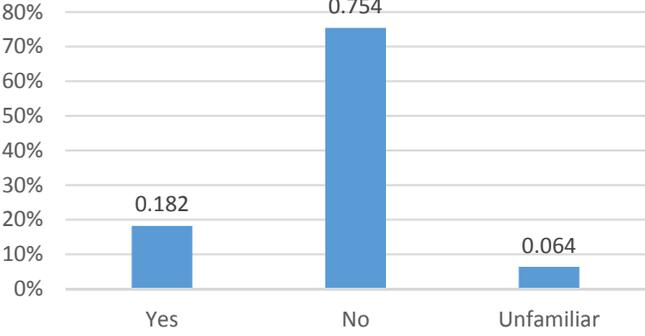
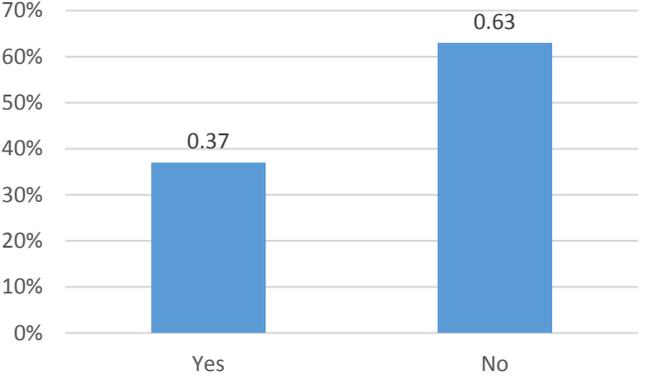
Appendix C: IMPROVEMENT OPPORTUNITY: SELF MANAGEMENT – HEALTH CARE

SELF MANAGEMENT - INDIVIDUAL DIRECTED CARE

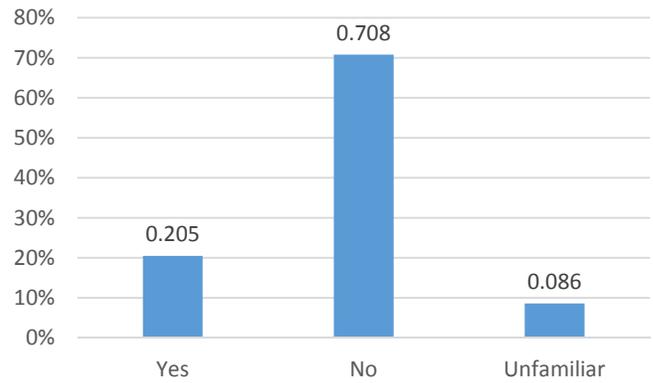
- CHRONIC DISEASE MGMT
- PROACTIVE APPROACH TO HEALTHY SAFE DAILY LIVING WITH SUPPORT SERVICES
- CHRONIC ILLNESS: HEART FAILURE/DIABETES/DEPRESSION/OBESITY/CHRONIC RESPIRATORY ILLNESS/MENTAL HEALTH-DEMENTIA/STROKE-NEUROLOGICAL/PAIN

CURRENT STATE

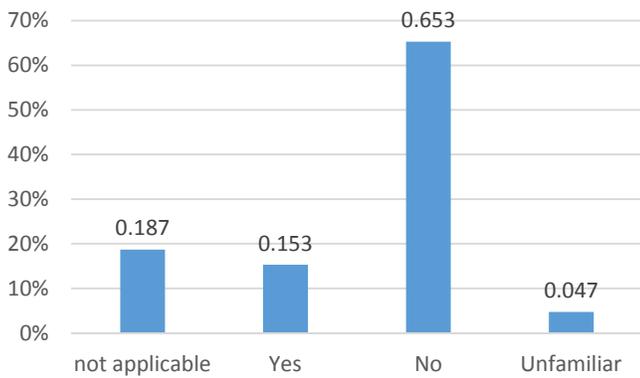
Surveys: Self-identification of chronic physical condition(s) 10% adults; 19% seniors

adults	seniors																		
<p data-bbox="228 611 678 779">Q35 Have you participated in classes on chronic disease prevention or management? n = 149/166</p>  <table border="1" data-bbox="126 808 771 1144"> <caption>Data for Q35 (Adults)</caption> <thead> <tr> <th>Response</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>not applicable</td> <td>0.248</td> </tr> <tr> <td>Yes</td> <td>0.114</td> </tr> <tr> <td>No</td> <td>0.631</td> </tr> <tr> <td>Unfamiliar</td> <td>0.054</td> </tr> </tbody> </table>	Response	Percentage	not applicable	0.248	Yes	0.114	No	0.631	Unfamiliar	0.054	<p data-bbox="938 611 1388 779">Q22 Have you participated in classes on chronic disease prevention and management? n = 187/198</p>  <table border="1" data-bbox="836 808 1481 1144"> <caption>Data for Q22 (Seniors)</caption> <thead> <tr> <th>Response</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>0.182</td> </tr> <tr> <td>No</td> <td>0.754</td> </tr> <tr> <td>Unfamiliar</td> <td>0.064</td> </tr> </tbody> </table>	Response	Percentage	Yes	0.182	No	0.754	Unfamiliar	0.064
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Yes	0.37																		
No	0.63																		

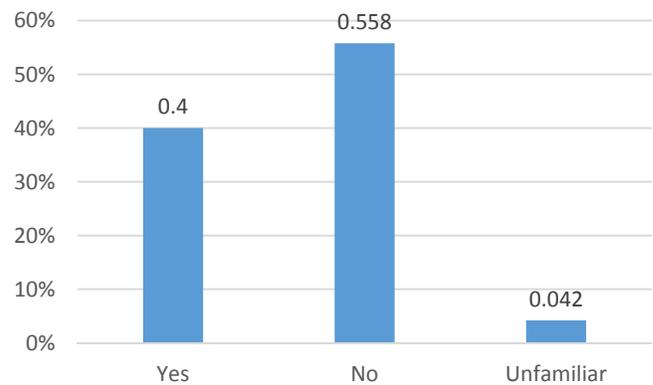
Q19 Have you participated in a fall prevention program?
n = 185/198



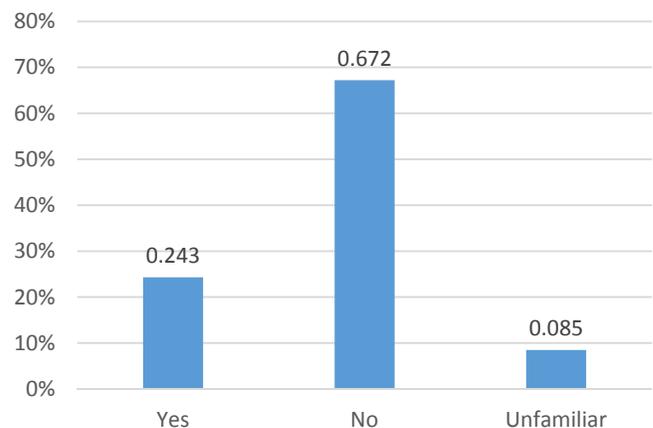
Q36 Have you participated in classes to improve your physical balance?
n = 150/166



Q21 Have you participated in classes to improve your physical balance?
n = 190/198



Q20 Have you participated in a home safety check?
n = 189/198



Population has some access to self-management classes, but limited numbers of people use these tools:
FALLS/BALANCE AND COORDINATION
WEIGHT CONTROL AND FITNESS

SOCIAL ISOLATION
FATIGUE
PAIN CONTROL
MEDICATION MANAGEMENT
COMMUNICATION CHALLENGES
NUTRITION
IMPAIRED DECISION MAKING
ACCESS TO ALLIED HEALTH SERVICES
ACCESS TO TRANSPORTATION
KNOWLEDGE OF 911 SERVICES

Survey results indicate that the primary mode of obtaining health-related service information is talking to friends and family.

DESIRED STATE*

INCREASED HEALTH LITERACY IN THE ADULT LEARNER
ACHIEVING OBTAINABLE GOALS
INCREASED QUALITY OF LIFE
INDIVIDUALIZED PLAN TO ACHIEVE GOALS
LIFE PLANNING/HONORING CHOICES/POLST

PLAN

TASK FORCE DRIVEN ACHIEVEMENT MARKERS

OPTIONS

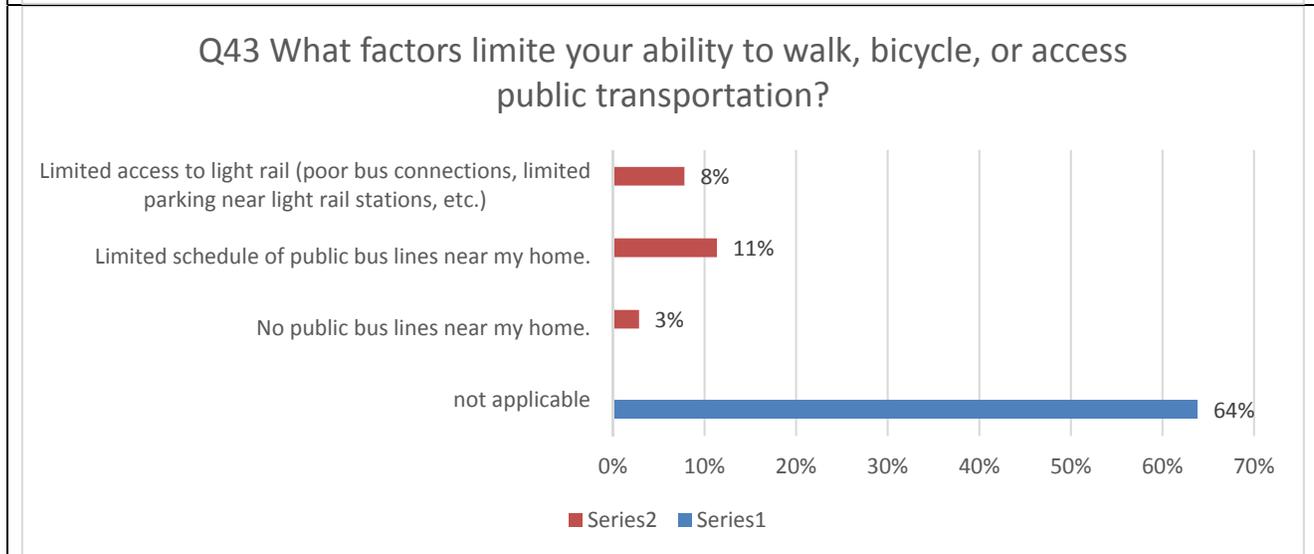
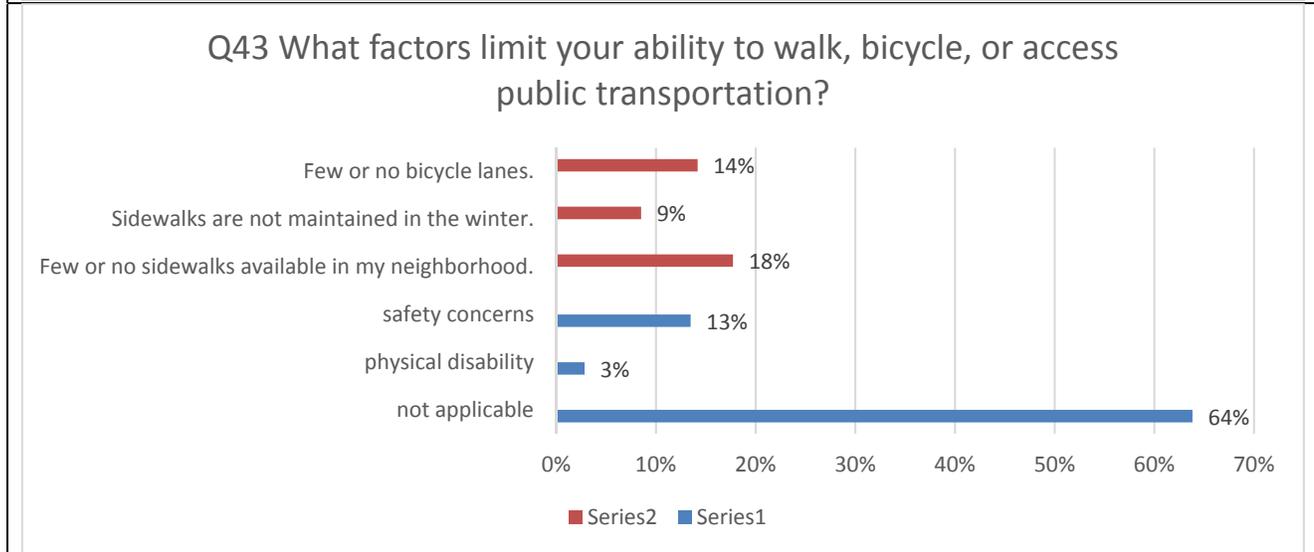
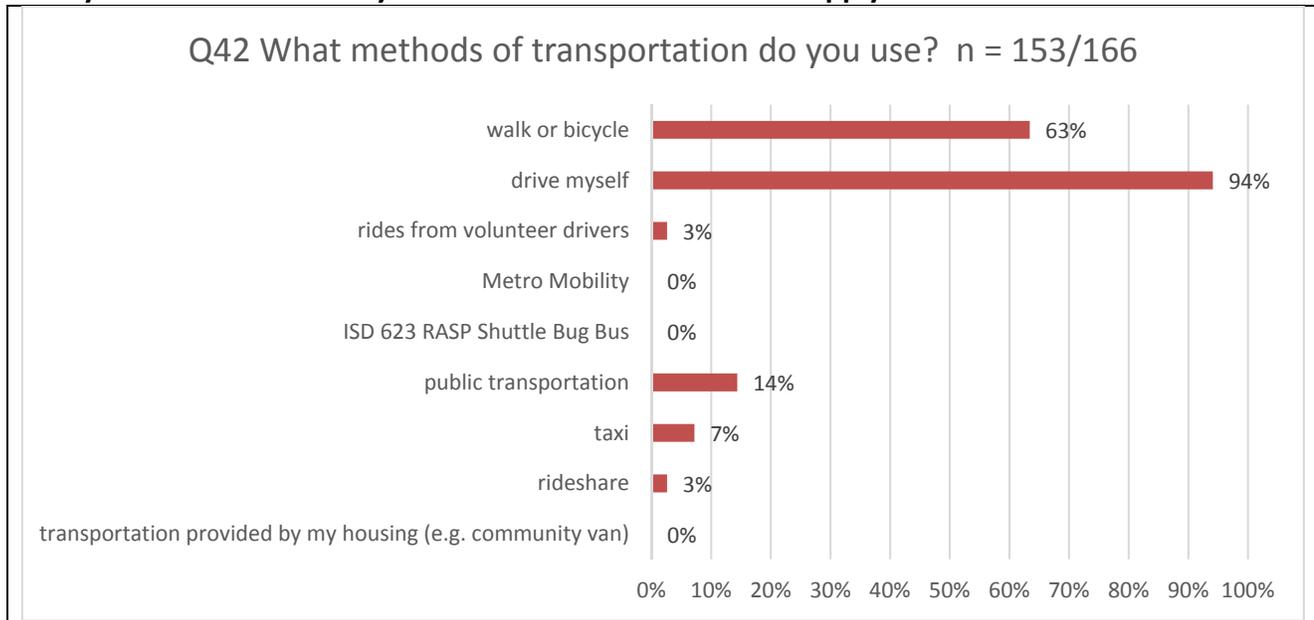
FALL PREVENTION AND SAFE AMBULATION BALANCE EDUCATION
EXERCISE ENDURANCE AND STRENGTHENING ACTIVITIES
WEIGHT MANAGEMENT WITH DIET CONTROL/NUTRITION
MENTAL HEALTH ASSESSMENT/DECISION MAKING SKILLS
SOCIAL INTERACTION/GROUP ACTIVITIES IN THE COMMUNITY
TRANSPORTATION LINKAGE/BUILDING A KNOWLEDGE BASE
COMMUNITY HEALTH CARE SERVICES DATA-BASE
OVERCOMING CHRONIC PAIN THROUGH ALTERNATIVE MEASURES
UNDERSTANDING MEDICATIONS AND THEIR INTERACTIONS/IMPROVED COMPLIANCE
COMMUNICATION/INTERACTION IN THE IMIGRANT COMMUNITY

Prepared by Gary Olson 10/26/2015

Survey data added by Sara Barsel 11/8/15

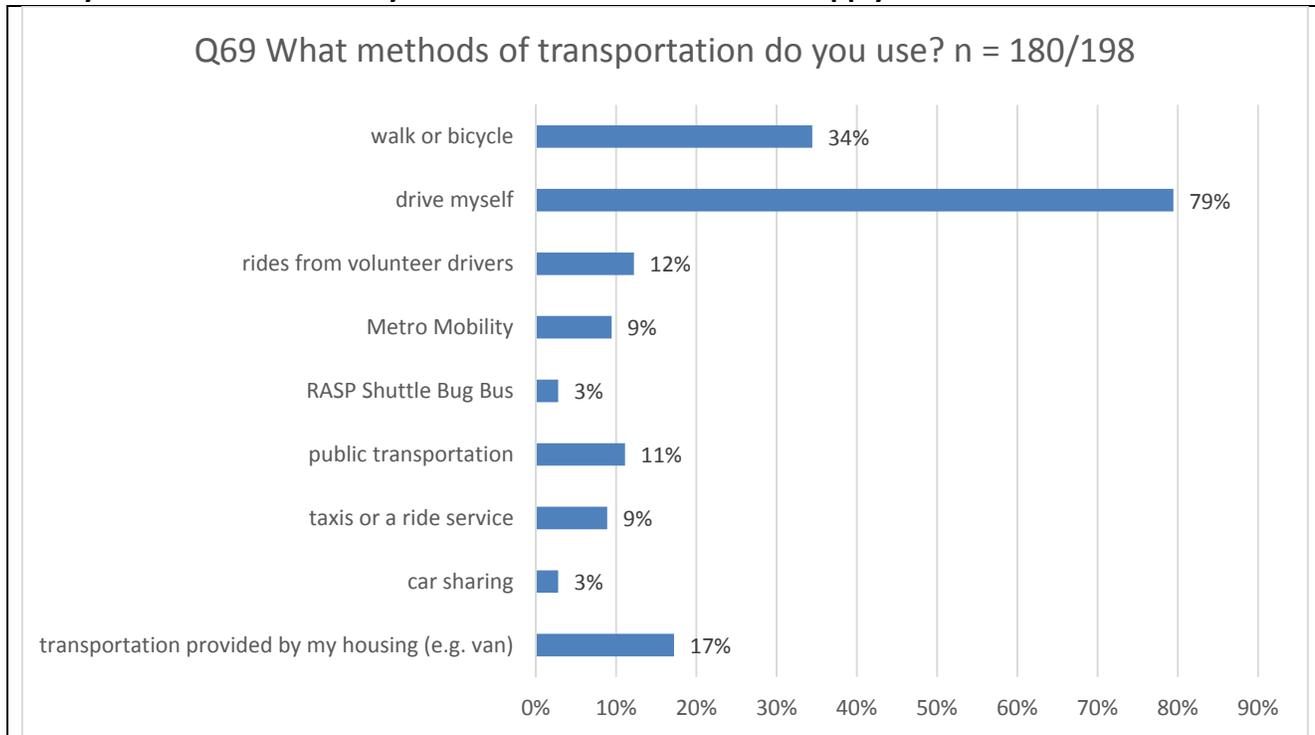
Appendix D: IMPROVEMENT OPPORTUNITY: ADDRESS TRANSPORTATION NEEDS AND SAFETY-RELATED ISSUES

Survey results – Adult survey - instructions to check all that apply



I cannot afford bus fare. 0% | I cannot afford a bicycle. 1%

Survey results – Senior survey - instructions to check all that apply



Note: **Roseville Area Senior Program – Shuttle Bus**

- Available to anyone 60 years or older or if you have a disability
- Users must live in the Roseville Area School District 623
- Users must have no other means of transportation
- Shuttle bus available for personal errands
- Available from 8 a.m. to 4 p.m Monday - Friday
 - Users must be flexible with times
- Fee for use is a suggested donation, call 651-604-3535 for details
- To schedule service, call 651-604-3535 at least 2 days in advance

Source: <http://www.cityofroseville.com/2215/Ride-Services>

Current State

Six percent of adults, and 21 percent of seniors surveyed, reported that they use modes of transportation other than their personal vehicles for travel. A wide variety of modes were reported, with RASP accounting for only three percent. A number of those surveyed responded, indicating that clearance of ice and snow from sidewalks and streets presented significant challenges, in terms of gaining safe access to bus and other transportation services.

RASP currently provides bus services in the local area with one bus, which can transport eight passengers in bench seats, and two wheelchair spaces. It operates Monday-Friday, 8 am to 4pm, and destinations include medical offices, banks, shopping and recreation, within the RASP service area. A medical ride service, offered by volunteers who use their own cars, is limited to one ride per week, Monday-Friday, 8:30 am to 3:30 pm. There are 16 to 18 volunteer drivers, and the total number of hours devoted to the program by volunteer drivers is approximately 700 to 1,000 hours, per year. Fees for the transportation program are based on a sliding scale linked to income; however, no one is turned away, should they not have the funds to pay the established fee. Reservations are required, seven days in advance, and standing orders are accepted. Riders must be 60 years of age, or be a certified disabled adult. They must live in the service area, and must be able to use the service with minimal assistance.

RASP conducts annual surveys of riders; however, to our knowledge, no community surveys of potential riders have been conducted. Our contact stated that information on requests for transportation services that could not be accommodated are collected; however we did not have an opportunity to gather data on this program facet.

In addition to RASP transportation services, Roseville area residents may be eligible for services provided by Metro Mobility, Metro Transit, and other services – based on their financial and medical situation.

Existing transportation services to elderly, disabled and impoverished citizens in MN are fragmented, and those in need of such services are often unable to locate them in an efficient and effective manner. Some senior housing sites offer limited transportation to residents.

See: <http://www.coordinatemntransit.org/directories/index.html> and <http://www.coordinatemntransit.org/resources/index.html>

Desired State

Collaboration among RASP, Metro Mobility/Metro Transit and other organizations and government agencies, to better define gaps and optimize resources that will address both present and anticipated gaps.

Rationale

With our aging population and the planned construction of additional senior housing in Roseville, the emerging needs will widen current gaps in transportation service availability. Further challenges are posed by segments of Roseville’s population that have emigrated from nations around the world, and whose members face difficulties in speaking and reading English, as well as potential cultural aspects that require program adjustment.

Key Action Items

Establish connections with the Regional Transportation Coordination Council for the Roseville area, which is working toward the desired state referenced above. See:

<http://www.coordinatemntransit.org/events/index.html>.

Also, publish current information relative to the availability, cost and “user friendliness” of alternative transportation options – in a manner that users find easy to access and use.

Resource Needs

Access to communication channels (Roseville City publications and web pages), potential sponsorship of additional reimbursements for volunteer and school district-supplied transportation services, and perhaps others.

Commitments

To be determined

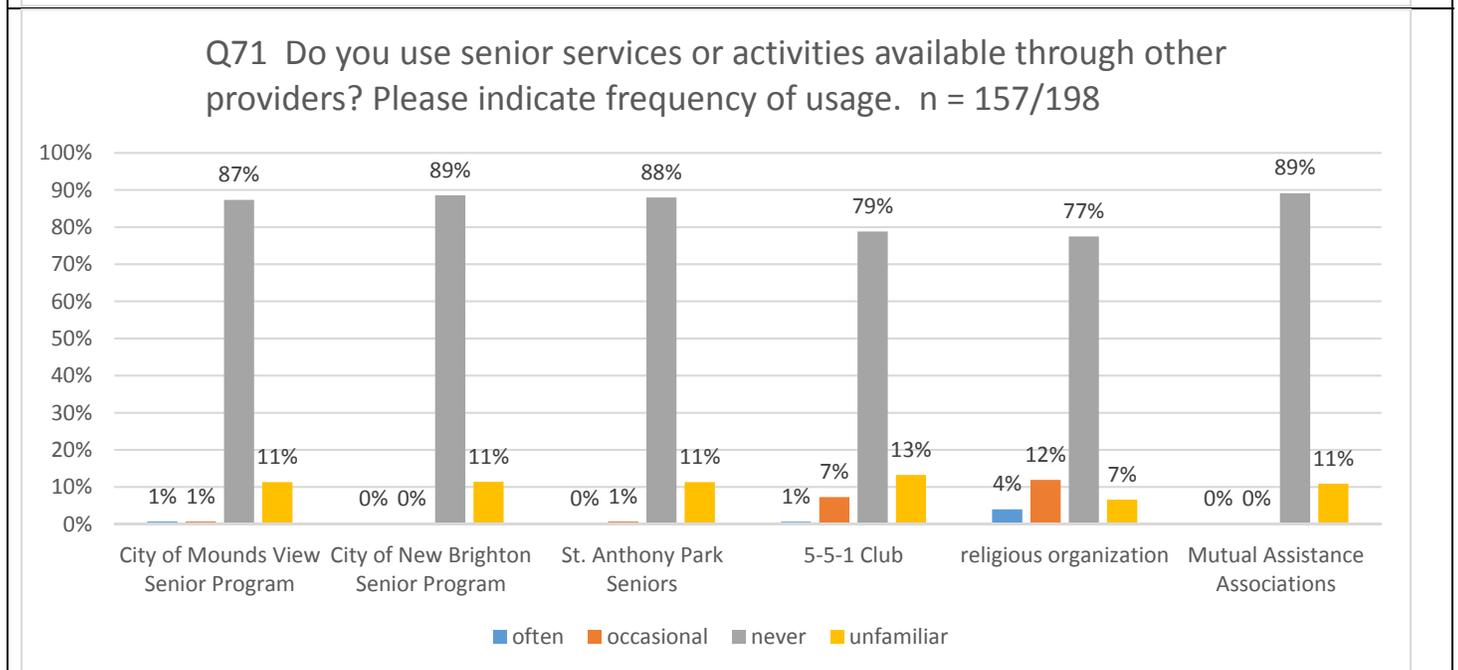
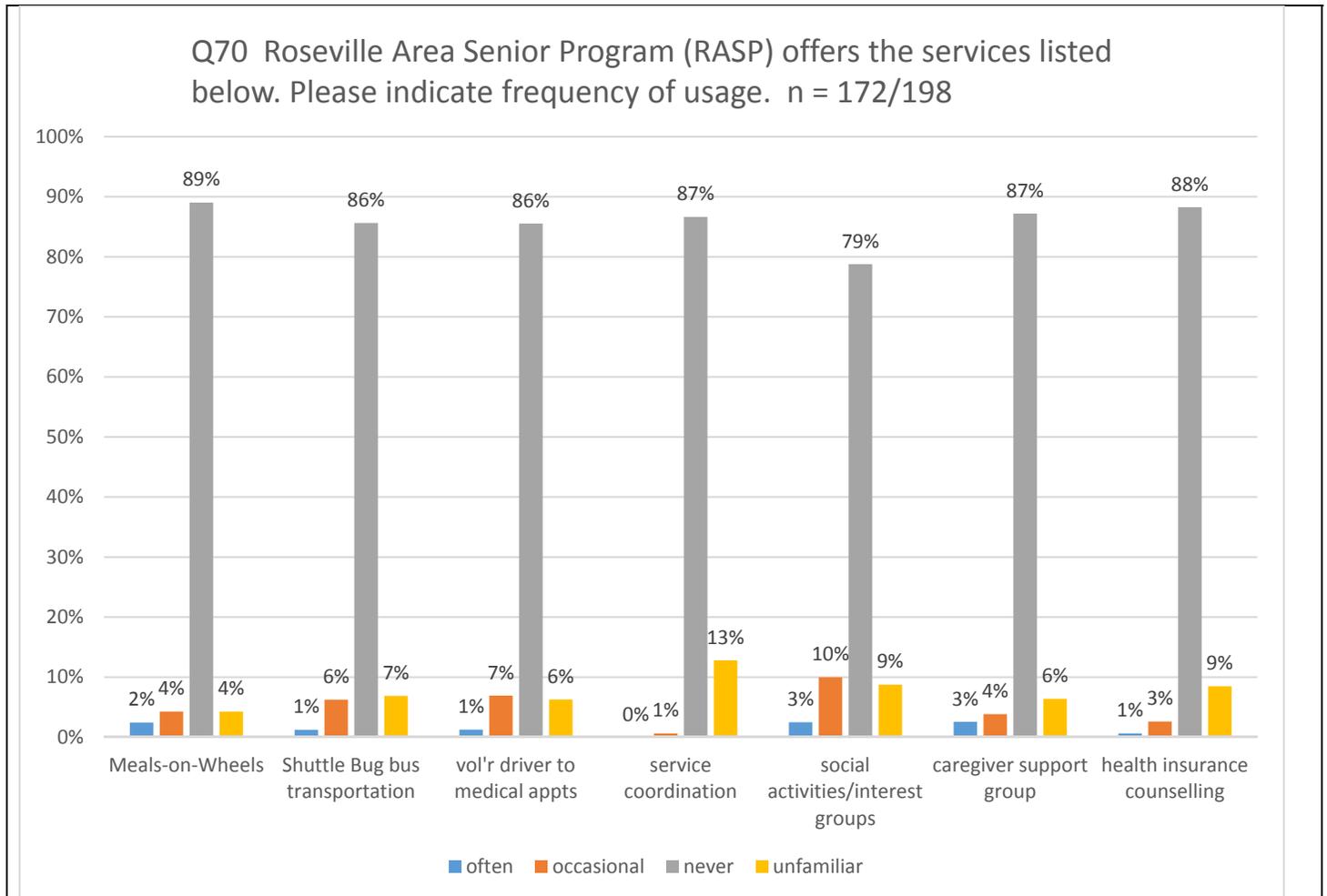
Prepared by Mark Nichols 10/25/15

Appended by Sara Barsel 11/8.15

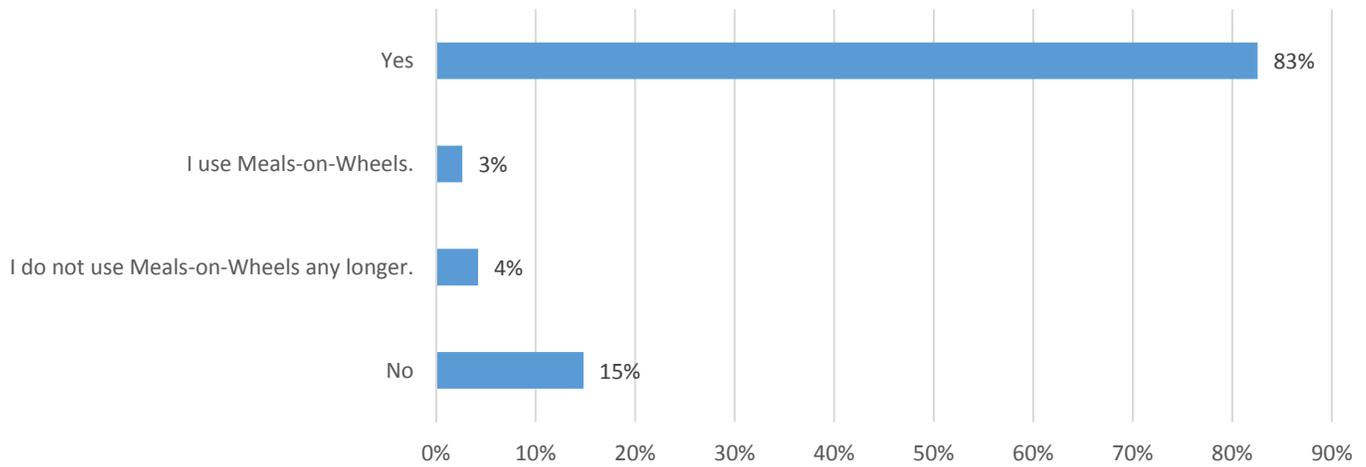
Appendix E: IMPROVEMENT OPPORTUNITY: Community Senior Services

CURRENT STATE

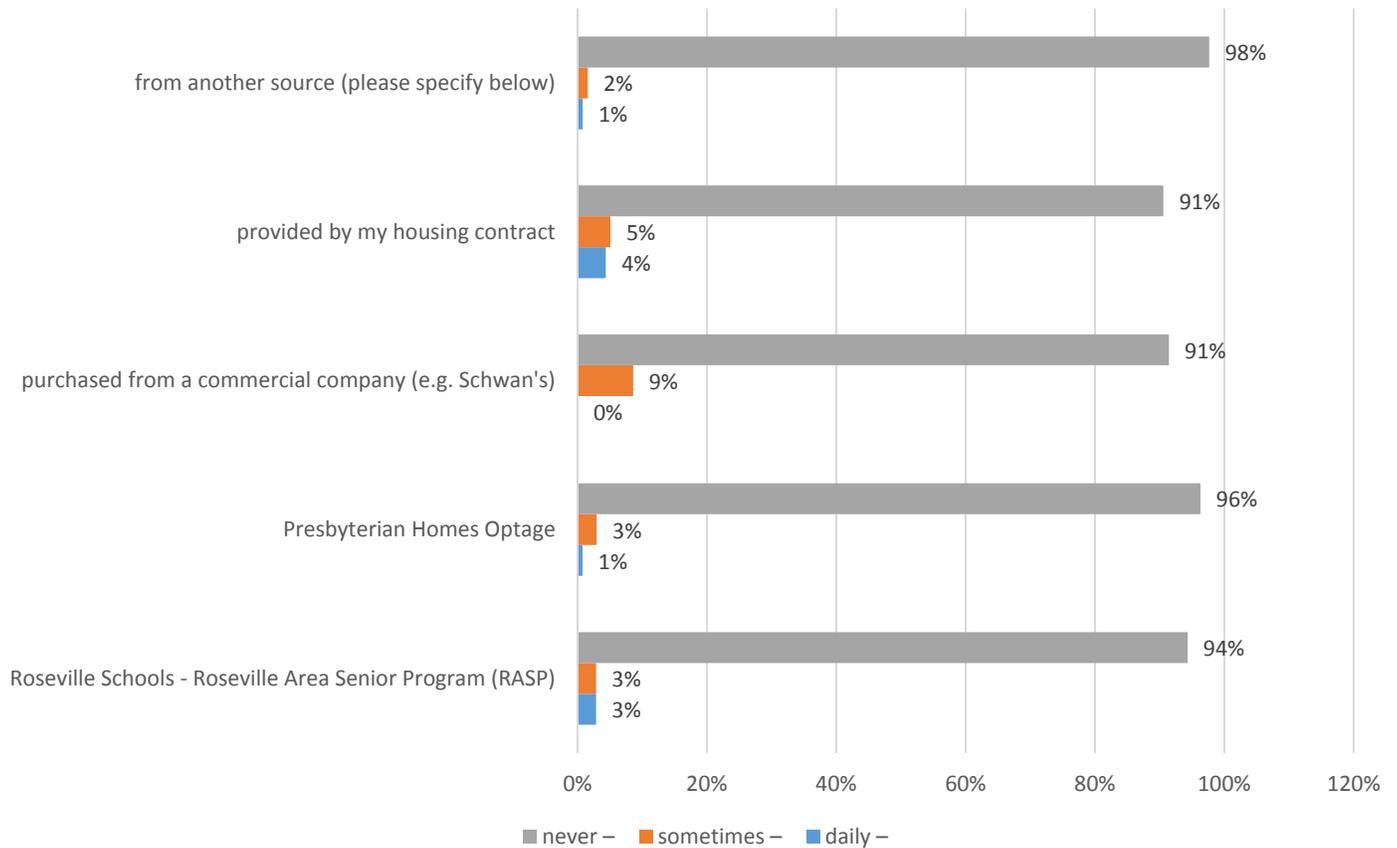
Representative data from the Senior surveys regarding use of senior service programs:



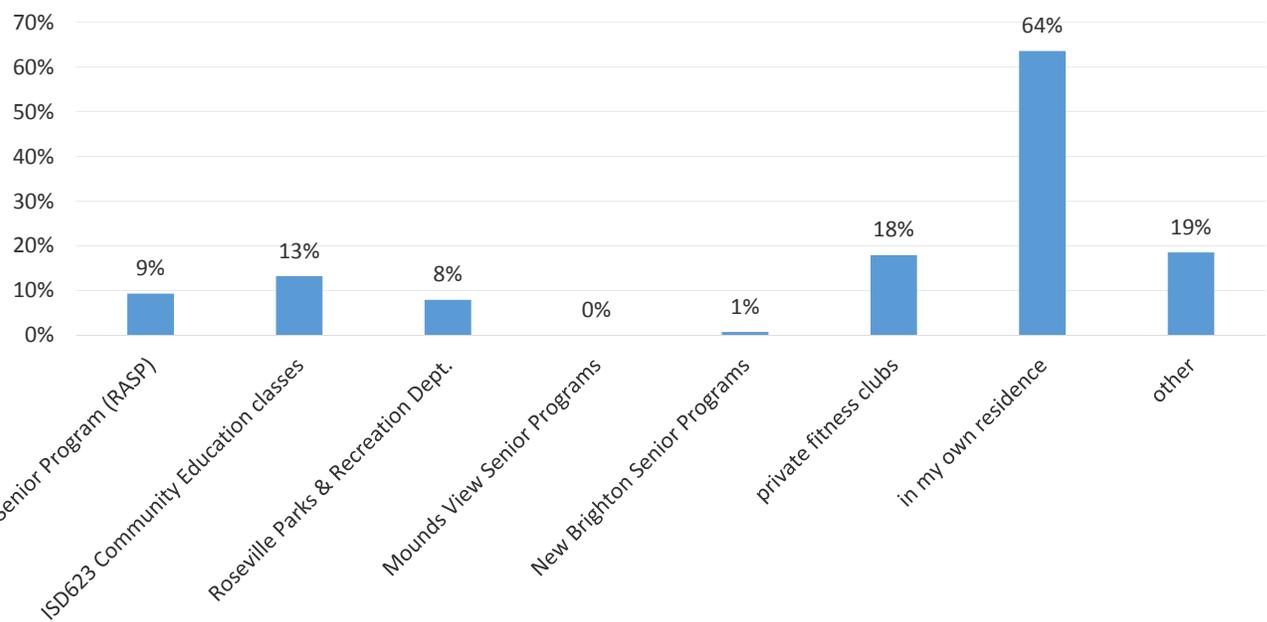
Q61 Are you familiar with any meals-on-wheels program? n = 189/198



Q62 Please indicate how often you use Meals-on-Wheels or home-delivered meals from these services. n = 152/198



Q29 Do you participate in physical fitness activities at any of the following locations? Please check all that apply. n = 151/198



OBSERVATIONS

1. Senior respondents do not appear to make significant use of available senior services. The survey questions do not identify the reasons for the minimal use of senior services available through RASP and other senior service providers. Possible reasons include:
 - Inadequate advertising of services and programs
 - Redundancy of services and programs with new/other sources (e.g. local transportation provided by senior residences; widely available blood pressure screenings and flu shots)
 - Inconvenient scheduling of offerings
 - Cost of offerings
 - Transportation to site(s) (limited availability and distance, limitations on frequency of use)
 - Quality of service(s) is inadequate or inappropriate for target populations
 - Culturally-appropriate senior services are available through some mutual assistance associations and social service agencies (e.g. Vietnamese Social Services, Hmong American Partnership, etc.).
 - The majority of senior services and activities currently available are targeted to WWII and Korean War seniors. These are of limited interest to younger seniors.

2. Reexamination of senior service offerings should be a priority issue for the City of Roseville, as its population ages and given the 21% senior (≥ 65 years old) current population. Some questions to consider:
 - a. Primary services are currently offered through the ISD623 Roseville Area Senior Program.
 - i. Should senior services compete with K-12, early childhood education, and alternative education for limited resources (physical, financial, and staff)?
 - ii. Do current staff have adequate training to accommodate the needs and expectations of younger seniors? Seniors with increasing co-morbidities? Seniors and caregivers with behavioral health needs and/or dementia?
 - b. What is the responsibility of the Roseville Parks & Recreation Dept. to offer live, certified exercise programs and activities for heterogeneous senior populations?
 - c. What senior services are offered by the expanding assortment of senior living options in Roseville? How do these interface with senior service use outside of individual living facilities?

- d. What is the responsibility of the City of Roseville to accommodate its expanding culturally-diverse and economically needy senior population?
- e. What is the responsibility of the City of Roseville to seek partnerships/collaborations with agencies with trained staff to provide services for seniors with behavioral health issues that impact quality of life?

DESIRED STATE

Improved resources and sustainability of physical fitness, behavioral health, social activities, intellectual pursuits, food resources, and transportation available to the increasing, heterogeneous population of Roseville seniors.

RATIONALE

Senior residents deserve the same range of services and considerations as other Roseville residents. Senior residents are a significant portion of the tax base and support ISD623 levies.

KEY ACTION ITEMS

tbd

RESOURCE NEEDS

tbd

COMMITMENTS

tbd

Appendix F: COMPARISON OF LIVING AT HOME BLOCK NURSE (BNP) SERVICES WITH RASP BNP-TYPE SERVICES

	Saint Anthony Park Area (SAPA) Seniors http://www.sapaseniors.org/?q=services	RASP (Roseville Area Senior Program)
Age to qualify	60+	60+ (??)
Volunteer services		
Respite support for caregivers	x	
Home safety checks	x	Available through arrangement w service coordinator
Home delivered meals (Meals on Wheels)	x	x
Friendly visiting	x	x
Simple home repairs	x	x
Computer support	x	
Social activities	x	x
Lawn/garden services	x	
Transportation for health care appointments	x	X volunteer drivers to medical appointments
Transportation for grocery shopping	x	X Shuttle Bug bus
Transportation for library	x	X Shuttle Bug bus
Assisting with paperwork such as insurance forms	x	x
Teach exercise classes	x	
Health Promotion		
Home safety checks	x	Available through arrangement w service coordinator
Exercise classes	x	

Blood pressure checks	x	x
In-Home Nursing Services		
Home health care after a hospitalization or transitional care	x	
Management of chronic illnesses	x	
Lab draws & take vital signs		
Health history and assessment	x	
Vision, hearing and depression screening	x	
Blood pressure and blood glucose monitoring	x	
Medication management	x	
Foot and nail care	x	
Giving injections	x	
Dressing changes	x	
Health education	x	
Nutritional education	x	
Referral, coordination, and advocacy when multiple providers are involved	x	?? service coordinator
Consultation with families	x	X service coordinator
Health care maintenance like flu shots	x	X service coordinator
Home Health Aid and Homemaker Services		

Personal care - bathing, hair care, dressing	x	
Light housekeeping	x	
Meal preparation	x	
Laundry	x	
Grocery shopping	x	
Dining at a restaurant	x	
Going to the library	x	

Q70 Roseville Area Senior Program (RASP) offers the services listed below. Please indicate frequency of usage. n = 172/198

