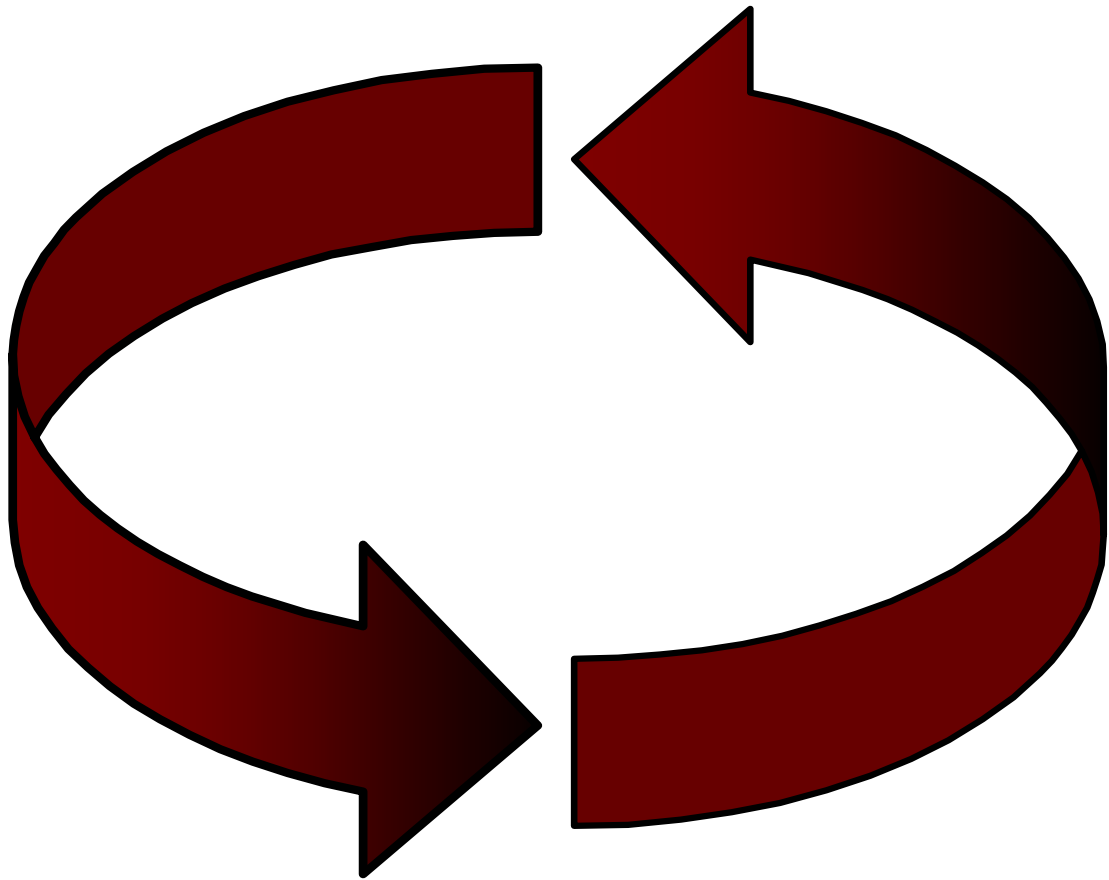


Community of Care
Baseline Survey



2003

FORWARD

ACKNOWLEDGMENTS

We would like to thank Jane Strommen, Community of Care Project Director, for her assistance in the design of the survey. We would also like to express our appreciation to everyone who completed the survey and helped to make this assessment possible.

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EXECUTIVE SUMMARY

According to the U.S. Census Bureau, the elderly population in most of rural Cass County, North Dakota, is increasing significantly. However, the availability of services to seniors and disabled persons has not yet responded to this growth. The Cass County Community of Care is a project designed by the Good Samaritan Society to establish a permanent community-based system of care. Their mission is to ensure access to services for all seniors and disabled persons throughout rural Cass County. This system of care, if found to be successful, will be implemented throughout the United States where Good Samaritan Centers are located. In an effort to assist in determining success, a survey of rural Cass County residents was conducted to provide a baseline of knowledge and perceptions of long-term care. The results of that survey are the focus of this report. A second study will be conducted following the application of Community of Care in rural Cass County, North Dakota, to assess changes in rural Cass County residents' knowledge and perceptions.

SUMMARY OF FINDINGS

Level of Knowledge

- ◆ A majority of respondents do have at least some knowledge about senior and disabled services including housing, outreach, wellness/health promotion, ambulatory care, home care, acute care, and extended care. Knowledge of all services is higher among respondents who are older.
- ◆ Respondents indicate higher levels of knowledge about housing, outreach, and funding options if they care for a disabled person or a senior.
- ◆ Respondents who indicate no concern for their long-term care are more likely to indicate no current knowledge about the services of outreach, wellness/health promotion, ambulatory care, and acute care.
- ◆ However, 40 percent of respondents have no current knowledge about funding options for services for seniors and disabled persons.
- ◆ The top four funding options the majority of respondents perceive as important for most senior and disabled services are government aid, private assets, insurance, and social services.
- ◆ At least one in five respondents are unsure whether acute care, ambulatory care, outreach, and wellness/health promotion services are available in rural Cass County.
- ◆ More than three-fourths of respondents consider services offered in urban Cass County, (i.e., Fargo and West Fargo), as feasible and convenient resources for themselves.

Perceptions of Care

- ◆ Nearly two-thirds of respondents are concerned about the long-term care of family and friends. On a scale of one to five, with one being “not at all concerned” and five being “very concerned,” the average level of concern respondents have about the long-term care of others is 3.79, indicating much concern. Respondents indicate less concern about their own long-term care with a mean of 3.10, which still suggests a moderate amount of concern.
 - ◆ The majority of respondents who are concerned for the long-term care of others are between the ages of 20 to 69 years of age. The majority of respondents with an income of less than \$20,000 indicate they are not concerned about others’ long-term care. Concerning their own long-term care, respondents are less likely to be concerned if they are between the ages of 20 to 29, while those 50 to 79 years of age indicate higher concern.
- ◆ More than half of respondents indicate that when the time comes, they would like their long-term care needs to be met by professional home care. One in five respondents also prefer an informal means of caregiving. Approximately 16 percent indicate they would like their long-term care needs to be met by a nursing home.
- ◆ Forty percent of respondents indicate ensuring access to services for seniors and disabled persons to be a community responsibility, one-third believe it to be a private responsibility, and one in five respondents perceive it to be both.
- ◆ Approximately 71 percent of respondents perceive that rural communities in their area are at least somewhat willing to embrace a shared responsibility concept of senior and disabled care.

Characteristics of Rural Residents

- ◆ Approximately 83 percent of respondents spend some time participating in community activities; one in five spends 11 hours or more each month. Of those who do not participate, almost half of respondents indicate an annual household income of less than \$20,000.
- ◆ Nearly two-thirds of respondents indicate they have lived in rural Cass County for more than 15 years, and 85 percent say they do not plan to move out of rural Cass County in the next five years.
- ◆ Thirteen percent of respondents care for a senior or disabled person and 41 percent are responsible for a child under the age of 18.
- ◆ One-third of respondents report an annual household income between \$30,001 and \$60,000. One-fourth of respondents did not report their income.
 - ◆ Income varied by respondents’ age, with those 30 to 59 years of age indicating a household income of more than \$40,000 per year. One-third of respondents 60 years of age and older indicate an income less than \$20,000 per year.
- ◆ Respondents are fairly evenly distributed by age. Half of respondents are 50 years or older and half are younger than 50 years of age.
- ◆ Two-thirds of respondents are female.

DISCUSSION

Level of Knowledge

Respondents were asked to rate their level of current knowledge about seven long-term care services for seniors and disabled persons. In general, respondents do not have a great deal of confidence in their levels of knowledge about these services. Respondents rate their level of knowledge as above moderate only for home care and housing; they rate their level of knowledge as below moderate for the other five types of services.

Perceptions of Important Financing Options

Respondents were also asked their perceptions of important financing options for each of the services. Insurance is seen as an important financing option by the highest proportion of respondents for ambulatory care, home care, acute care, and extended care. Government aid is seen as an important financing option by the highest proportion of respondents for outreach and wellness/health promotion. Private assets are seen as an important financing option by the highest proportion of respondents for housing.

Respondents have the greatest agreement across financing options for all types of services with respect to the importance of insurance; the highest proportions of responses are found in the importance of insurance for acute care (87.7 percent), extended care (86.7 percent), and ambulatory care (82.3 percent). However, at least two-thirds of respondents see government aid and private assets as important financing options to all seven of the long-term care services for seniors and disabled persons. Social services are seen as an important financing option for all of the services for at least half of respondents. The majority see community groups as an important financing option for outreach and wellness/health promotion, and one-third see community groups as an important financing option in the other five services. Though never the majority, family assets are still seen as important financing options for all of the services for approximately one-third of respondents. After being asked to discuss various financing options for each service, respondents were asked to rate their overall level of current knowledge about funding options for services for seniors and disabled persons. Respondents rate their knowledge as below moderate (mean=2.24), with nearly 40 percent indicating they have no current knowledge about funding options.

Availability of Types of Services

Respondents were asked if each of the types of services for seniors and disabled persons are available in rural Cass County (areas excluding Fargo and West Fargo). Two-thirds of respondents indicate housing and home care services are available in rural Cass County. The majority also see outreach, wellness/health promotion, ambulatory care, and extended care services as available. Only one-third indicate acute care services are available in rural Cass County, and an additional one-third do not know if they are available. One in four respondents do not know if outreach is available, and one in five do not know if wellness/health promotion or ambulatory care are available.

Significance Tests

Significance tests were run during analysis of the survey data to determine if responses on questions vary according to certain characteristics. Knowledge levels of many of the services were found to differ significantly by certain characteristics. Knowledge levels of housing, outreach, and funding options for services differ by whether the respondent is responsible for a senior or disabled person. Knowledge levels of all services (housing, outreach, wellness/health promotion, ambulatory care, home care, acute care, and extended care), as well as funding options for services, differ by the respondents' age. Knowledge levels of outreach, wellness/health promotion, ambulatory care, acute care, and funding options for services differ by the level of concern respondents have about their own long-term care.

Significant differences were found for other characteristics, as well. Whether respondents are concerned about the long-term care of others (such as family or friends) or about their own long-term care differs by the respondents' age. Respondents' annual household income before taxes differs significantly by their age as well. The number of hours respondents spend participating in community activities in an average month (e.g., volunteer work, clubs, organizations, church, theater/arts) and whether respondents are concerned about the long-term care of others differs by respondents' annual household income before taxes.

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INTRODUCTION

STUDY OBJECTIVES

This study is aimed at evaluating baseline knowledge and attitudes pertaining to services, funding, and perceptions of community responsibility for the care of seniors and disabled persons. A second study, using the same survey instrument, will be conducted at the end of the Community of Care grant period to assess changes in the public's knowledge and attitudes.

METHODOLOGY

The survey instrument was implemented in November 2003 by phone and designed to assess rural Cass County, North Dakota residents' level of knowledge about general services for seniors and disabled persons, perceptions of care, and the characteristics of those who responded.

A list of phone numbers was obtained from InfoUSA naming residents of the rural Cass County communities of Alice, Amenia, Argusville, Arthur, Ayr, Buffalo, Casselton, Davenport, Erie, Gardner, Grandin, Hunter, Kindred, Leonard, Mapleton, Page, Tower City, and Wheatland. These numbers were used by interviewers who were drawn from a pool of trained surveyors and supervised by the North Dakota State Data Center staff. A computer assisted telephone interviewing system (CATI) was used for data entry to reduce coder error and ensure consistency in responses. A total of 300 households were successfully contacted and the surveys were analyzed for this report. The number of respondents who answered each question is displayed by an "N" in each figure and appendix table. Some questions have an "N" of smaller than 300 due to respondents skipping or refusing that question.

The analysis was conducted in a four-step process. First, data was entered into CATI by telephone interviewers and transferred into the Statistical Package for the Social Sciences (SPSS). Second, frequencies for all questions with the exception of open-ended questions were computed. Open-ended questions were transferred into MS Excel for analysis. The responses of "refused" and "do not know" for *most* questions were treated as missing responses. Third, means were run on all questions consisting of a Likert five-point scale. The means exclude responses of "refused" and "do not know." Fourth, more complex analysis was run to determine whether a given association between two variables is significant or due to sampling error alone. The three tests used were Anova, T-test, and Chi-square. Significance is at $p < .05$.

Survey results were divided into three main sections: Level of Knowledge, Perceptions of Care, and Characteristics of Rural Residents. Each section begins with a brief discussion of the topics being covered and continues with charts accompanied by interpretive narrative. Significance tables are represented following the survey results, and appendix tables, included at the end of this report, contain the raw data associated with each chart.

SURVEY RESULTS

LEVEL OF KNOWLEDGE

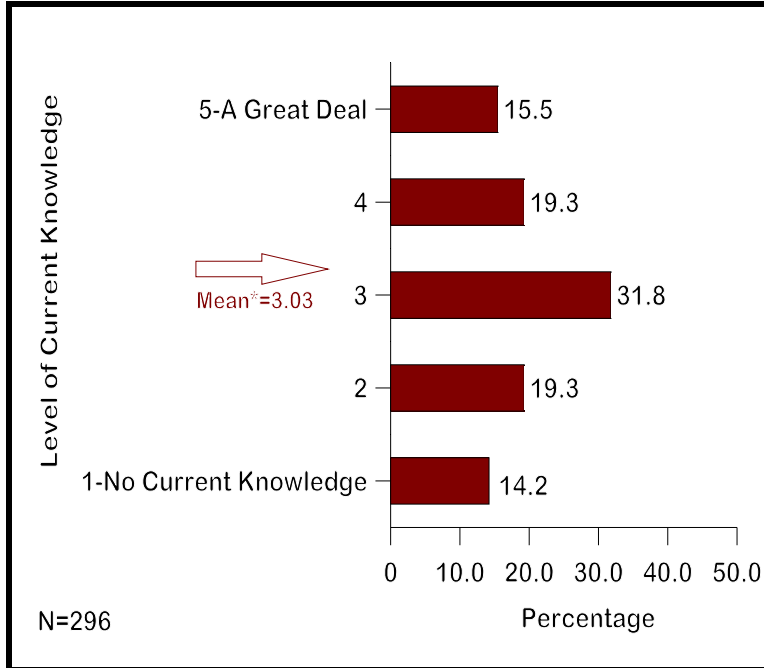
Topics covered in this section include: inquiries into respondents' current level of knowledge of long-term care (LTC) services, perceptions of LTC financing, and availability of LTC services. For purposes of this study, seven types of long-term care services for seniors and disabled persons are listed and defined below.

List of LTC Services:

1. Housing: This includes independent senior housing, continuing care retirement communities, congregate care facilities, assisted living facilities, and adult family homes.
2. Outreach: This includes screening, information and referral, telephone contact, emergency response, transportation, senior membership programs, and Meals on Wheels.
3. Wellness/Health Promotion: This includes educational programs, exercise programs, recreational and social groups, senior volunteers, congregate meals, and support groups.
4. Ambulatory Care: This includes offices or clinics such as doctors, dentists, etc.; day hospitals; adult day care centers; and alcohol and substance abuse care.
5. Home Care: This includes home health, hospice, high technology home therapy, durable medical equipment, home visitors, home delivered meals, homemaker and personal care, caregivers, and respite care.
6. Acute Care: This includes inpatient rehabilitation.
7. Extended Care: This includes step-down units, hospital swing beds, nursing homes, and basic care facilities.

Questions relating to level of knowledge were used to measure respondents' understanding of services available to seniors and disabled persons in rural Cass County. Level of knowledge about funding options for services was also asked. This information will provide us with baseline data for a future study. Also included in this section is whether respondents perceive LTC services in the urban communities of Fargo and West Fargo as feasible and convenient. This information will assist policy-makers/planners in deciding whether commuting to Fargo and West Fargo to obtain needed services is viable.

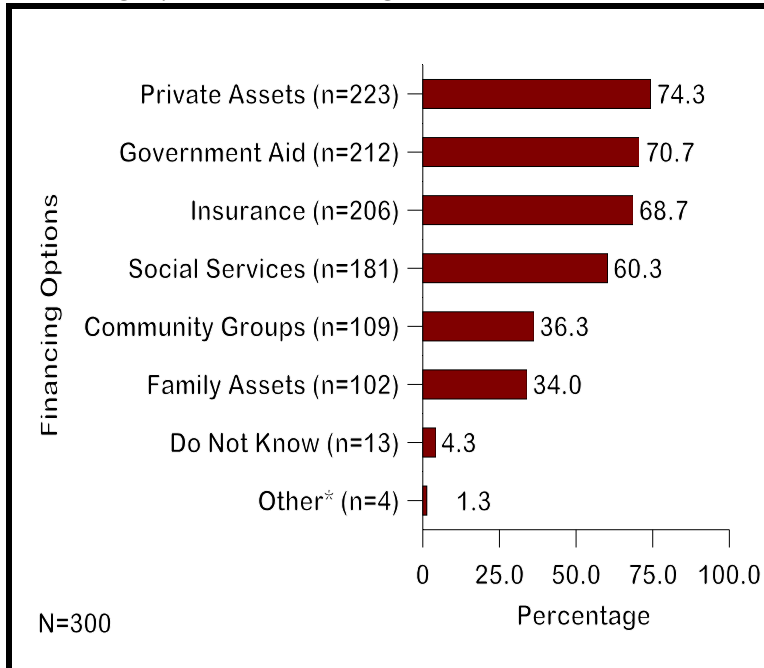
Figure 1. Respondents' Level of Current Knowledge About Housing



Respondents have, on average, a moderate amount of knowledge about housing (mean=3.03). Approximately 85% of respondents have at least some knowledge of housing options for seniors and the disabled (a “2” or above) (85.9 percent) (Figure 1, Appendix Table 1). Knowledge levels about housing are greater among respondents who care for a disabled person of any age or of a senior as well as among older respondents (Significance Tables 1, 2).

*Mean was based on a one to five scale, with one being “no current knowledge” and five being “a great deal of current knowledge.”

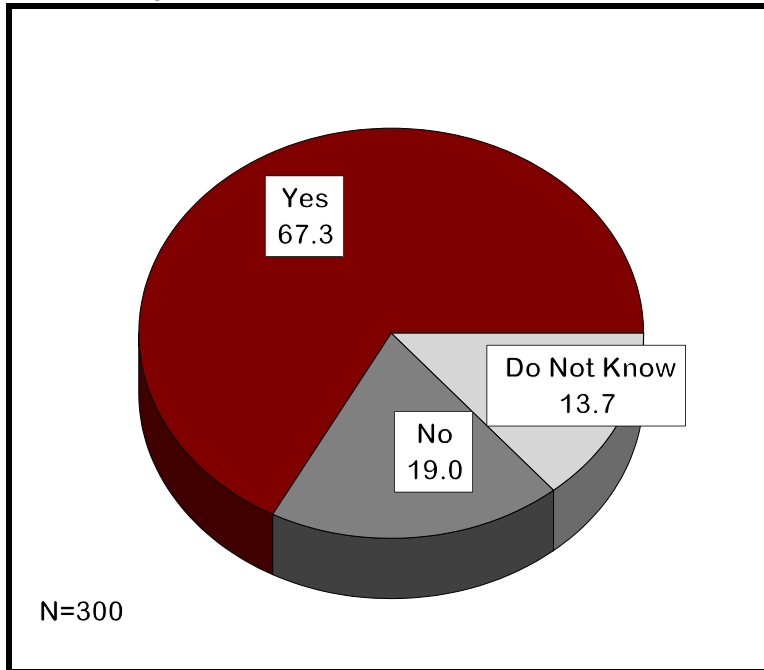
Figure 2. Respondents' Perceptions of Important Financing Options for Housing



The majority of respondents perceive private assets (74.3 percent), government aid (70.7 percent), insurance (68.7 percent), and social services (60.3 percent) as important financing options for housing (Figure 2, Appendix Table 2).

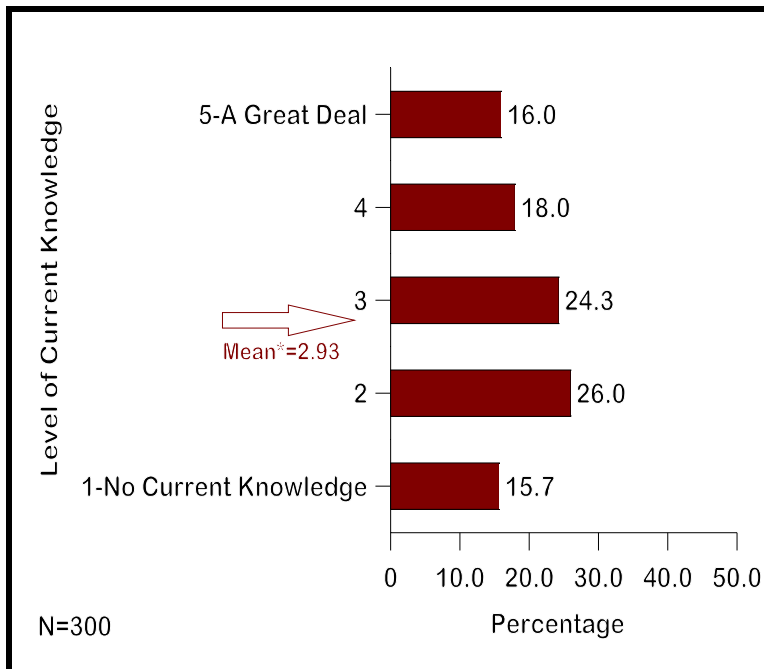
*See Appendix Table 2 for “other” important financing options for housing, as well as full response categories.
 Note: Percentages do not equal 100.0 due to multiple response.

Figure 3. Whether Housing Services Are Available in Rural Cass County



The majority of respondents indicate housing services are available in rural Cass County (67.3 percent). However, approximately 14 percent of respondents do not know whether this service is available to seniors and disabled persons (13.7 percent) (Figure 3, Appendix Table 3).

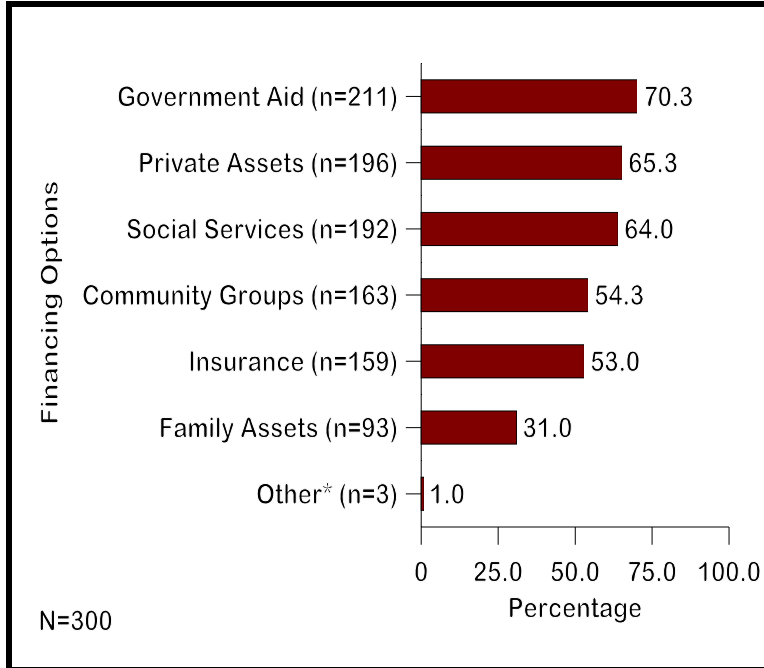
Figure 4. Respondents' Level of Current Knowledge About Outreach



Respondents have, on average, slightly below moderate levels of knowledge regarding outreach (mean=2.93) (Figure 4, Appendix Table 4). Knowledge levels about outreach are greater among respondents who care for a disabled person of any age or of a senior as well as among older respondents. Respondents who are not at all concerned about their own long-term care are more likely to indicate no current knowledge about outreach, while those who have a high level of concern (a "4") are more likely to indicate a great deal of knowledge (Significance Tables 3, 4, 5).

*Mean was based on a one to five scale, with one being "no current knowledge" and five being "a great deal of current knowledge."

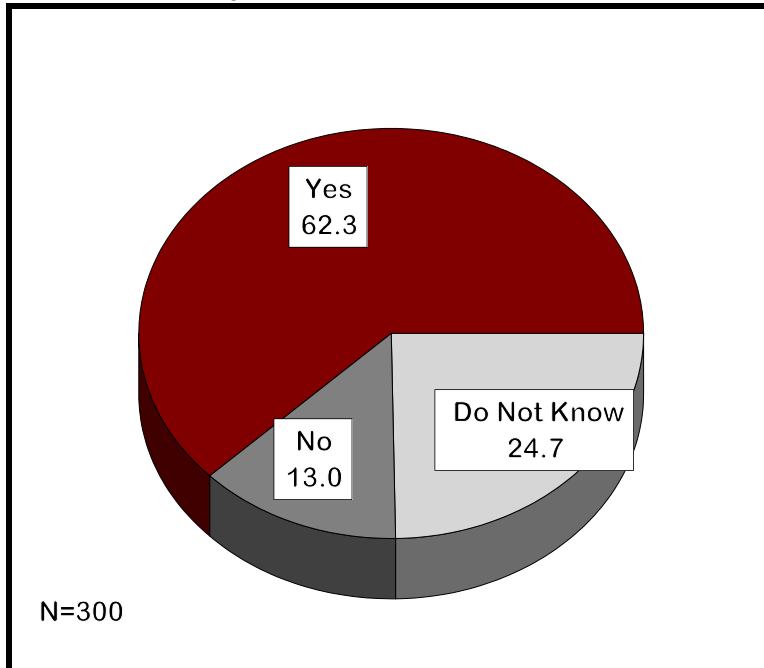
Figure 5. Respondents' Perceptions of Important Financing Options for Outreach



The majority of respondents indicate government aid (70.3 percent), private assets (65.3 percent), social services (64.0 percent), community groups (54.3 percent), and insurance (53.0 percent) are important financing options for outreach. Nearly one-third of respondents perceive family assets as important (31.0 percent) (Figure 5, Appendix Table 5).

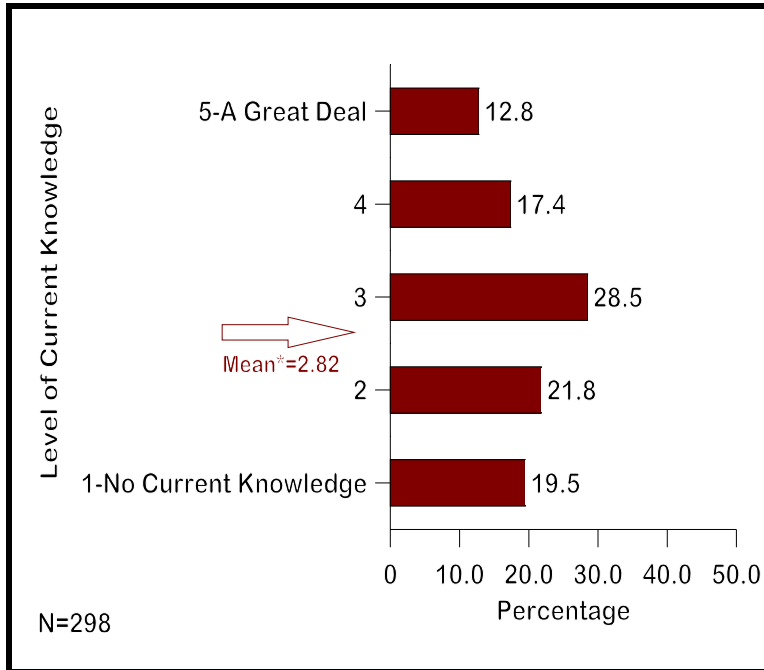
*See Appendix Table 5 for “other” important financing options for outreach, as well as full response categories.
Note: Percentages do not equal 100.0 due to multiple response.

Figure 6. Whether Outreach Services Are Available in Rural Cass County



Approximately one out of every four respondents do not know if outreach services are available in rural Cass County (24.7 percent) (Figure 6, Appendix Table 6).

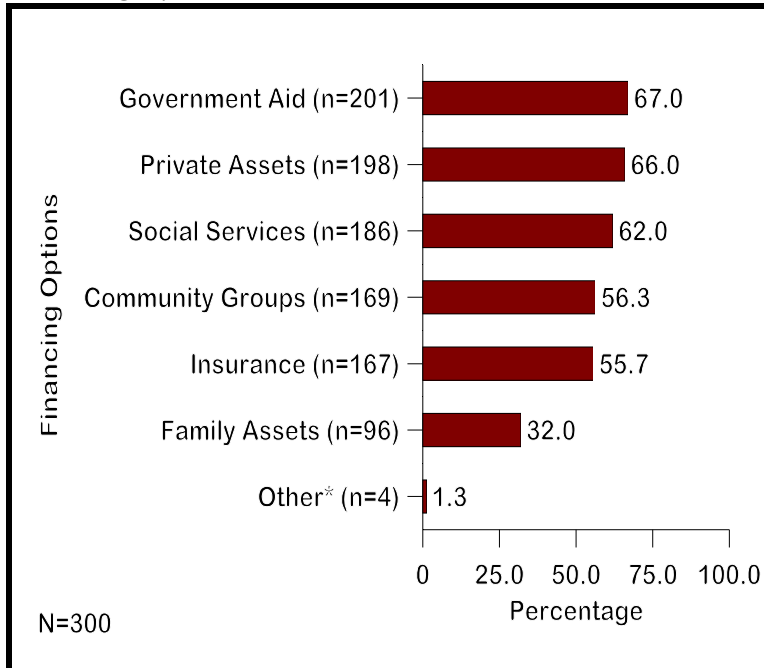
Figure 7. Respondents' Level of Current Knowledge About Wellness/Health Promotion



Respondents have, on average, slightly less than a moderate level of knowledge (mean=2.82). Approximately 80 percent of respondents indicate having at least some current knowledge about wellness/health promotion (a "2" or above) (80.5 percent) (Figure 7, Appendix Table 7). Knowledge levels about wellness/health promotion are greater among older respondents. Respondents who are not at all concerned about their own long-term care are more likely to indicate no current knowledge. Those who have a high level of concern (a "4"), are more likely to indicate a great deal of knowledge (Significance Tables 6, 7).

*Mean was based on a one to five scale, with one being "no current knowledge" and five being "a great deal of current knowledge."

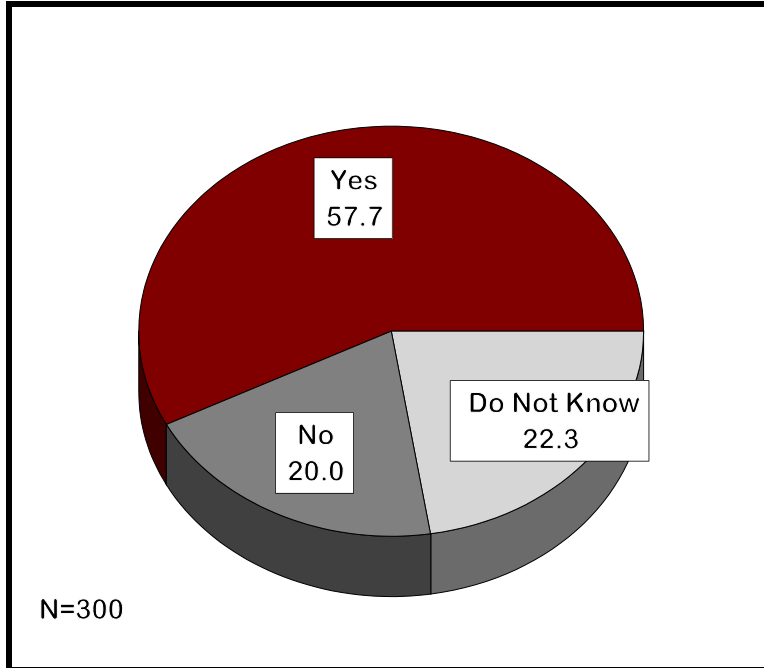
Figure 8. Respondents' Perceptions of Important Financing Options for Wellness/Health Promotion



The majority of respondents perceive government aid (67.0 percent), private assets (66.0 percent), social services (62.0 percent), community groups (56.3 percent), and insurance (55.7 percent) as important financing options for wellness/health promotion. Approximately one-third of respondents perceive family assets as important (32.0 percent) (Figure 8, Appendix Table 8).

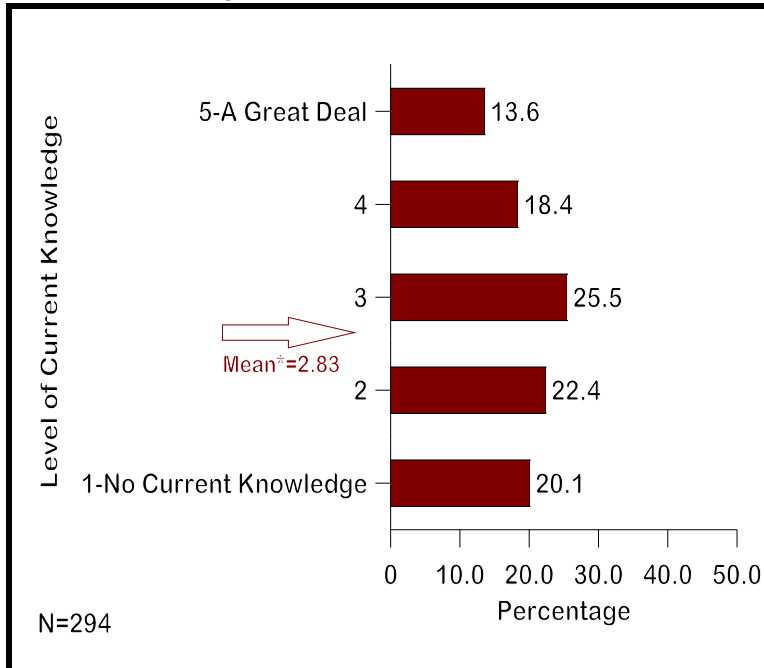
*See Appendix Table 8 for "other" important financing options for wellness/health promotion, as well as full response categories.
 Note: Percentages do not equal 100.0 due to multiple response.

Figure 9. Whether Wellness/Health Promotion Services Are Available in Rural Cass County



A combined 42.3 percent of respondents indicate they do not believe or do not know whether wellness/health promotion services are available (Figure 9, Appendix Table 9).

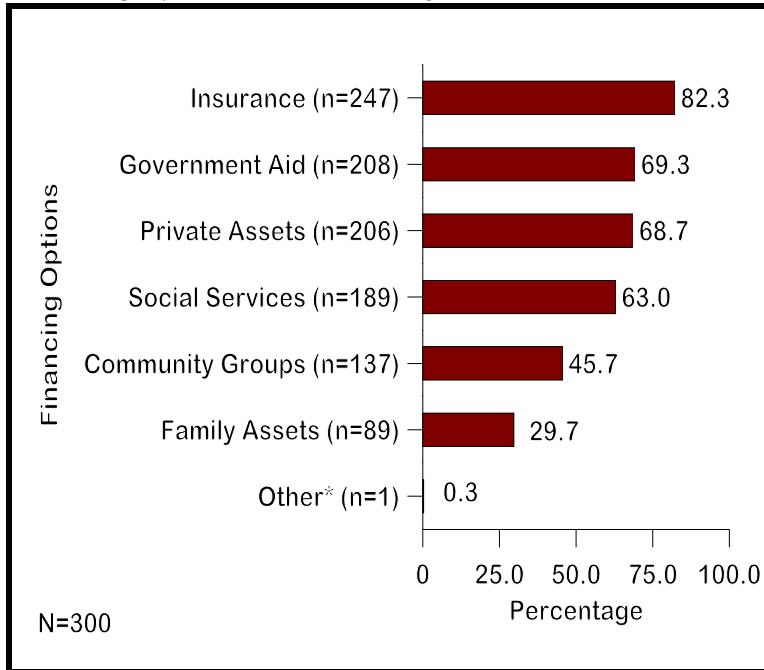
Figure 10. Respondents' Level of Current Knowledge About Ambulatory Care



Respondents have, on average, slightly less than a moderate level of knowledge regarding ambulatory care (mean=2.83). One in five respondents indicate they have no current knowledge about ambulatory care (20.1 percent) (Figure 10, Appendix Table 10). Knowledge levels about ambulatory care are greater among older respondents. Respondents who are not at all concerned about their own long-term care are more likely to indicate no current knowledge. Respondents who are very concerned are nearly evenly split between lesser and greater levels of knowledge (Significance Tables 8, 9).

*Mean was based on a one to five scale, with one being "no current knowledge" and five being "a great deal of current knowledge."

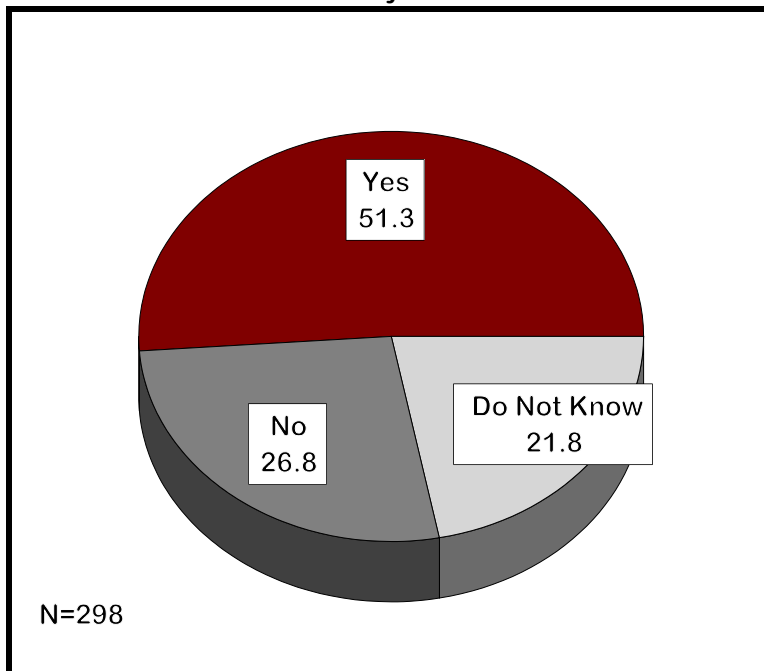
Figure 11. Respondents' Perceptions of Important Financing Options for Ambulatory Care



More than 82 percent of respondents perceive insurance as an important financing option for ambulatory care (82.3 percent). More than two-thirds of respondents perceive government aid (69.3 percent), private assets (68.7 percent), and social services as important (63.0 percent) (Figure 11, Appendix Table 11).

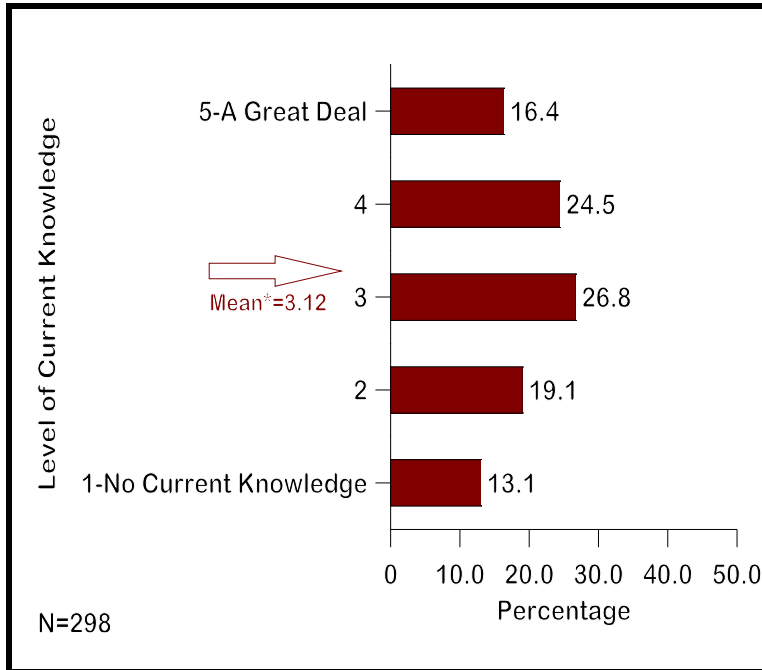
*See Appendix Table 11 for “other” important financing options for ambulatory care, as well as full response categories.
Note: Percentages do not equal 100.0 due to multiple response.

Figure 12. Whether Ambulatory Care Services Are Available in Rural Cass County



One in five respondents are unsure if ambulatory care services are available in rural Cass County (21.8 percent), while 51.3 percent think they are and 26.8 percent do not think they are available (Figure 12, Appendix Table 12).

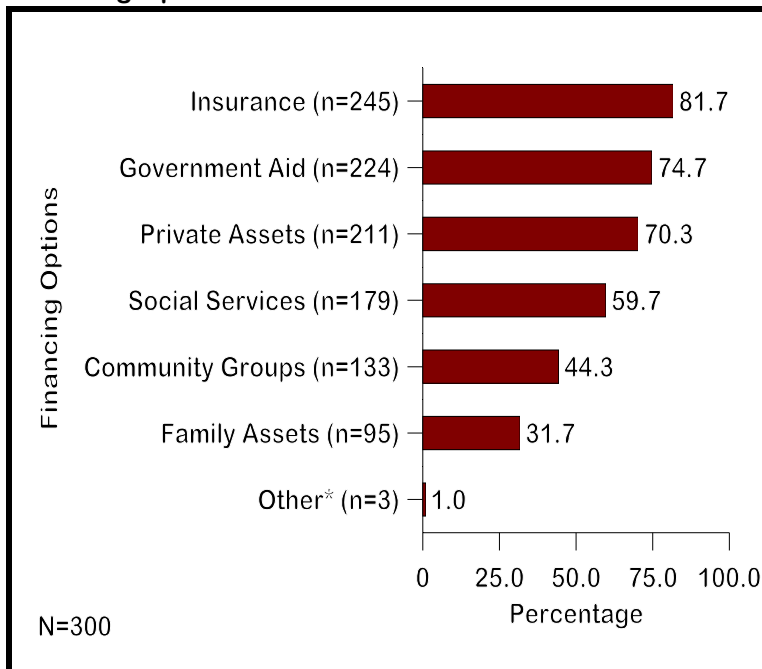
Figure 13. Respondents' Level of Current Knowledge About Home Care



Respondents have, on average, a moderate level of knowledge regarding home care (mean=3.12). Approximately 41 percent of respondents have a high knowledge of home care (a “4” or “5”) (40.9 percent) (Figure 13, Appendix Table 13). Knowledge levels about home care are greatest among 70- to 79-year-olds. The youngest respondents, ages 20 to 29, are evenly split between lesser and greater levels of knowledge (Significance Table 10).

*Mean was based on a one to five scale, with one being “no current knowledge” and five being “a great deal of current knowledge.”

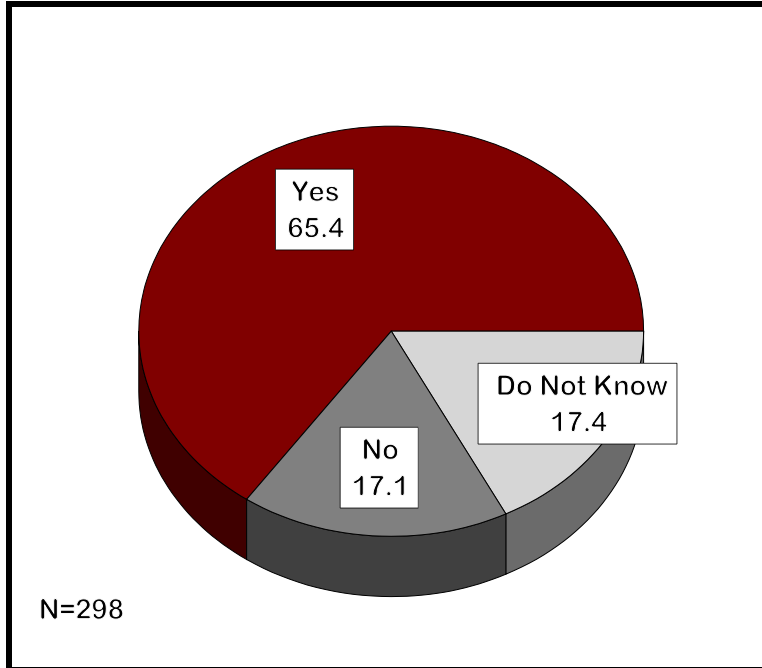
Figure 14. Respondents' Perceptions of Important Financing Options for Home Care



The majority of respondents perceive insurance (81.7 percent), government aid (74.7 percent), private assets (70.3 percent), and social services (59.7 percent) as important financing options for home care (Figure 14, Appendix Table 14).

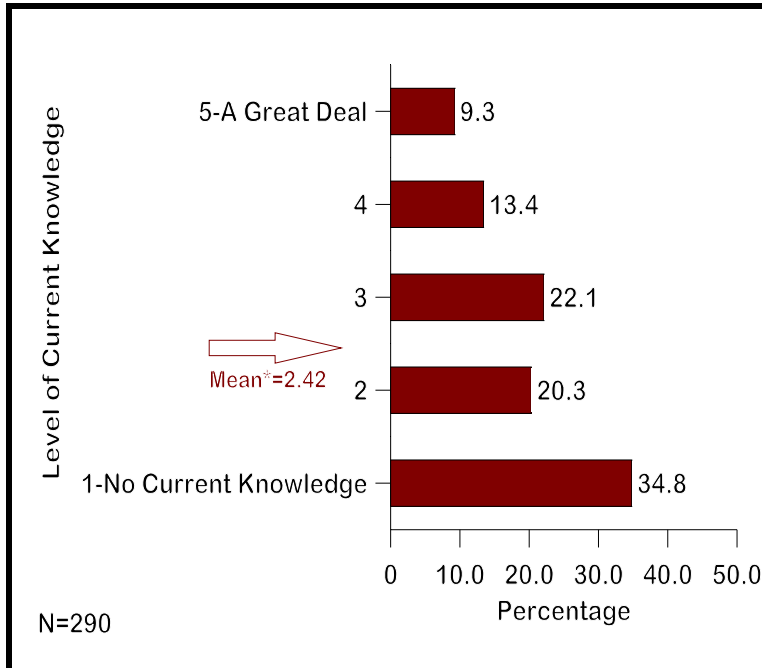
*See Appendix Table 14 for “other” important financing options for home care, as well as full response categories. *Note:* Percentages do not equal 100.0 due to multiple response.

Figure 15. Whether Home Care Services Are Available in Rural Cass County



Approximately 17 percent of respondents are unsure if home care services are available in rural Cass County (17.4 percent). The same proportion indicate this service is not offered in rural Cass County (17.1 percent). Two-thirds of respondents indicate home care services are available to them (65.4 percent) (Figure 15, Appendix Table 15).

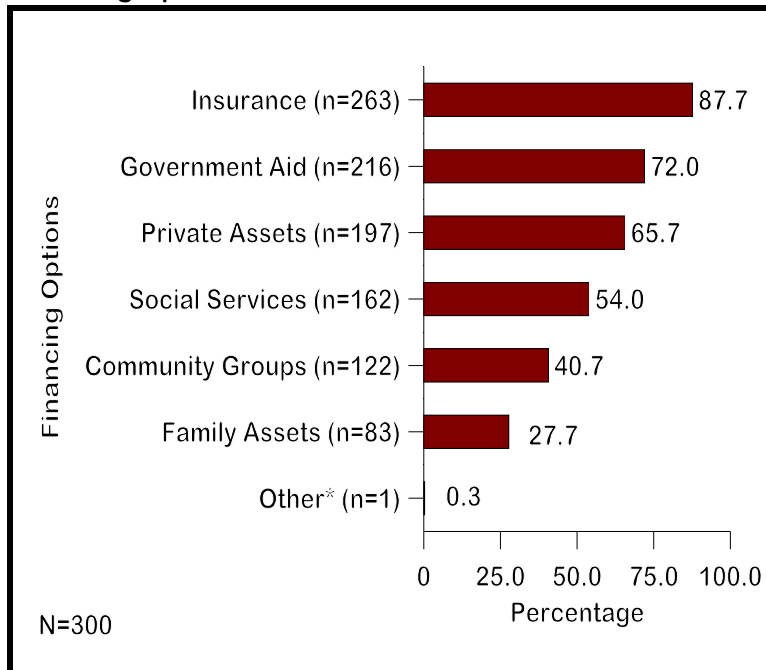
Figure 16. Respondents' Level of Current Knowledge About Acute Care



Respondents have, on average, below moderate levels of knowledge regarding acute care (mean=2.42). More than one-third indicate they have no current knowledge about acute care (34.8 percent) (Figure 16, Appendix Table 16). Though knowledge levels are generally low, older respondents are the more likely to have greater levels of knowledge. Respondents who are not at all concerned about their own long-term care are more likely to indicate no current knowledge of acute care (Significance Tables 11, 12).

*Mean was based on a one to five scale, with one being "no current knowledge" and five being "a great deal of current knowledge."

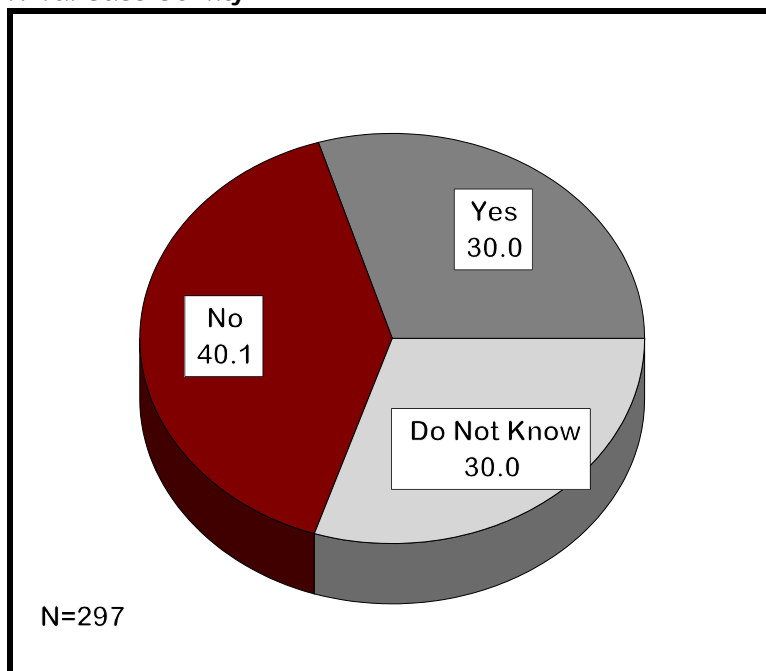
Figure 17. Respondents' Perceptions of Important Financing Options for Acute Care



Almost 88 percent of respondents perceive insurance as an important financing option for acute care (87.7 percent), followed by government aid (72.0 percent), private assets (65.7 percent), and social services (54.0 percent). Approximately 41 percent perceive community groups as important (40.7 percent) (Figure 17, Appendix Table 17).

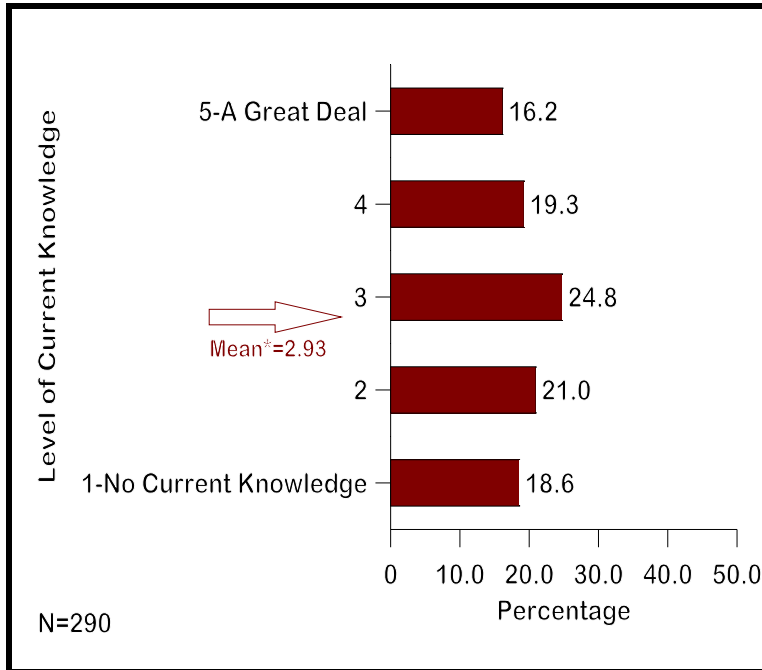
*See Appendix Table 17 for "other" important financing options for acute care, as well as full response categories.
Note: Percentages do not equal 100.0 due to multiple response.

Figure 18. Whether Acute Care Services Are Available in Rural Cass County



Thirty percent of respondents indicate they do not know if acute care services are available in rural Cass County, while the same proportion indicate these services are available. Approximately 40 percent of respondents indicate acute care services are not available in rural Cass County (40.1 percent) (Figure 18, Appendix Table 18).

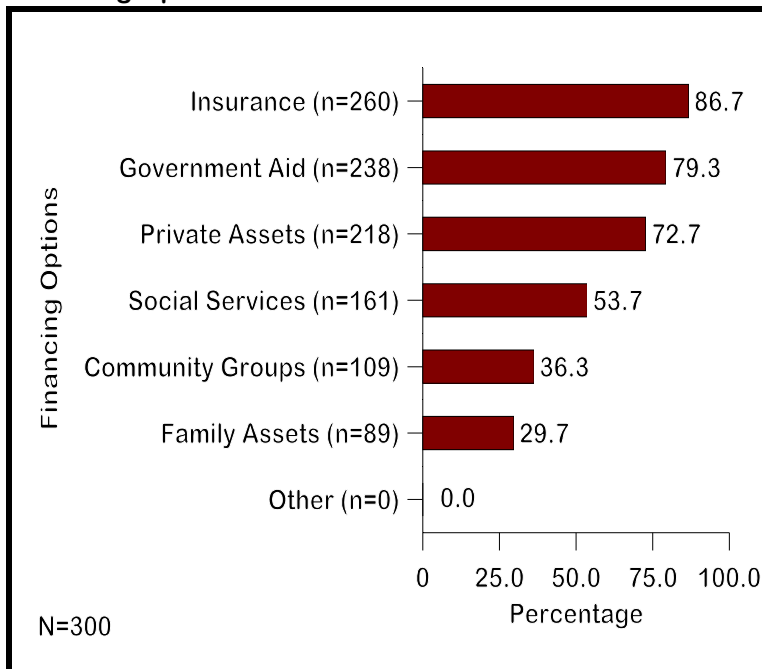
Figure 19. Respondents' Level of Current Knowledge About Extended Care



Respondents have, on average, slightly less than a moderate level of knowledge about extended care (mean=2.93). Nearly one-fifth of respondents indicate they have no current knowledge of extended care (18.8 percent) (Figure 19, Appendix Table 19). Knowledge levels about extended care are greatest among 70- to 79-year-olds (Significance Table 13).

*Mean was based on a one to five scale, with one being "no current knowledge" and five being "a great deal of current knowledge."

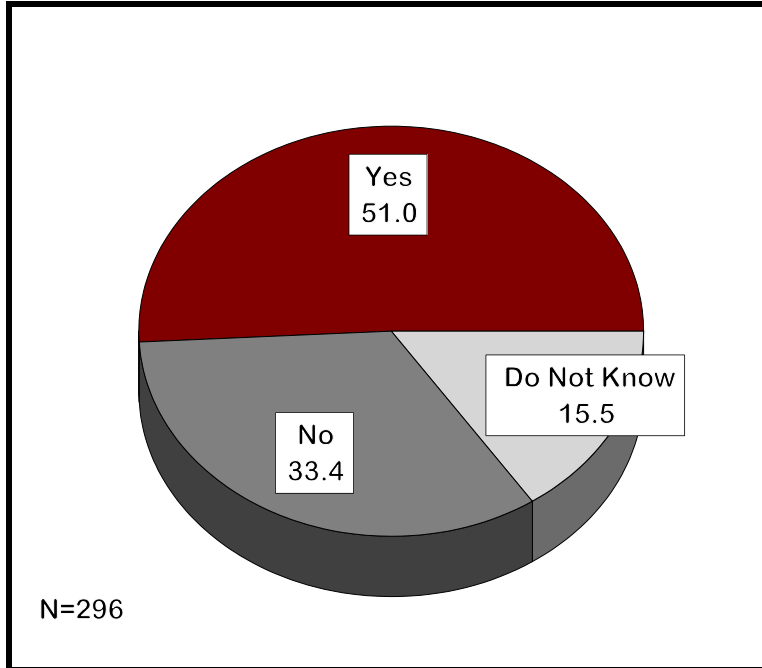
Figure 20. Respondents' Perceptions of Important Financing Options for Extended Care



The majority of respondents perceive insurance (86.7 percent), government aid (79.3 percent), private assets (72.7 percent), and social services (53.7 percent) as important financing options for extended care, followed by more than one-third of respondents that perceive community groups as important (36.3 percent) (Figure 20, Appendix Table 20).

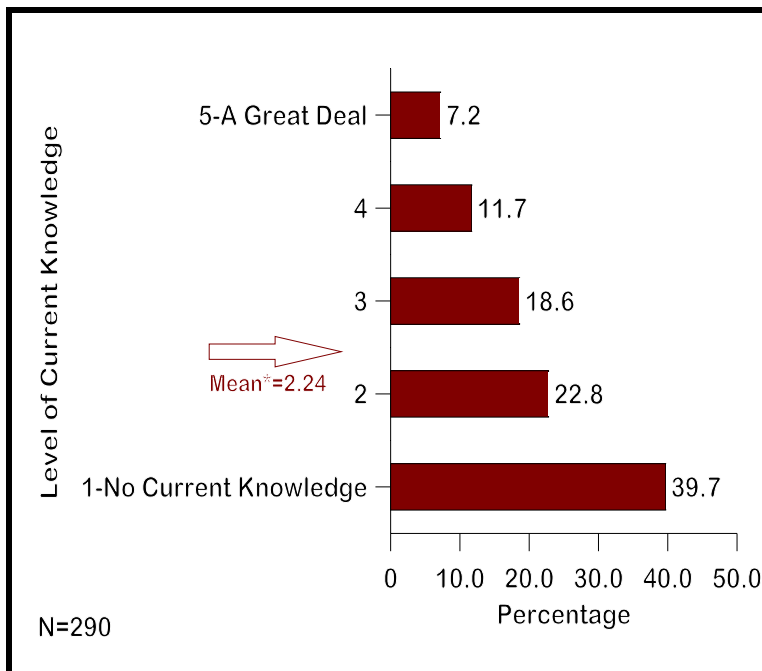
Note: Percentages do not equal 100.0 due to multiple response.

Figure 21. Whether Extended Care Services Are Available in Rural Cass County



Half of respondents indicate extended care services are available in rural Cass County (51.0 percent), while one-third indicate they are not (33.4 percent). Approximately 16 percent of respondents do not know (15.5 percent) (Figure 21, Appendix Table 21).

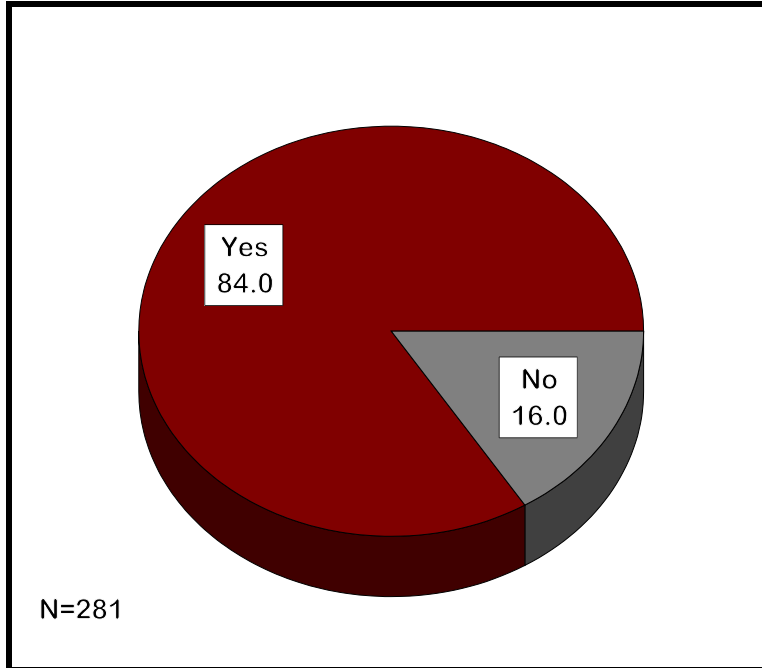
Figure 22. Respondents' Level of Current Knowledge About Funding Options for Services for Seniors and Disabled Persons



Approximately 40 percent of respondents have no current knowledge of funding options for services for seniors and disabled persons (39.7 percent) (Figure 22, Appendix Table 22). Though knowledge levels are generally low, respondents who care for a disabled person of any age or of a senior have more knowledge about funding options, as do respondents 70 to 79 years of age. Respondents who indicate moderate to no concern about their own long-term care are most likely to indicate no current knowledge about funding options (Significance Tables 14, 15 16).

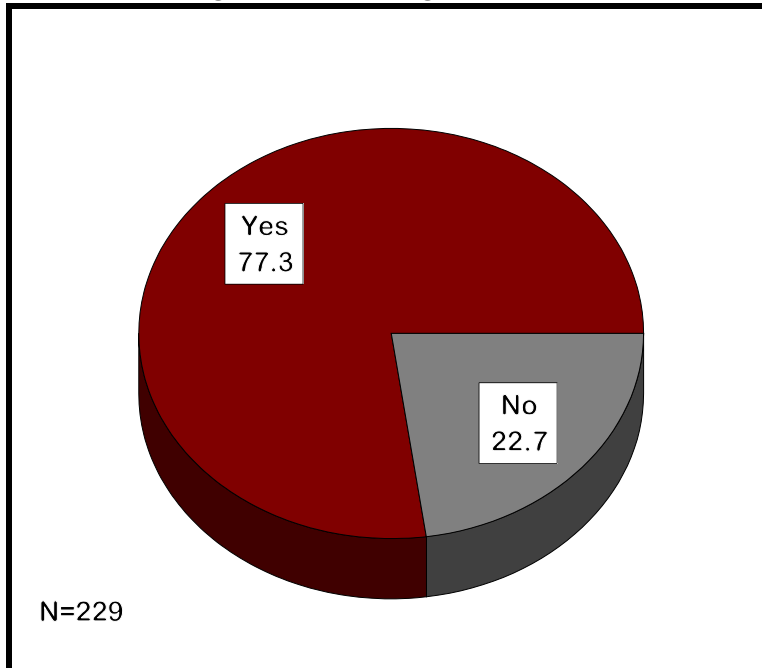
*Mean was based on a one to five scale, with one being "no current knowledge" and five being "a great deal of current knowledge."

Figure 23. Whether Respondents Consider Services Delivered in Fargo and West Fargo a *Feasible* Resource



The vast majority of respondents consider services in Fargo and West Fargo a feasible resource (84.0 percent) (Figure 23, Appendix Table 23).

Figure 24. Whether Respondents Consider Services Delivered in Fargo and West Fargo a *Convenient* Resource



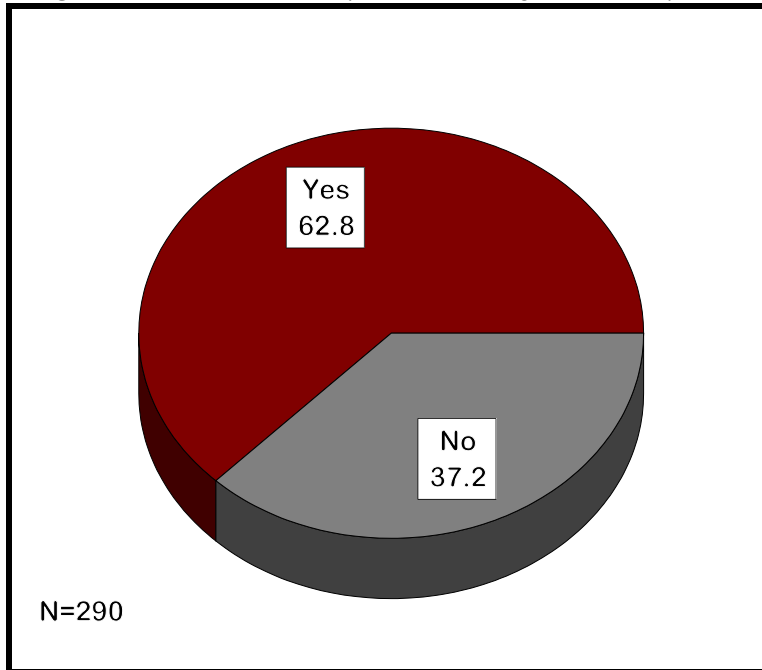
Of the respondents that indicated services in Fargo and West Fargo are feasible, more than three-fourths indicate they are also convenient (77.3 percent) (Figure 24, Appendix Table 24).

PERCEPTIONS OF CARE

Topics covered in this section include: respondents' level of concern about long-term care (LTC) for themselves and others, respondents' preferences regarding their own LTC, respondents' beliefs as to who is responsible for ensuring services are accessible to disabled persons and seniors, and respondents' perceptions of community responsibility for LTC services.

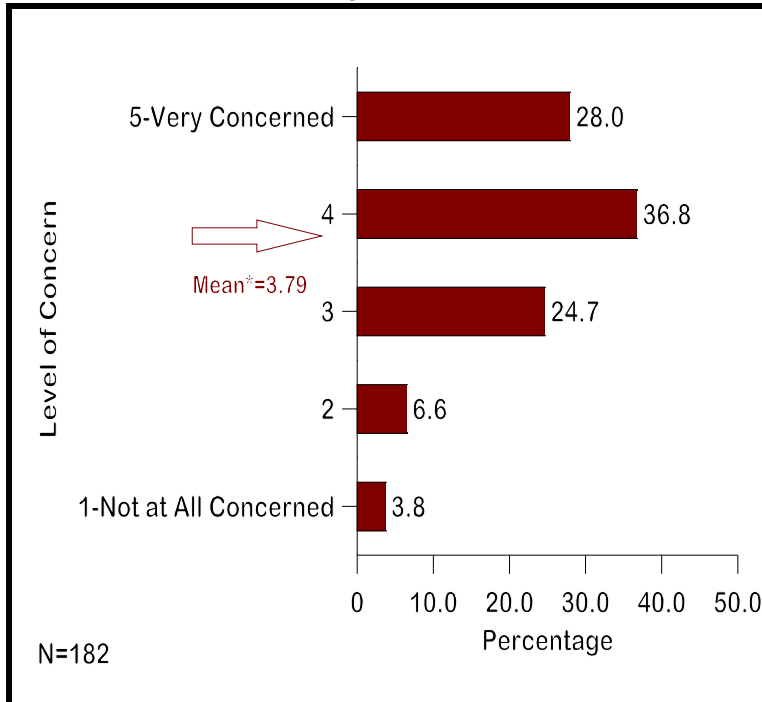
Information in this section will help us determine whether respondents are concerned about LTC and who they believe should be responsible for providing LTC services. Allowing respondents to indicate how they want their LTC needs met will give us a better understanding of whether informal care is a viable LTC option. Furthermore, giving respondents the opportunity to contemplate responsibility for LTC services will demonstrate whether they believe a community concept of caregiving would be effective.

Figure 25. Whether Respondents Are Concerned About the Long-term Care of Others (such as family or friends)



Approximately two-thirds of respondents are concerned about the long-term care of family and friends (62.8 percent) (Figure 25, Appendix Table 25). The majority of respondents ages 20 to 69 are concerned about the long-term care of others, while a majority of those 70 to 79 years of age indicate they are not concerned about the long-term care of others. Concern is impacted by respondents' income, as well. The majority of those with a household income before taxes of less than \$20,000 are not concerned about the long-term care of others (Significance Table 17, 18).

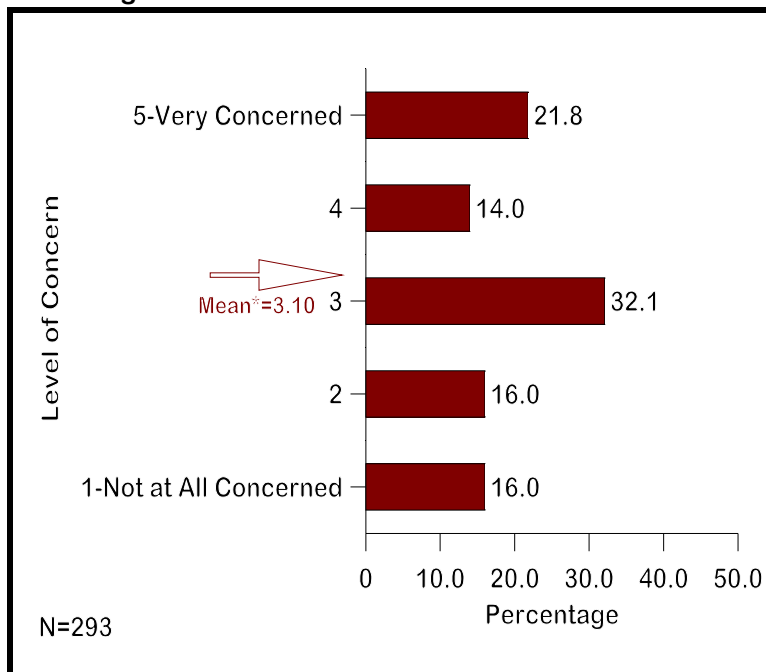
Figure 26. Respondents' Level of Concern About the Long-term Care of Others, if They Are Concerned



Of those who indicate they are concerned about another's long-term care, two-thirds have a high degree of concern (a "4" and "5") (64.8 percent) (Figure 26, Appendix Table 26).

*Mean was based on a one to five scale, with one being "not at all concerned" and five being "very concerned."

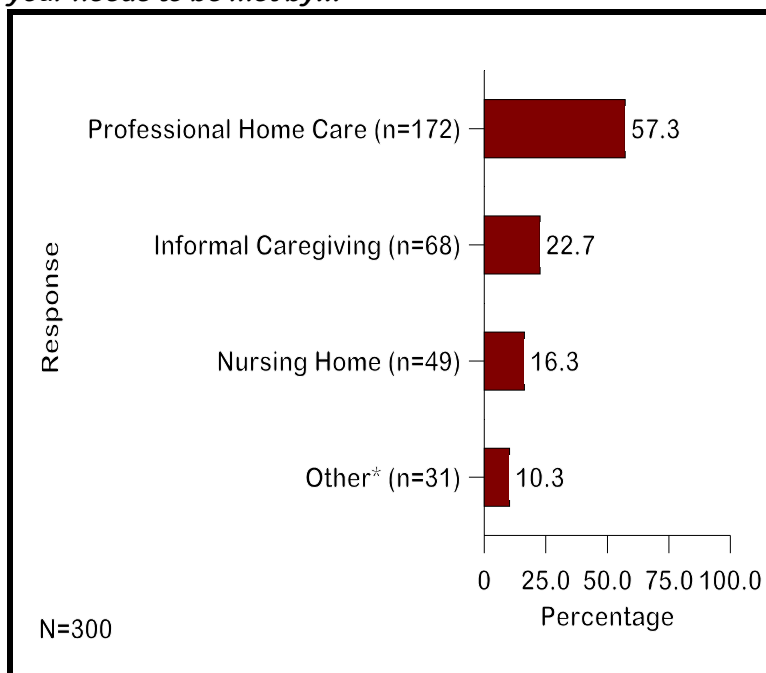
Figure 27. Respondents' Level of Concern About Their Own Long-term Care



Respondents, on average, have moderate levels of concern about their own long-term care (mean=3.10) (Figure 27, Appendix Table 27). More than one-third of respondents between the ages of 50 to 79 indicate a high level of concern (a “4” or “5”), while a majority of those between the ages of 20 to 29 have little or no concern (a “2” or “1”) (Significance Table 19). Respondents’ level of concern about their own long-term care had a significant impact on their knowledge of outreach, wellness/health promotion, ambulatory care, acute care, and funding options.

*Mean was based on a one to five scale, with one being “not at all concerned” and five being “very concerned.”

Figure 28. Respondents' Response to the Following Scenario: “You are in need of long-term care. Do you want your needs to be met by...”

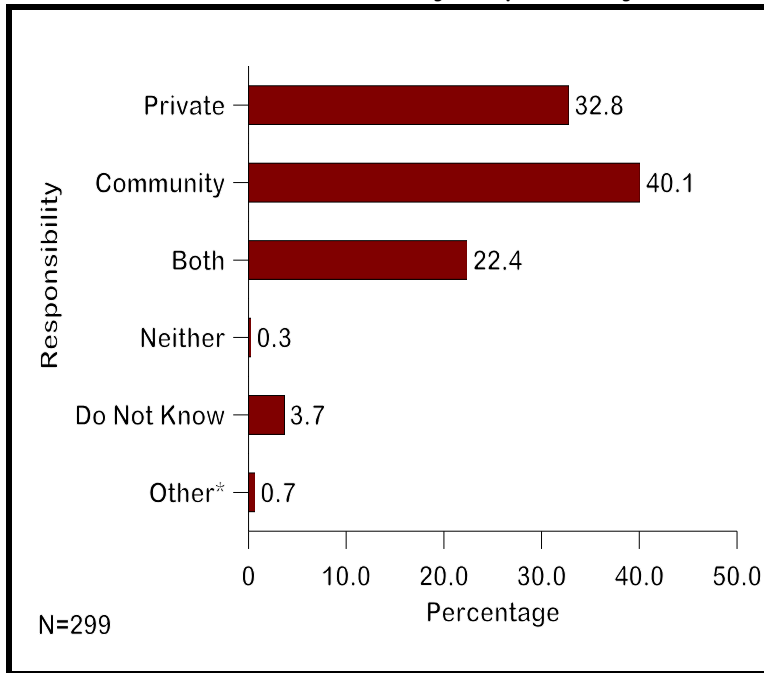


The majority of respondents indicate they would like their long-term care needs to be met by professional home care (57.3 percent). Approximately one out of five respondents indicate they would want their needs to be met by informal caregiving or a nursing home (22.7 percent and 16.3 percent, respectively) (Figure 28, Appendix Table 28).

*See Appendix Table 28 for “other” ways to meet long-term care needs.

Note: Percentages do not equal 100.0 due to multiple response.

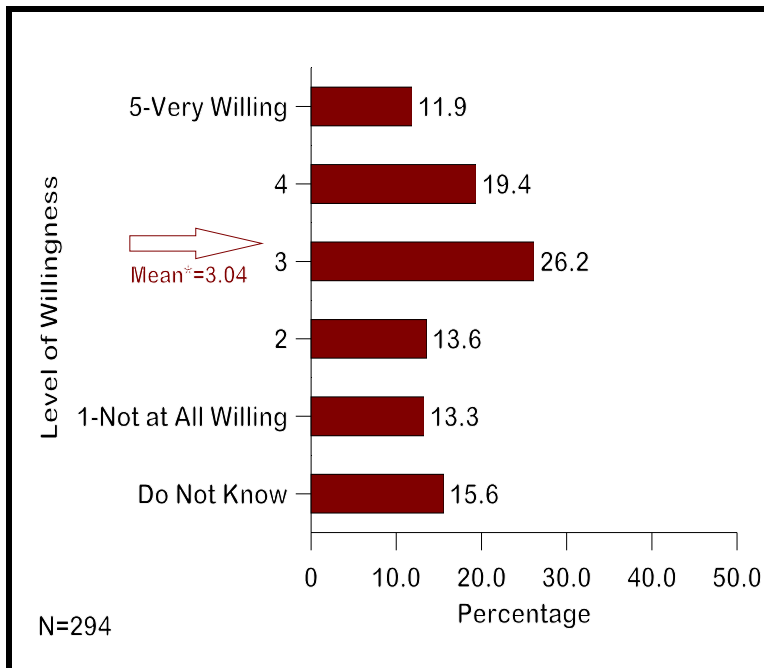
Figure 29. Whether Respondents Think Ensuring Access to Health and Human Services for Seniors and Disabled Persons is a Private or Community Responsibility



Approximately 40 percent of respondents think ensuring access to health and human services for seniors and disabled persons is a community responsibility (40.1 percent), while 32.8 percent think it is a private responsibility. One in five respondents believe it is both (22.4 percent) (Figure 29, Appendix Table 29).

*See Appendix Table 29 for “others” who are responsible for ensuring access to services.

Figure 30. Respondents’ Perceptions of How Willing a Rural Community in Their Area Would be to Embrace a Concept of Care Where Responsibilities for Seniors and Disabled Persons Are Shared



Respondents perceive, on average, that rural communities in their area are moderately willing to embrace shared responsibilities for seniors and disabled persons (mean=3.04). (Figure 30, Appendix Table 30).

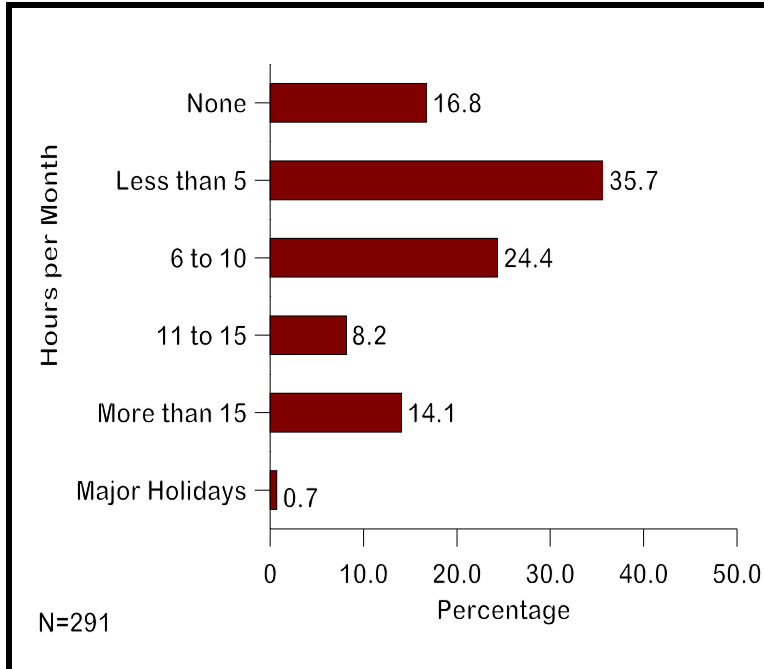
*Mean was based on a one to five scale, with one being “not at all willing” and five being “very willing.”

CHARACTERISTICS OF RURAL RESIDENTS

Topics covered in this section include respondents' involvement in community activities; length of time they have resided in rural Cass County; whether they have plans to move out of the area; whether they are responsible for the care of a disabled person, a senior, or a child 18 years of age or younger; and demographic information.

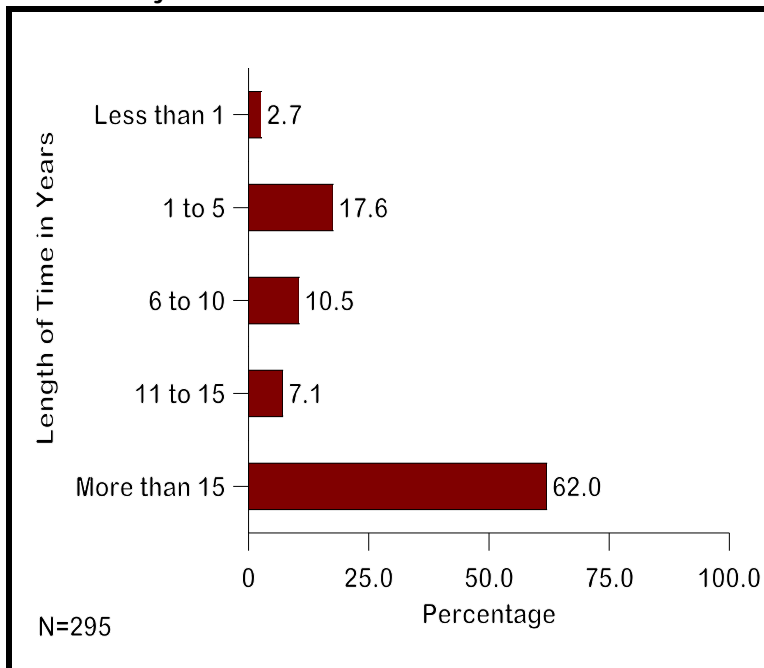
Information pertaining to the respondents' participation in community activities enables us to infer how likely they would be to participate in community-oriented care programs. We also suggest that respondents who have resided in rural Cass County for a substantial amount of time with no plans to move would be more likely to participate in community-oriented care programs. Furthermore, if a respondent indicated they care for a disabled person, senior, or child, we hypothesize two scenarios: 1) they would have less time to participate in the community or 2) they would participate in the community more due to increased interest in community aspects that impact their care recipient(s).

Figure 31. Number of Hours Respondents Spend Participating in Community Activities in an Average Month (e.g., volunteer work, clubs, organizations, church, theater/arts, etc.)



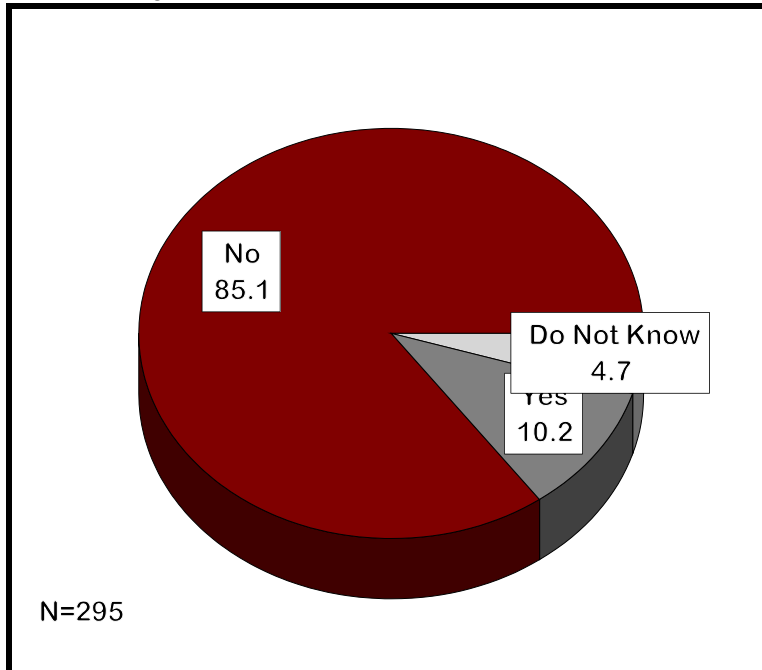
More than three-fourths of respondents participate in community activities (83.1 percent). One-third of respondents participate less than five hours in an average month (35.7 percent) (Figure 31, Appendix Table 31). Of respondents who do not participate in community activities, almost half have a household income of less than \$20,000. Almost half of respondents who participate 11 to 15 hours a month have a household income of more than \$60,000. Respondents who participate in community activities more than 15 hours a month are fairly evenly distributed among all incomes (Significance Table 20).

Figure 32. Length of Time Respondents Have Lived in Rural Cass County



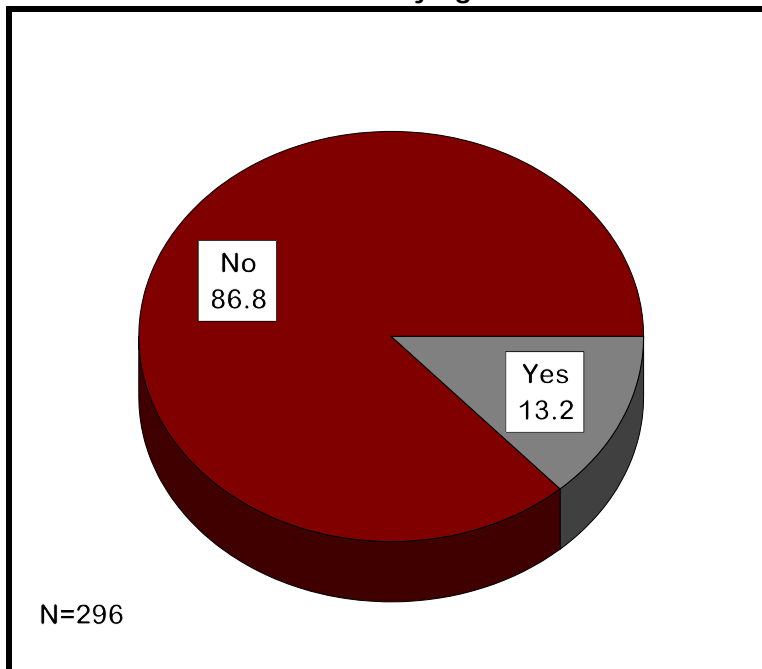
Nearly two out of three respondents have lived in rural Cass County for more than 15 years (62.0 percent) (Figure 32, Appendix Table 32).

Figure 33. Whether Respondents Plan to Move Out of Rural Cass County in the Next Five Years



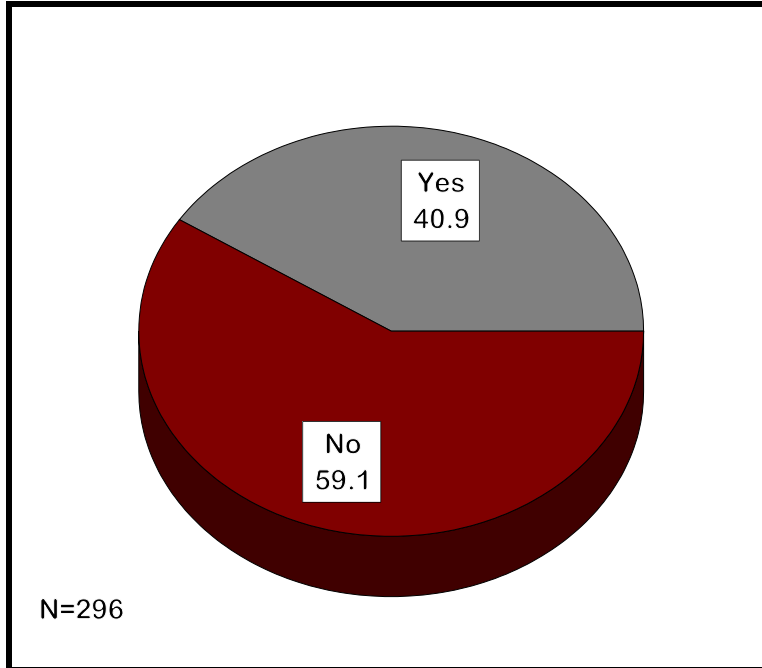
Approximately 85 percent of respondents do not plan to move out of rural Cass County in the next five years (85.1 percent) (Figure 33, Appendix Table 33).

Figure 34. Whether Respondents Are Responsible for the Care of a Disabled Person of Any Age or of a Senior



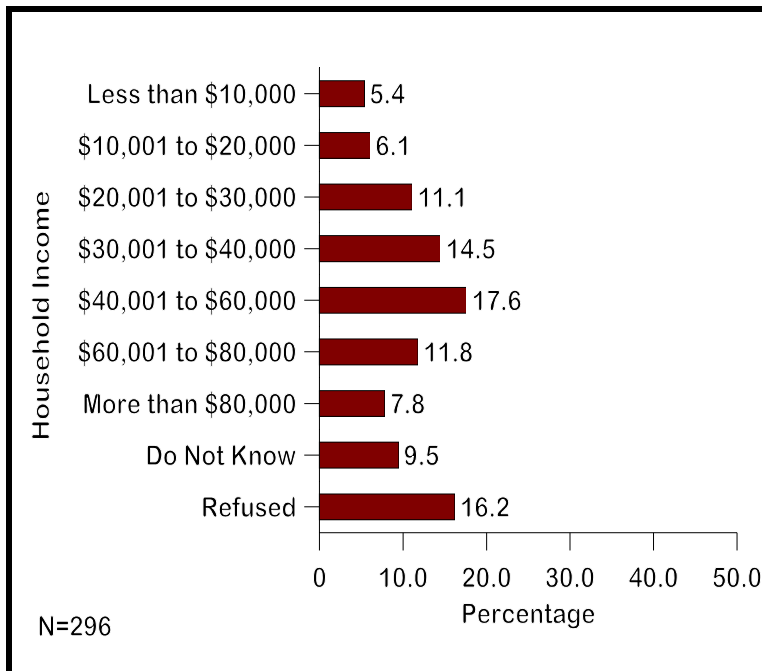
Approximately 87 percent of respondents are not responsible for the care of a disabled person of any age or of a senior (86.8 percent), leaving 13.2 percent of respondents as caregivers (Figure 34, Appendix Table 34). Whether respondents are responsible for the care of a disabled person or senior has a significant impact on their knowledge of housing, outreach, and funding options.

Figure 35. Whether Respondents Are the Parent or Primary Caregiver of Someone Younger Than 18 Years of Age



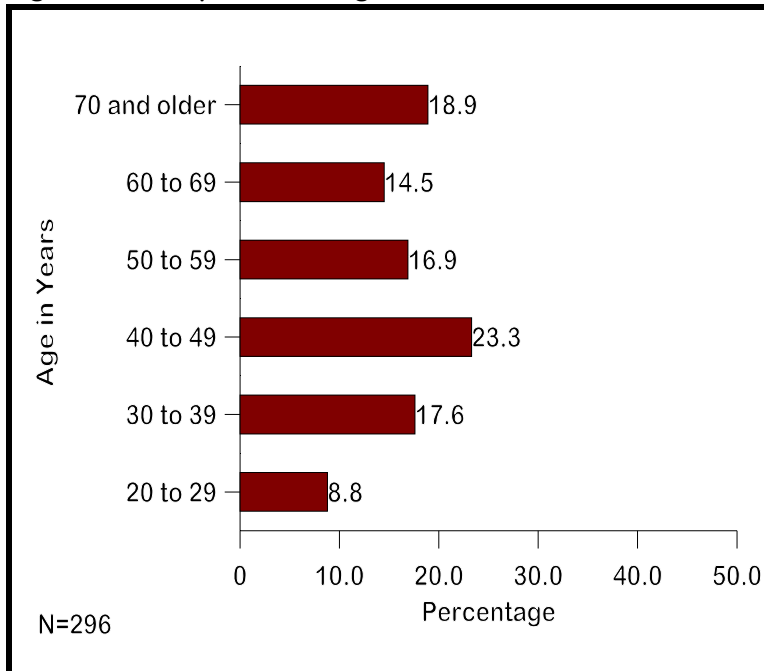
Approximately 41 percent of respondents are the parent or primary caregiver of someone younger than 18 years of age (40.9 percent) (Figure 35, Appendix Table 35).

Figure 36. Respondents' Annual Household Income Before Taxes



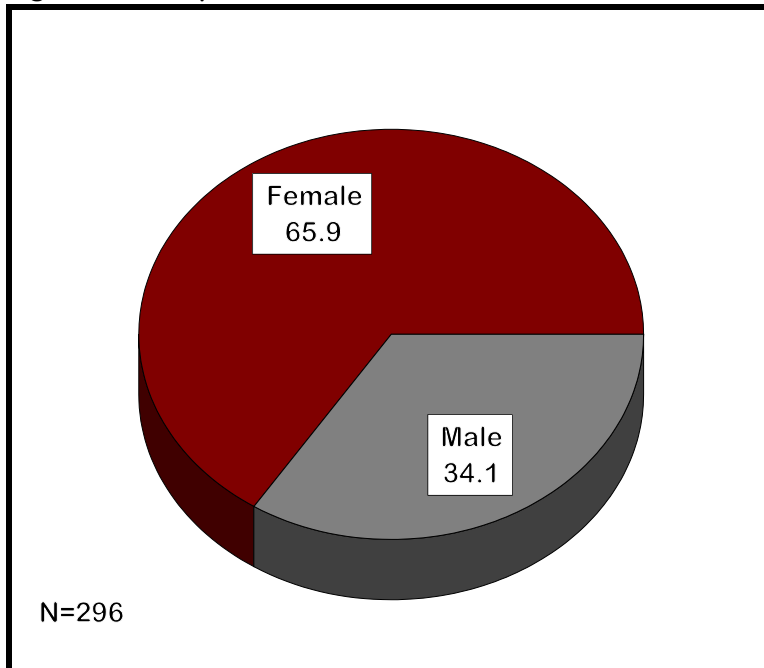
One-third of respondents report an annual household income before taxes between \$30,001 and \$60,000 (32.1 percent). However, one-fourth of respondents did not respond (25.7 percent) (Figure 36, Appendix Table 36). The majority of respondents between 30 and 59 years old make more than \$40,000 per year. The majority of people age 60 and over make \$40,000 or less; one-third make less than \$20,000 (Significance Table 21). Respondents' income has a significant impact on whether they are concerned about the long-term care of others as well as the number of hours they participate in community activities in an average month.

Figure 37. Respondents' Age



Respondents are fairly evenly distributed by age. Half of respondents are 50 years of age or older and half are younger than 50 years of age (Figure 37, Appendix Table 37). Respondents' age has a significant impact on their knowledge of housing, outreach, wellness/health promotion, ambulatory care, home care, acute care, extended care, and funding options for services. Age also impacted respondents' level of concern for their own long-term care and whether they are concerned about the long-term care of others, as well as their income.

Figure 38. Respondents' Gender



Two-thirds of respondents are females (65.9 percent) (Figure 38, Appendix Table 38).

SIGNIFICANCE TABLES

Significance Table 1. Respondents' Level of Current Knowledge About Housing by Whether They Care for a Disabled Person of Any Age or of a Senior

Level of Current Knowledge	Respondents by Whether Respondent Cares for a Disabled Person or Senior			
	Yes		No	
	#	%*	#	%
1-No Current Knowledge	2	5.1	39	15.4
2	7	17.9	50	19.8
3	8	20.5	84	33.2
4	11	28.2	46	18.2
5-A Great Deal of Current Knowledge	11	28.2	34	13.4
Total	39	99.9	253	100.0

*Percentages do not equal 100.0 due to rounding.

Significance Table 2. Respondents' Level of Current Knowledge About Housing by Their Age

Level of Current Knowledge	Respondents by Age in Years											
	20 to 29		30 to 39		40 to 49		50 to 59		60 to 69		70 to 79	
	#	%	#	%*	#	%	#	%	#	%	#	%
1-No Current Knowledge	4	15.4	13	25.5	12	17.4	8	16.3	2	4.7	2	3.7
2	9	34.6	12	23.5	14	20.3	10	20.4	5	11.6	7	13.0
3	5	19.2	17	33.3	20	29.0	16	32.7	16	37.2	18	33.3
4	6	23.1	5	9.8	10	14.5	9	18.4	12	27.9	15	27.8
5-A Great Deal of Current Knowledge	2	7.7	4	7.8	13	18.8	6	12.2	8	18.6	12	22.2
Total	26	100.0	51	99.9	69	100.0	49	100.0	43	100.0	54	100.0

*Percentages do not equal 100.0 due to rounding.

Significance Table 3. Respondents' Level of Current Knowledge About Outreach by Whether They Care for a Disabled Person of Any Age or of a Senior

Level of Current Knowledge	Respondents by Whether Respondent Cares for a Disabled Person or Senior			
	Yes		No	
	#	%	#	%*
1-No Current Knowledge	0	0.0	45	17.5
2	6	15.4	71	27.6
3	12	30.8	60	23.3
4	11	28.2	43	16.7
5-A Great Deal of Current Knowledge	10	25.6	38	14.8
Total	39	100.0	257	99.9

*Percentages do not equal 100.0 due to rounding.

Significance Table 4. Respondents' Level of Current Knowledge About Outreach by Their Age

Level of Current Knowledge	Respondents by Age in Years											
	20 to 29		30 to 39		40 to 49		50 to 59		60 to 69		70 to 79	
	#	%	#	%	#	%*	#	%	#	%	#	%
1-No Current Knowledge	5	19.2	12	23.1	11	15.9	10	20.0	5	11.6	2	3.6
2	8	30.8	18	34.6	23	33.3	12	24.0	8	18.6	8	14.3
3	6	23.1	12	23.1	14	20.3	12	24.0	17	39.5	11	19.6
4	4	15.4	5	9.6	16	23.2	10	20.0	6	14.0	13	23.2
5-A Great Deal of Current Knowledge	3	11.5	5	9.6	5	7.2	6	12.0	7	16.3	22	39.3
Total	26	100.0	52	100.0	69	99.9	50	100.0	43	100.0	56	100.0

*Percentages do not equal 100.0 due to rounding.

Significance Table 5. Respondents' Level of Current Knowledge About Outreach by Their Level of Concern for Their Own Long-term Care

Level of Current Knowledge	Level of Concern for Own Long-term Care									
	1-Not at All Concerned		2		3		4		5-Very Concerned	
	#	%*	#	%*	#	%	#	%*	#	%
1-No Current Knowledge	14	29.8	5	10.6	11	11.7	3	7.3	11	17.2
2	8	17.0	19	40.4	25	26.6	9	22.0	16	25.0
3	7	14.9	10	21.3	28	29.8	9	22.0	18	28.1
4	9	19.1	5	10.6	22	23.4	9	22.0	9	14.1
5-A Great Deal of Current Knowledge	9	19.1	8	17.0	8	8.5	11	26.8	10	15.6
Total	47	99.9	47	99.9	94	100.0	41	100.1	64	100.0

*Percentages do not equal 100.0 due to rounding.

Significance Table 6. Respondents' Level of Current Knowledge About Wellness/Health Promotion by Their Age

Level of Current Knowledge	Respondents by Age in Years											
	20 to 29		30 to 39		40 to 49		50 to 59		60 to 69		70 to 79	
	#	%*	#	%*	#	%*	#	%	#	%	#	%*
1-No Current Knowledge	5	19.2	18	34.6	13	19.4	10	20.0	5	11.6	5	8.9
2	7	26.9	11	21.2	17	25.4	13	26.0	11	25.6	6	10.7
3	8	30.8	16	30.8	17	25.4	15	30.0	9	20.9	18	32.1
4	5	19.2	3	5.8	15	22.4	7	14.0	10	23.3	12	21.4
5-A Great Deal of Current Knowledge	1	3.8	4	7.7	5	7.5	5	10.0	8	18.6	15	26.8
Total	26	99.9	52	100.1	67	100.1	50	100.0	43	100.0	56	99.9

*Percentages do not equal 100.0 due to rounding.

Significance Table 7. Respondents' Level of Current Knowledge About Wellness/Health Promotion by Their Level of Concern for Their Own Long-term Care

Level of Current Knowledge	Level of Concern for Own Long-term Care									
	1-Not at All Concerned		2		3		4		5-Very Concerned	
	#	%*	#	%	#	%*	#	%*	#	%
1-No Current Knowledge	12	25.5	10	21.3	14	14.9	4	9.8	14	22.6
2	11	23.4	11	23.4	24	25.5	7	17.1	12	19.4
3	11	23.4	11	23.4	30	31.9	13	31.7	19	30.6
4	8	17.0	8	17.0	18	19.1	10	24.4	7	11.3
5-A Great Deal of Current Knowledge	5	10.6	7	14.9	8	8.5	7	17.1	10	16.1
Total	47	99.9	47	100.0	94	99.9	41	100.1	62	100.0

*Percentages do not equal 100.0 due to rounding.

Significance Table 8. Respondents' Level of Current Knowledge About Ambulatory Care by Their Age

Level of Current Knowledge	Respondents by Age in Years											
	20 to 29		30 to 39		40 to 49		50 to 59		60 to 69		70 to 79	
	#	%	#	%*	#	%*	#	%	#	%	#	%
1-No Current Knowledge	5	19.2	13	25.5	12	17.9	13	27.1	7	16.3	8	14.3
2	8	30.8	12	23.5	16	23.9	12	25.0	15	34.9	2	3.6
3	8	30.8	9	17.6	24	35.8	10	20.8	8	18.6	15	26.8
4	3	11.5	8	15.7	8	11.9	7	14.6	8	18.6	20	35.7
5-A Great Deal of Current Knowledge	2	7.7	9	17.6	7	10.4	6	12.5	5	11.6	11	19.6
Total	26	100.0	51	99.9	67	99.9	48	100.0	43	100.0	56	100.0

*Percentages do not equal 100.0 due to rounding.

Significance Table 9. Respondents' Level of Current Knowledge About Ambulatory Care by Their Level of Concern for Their Own Long-term Care

Level of Current Knowledge	Level of Concern for Own Long-term Care									
	1-Not at All Concerned		2		3		4		5-Very Concerned	
	#	%	#	%*	#	%	#	%*	#	%
1-No Current Knowledge	15	31.9	12	26.7	15	16.1	4	9.8	10	16.1
2	6	12.8	10	22.2	25	26.9	9	22.0	15	24.2
3	14	29.8	9	20.0	24	25.8	15	36.6	13	21.0
4	7	14.9	7	15.6	21	22.6	5	12.2	13	21.0
5-A Great Deal of Current Knowledge	5	10.6	7	15.6	8	8.6	8	19.5	11	17.7
Total	47	100.0	45	100.1	93	100.0	41	100.1	62	100.0

*Percentages do not equal 100.0 due to rounding.

Significance Table 10. Respondents' Level of Current Knowledge About Home Care by Their Age

Level of Current Knowledge	Respondents by Age in Years											
	20 to 29		30 to 39		40 to 49		50 to 59		60 to 69		70 to 79	
	#	%	#	%*	#	%	#	%	#	%*	#	%
1-No Current Knowledge	4	15.4	10	19.6	12	17.4	7	14.0	2	4.7	3	5.4
2	7	26.9	13	25.5	14	20.3	11	22.0	7	16.3	5	8.9
3	4	15.4	11	21.6	22	31.9	11	22.0	19	44.2	12	21.4
4	7	26.9	11	21.6	12	17.4	10	20.0	8	18.6	24	42.9
5-A Great Deal of Current Knowledge	4	15.4	6	11.8	9	13.0	11	22.0	7	16.3	12	21.4
Total	26	100.0	51	100.1	69	100.0	50	100.0	43	100.1	56	100.0

*Percentages do not equal 100.0 due to rounding.

Significance Table 11. Respondents' Level of Current Knowledge About Acute Care by Their Age

Level of Current Knowledge	Respondents by Age in Years											
	20 to 29		30 to 39		40 to 49		50 to 59		60 to 69		70 to 79	
	#	%	#	%	#	%	#	%	#	%	#	%
1-No Current Knowledge	8	32.0	27	51.9	23	34.3	17	34.7	13	30.2	12	23.1
2	6	24.0	10	19.2	13	19.4	9	18.4	12	27.9	9	17.3
3	5	20.0	7	13.5	19	28.4	12	24.5	7	16.3	14	26.9
4	3	12.0	4	7.7	8	11.9	5	10.2	7	16.3	11	21.2
5-A Great Deal of Current Knowledge	3	12.0	4	7.7	4	6.0	6	12.2	4	9.3	6	11.5
Total	25	100.0	52	100.0	67	100.0	49	100.0	43	100.0	52	100.0

Significance Table 12. Respondents' Level of Current Knowledge About Acute Care by Their Level of Concern for Their Own Long-term Care

Level of Current Knowledge	Level of Concern for Own Long-term Care									
	1-Not at All Concerned		2		3		4		5-Very Concerned	
	#	%	#	%*	#	%	#	%*	#	%
1-No Current Knowledge	23	50.0	16	36.4	25	27.2	13	33.3	21	33.9
2	8	17.4	9	20.5	20	21.7	5	12.8	16	25.8
3	7	15.2	12	27.3	24	26.1	11	28.2	10	16.1
4	4	8.7	5	11.4	15	16.3	5	12.8	8	12.9
5-A Great Deal of Current Knowledge	4	8.7	2	4.5	8	8.7	5	12.8	7	11.3
Total	46	100.0	44	100.1	92	100.0	39	99.9	62	100.0

*Percentages do not equal 100.0 due to rounding.

Significance Table 13. Respondents' Level of Current Knowledge About Extended Care by Their Age

Level of Current Knowledge	Respondents by Age in Years											
	20 to 29		30 to 39		40 to 49		50 to 59		60 to 69		70 to 79	
	#	%	#	%	#	%	#	%	#	%	#	%
1-No Current Knowledge	4	15.4	12	23.5	15	22.1	11	22.0	8	18.6	4	7.8
2	7	26.9	14	27.5	17	25.0	9	18.0	7	16.3	7	13.7
3	5	19.2	13	25.5	13	19.1	11	22.0	13	30.2	16	31.4
4	8	30.8	5	9.8	13	19.1	11	22.0	8	18.6	11	21.6
5-A Great Deal of Current Knowledge	2	7.7	7	13.7	10	14.7	8	16.0	7	16.3	13	25.5
Total	26	100.0	51	100.0	68	100.0	50	100.0	43	100.0	51	100.0

Significance Table 14. Respondents' Level of Current Knowledge About Funding Options by Whether They Care for a Disabled Person or Senior

Level of Current Knowledge	Respondents by Whether Respondent Cares for a Disabled Person or Senior			
	Yes		No	
	#	%	#	%
1-No Current Knowledge	7	17.9	108	43.0
2	12	30.8	54	21.5
3	6	15.4	48	19.1
4	10	25.6	24	9.6
5-A Great Deal of Current Knowledge	4	10.3	17	6.8
Total	39	100.0	251	100.0

Significance Table 15. Respondents' Level of Current Knowledge About Funding Options by Their Age

Level of Current Knowledge	Respondents by Age in Years											
	20 to 29		30 to 39		40 to 49		50 to 59		60 to 69		70 to 79	
	#	%	#	%*	#	%	#	%*	#	%	#	%
1-No Current Knowledge	8	30.8	31	59.6	27	39.7	20	40.8	15	35.7	14	26.4
2	9	34.6	10	19.2	22	32.4	10	20.4	8	19.0	7	13.2
3	3	11.5	9	17.3	9	13.2	8	16.3	11	26.2	14	26.4
4	4	15.4	0	0.0	7	10.3	5	10.2	7	16.7	11	20.8
5-A Great Deal of Current Knowledge	2	7.7	2	3.8	3	4.4	6	12.2	1	2.4	7	13.2
Total	26	100.0	52	99.9	68	100.0	49	99.9	42	100.0	53	100.0

*Percentages do not equal 100.0 due to rounding.

Significance Table 16. Respondents' Level of Current Knowledge About Funding Options by Their Level of Concern for Their Own Long-term Care

Level of Current Knowledge	Level of Concern for Own Long-term Care									
	1-Not at All Concerned		2		3		4		5-Very Concerned	
	#	%*	#	%*	#	%	#	%	#	%*
1-No Current Knowledge	19	40.4	23	50.0	36	40.0	11	26.8	20	33.3
2	9	19.1	11	23.9	23	25.6	9	22.0	14	23.3
3	10	21.3	2	4.3	20	22.2	11	26.8	11	18.3
4	4	8.5	7	15.2	8	8.9	9	22.0	6	10.0
5-A Great Deal of Current Knowledge	5	10.6	3	6.5	3	3.3	1	2.4	9	15.0
Total	47	99.9	46	99.9	90	100.0	41	100.0	60	99.9

*Percentages do not equal 100.0 due to rounding.

Significance Table 17. Whether Respondents Are Concerned About the Long-term Care of Others (such as family and friends) by Their Age

Whether Concerned About the Long-term Care of Others	Respondents by Age in Years											
	20 to 29		30 to 39		40 to 49		50 to 59		60 to 69		70 to 79	
	#	%	#	%	#	%	#	%	#	%	#	%
Yes	17	65.4	34	66.7	47	70.1	33	71.7	25	59.5	25	46.3
No	9	34.6	17	33.3	20	29.9	13	28.3	17	40.5	29	53.7
Total	26	100.0	51	100.0	67	100.0	46	100.0	42	100.0	54	100.0

Significance Table 18. Whether Respondents Are Concerned About the Long-term Care of Others (such as family and friends) by Their Household Income

Whether Concerned About the Long-term Care of Others	Respondents by Household Income									
	Less than \$20,000		\$20,001 to \$40,000		\$40,001 to \$60,000		More than \$60,000			
	#	%	#	%	#	%	#	%		
Yes	11	35.5	54	71.1	34	69.4	33	60.0		
No	20	64.5	22	28.9	15	30.6	22	40.0		
Total	31	100.0	76	100.0	49	100.0	55	100.0		

Significance Table 19. Respondents' Level of Concern for Their Own Long-term Care by Their Age

Level of Concern for Own Long-term Care	Respondents by Age in Years											
	20 to 29		30 to 39		40 to 49		50 to 59		60 to 69		70 to 79	
	#	%	#	%	#	%*	#	%	#	%*	#	%
1-Not at All Concerned	9	36.0	13	26.0	13	18.8	3	6.1	6	14.0	3	5.6
2	5	20.0	8	16.0	12	17.4	6	12.2	8	18.6	8	14.8
3	7	28.0	17	34.0	22	31.9	16	32.7	14	32.6	17	31.5
4	2	8.0	5	10.0	9	13.0	9	18.4	6	14.0	10	18.5
5-Very Concerned	2	8.0	7	14.0	13	18.8	15	30.6	9	20.9	16	29.6
Total	25	100.0	50	100.0	69	99.9	49	100.0	43	100.1	54	100.0

*Percentages do not equal 100.0 due to rounding.

Significance Table 20. Respondents' Household Income by the Number of Hours They Spend Participating in Community Activities in an Average Month (e.g., volunteer work, clubs, organizations, church, theater/arts, etc.)

Household Income	Respondents by Hours They Spend Participating in Community Activities in an Average Month											
	None		Less than 5		6 to 10		11 to 15		More than 15		Major Holidays	
	#	%*	#	%*	#	%	#	%*	#	%*	#	%
Less than \$20,000	16	48.5	6	7.8	3	5.7	0	0.0	7	21.9	0	0.0
\$20,001 to \$40,000	7	21.2	21	27.3	30	56.6	7	33.3	10	31.3	1	50.0
\$40,001 to \$60,000	5	15.2	26	33.8	7	13.2	4	19.0	9	28.1	1	50.0
More than \$60,000	5	15.2	24	31.2	13	24.5	10	47.6	6	18.8	0	0.0
Total	33	100.1	77	100.1	53	100.0	21	99.9	32	100.1	2	100.0

*Percentages do not equal 100.0 due to rounding.

Significance Table 21. Respondents' Household Income by Their Age

Household Income	Respondents by Age in Years											
	20 to 29		30 to 39		40 to 49		50 to 59		60 to 69		70 to 79	
	#	%	#	%	#	%	#	%	#	%	#	%*
Less than \$20,000	4	16.7	1	2.6	4	7.0	4	11.4	10	30.3	11	34.4
\$20,001 to \$40,000	8	33.3	8	20.5	19	33.3	11	31.4	13	39.4	17	53.1
\$40,001 to \$60,000	8	33.3	10	25.6	16	28.1	10	28.6	6	18.2	2	6.3
More than \$60,000	4	16.7	20	51.3	18	31.6	10	28.6	4	12.1	2	6.3
Total	24	100.0	39	100.0	57	100.0	35	100.0	33	100.0	32	100.1

*Percentages do not equal 100.0 due to rounding.

APPENDIX TABLES

Appendix Table 1. Respondents' Level of Current Knowledge About Housing

Level of Current Knowledge	Respondents (N=296)	
	Number	Percent
1-No Current Knowledge	42	14.2
2	57	19.3
3	94	31.8
4	57	19.3
5-A Great Deal of Current Knowledge	46	15.5
Mean*	3.03	

*Mean was based on a one to five scale, with one being "no current knowledge" and five being "a great deal of current knowledge."

Appendix Table 2. Respondents' Perceptions of Important Financing Options for Housing

Financing Options	Respondents (N=300)	
	Number	Percent
Person's Private Assets	223	74.3
Government Aid (e.g., Medicaid)	212	70.7
Insurance (e.g., health, long-term care)	206	68.7
Social Service Organizations	181	60.3
Community Groups (e.g., churches, organizations, etc.)	109	36.3
Family Assets	102	34.0
Do Not Know	13	4.3
Other	4	1.3
<i>Combination of all above</i>	<i>2</i>	
<i>More volunteers in facilities</i>	<i>1</i>	
<i>Grants</i>	<i>1</i>	

Note: Percentages do not equal 100.0 due to multiple response.

Appendix Table 3. Whether Housing Services Are Available in Rural Cass County

Response	Respondents (N=300)	
	Number	Percent
Yes	202	67.3
No	57	19.0
Do Not Know	41	13.7

Appendix Table 4. Respondents' Level of Current Knowledge About Outreach

Level of Current Knowledge	Respondents (N=300)	
	Number	Percent
1-No Current Knowledge	47	15.7
2	78	26.0
3	73	24.3
4	54	18.0
5-A Great Deal of Current Knowledge	48	16.0
Mean*	2.93	

*Mean was based on a one to five scale, with one being "no current knowledge" and five being "a great deal of current knowledge."

Appendix Table 5. Respondents' Perceptions of Important Financing Options for Outreach

Financing Options	Respondents (N=300)	
	Number	Percent
Government Aid (e.g. Medicaid)	211	70.3
Person's Private Assets	196	65.3
Social Service Organizations	192	64.0
Community Groups (e.g., churches, organizations, etc.)	163	54.3
Insurance (e.g., health, long-term care)	159	53.0
Family Assets	93	31.0
Other	3	1.0
<i>Combination of all</i>	1	
<i>Depends on their finance</i>	1	
<i>Volunteer</i>	1	

Note: Percentages do not equal 100.0 due to multiple response.

Appendix Table 6. Whether Outreach Services Are Available in Rural Cass County

Response	Respondents (N=300)	
	Number	Percent
Yes	187	62.3
No	39	13.0
Do Not Know	74	24.7

Appendix Table 7. Respondents' Level of Current Knowledge About Wellness/Health Promotion

Level of Current Knowledge	Respondents (N=298)	
	Number	Percent
1-No Current Knowledge	58	19.5
2	65	21.8
3	85	28.5
4	52	17.4
5-A Great Deal of Current Knowledge	38	12.8
Mean*	2.82	

*Mean was based on a one to five scale, with one being “no current knowledge” and five being “a great deal of current knowledge.”

Appendix Table 8. Respondents' Perceptions of Important Financing Options for Wellness/Health Promotion

Financing Options	Respondents (N=300)	
	Number	Percent
Government Aid (e.g., Medicaid)	201	67.0
Person's Private Assets	198	66.0
Social Service Organizations	186	62.0
Community Groups (e.g., churches, organizations, etc.)	169	56.3
Insurance (e.g., health, long-term care)	167	55.7
Family Assets	96	32.0
Other	4	1.3
<i>States</i>	<i>1</i>	
<i>Senior plan through the state government</i>	<i>1</i>	
<i>Meritcare (or) hospital paid for</i>	<i>1</i>	
<i>No response</i>	<i>1</i>	

Note: Percentages do not equal 100.0 due to multiple response.

Appendix Table 9. Whether Wellness/Health Promotion Services Are Available in Rural Cass County

Response	Respondents (N=300)	
	Number	Percent
Yes	173	57.7
No	60	20.0
Do Not Know	67	22.3

Appendix Table 10. Respondents' Level of Current Knowledge About Ambulatory Care

Level of Current Knowledge	Respondents (N=294)	
	Number	Percent
1-No Current Knowledge	59	20.1
2	66	22.4
3	75	25.5
4	54	18.4
5-A Great Deal of Current Knowledge	40	13.6
Mean*	2.83	

*Mean was based on a one to five scale, with one being “no current knowledge” and five being “a great deal of current knowledge.”

Appendix Table 11. Respondents' Perceptions of Important Financing Options for Ambulatory Care

Financing Options	Respondents (N=300)	
	Number	Percent
Insurance (e.g., health, long-term care)	247	82.3
Government Aid (e.g., Medicaid)	208	69.3
Person's Private Assets	206	68.7
Social Service Organizations	189	63.0
Community Groups (e.g., churches, organizations, etc.)	137	45.7
Family Assets	89	29.7
Other	1	0.3
<i>County</i>	<i>1</i>	

Note: Percentages do not equal 100.0 due to multiple response.

Appendix Table 12. Whether Ambulatory Care Services Are Available in Rural Cass County

Response	Respondents (N=298)	
	Number	Percent
Yes	153	51.3
No	80	26.8
Do Not Know	65	21.8

Appendix Table 13. Respondents' Level of Current Knowledge About Home Care

Level of Current Knowledge	Respondents (N=298)	
	Number	Percent
1-No Current Knowledge	39	13.1
2	57	19.1
3	80	26.8
4	73	24.5
5-A Great Deal of Current Knowledge	49	16.4
Mean*	3.12	

*Mean was based on a one to five scale, with one being “no current knowledge” and five being “a great deal of current knowledge.”

Appendix Table 14. Respondents' Perceptions of Important Financing Options for Home Care

Financing Options	Respondents (N=300)	
	Number	Percent
Insurance (e.g., health, long-term care)	245	81.7
Government Aid (e.g., Medicaid)	224	74.7
Person's Private Assets	211	70.3
Social Service Organizations	179	59.7
Community Groups (e.g., churches, organizations, etc.)	133	44.3
Family Assets	95	31.7
Other	3	1.0
<i>All</i>	<i>2</i>	
<i>No response</i>	<i>1</i>	

Note: Percentages do not equal 100.0 due to multiple response.

Appendix Table 15. Whether Home Care Services Are Available in Rural Cass County

Response	Respondents (N=298)	
	Number	Percent
Yes	195	65.4
No	51	17.1
Do Not Know	52	17.4

Appendix Table 16. Respondents' Level of Current Knowledge About Acute Care

Level of Current Knowledge	Respondents (N=290)	
	Number	Percent
1-No Current Knowledge	101	34.8
2	59	20.3
3	64	22.1
4	39	13.4
5-A Great Deal of Current Knowledge	27	9.3
Mean*	2.42	

*Mean was based on a one to five scale, with one being “no current knowledge” and five being “a great deal of current knowledge.”

Appendix Table 17. Respondents' Perceptions of Important Financing Options for Acute Care

Financing Options	Respondents (N=300)	
	Number	Percent
Insurance (e.g., health, long-term care)	263	87.7
Government Aid (e.g., Medicaid)	216	72.0
Person's Private Assets	197	65.7
Social Service Organizations	162	54.0
Community Groups (e.g., churches, organizations, etc.)	122	40.7
Family Assets	83	27.7
Other	1	0.3
<i>Supplement</i>	1	

Note: Percentages do not equal 100.0 due to multiple response.

Appendix Table 18. Whether Acute Care Services Are Available in Rural Cass County

Response	Respondents (N=297)	
	Number	Percent
Yes	89	30.0
No	119	40.1
Do Not Know	89	30.0

Appendix Table 19. Respondents' Level of Current Knowledge About Extended Care

Level of Current Knowledge	Respondents (N=290)	
	Number	Percent
1-No Current Knowledge	54	18.6
2	61	21.0
3	72	24.8
4	56	19.3
5-A Great Deal of Current Knowledge	47	16.2
Mean*	2.93	

*Mean was based on a one to five scale, with one being “no current knowledge” and five being “a great deal of current knowledge.”

Appendix Table 20. Respondents' Perceptions of Important Financing Options for Extended Care

Financing Options	Respondents (N=300)	
	Number	Percent
Insurance (e.g., health, long-term care)	260	86.7
Government Aid (e.g., Medicaid)	238	79.3
Person's Private Assets	218	72.7
Social Service Organizations	161	53.7
Community Groups (e.g., churches, organizations, etc.)	109	36.3
Family Assets	89	29.7
Other	0	0.0

Note: Percentages do not equal 100.0 due to multiple response.

Appendix Table 21. Whether Extended Care Services Are Available in Rural Cass County

Response	Respondents (N=296)	
	Number	Percent
Yes	151	51.0
No	99	33.4
Do Not Know	46	15.5

Appendix Table 22. Respondents' Level of Current Knowledge About Funding Options for Services for Seniors and Disabled Persons

Level of Current Knowledge	Respondents (N=290)	
	Number	Percent
1-No Current Knowledge	115	39.7
2	66	22.8
3	54	18.6
4	34	11.7
5-A Great Deal of Current Knowledge	21	7.2
Mean*	2.24	

*Mean was based on a one to five scale, with one being “no current knowledge” and five being “a great deal of current knowledge.”

Appendix Table 23. Whether Respondents Consider Services Delivered in Fargo and West Fargo a *Feasible* Resource

Response	Respondents (N=281)	
	Number	Percent
Yes	236	84.0
No	45	16.0

Appendix Table 24. Whether Respondents Consider Services Delivered in Fargo and West Fargo a *Convenient* Resource

Response	Respondents (N=229)	
	Number	Percent
Yes	177	77.3
No	52	22.7

Appendix Table 25. Whether Respondents Are Concerned About the Long-term Care of Others (such as family or friends)

Response	Respondents (N=290)	
	Number	Percent
Yes	182	62.8
No	108	37.2

Appendix Table 26. Respondents' Level of Concern About the Long-term Care of Others, if They Are Concerned

Level of Concern	Respondents (N=182)	
	Number	Percent
1-Not at All Concerned	7	3.8
2	12	6.6
3	45	24.7
4	67	36.8
5-Very Concerned	51	28.0
Mean*	3.79	

*Mean was based on a one to five scale, with one being "not at all concerned" and five being "very concerned."

Appendix Table 27. Respondents' Level of Concern About Their Own Long-term Care

Level of Concern	Respondents (N=293)	
	Number	Percent
1-Not at All Concerned	47	16.0
2	47	16.0
3	94	32.1
4	41	14.0
5-Very Concerned	64	21.8
Mean*	3.10	

*Mean was based on a one to five scale, with one being "not at all concerned" and five being "very concerned."

Appendix Table 28. Respondents' Response to the Following Scenario: "You are in need of long-term care. Do you want your needs to be met by..."

Response	Respondents (N=300)	
	Number	Percent
Nursing Home	49	16.3
Home Care by Professionals	172	57.3
Informal Caregiving	68	22.7
Other*	31	10.3
<i>Family</i>	12	
<i>Do not know</i>	10	
<i>Depends on the need</i>	5	
<i>I can't answer, I am only 27.</i>	1	
<i>Take care of myself</i>	1	
<i>I don't want to think about it.</i>	1	
<i>Swing-bed facility</i>	1	
<i>Personal friends in home</i>	1	

*Some respondents provided more than one reply.

Note: Percentages do not equal 100.0 due to multiple response.

Appendix Table 29. Whether Respondents Think Ensuring Access to Health and Human Services for Seniors and Disabled Persons is a Private or Community Responsibility

Responsibility	Respondents (N=299)	
	Number	Percent
Private	98	32.8
Community	120	40.1
Both	67	22.4
Neither	1	0.3
Do Not Know	11	3.7
Other	2	0.7
<i>National</i>	1	
<i>I have bladder cancer, and don't have insurance, and I need help. It should be for everyone not just seniors/disabled persons. Fair is fair for all groups.</i>	1	

Appendix Table 30. Respondents' Perceptions of How Willing a Rural Community in Their Area Would be to Embrace a Concept of Care Where Responsibilities for Seniors and Disabled Persons Are Shared

Level of Willingness	Respondents (N=294)	
	Number	Percent
1-Not at All Willing	39	13.3
2	40	13.6
3	77	26.2
4	57	19.4
5-Very Willing	35	11.9
Do Not Know	46	15.6
Mean*	3.04	

*Mean was based on a one to five scale, with one being "not at all willing" and five being "very willing."

Appendix Table 31. Number of Hours Respondents Spend Participating in Community Activities in an Average Month (e.g., volunteer work, clubs, organizations, church, theater/arts, etc.)

Hours per Month	Respondents (N=291)	
	Number	Percent
None	49	16.8
Less than 5	104	35.7
6 to 10	71	24.4
11 to 15	24	8.2
More than 15	41	14.1
Major Holidays	2	0.7

Appendix Table 32. Length of Time Respondents Have Lived in Rural Cass County

Length of Time in Years	Respondents (N=295)	
	Number	Percent
Less than 1	8	2.7
1 to 5	52	17.6
6 to 10	31	10.5
11 to 15	21	7.1
More than 15	183	62.0

Appendix Table 33. Whether Respondents Plan to Move Out of Rural Cass County in the Next Five Years

Response	Respondents (N=295)	
	Number	Percent
Yes	30	10.2
No	251	85.1
Do Not Know	14	4.7

Appendix Table 34. Whether Respondents Are Responsible for the Care of a Disabled Person of Any Age or of a Senior

Response	Respondents (N=296)	
	Number	Percent
Yes	39	13.2
No	257	86.8

Appendix Table 35. Whether Respondents Are the Parent or Primary Caregiver of Someone Younger Than 18 Years of Age

Response	Respondents (N=296)	
	Number	Percent
Yes	121	40.9
No	175	59.1

Appendix Table 36. Respondents' Annual Household Income Before Taxes

Household Income	Respondents (N=296)	
	Number	Percent
Less than \$10,000	16	5.4
\$10,001 to \$20,000	18	6.1
\$20,001 to \$30,000	33	11.1
\$30,001 to \$40,000	43	14.5
\$40,001 to \$60,000	52	17.6
\$60,001 to \$80,000	35	11.8
More than \$80,000	23	7.8
Do Not Know	28	9.5
Refused	48	16.2

Appendix Table 37. Respondents' Age

Age in Years	Respondents (N=296)	
	Number	Percent
20 to 29	26	8.8
30 to 39	52	17.6
40 to 49	69	23.3
50 to 59	50	16.9
60 to 69	43	14.5
70 and older	56	18.9

Appendix Table 38. Respondents' Gender

Gender	Respondents (N=296)	
	Number	Percent
Male	101	34.1
Female	195	65.9

Warning: Data from Appendix Tables 39-42 should be interpreted with caution. These relationships were NOT found to be statistically significant. However, due to the usefulness of this data, it is presented here.

Appendix Table 39. Whether Respondents Consider Services Delivered in Fargo and West Fargo a *Feasible* Resource by Their Age

Response	Respondents by Age in Years											
	20 to 29		30 to 39		40 to 49		50 to 59		60 to 69		70 to 79	
	#	%	#	%	#	%	#	%	#	%	#	%
Yes	20	83.3	37	78.7	55	84.6	38	77.6	37	88.1	49	90.7
No	4	16.7	10	21.3	10	15.4	11	22.4	5	11.9	5	9.3
Total	24	100.0	47	100.0	65	100.0	49	100.0	42	100.0	54	100.0

Appendix Table 40. Whether Respondents Consider Services Delivered in Fargo and West Fargo a *Convenient* Resource by Their Age

Response	Respondents by Age in Years											
	20 to 29		30 to 39		40 to 49		50 to 59		60 to 69		70 to 79	
	#	%	#	%	#	%	#	%	#	%	#	%
Yes	14	73.7	28	80.0	44	81.5	31	81.6	24	68.6	36	75.0
No	5	26.3	7	20.0	10	18.5	7	18.4	11	31.4	12	25.0
Total	19	100.0	35	100.0	54	100.0	38	100.0	35	100.0	48	100.0

Appendix Table 41. Whether Respondents Think Ensuring Access to Health and Human Services for Seniors and Disabled Persons is a Private or Community Responsibility by Their Age

Responsibility	Respondents by Age in Years											
	20 to 29		30 to 39		40 to 49		50 to 59		60 to 69		70 to 79	
	#	%	#	%	#	%*	#	%	#	%*	#	%*
Private	8	30.8	18	34.6	20	29.0	15	30.0	14	32.6	23	41.1
Community	12	46.2	19	36.5	33	47.8	21	42.0	15	34.9	17	30.4
Both	4	15.4	11	21.2	14	20.3	11	22.0	12	27.9	14	25.0
Neither	0	0.0	0	0.0	1	1.4	0	0.0	0	0.0	0	0.0
Other	1	3.8	0	0.0	0	0.0	1	2.0	0	0.0	0	0.0
Do Not Know	1	3.8	3	5.8	1	1.4	2	4.0	2	4.7	2	3.6
Refused	0	0.0	1	1.9	0	0.0	0	0.0	0	0.0	0	0.0
Total	26	100.0	52	100.0	69	99.9	50	100.0	43	100.1	56	100.1

Note: Percentages do not equal 100.0 due to rounding.

Appendix Table 42. Respondents' Perceptions of How Willing a Rural Community in Their Area Would be to Embrace a Concept of Care Where Responsibilities for Seniors and Disabled Persons Are Shared by Their Age

Level of Willingness	Respondents by Age in Years											
	20 to 29		30 to 39		40 to 49		50 to 59		60 to 69		70 to 79	
	#	%	#	%	#	%*	#	%	#	%	#	%*
1-Not at All Willing	5	19.2	7	13.5	9	13.0	4	8.0	7	16.3	7	13.0
2	2	7.7	9	17.3	9	13.0	11	22.0	4	9.3	5	9.3
3	6	23.1	12	23.1	25	36.2	14	28.0	7	16.3	13	24.1
4	7	26.9	10	19.2	14	20.3	11	22.0	7	16.3	8	14.8
5-Very Willing	4	15.4	8	15.4	4	5.8	4	8.0	5	11.6	10	18.5
Do Not Know	2	7.7	6	11.5	8	11.6	6	12.0	13	30.2	11	20.4
Total	26	100.0	52	100.0	69	99.9	50	100.0	43	100.0	54	100.1

Note: Percentages do not equal 100.0 due to rounding.

SURVEY INSTRUMENT

Rural Cass County Circle of Care Questionnaire November 17-25, 2003

Q:Intro

Hello, my name is _____ and I'm calling from the Center for Social Research at North Dakota State University. Is now a good time to call?

Let me explain the purpose of my call. The Cass County Circle of Care is conducting a survey regarding perceptions and attitudes about meeting the needs of disabled persons and senior's regarding health, human, and spiritual support. Currently, we are focusing on individuals who live in rural Cass County, that is all areas of Cass County excluding Fargo and West Fargo.

Are you at least 18 years old? (May I speak to someone who is?)

1. Yes
2. No-Thank you for you time. Have a nice evening.

Q:ID

Enter ID

The survey is confidential and will take approximately 10 minutes. The survey is also voluntary and you may quit at any time. If you have questions about your rights as a human research subject you may call the North Dakota State University Institutional Review Board at 701-231-8045.

Q:Begin

Let's begin with some questions about long-term care.
[Press any key to continue]

Q:Q1

On a one to five scale, with one being "not at all concerned" and five being "very concerned", please rate the level of concern you currently have about your own long-term care.

1. Not at all concerned
- 2.
- 3.
- 4
5. Very concerned
6. [Do not know]
7. [Refused]

Q:Q2

Are you concerned about the long-term care of anyone else, such as family, a spouse, a friend, etc?

1. Yes
2. No
3. [Don't know]
4. [Refused]

Q:Q2a

On a one to five scale, with one being "not at all concerned" and five being "very concerned", please rate the level of concern you currently have about the long-term care of someone else.

1. Not at all concerned
- 2.
- 3.
- 4.
5. Very concerned
6. [Do not know]
7. [Refused]

Q:Q3

Do you think that ensuring access to health and human services for seniors and disabled persons is a PRIVATE responsibility or a COMMUNITY responsibility? [DO NOT READ RESPONSES].

1. [Private]
2. [Community]
3. [Both]
4. [Neither]
5. [Other]
6. [Do not know]
7. [Refused]

Q:Next

Next, I'd like to ask you a few questions about Community and Institutional Based Services.
[Press any key to continue]

Q:Q4a

On a one to five scale, with one being "no current knowledge" and five being "a great deal of current knowledge", how would you rate your level of knowledge about the types of options for...

HOUSING - This would include independent senior housing, continuing care retirement communities, congregate care facilities, assisted living facilities, adult family homes.

1. No current knowledge
- 2.
- 3.
- 4.
5. A great deal of current knowledge
6. [Do not know]
7. [Refused]

Q:Q4b

What financing options do you perceive as important to...

HOUSING - PLEASE SELECT ALL THAT APPLY

[This would include independent senior housing, continuing care retirement communities, congregate care facilities, assisted living facilities, adult family homes]

- Insurance (e.g., health, long term care)
- Government aid (e.g., Medicaid)
- Person's private assets
- Family assets
- Community groups (e.g., churches, organizations, etc.)
- Social service organizations
- Other
- [Do not know]

[When finished click on next]

Q:Q4c

Are any HOUSING services available to you in all areas of Cass county, excluding Fargo and West Fargo?

[This would include independent senior housing, continuing care retirement communities, congregate care facilities, assisted living facilities, adult family homes]

1. Yes
2. No
3. [Do not know]
4. [Refused]

Q:Q5a

On a one to five scale, with one being "no current knowledge" and five being "a great deal of current knowledge", how would you rate your level of knowledge about the types of options for...

OUTREACH - This would include screening, information and referral, telephone contact, emergency response, transportation, senior membership programs, Meals on Wheels

1. No current knowledge
- 2.
- 3.
- 4.
5. A great deal of current knowledge
6. [Do not know]
7. [Refused]

Q:Q5b

What financing options do you perceive as important to...

OUTREACH - PLEASE SELECT ALL THAT APPLY

[This would include screening, information and referral, telephone contact, emergency response, transportation, senior membership programs, Meals on Wheels]

- Insurance (e.g., health, long term care)
- Government aid (e.g., Medicaid)
- Person's private assets
- Family assets
- Community groups (e.g., churches, organizations, etc.)
- Social service organizations
- Other
- [Do not know]

Q:Q5c

Are any OUTREACH services available to you in all areas of Cass county, excluding Fargo and West Fargo?

[This would include screening, information and referral, telephone contact, emergency response, transportation, senior membership programs, Meals on Wheels]

1. Yes
2. No
3. [Do not know]
4. [Refused]

Q:Q6a

On a one to five scale, with one being "no current knowledge" and five being "a great deal of current knowledge", how would you rate your level of knowledge about the types of options for...

WELLNESS OR HEALTH PROMOTION - This would include educational programs, exercise programs, recreational and social groups, senior volunteers, congregate meals, support groups

1. No current knowledge
- 2.
- 3.
- 4.
5. A great deal of current knowledge
6. [Do not know]
7. [Refused]

Q:Q6b

What financing options do you perceive as important to...

WELLNESS OR HEALTH PROMOTION - PLEASE SELECT ALL THAT APPLY

[This would include educational programs, exercise programs, recreational and social groups, senior volunteers, congregate meals, support groups]

- Insurance (e.g., health, long term care)
- Government aid (e.g., Medicaid)
- Person's private assets
- Family assets
- Community groups (e.g., churches, organizations, etc.)
- Social service organizations
- Other
- [Do not know]

Q:Q6c

Are any WELLNESS OR HEALTH PROMOTION services available to you in all areas of Cass county excluding Fargo and West Fargo?

[This would include educational programs, exercise programs, recreational and social groups, senior volunteers, congregate meals, support groups]

1. Yes
2. No
3. [Do not know]
4. [Refused]

Q:Q7a

On a one to five scale, with one being "no current knowledge" and five being "a great deal of current knowledge", how would you rate your level of knowledge about the types of options for...

AMBULATORY CARE - [Ambulatory refers to a person that is self-mobile or not bed-ridden]-This would include offices or clinics such as doctors, dentists, etc., day hospitals, adult day care centers, alcohol & substance abuse care

1. No current knowledge
- 2.
- 3.
- 4.
5. A great deal of current knowledge
6. [Do not know]
7. [Refused]

Q:Q7b

What financing options do you perceive as important to...

AMBULATORY CARE - PLEASE SELECT ALL THAT APPLY

[Ambulatory refers to a person that is self-mobile or not bed-ridden]-This would include offices or clinics such as doctors, dentists, etc., day hospitals, adult day care centers, alcohol & substance abuse care

- Insurance (e.g., health, long term care)**
- Government aid (e.g., Medicaid)**
- Person's private assets**
- Family assets**
- Community groups (e.g., churches, organizations, etc.)**
- Social service organizations**
- Other**
- [Do not know]**

Q:Q7c

Are any AMBULATORY CARE services available to you in all areas of Cass county excluding Fargo and West Fargo?

[Ambulatory refers to a person that is self-mobile or not bed-ridden] This would include offices or clinics such as doctors, dentists, etc., day hospitals, adult day care centers, alcohol & substance abuse care]

- 1. Yes**
- 2. No**
- 3. [Do not know]**
- 4. [Refused]**

Q:Q8a

On a one to five scale, with one being "no current knowledge" and five being "a great deal of current knowledge", how would you rate your level of knowledge about the types of options for...

HOME CARE - This would include home health, hospice, high technology home therapy, durable medical equipment, home visitors, home delivered meals, homemaker and personal care, caregivers, and respite care

- 1. No current knowledge**
- 2.**
- 3.**
- 4.**
- 5. A great deal of current knowledge**
- 6. [Do not know]**
- 7. [Refused]**

Q:Q8b

What financing options do you perceive as important to...

HOME CARE - PLEASE SELECT ALL THAT APPLY

[This would include home health, hospice, high technology home therapy, durable medical equipment, home visitors, home delivered meals, homemaker and personal care, caregivers, and respite care]

- Insurance (e.g., health, long term care)
- Government aid (e.g., Medicaid)
- Person's private assets
- Family assets
- Community groups (e.g., churches, organizations, etc.)
- Social service organizations
- Other
- [Do not know]

Q:Q8c

Are any HOME CARE services available to you in all areas of Cass county excluding Fargo and West Fargo?

[This would include home health, hospice, high technology home therapy, durable medical equipment, home visitors, home delivered meals, homemaker and personal care, caregivers, and respite care]

1. Yes
2. No
3. [Do not know]
4. [Refused]

Q:Q9a

On a one to five scale, with one being "no current knowledge" and five being "a great deal of current knowledge", how would you rate your level of knowledge about the types of options for...

ACUTE CARE - This would include inpatient rehabilitation

1. No current knowledge
- 2.
- 3.
- 4.
5. A great deal of current knowledge
6. [Do not know]
7. [Refused]

Q:Q9b

What financing options do you perceive as important to...

ACUTE CARE - PLEASE SELECT ALL THAT APPLY

[This would include inpatient rehabilitation]

- Insurance (e.g., health, long term care)
- Government aid (e.g., Medicaid)
- Person's private assets
- Family assets
- Community groups (e.g., churches, organizations, etc.)
- Social service organizations
- Other
- [Do not know]

Q:Q9c

Are any ACUTE CARE services available to you in all areas of Cass county excluding Fargo and West Fargo?

[This would include inpatient rehabilitation]

1. Yes
2. No
3. [Do not know]
4. [Refused]

Q:Q10a

On a one to five scale, with one being "no current knowledge" and five being "a great deal of current knowledge", how would you rate your level of knowledge about the types of options for...

EXTENDED CARE - This would include step-down units, hospital swing beds, nursing homes, basic care facilities

1. No current knowledge
- 2.
- 3.
- 4.
5. A great deal of current knowledge
6. [Do not know]
7. [Refused]

Q:Q10b

What financing options do you perceive as important to...

EXTENDED CARE - PLEASE SELECT ALL THAT APPLY

[This would include step-down units, hospital swing beds, nursing homes, basic care facilities]

- Insurance (e.g., health, long term care)
- Government aid (e.g., Medicaid)
- Person's private assets
- Family assets
- Community groups (e.g., churches, organizations, etc.)
- Social service organizations
- Other
- [Do not know]

Q:Q10c

Are any EXTENDED CARE services available to you all areas of Cass county excluding Fargo and West Fargo?

[This would include step-down units, hospital swing beds, nursing homes, basic care facilities]

1. Yes
2. No
3. [Do not know]
4. [Refused]

Q:Q11

Using a one to five scale with one being "no current knowledge" and five being "a great deal of current knowledge", how would you rate your level of knowledge about funding options for services for seniors and disabled persons?

1. No current knowledge
- 2.
- 3.
- 4.
5. A great deal of current knowledge
6. [Do not know]
7. [Refused]

Q:Q12

Do you consider the services that are delivered in Fargo and West Fargo a FEASIBLE resource for you?

1. Yes
2. No
3. Do not know
4. [Refused]

Q:Q12a

Do you consider the services that are delivered in Fargo and West Fargo a CONVENIENT resource for you?

1. Yes
2. No
3. Do not know
4. [Refused]

Q:Q13

Please consider the following scenario and tell me which options apply: You are in need of long-term care. Do you want your needs to be met by...

PLEASE SELECT ALL THAT APPLY

- A nursing home**
- Home care by professionals**
- Informal caregiving**
- Other**

Q:Q14

Using a one to five scale, with one being "not at all willing" and five being "very willing", how willing do you think a rural community in your area would be to embrace a concept of care where responsibilities for seniors and disabled persons are shared?

1. Not at all willing
- 2.
- 3.
- 4.
5. Very willing
6. [Do not know]
7. [Refused]

Q:few_more

Just a few more questions and we're done.

[Press any key to continue]

Q:Q15

How long have you lived in rural Cass County [all areas]?

1. Less than 1 year
2. 1 to 5 years
3. 6 to 10 years
4. 11 to 15 years
5. More than 15 years
6. [Do not know]
7. [Refused]

Q:Q16

Do you plan to move out of rural Cass County in the next 5 years [all areas]?

1. Yes
2. No
3. [Do not know]
4. [Refused]

Q:Q17

Would you mind telling me your age?

[Type age and press ENTER to continue]

Q:Q18

What is your annual household income before taxes?

1. Less than \$10,000
2. \$10,001 to \$20,000
3. \$20,001 to \$30,000
4. \$30,001 to \$40,000
5. \$40,001 to \$60,000
6. \$60,001 to \$80,000
7. More than \$80,000
8. [Do not know]
9. [Refused]

Q:Q19

Are you responsible for the care of a disabled person of any age or of a senior?

1. Yes
2. No
3. [Refused]

Q:Q20

Are you the parent or primary caregiver of someone younger than 18 years of age?

1. Yes
2. No
3. [Refused]

Q:Q21

In an average month, how many hours do you spend participating in community activities (e.g., volunteer work, clubs, organizations, church, theater/arts etc.)?

1. None
2. Less than 5 hours/month
3. 6 to 10 hours/month
4. 11 to 15 hours/month
5. More than 15 hours/month
6. Typically only around major holidays
7. [Do not know]
8. [Refused]

Q:End

That concludes our survey. Thank you so much for taking the time to help us with this important survey. Goodnight.

[Press any key to continue]

Q:Q22

Record gender based on voice.

1. Male
2. Female