Community of Care

Follow-up Survey: 2010 Results

February 2011

North Dakota STATE DATA CENTER

PREFACE

This report, entitled *Community of Care Follow-up Survey: 2010 Results*, presents findings of a survey of residents of rural Cass County North Dakota regarding perceptions and attitudes related to meeting the needs of seniors and disabled persons. The report also compares the 2010 results to the baseline survey results gathered in 2003.

This study was conducted by the North Dakota State Data Center on behalf of the Community of Care Program of rural Cass County, North Dakota. Reports for the 2003 baseline and 2010 follow-up survey results are available on the NDSDC website: www.ndsu.edu/sdc/publications/research.htm#CofC.

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Contributors

Ramona Danielson
Kendra Erickson
Dr. Richard Rathge, Director

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EXECUTIVE SUMMARY

Introduction

The mission of the Community of Care Program is to assure older adults and others in need in rural Cass County, North Dakota, have access to health, human, and spiritual services essential to their well-being and offered within a community of faith.

The Community of Care Program collaborated with the North Dakota State Data Center at North Dakota State University to conduct a survey about perceptions and attitudes among residents in rural Cass County (which excludes the cities of Fargo and West Fargo) related to meeting the needs of seniors and disabled persons. Respondent households were randomly selected for this survey from a list of all residential addresses in rural Cass County, North Dakota. There were 155 completed surveys for a response rate of 18 percent. Data collection occurred in November 2010.

This report presents the results of the 2010 survey and compares the results to the baseline survey data collected in 2003. Reports are available on the NDSDC website: www.ndsu.edu/sdc/publications/research.htm#CofC.

2010 Survey Results

Overall, while rural Cass County residents indicated that they are somewhat concerned about their own long-term care, they have a greater level of concern about the long-term care of someone else.

The vast majority of rural Cass County residents thought that ensuring access to health and human services for seniors and disabled persons is *both* a private and community responsibility.

Residents were asked questions about the following service areas: housing, outreach, wellness, ambulatory care, home care, acute care, and extended care. On a one to five scale, with one being "not at all" and five being "a great deal," residents were asked to rate their current level of knowledge about each service area. Residents were also asked whether the services are available to them in rural areas of Cass County. Finally, residents were asked which financing options are important to each of the services (choosing all they thought applied): insurance (health, long-term care), government aid (Medicaid), a person's private assets, family assets, community groups (churches, organizations), and social service organizations.

- Housing (e.g., independent senior housing, congregate care, assisted living)
  - Overall, residents had some knowledge about housing services. Residents had the most knowledge about housing of all of the service areas.
  - The vast majority said that housing services are available to them in rural Cass County.
  - A person's private assets and insurance were cited the most often by residents as important financing options for housing.
- Outreach (e.g., screening, information and referral, emergency response, transportation)
  - Overall, residents had some knowledge about outreach services.
  - The vast majority said that outreach services are available to them.
  - Social service organizations and government aid were cited the most often as important financing options.
- Wellness (e.g., educational programs, exercise, social groups, congregate meals)
  - Overall, residents had some knowledge about wellness services.
  - The vast majority of residents said that wellness services are available to them.
  - Insurance and social service organizations were cited the most often as important financing options.

- Ambulatory care (e.g., doctors, dentists, day hospitals, adult day care centers)
    - Overall, residents had some knowledge about ambulatory care services.
    - About two-thirds of residents said that ambulatory care services are available to them.
    - Insurance and government aid were cited the most often as important financing options.
- Home care (e.g., hospice, home therapy, durable medical equipment, personal care, respite care)
    - Overall, residents had some knowledge about home care services.
    - The vast majority of residents said that home care services are available to them.
    - Insurance and government aid were cited the most often as important financing options.
- Acute care (e.g., inpatient rehabilitation)
    - Overall, residents had some knowledge about acute care services. Residents had the least knowledge about acute care of all of the service areas.
    - More than half of residents said that acute care services are available to them.
    - Insurance and government aid were cited the most often as important financing options.
- Extended care (e.g., step-down units, swing beds, nursing homes, basic care facilities)
    - Overall, residents had some knowledge about extended care services.
    - About two-thirds of residents said that extended care services are available to them.
    - Insurance and government aid were cited the most often as important financing options.

Residents were asked to rate their level of knowledge about funding options for services for seniors and disabled persons; overall, residents indicated that they had very little knowledge about funding options.

When asked how they would like to have their long-term care needs met, residents favored options that allowed them to remain in their homes; home care by professionals was the favored means by approximately half of residents.

Overall, residents thought that rural communities in their area would be somewhat willing to embrace a concept of care where responsibilities for seniors and disabled persons are shared.

More than half of residents indicated that they have heard of the Community of Care Program. Among these residents, nearly one-third said that either they or a family member have used the Community of Care Program services. Half of residents who had heard of the program indicated they would be very willing to refer others to Community of Care. Overall, residents who had heard of the program said that they believe rural Cass County residents value the Community of Care Program.

Regarding the characteristics of rural Cass County residents who responded to the survey, nearly three-fourths had lived in rural Cass County for 15 years or more, and the vast majority said they have no plans to move in the next five years. The vast majority are age 45 and older. Approximately one in six is responsible for the care of a senior or disabled person of any age. Approximately one in four is the parent or primary caregiver of someone younger than 18 years of age. Approximately one in five had annual household incomes before taxes of less than $30,000. Approximately half of residents indicated they spend at least 5 hours per month participating in community activities.

Comparison of 2010 and 2003 Survey Results

Significance testing between the 2003 baseline survey results and the 2010 follow-up study was conducted. Results showing significant differences at $p < .05$ (using Chi Square tests and t-tests as appropriate) are summarized here.

There has been a dramatic shift in residents' view of responsibility for ensuring access to health and human services for seniors and disabled persons, away from being a private responsibility or a community responsibility alone, to being a shared responsibility of both.

Residents' knowledge about the key service areas has not changed since 2003, except for knowledge about home care. The level of knowledge about home care has declined slightly since 2003.

Residents' assessment of which services are available to them in rural Cass County has not changed since 2003, except for housing and acute care. For both of these service areas, residents perceive that the services are more available than they were in 2003.

Regarding which financing options are perceived to be important to each of the service areas, government aid and insurance remain generally the two most frequently picked options (for ambulatory care, home care, acute care, and extended care). However, a person's private assets and insurance were the top picks for housing in 2010 (as opposed to a person's private assets and government aid in 2003), social service organizations and government aid were the top picks for outreach in 2010 (as opposed to government aid and a person's private assets in 2003), and insurance and social service organizations were the top picks for wellness in 2010 (as opposed to government aid and a person's private assets in 2003).

With respect to respondent characteristics, the survey answers reflect the passage of time and the reality that rural Cass County probably has not attracted many new younger residents since 2003; residents have lived in rural Cass County even longer in 2010 than they had in 2003, the responses reflect an older population in 2010 than in 2003, and the proportion of residents who are the parent or primary caregiver of someone younger than 18 years of age has shrunk. The gender distribution shifted from more women responding to the survey in 2003 to an equal distribution by gender in 2010, which reflects a change in the method of data collection from a telephone survey (where more women than men typically are respondents) in 2003 to a mail survey in 2010.

INTRODUCTION

About Community of Care

The mission of Community of Care is to assure older adults and others in need in rural Cass County, North Dakota, have access to health, human, and spiritual services essential to their well-being and offered within a community of faith. The vision is to effectively manage the services and funding of a care network that promotes quality community living for older adults and people with disabilities. The goals of Community of Care are as follows: 1) Identify and address significant gaps in essential services and information for elderly and disabled persons in rural Cass County; 2) Work with others to maximize funding, expand service choices, and build support for innovative home and community-based care in rural Cass County, and 3) Develop, implement and maintain a permanent community-based model of care in rural Cass County that would be replicated for use in other rural areas around the country.

Community of Care is a grassroots, locally driven effort to mobilize community members to work together to find local solutions to the needs of local people. The program complements, rather than duplicates, pre-existing services, and supplements only needed services that are lacking or insufficient. Collaboration and coordination with both formal and informal organizations helps to maximize current resources and minimize duplication. Community of Care is focused on meeting local needs and is the only community-based human service agency located in rural Cass County. Rural areas typically lack many resources, including health and human services, transportation, and even basic services, such as grocery stores, gas stations, and cafes. Because of the lack of services, access problems exist. With limited or no public transportation, the ability to drive becomes a major factor in being able to remain in a rural area. Community of Care begins to model how rural communities may address the disparities between rural and urban communities in regard to programs and services through civic engagement.

Community of Care began as a pilot project of The Evangelical Lutheran Good Samaritan Society to address the challenges of aging in rural areas. With initial funding from a grant from the North Dakota Department of Human Services, the Community of Care Program was launched in 2003. Community of Care incorporated in 2007 and now operates as a fully independent, non-profit membership organization.

More information about Community of Care can be found online at www.communityofcarend.com.

Study Objectives

The Community of Care Program in rural Cass County, North Dakota, collaborated with the North Dakota State Data Center at North Dakota State University (NDSU) to conduct a survey among residents in rural Cass County about perceptions and attitudes related to meeting the needs of seniors and disabled persons. This report presents the results of the 2010 survey and compares the results to the baseline survey data collected in 2003.

The goal of the research is to help the Community of Care Program gather input from residents about their concerns regarding long-term care, their familiarity with a variety of community and institutional-based services, their opinions about financing options for services, their familiarity with the Community of Care Program in Cass County, and some general demographic questions.

In addition to the baseline and follow-up surveys of residents of rural Cass County, surveys of clients have also been conducted. Those results are presented in separate documents.

Methodology

Respondent households were randomly selected for this survey from a list of all residential addresses in rural Cass County, North Dakota, which excludes the cities of Fargo and West Fargo. A total of 900 survey packets including a cover letter, survey instrument, and postage-paid return envelope were mailed; 22 were returned as bad addresses. Of the 878 usable addresses, there were 155 completed surveys for a response rate of 18 percent. Data collection occurred in November 2010.

The survey was 16 questions and took approximately 5-10 minutes to complete. The questions asked about residents' concerns regarding long-term care, their familiarity with a variety of community and institutional-based services, their familiarity with the Community of Care Program in Cass County, and some general demographic questions.

Significance testing between the 2003 baseline survey results and the 2010 follow-up study was conducted. Results showing significance at $p < .05$ (using Chi Square tests and t-tests as appropriate) are discussed in the section of the report entitled Comparison of 2010 and 2003 Survey Results.

The study obtained approval from and followed the guidelines of NDSU's Human Research Protection Program.

Presentation of Results

The 2010 survey results are presented in narrative and graphic form, with accompanying appendix tables. Comparisons between 2003 and 2010 survey results showing significance at $p < .05$ (using Chi Square tests and t-tests as appropriate) are presented in narrative and graphic form in a section of the report entitled Comparison of 2010 and 2003 Survey Results, with accompanying appendix tables. The 2010 survey cover letter and 2010 survey instrument are provided as appendices.

The baseline survey results are available in a report entitled *Community of Care Baseline Survey: 2003*. Both reports are available on the NDSDC website: www.ndsu.edu/sdc/publications/research.htm#CofC.

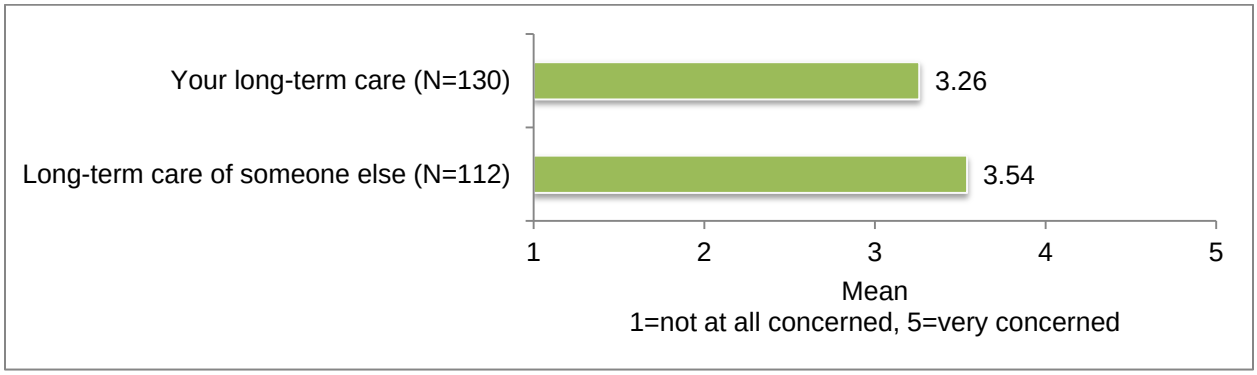
2010 SURVEY RESULTS

Views on Access to Services

On a one to five scale, with one being "not at all concerned" and five being "very concerned," residents were asked to rate the level of concern they currently have about their own long-term care and the long-term care of someone else (family, spouse, friend) (Figure 1, Appendix Table 1).

- Overall, rural Cass County residents indicated that they are somewhat concerned about their own long-term care (mean=3.26); 20.8 percent said they are very concerned.
- Overall, residents indicated that they are concerned about the long-term care of someone else (mean=3.54); 30.4 percent said they are very concerned.

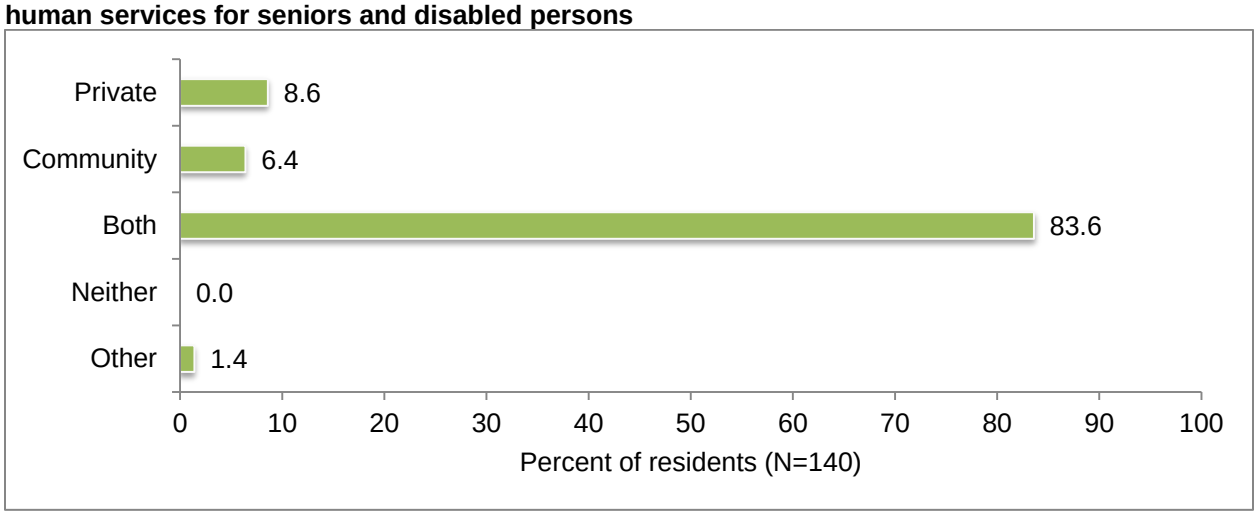
Figure 1. Resident's level of concern regarding their own long-term care and the long-term care of someone else



Residents were asked whether they think that ensuring access to health and human services for seniors and disabled persons is a private or community responsibility (Figure 2, Appendix Table 2).

- The vast majority of rural Cass County residents thought that ensuring access to health and human services for seniors and disabled persons is *both* a private and community responsibility (83.6 percent); 8.6 percent thought that it was primarily a private responsibility and 6.4 percent thought that it was primarily a community responsibility.

Figure 2. Resident's opinion regarding whose responsibility it is to ensure access to health and human services for seniors and disabled persons



Community and Institutional-Based Services

Residents were asked questions about each of several services. The service areas and accompanying explanations provided to residents were as follows:

- Housing – Includes independent senior housing, continuing care retirement communities, congregate care facilities, assisted living facilities, and adult family homes.
- Outreach – Includes screening, information and referral, telephone contact, emergency response, transportation, senior membership programs, and Meals on Wheels.
- Wellness – Includes educational programs, exercise programs, recreational and social groups, senior volunteers, congregate meals, and support groups.
- Ambulatory care – (Ambulatory refers to a person that is self-mobile or not bed-ridden) – Includes offices or clinics such as doctors, dentists, etc.; day hospitals; adult day care centers; and alcohol and substance abuse care.
- Home care – Includes home health, hospice, high technology home therapy, durable medical equipment, home visitors, home delivered meals, homemaker and personal care, caregivers, and respite care.
- Acute care – Inpatient rehabilitation.
- Extended care – Includes step-down units, hospital swing beds, nursing homes, and basic care facilities.

On a one to five scale, with one being "no knowledge at all" and five being "a great deal of knowledge," residents were asked to rate their current level of knowledge about each service area (Figure 3, Appendix Table 3).

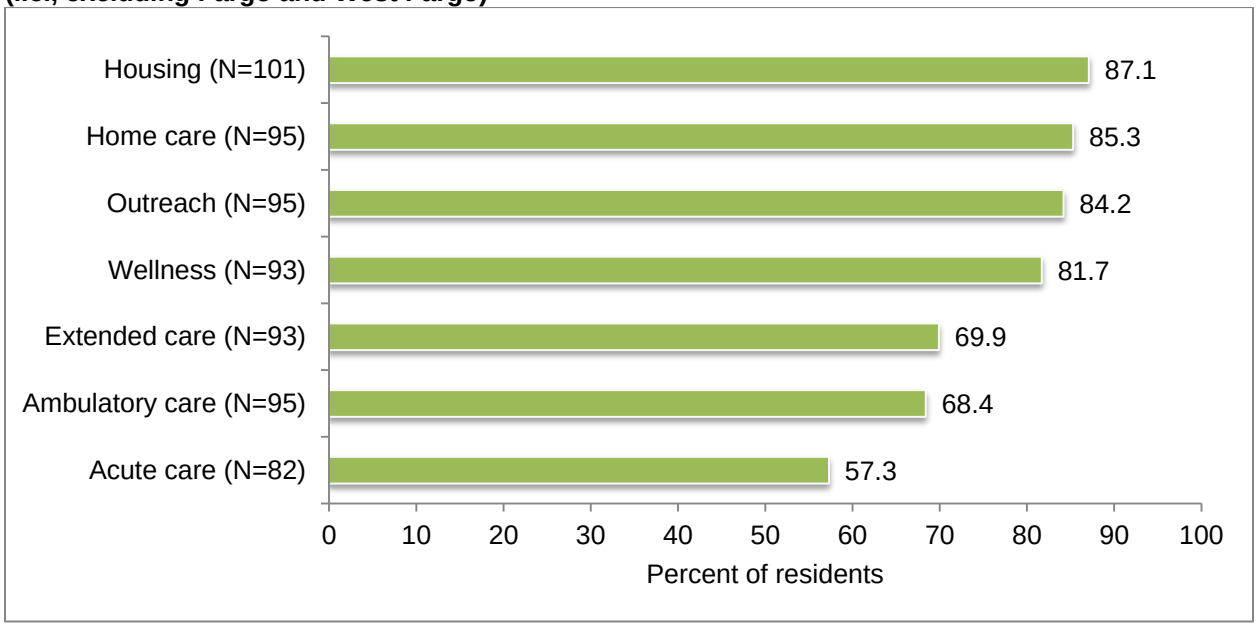
- Overall, residents said they have some knowledge about all of the services. However, residents indicated that they have the most knowledge about housing (mean=2.98) and the least knowledge about acute care (mean=2.55). Nearly one-fourth of residents said they have no knowledge at all about acute care (23.1 percent).

Figure 3. Resident's current level of knowledge about each service

Residents were also asked whether each of the services is available to them in rural areas of Cass County (Figure 4, Appendix Tables 4 and 4a). Rural Cass County was defined for the residents as excluding the cities of Fargo and West Fargo in Cass County.

- The vast majority of residents indicated that they thought housing (87.1 percent), home care (85.3 percent), outreach (84.2 percent), and wellness (81.7 percent) services are available in rural areas of Cass County. Approximately two-thirds indicated that they thought extended care and ambulatory care services were available (69.9 percent and 68.4 percent, respectively). Acute care was seen as available by the smallest proportion of residents (57.3 percent).

Figure 4. Proportion of residents who said services are available in rural areas of Cass County (i.e., excluding Fargo and West Fargo)



Finally, residents were asked which financing options they perceive as important to each of the services by choosing all that applied. The finance options included 1) insurance (health, long-term care), 2) government aid (Medicaid), 3) a person's private assets, 4) family assets, 5) community groups (churches, organizations), and 6) social service organizations. They were also given the opportunity to indicate "other."

The financing options for each service area were as follows (Figure 5, Appendix Tables 5 and 5a):

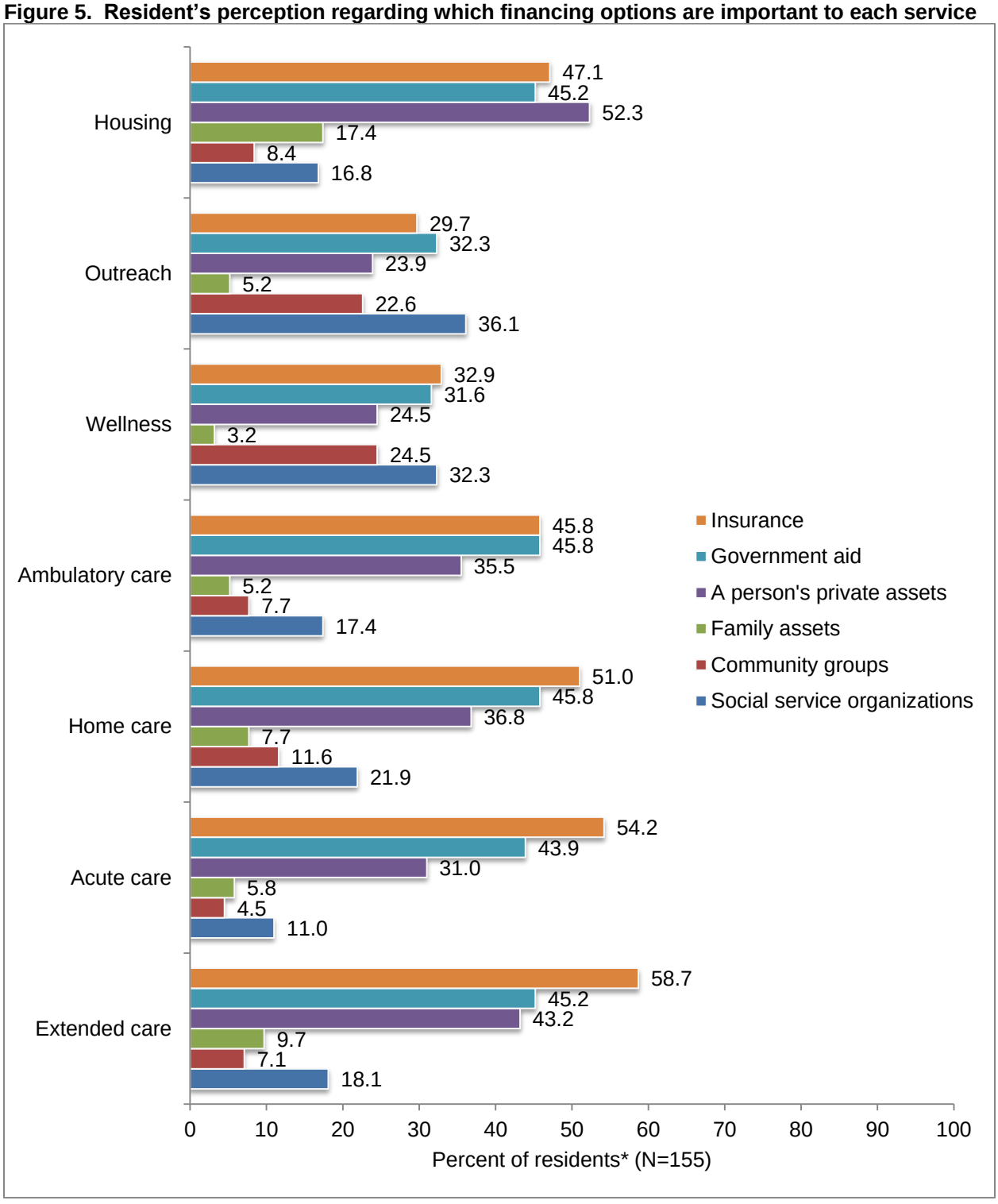
- Housing – The largest proportion of residents said that *a person's private assets* are important for financing housing services (52.3 percent), followed closely by *insurance* (47.1 percent) and *government aid* (45.2 percent). Similar proportions of residents said that *family assets* and *social service organizations* are important for financing housing services (17.4 percent and 16.8 percent, respectively); 8.4 percent said that *community groups* are important.
- Outreach – The largest proportion of residents said that *social service organizations* are important for financing outreach services (36.1 percent), followed closely by *government aid* (32.3 percent) and *insurance* (29.7 percent). Similar proportions of residents said that *a person's private assets* and *community groups* are important for financing outreach services (23.9 percent and 22.6 percent, respectively); 5.2 percent said that *family assets* are important.
- Wellness – The largest proportion of residents said that *insurance* is important for financing wellness services (32.9 percent), followed closely by *social service organizations* (32.3 percent) and *government aid* (31.6 percent). Equal proportions of residents said that *a person's private assets* and *community groups* are important for financing wellness services (24.5 percent each); 3.2 percent said that *family assets* are important.

- Ambulatory care – The largest proportions of residents said that *insurance* and *government aid* are important for financing ambulatory care services (45.8 percent each), followed by *a person's private assets* (35.5 percent); 17.4 percent of residents said *social service organizations* are important for financing ambulatory care services. Similar proportions of residents said that *community groups* and *family assets* are important (7.7 percent and 5.2 percent, respectively).
- Home care – The largest proportion of residents said that *insurance* is important for financing home care services (51.0 percent), followed by *government aid* (45.8 percent) and *a person's private assets* (36.8 percent). Approximately one-fifth of residents said *social service organizations* are important for financing home care services (21.9 percent); 11.6 percent said that *community groups* are important and 7.7 percent said that *family assets* are important.
- Acute care – The largest proportion of residents said that *insurance* is important for financing acute care services (54.2 percent), followed by *government aid* (43.9 percent) and *a person's private assets* (31.0 percent). Approximately one-tenth of residents said *social service organizations* are important for financing acute care services (11.0 percent); 5.8 percent said that *family assets* are important and 4.5 percent said that *community groups* are important.
- Extended care – The largest proportion of residents said that *insurance* is important for financing extended care services (58.7 percent), followed by *government aid* (45.2 percent) and *a person's private assets* (43.2 percent). Nearly one-fifth of residents said *social service organizations* are important for financing extended care services (18.1 percent); 9.7 percent said that *family assets* are important and 7.1 percent said that *community groups* are important.

Examining each financing option shows that (Figure 5, Appendix Tables 5 and 5a):

- *Insurance (health, long-term care)* is seen as a key financing option for all of the service areas, ranging from 58.7 percent who said it is important to extended care to 29.7 percent who said it is important to outreach.
- *Government aid (Medicaid)* is also seen as a key financing option for all of the service areas, ranging from 45.8 percent for home care as well as ambulatory care to 31.6 percent for wellness.
- *A person's private assets* are also viewed as important, ranging from 52.3 percent for housing to 23.9 percent for outreach.
- *Family assets* are seen as less of an important option for most of the service areas, with a high of 17.4 percent for housing to a low of 3.2 percent for wellness.
- *Community groups (churches, organizations)* are seen as less of an important option for several of the service areas, ranging from a high of 24.5 percent for wellness to a low of 4.5 percent for acute care.
- *Social service organizations* are seen as somewhat of an important option for the service areas, ranging from 36.1 percent for outreach to 11.0 percent for acute care.

Figure 5. Resident's perception regarding which financing options are important to each service

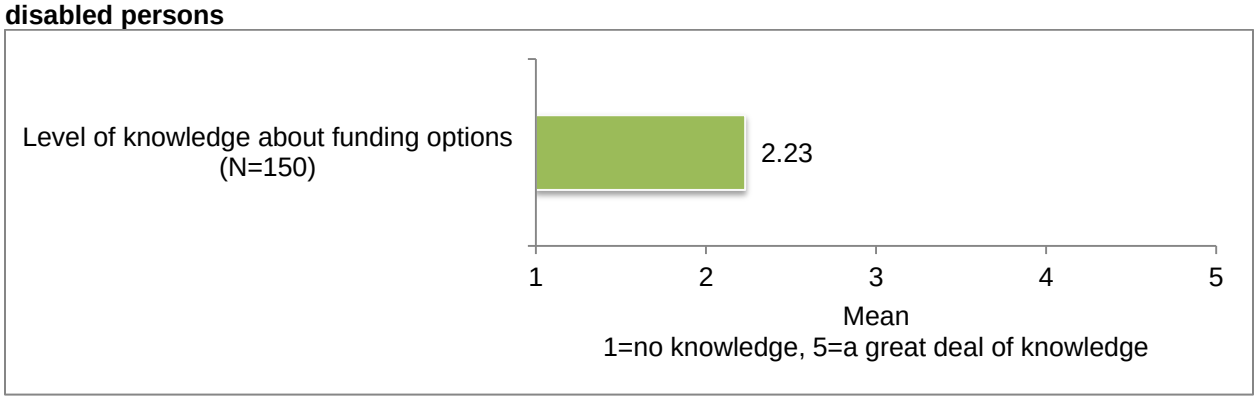


*Percentages do not add up to 100.0 percent due to multiple responses

On a one to five scale, with one being “no knowledge” and five being “a great deal of knowledge,” residents were asked to rate their level of knowledge about funding options for services for seniors and disabled persons (Figure 6, Appendix Table 6).

- Overall, rural Cass County residents indicated that they have very little knowledge about funding options for services for seniors and disabled persons (mean=2.23); 22.7 percent said they have no knowledge.

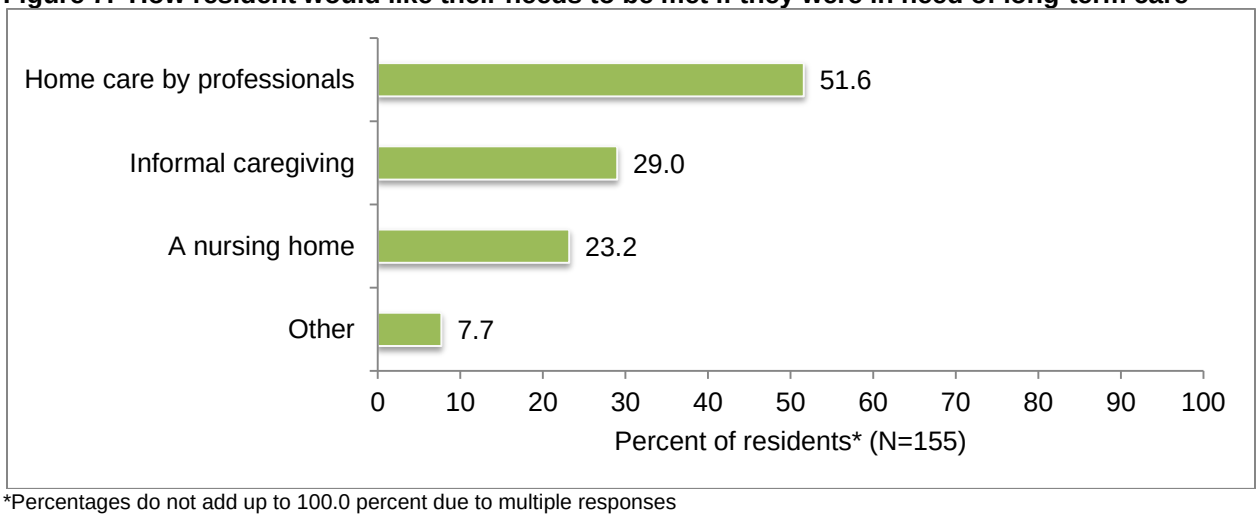
Figure 6. Resident’s level of knowledge about funding options for services for seniors and disabled persons



Residents were asked if they were in need of long-term care, how they would like their needs to be met (Figure 7, Appendix Table 7).

- Approximately half of residents wanted their long-term care needs to be met through *home care by professionals* (51.6 percent). The next most popular options were having their needs met through *informal caregiving* (29.0 percent) and through *a nursing home* (23.2 percent), while 7.7 percent wanted their needs met through *other* entities, such as assisted living, family, or a combination of family/informal and professional caregiving.

Figure 7. How resident would like their needs to be met if they were in need of long-term care



*Percentages do not add up to 100.0 percent due to multiple responses

Cass County Community of Care Program

On a one to five scale, with one being "not at all willing" and five being "very willing," residents were asked how willing they thought a rural community in their area would be to embrace a concept of care where responsibilities for seniors and disabled persons are shared (Figure 8, Appendix Table 8).

- Overall, residents thought that rural communities in their area would be somewhat willing to embrace a concept of care where responsibilities for seniors and disabled persons are shared (mean=2.97).

Figure 8. Resident's opinion regarding 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

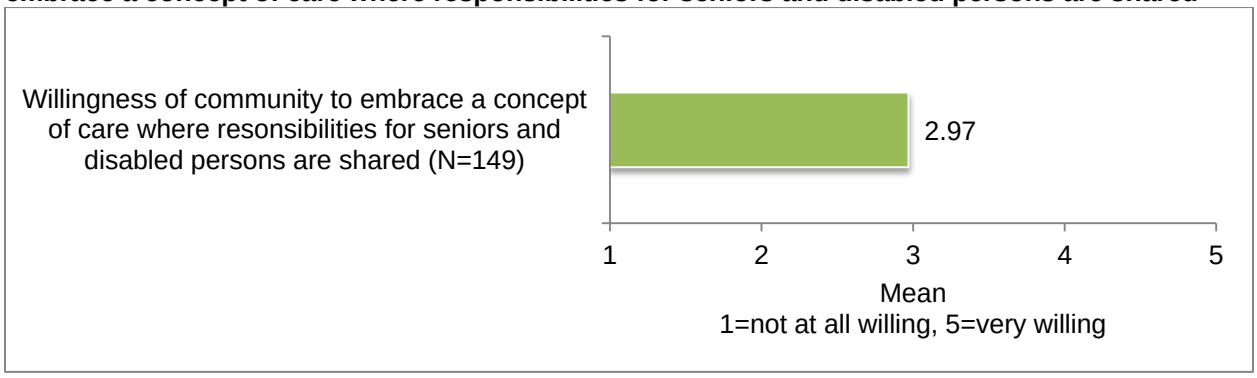
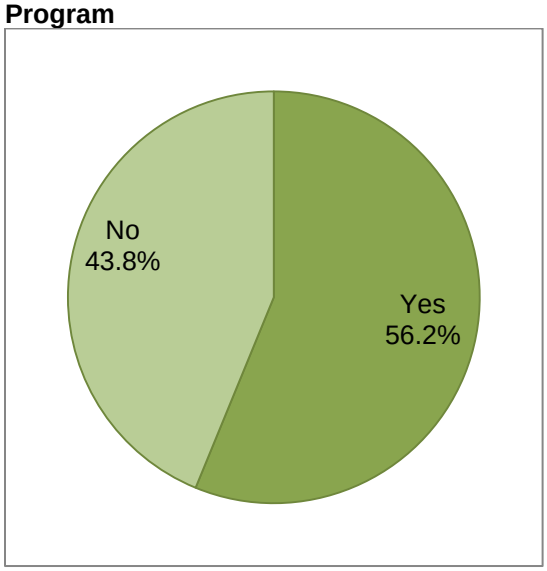


Figure 9. Whether resident has heard about the Cass County Community of Care Program

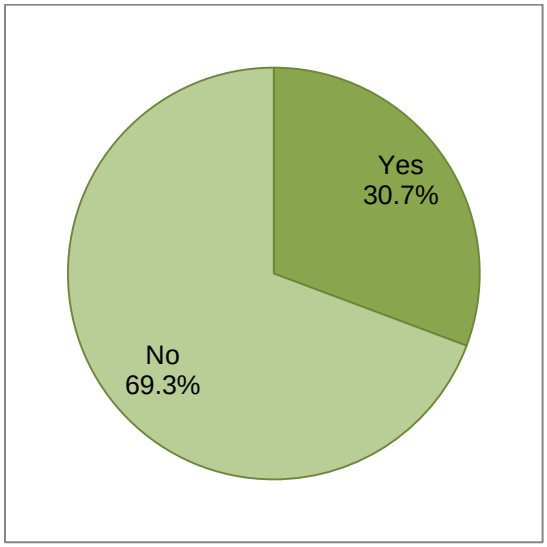


N=146

Residents were asked whether they have heard about the Cass County Community of Care Program (Figure 9, Appendix Table 9).

- More than half of residents indicated that they have heard of the Community of Care Program (56.2 percent).

Figure 10. *Among residents who have heard about the Community of Care Program,* whether resident or a family member has used their services



N=75

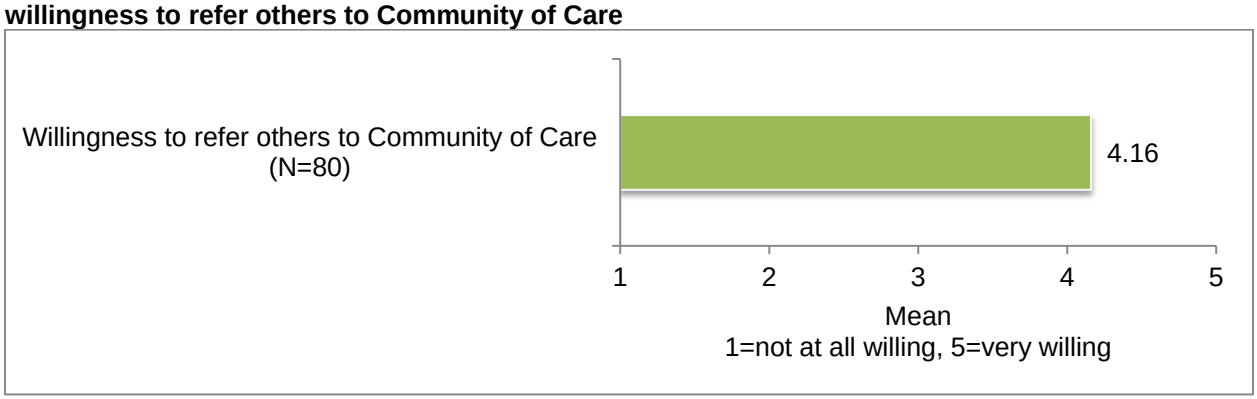
Residents who have heard about the Community of Care Program were asked about usage of the program's services (Figure 10, Appendix Table 10).

- Nearly one-third of residents who had heard of the program said that either they or a family member have used the Community of Care Program services (30.7 percent).

On a one to five scale, with one being "not at all willing" and five being "very willing," *residents who have heard about the Community of Care Program* were asked how willing they would be to refer others to the Community of Care (Figure 11, Appendix Table 11).

- Overall, residents who had heard of the program said that they would be willing to refer others to Community of Care (mean=4.16); 51.3 percent indicated they would be very willing to do so.

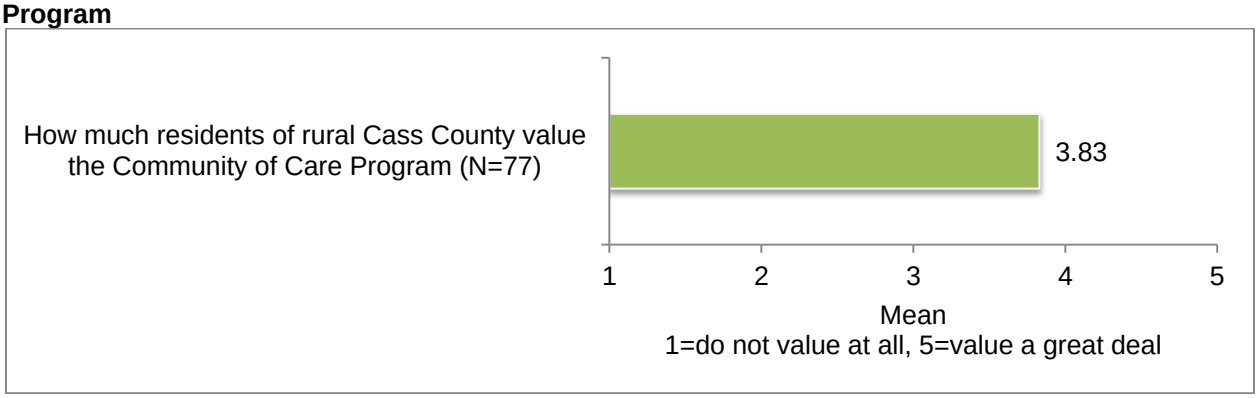
Figure 11. *Among residents who have heard about the Community of Care Program,* resident's willingness to refer others to Community of Care



On a one to five scale, with one being "not at all" and five being "a great deal," *residents who have heard about the Community of Care Program* were asked, in their own opinion, how much rural Cass County residents value the Community of Care Program (Figure 12, Appendix Table 12).

- Overall, residents who had heard of the program said that they believe that rural Cass County residents value the Community of Care (mean=3.83); 32.5 percent said they believe residents value it a great deal.

Figure 12. *Among residents who have heard about the Community of Care Program,* residents' opinion regarding how much residents of rural Cass County value the Community of Care Program



Respondent Characteristics

Residents were asked how long they have lived in rural Cass County (Figure 13, Appendix Table 13).

- Nearly three-fourths of residents have lived in rural Cass County for 15 years or more (72.5 percent); 12.4 percent have lived in rural Cass County for 10 to 14 years; 7.8 percent have lived in rural Cass County for 5 to 9 years; 7.2 percent have lived in rural Cass County for 4 years or less.

Figure 13. Length of time resident has lived in rural Cass County

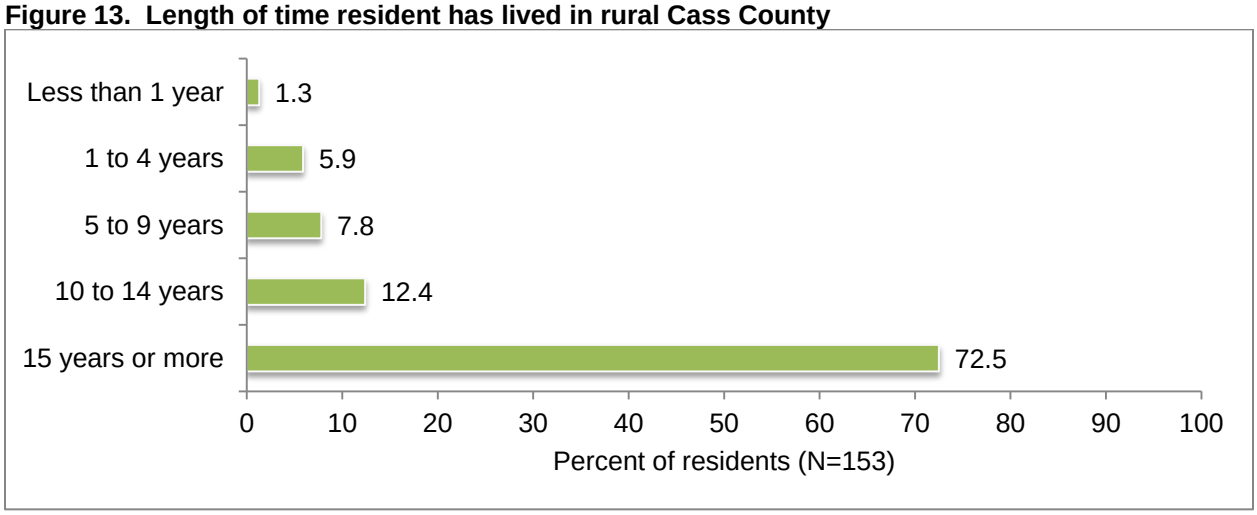
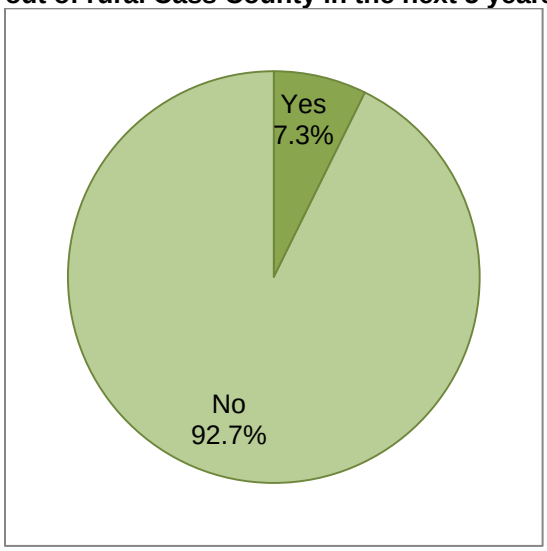


Figure 14. Whether resident plans to move out of rural Cass County in the next 5 years



N=151

Residents were asked about their plans to live in rural Cass County over the next five years (Figure 14, Appendix Table 14).

- The vast majority of residents do not plan to move out of rural Cass County in the next five years (92.7 percent); 7.3 percent said yes they do plan to move.

Residents were asked their age (Figure 15, Appendix Table 15).

- The largest proportion of residents who responded to the survey are 45 to 64 years old (43.1 percent); 21.6 percent are 65 to 74 years old; 19.6 percent are 75 years or older. Slightly more than one-tenth of residents who responded are 30 to 44 years old (13.7 percent) and 2.0 percent are 18 to 29 years old.

Figure 15. Resident's age

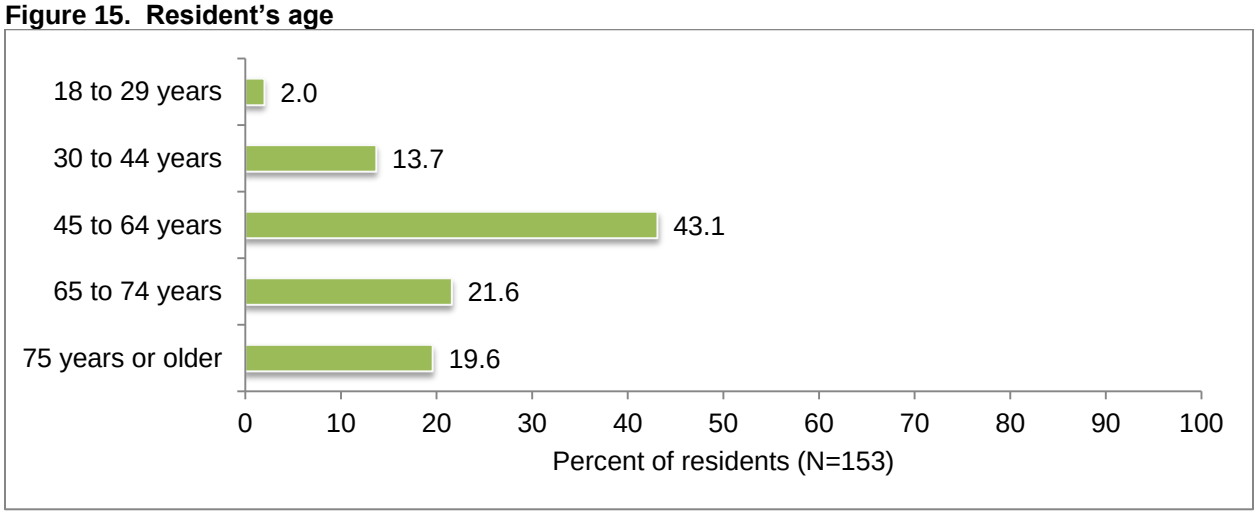
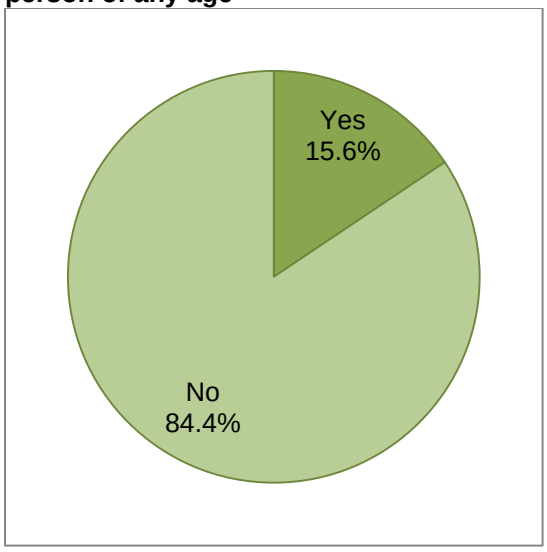


Figure 16. Whether resident is responsible for the care of a senior or of a disabled person of any age

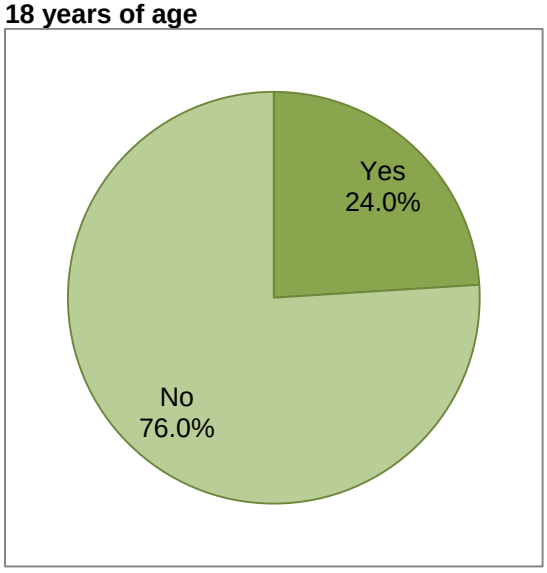


N=154

Residents were asked if they are currently caregivers of a senior or of a disabled person of any age (Figure 16, Appendix Table 16).

- The vast majority of resident are not responsible for the care of a senior or of a disabled person of any age (84.4 percent); 15.6 percent are responsible for the care of a senior or disabled person.

Figure 17. Whether resident is the parent or primary caregiver of someone younger than 18 years of age



N=154

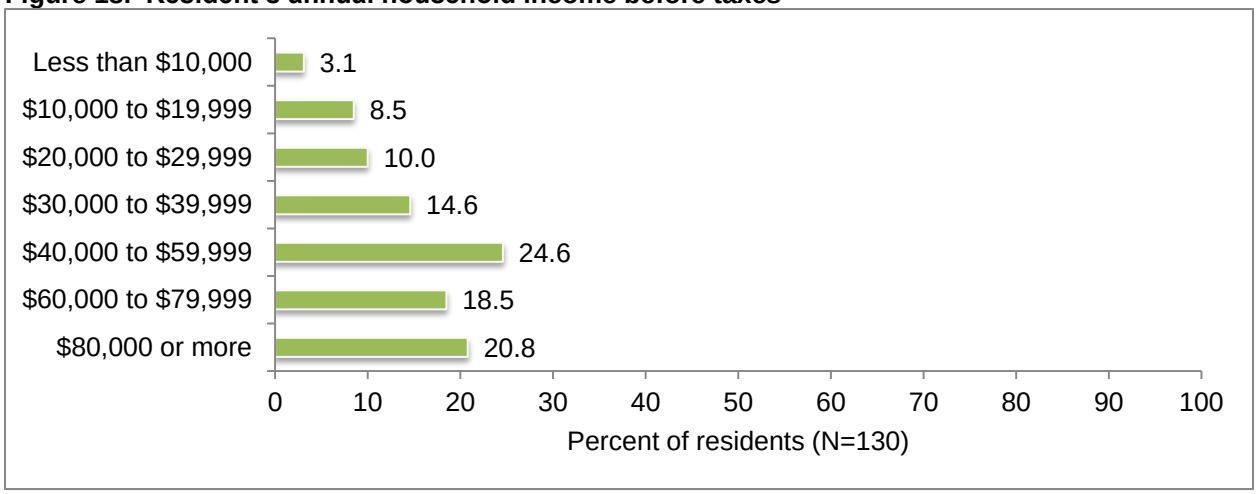
Residents were asked if they are currently caregivers of a child or someone younger than 18 years of age (Figure 17, Appendix Table 17).

- Three-fourths of residents are not the parent or primary caregiver of someone younger than 18 years of age (76.0 percent); 24.0 percent are the parent or primary caregiver of a child or someone younger than 18 years of age.

Residents were asked their annual household income before taxes (Figure 18, Appendix Table 18).

- Similar proportions of residents indicated they have an annual household income before taxes that is less than $20,000 and $20,000 to $29,999 (11.6 percent and 10.0 percent, respectively); 14.6 percent of residents have an annual household income before taxes that is $30,000 to $39,999; 24.6 percent have an annual household income that is $40,000 to $59,999. The largest proportion of residents have an annual household income before taxes that is $60,000 or more (39.3 percent).

Figure 18. Resident's annual household income before taxes



Residents were asked about their participation in community activities (Figure 19, Appendix Table 19).

- In an average month, 15.2 percent of residents said they spend no hours participating in community activities (volunteer work, clubs, organizations, church, theatre/arts, etc.). One-third of residents spend less than five hours per month participating in community activities (32.5 percent), 27.8 percent spend five to nine hours per month participating in community activities, 14.6 percent of residents spend 10 to 14 hours per month participating, and 9.3 percent spend 15 hours or more per month participating in community activities.

Figure 19. How many hours resident spends, in an average month, participating in community activities (volunteer work, clubs, organizations, church, theatre/arts, etc.)

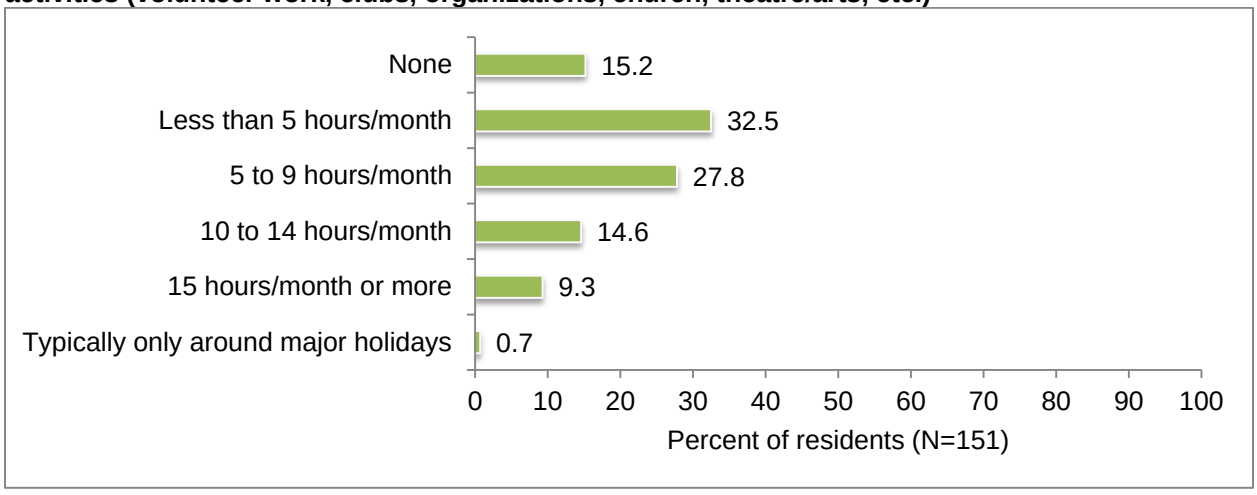
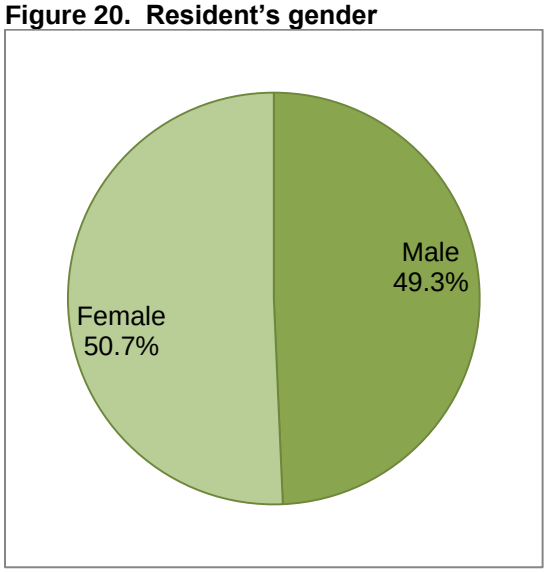


Figure 20. Resident's gender



N=152

Residents were asked their gender (Figure 20, Appendix Table 20).

- Equal proportions of residents who responded to the survey were male and female (49.3 percent and 50.7 percent, respectively).

COMPARISON OF 2010 AND 2003 SURVEY RESULTS

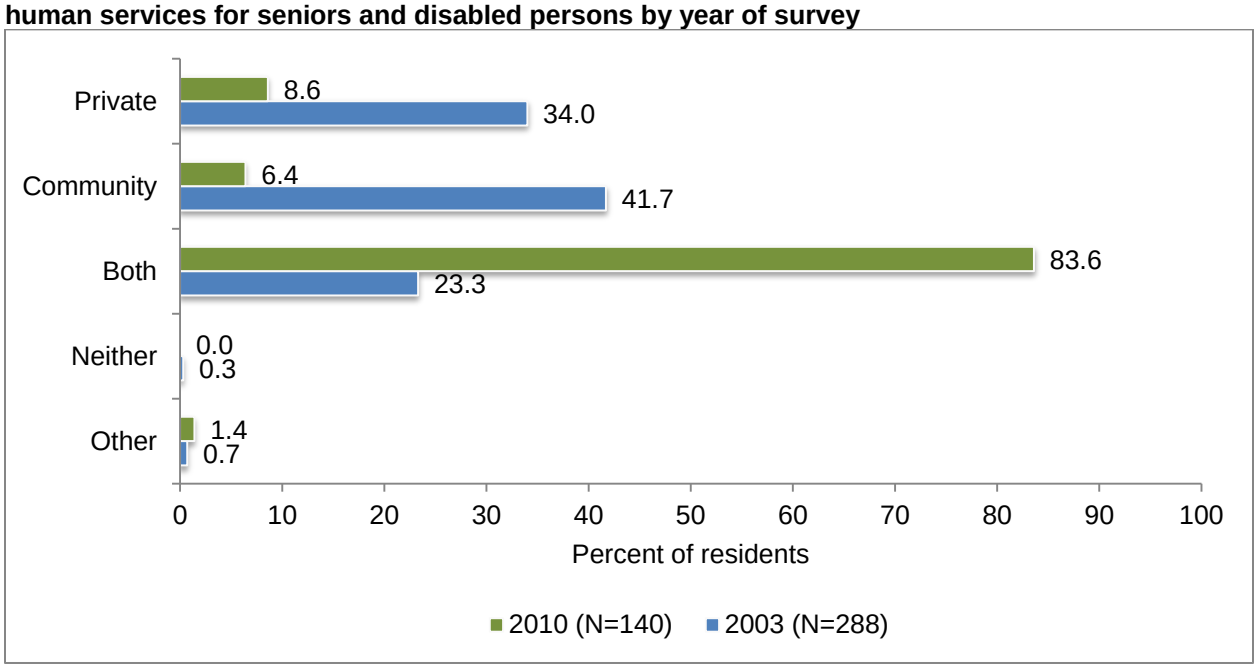
Significance testing between the 2003 baseline survey results and the 2010 follow-up study was conducted. Results showing significant differences at $p < .05$ (using Chi Square tests and t-tests as appropriate) are discussed here.

Views on Access to Services

Residents were asked whether they think that ensuring access to health and human services for seniors and disabled persons is a private or community responsibility. The differences in rural Cass County residents' responses between 2003 and 2010 were statistically significant (Figure 21, Appendix Table 21).

- There has been a dramatic shift in residents' view of responsibility for ensuring access to health and human services for seniors and disabled persons, from seeing it as either a private or a community responsibility to seeing it as the responsibility of *both*.
- In 2003, the largest proportion of residents thought that ensuring access to health and human services for seniors and disabled persons was a *community* responsibility, followed closely by it being a *private* responsibility (41.7 percent and 34.0 percent, respectively). In 2010, much smaller proportions of residents thought that it is only a *community* responsibility (6.4 percent) and only a *private* responsibility (8.6 percent). A much larger proportion of rural Cass County residents in 2010 than in 2003 thought that ensuring access to health and human services for seniors and disabled persons is *both* a private and community responsibility (83.6 percent and 23.3 percent, respectively).

Figure 21. Resident's opinion regarding whose responsibility it is to ensure access to health and human services for seniors and disabled persons by year of survey

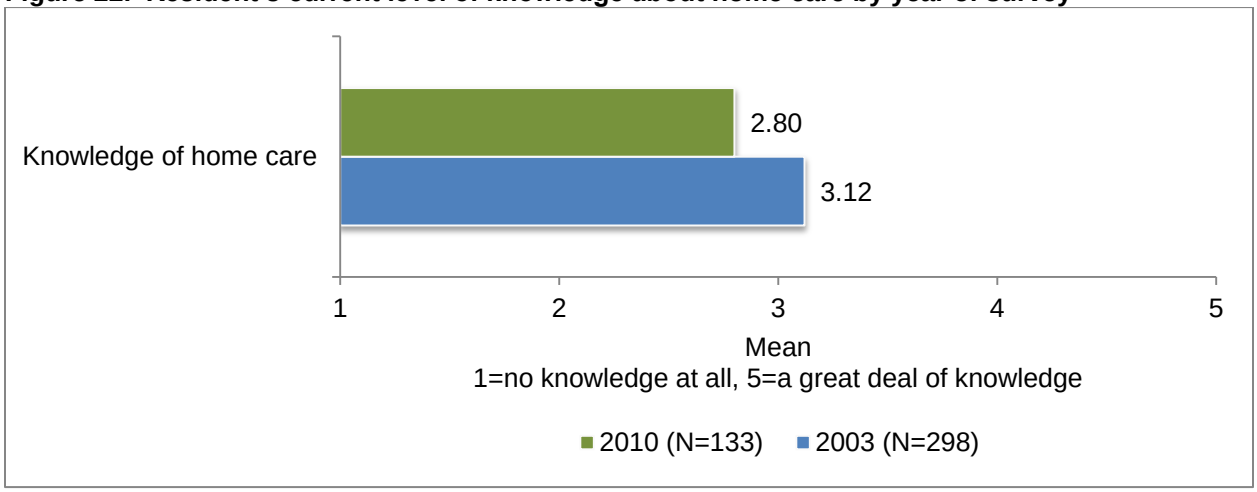


Community and Institutional-Based Services

On a one to five scale, with one being "no knowledge at all" and five being "a great deal of knowledge," residents were asked to rate their current level of knowledge about each of the seven service areas. The differences in residents' responses between 2003 and 2010 were statistically significant for one service area – home care (Figure 22, Appendix Table 22).

- Although residents in both 2010 and 2003 thought that they have some knowledge about home care services, residents in 2010 expressed less knowledge than residents in 2003 about home care services (mean=2.80 and mean=3.12, respectively).

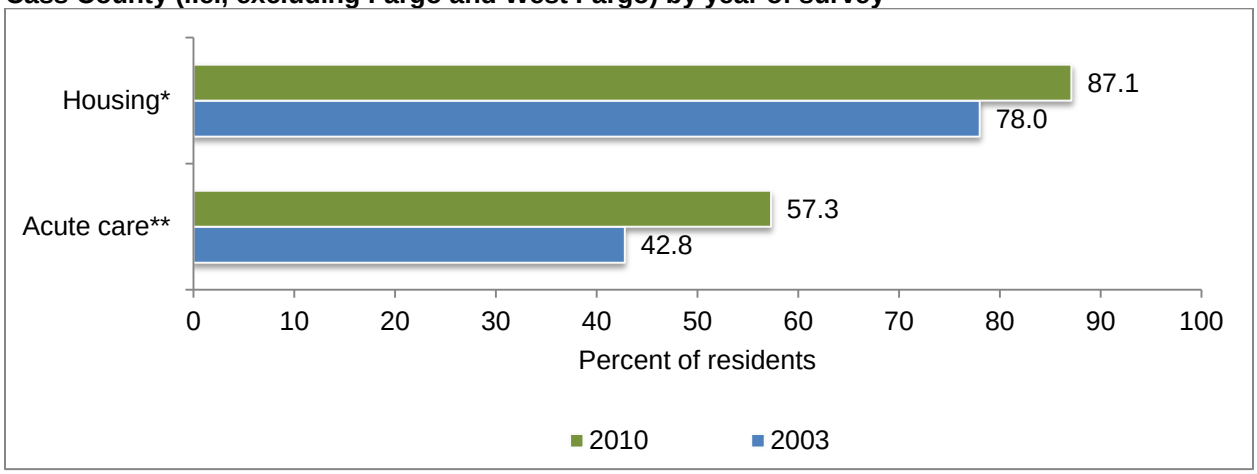
Figure 22. Resident's current level of knowledge about home care by year of survey



As a follow up question, residents were asked whether each of the services is available to them in rural areas of Cass County. Of the seven service areas, the differences in residents' responses between 2003 and 2010 were statistically significant for two service areas – housing and acute care (Figure 23, Appendix Table 23).

- For both housing and acute care, residents in 2010 perceive that the services are more available than they were in 2003.
- Housing – A larger proportion of residents in 2010 compared to residents in 2003 indicated that housing services are available to them in rural areas of Cass County (87.1 percent and 78.0 percent, respectively). Nearly half of the proportion of residents in 2010 than in 2003 indicated that housing services are not available to them in rural Cass County (12.9 percent and 22.0 percent, respectively).
- Acute care – A larger proportion of residents in 2010 compared to residents in 2003 indicated that acute care services are available to them in rural Cass County (57.3 percent and 42.8 percent, respectively). A smaller proportion of residents in 2010 than in 2003 indicated that acute care services are not available to them in rural Cass County (42.7 percent and 57.2 percent, respectively).

Figure 23. Proportion of residents who said housing and acute care are available in rural areas of Cass County (i.e., excluding Fargo and West Fargo) by year of survey



*Housing: 2010 (N=101), 2003 (N=259)
**Acute care: 2010 (N=82), 2003 (N=208)

Finally, residents were asked which financing options they perceive as important to each service area by choosing one or more of the following options: 1) insurance (health, long-term care), 2) government aid (Medicaid), 3) person's private assets, 4) family assets, 5) community groups (churches, organizations), and 6) social service organizations (Appendix Table 24).

- Overall, much smaller proportions of residents in 2010 compared to residents in 2003 thought that the financing options are important to each of the seven service areas. The dramatic decrease (regardless of the service area) may be an artifact of changes in the method of data collection. As a telephone survey in 2003, the respondents were asked explicitly about each financing option for each of the service areas. As a mail survey in 2010, the respondents were provided a grid of service areas and financing options (see 2010 Survey Instrument in Appendices). In addition, the effects of the economic recession in the United States between these two time periods may also have impacted how respondents answered this question about financing options.

In comparing 2003 and 2010 results, we focused on the ranking of various financing options for each service area; the top ranked option was the option most frequently cited as important for financing (Appendix Table 24).

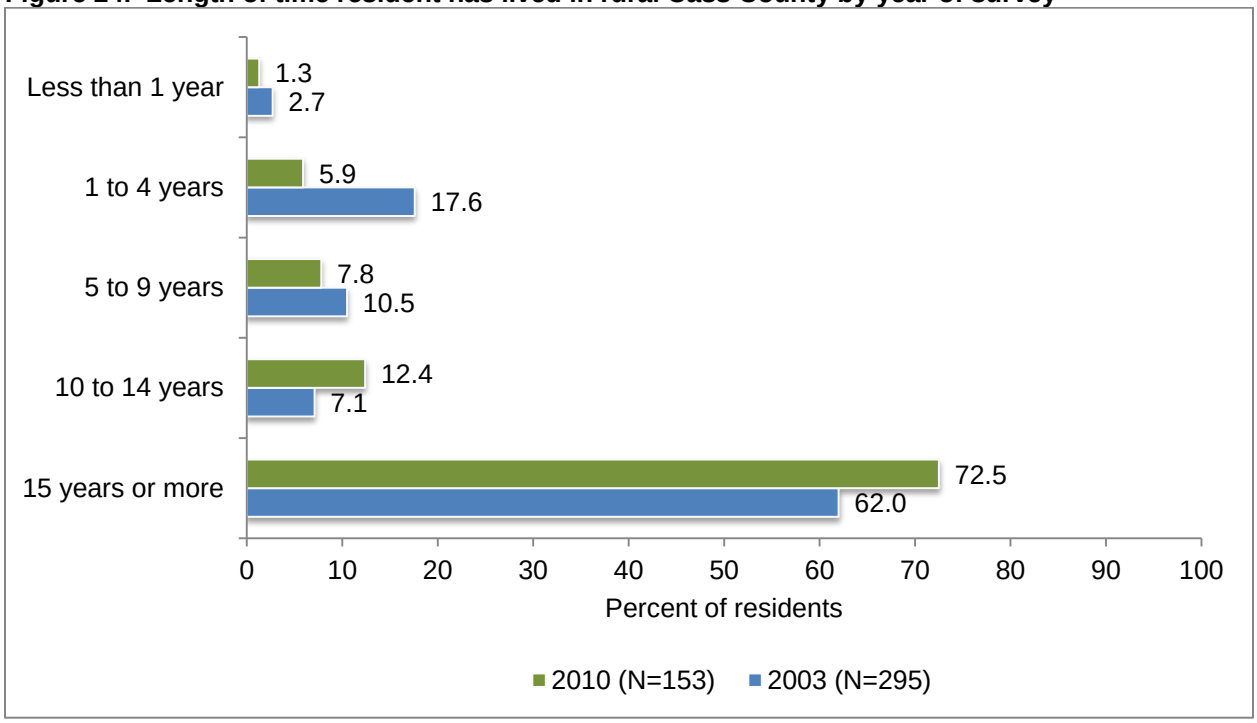
- Housing – In 2010 and 2003, *a person's private assets* ranked as the option residents most often cited as important for financing housing services. However, *insurance* ranked as second most important in 2010, while *government aid* ranked as the second most important option in 2003.
- Outreach – In 2010, *social service organizations* ranked as the option most frequently cited as important for financing outreach services and *government aid* ranked second. In 2003, *government aid* ranked as the option most often cited as important and *a person's private assets* ranked second.
- Wellness – In 2010, *insurance* ranked as the option most frequently cited as important for financing wellness services and *social service organizations* ranked second. In 2003, *government aid* ranked as the option most often cited as important and *a person's private assets* ranked second.
- Ambulatory Care, Home Care, Acute Care, and Extended Care – In both 2010 and 2003, *insurance* ranked as the option cited most frequently as important and *government aid* ranked second for each of these services.

Respondent Characteristics

Residents were asked how long they have lived in in rural Cass County. The differences in residents' responses between 2003 and 2010 were statistically significant (Figure 24, Appendix Table 25).

- Compared to residents in 2003, residents in 2010 indicated that they have lived in rural Cass County for a longer length of time.
- Nearly three-fourths of residents in 2010 have lived in rural Cass County for 15 years or more (72.5 percent), while 62.0 percent of residents in 2003 said that they had lived in rural Cass County for 15 years or more.
- In 2010, 5.9 percent indicated that they have lived in rural Cass County for 1 to 4 years, while 17.6 percent of residents in 2003 indicated that they had lived in rural Cass County for 1 to 4 years.

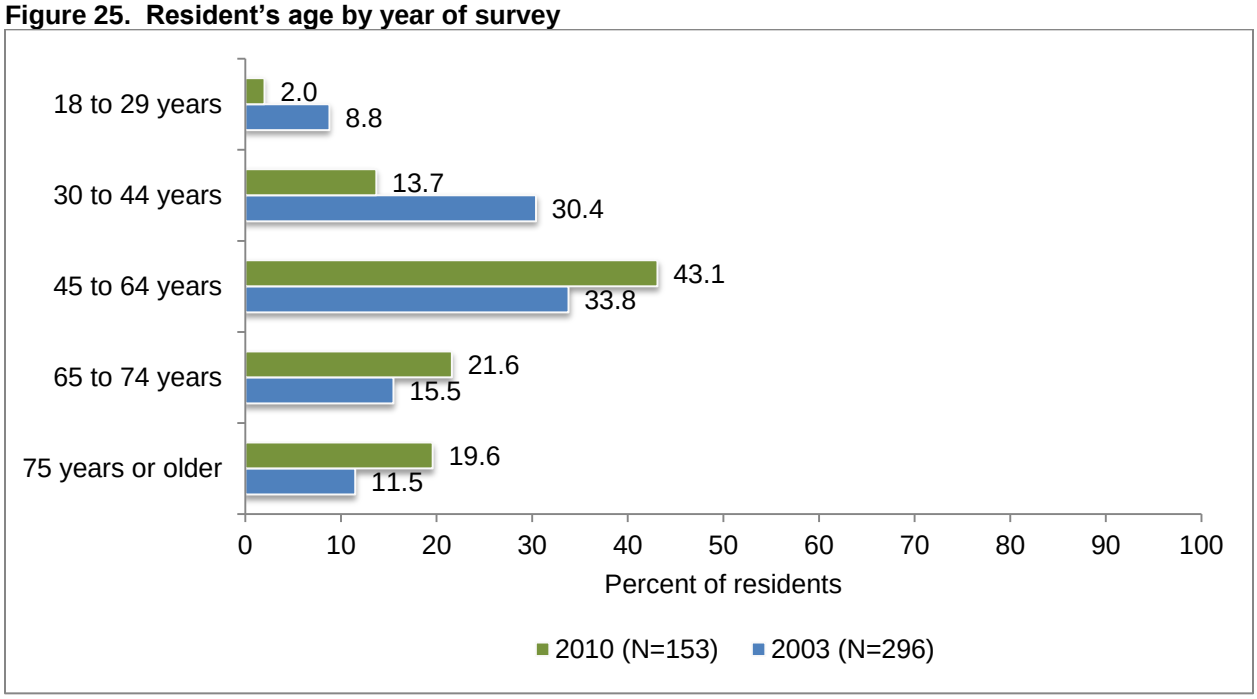
Figure 24. Length of time resident has lived in rural Cass County by year of survey



Residents were asked their age. The differences in residents' responses between 2003 and 2010 were statistically significant (Figure 25, Appendix Table 26).

- The responses reflect an older population in 2010 than in 2003.
- Larger proportions of residents in 2010 than in 2003 are 65 years old or older (41.2 percent and 27.0 percent, respectively).
- Half the proportion of residents in 2010 than in 2003 are 30 to 44 years old (13.7 percent and 30.4 percent, respectively).

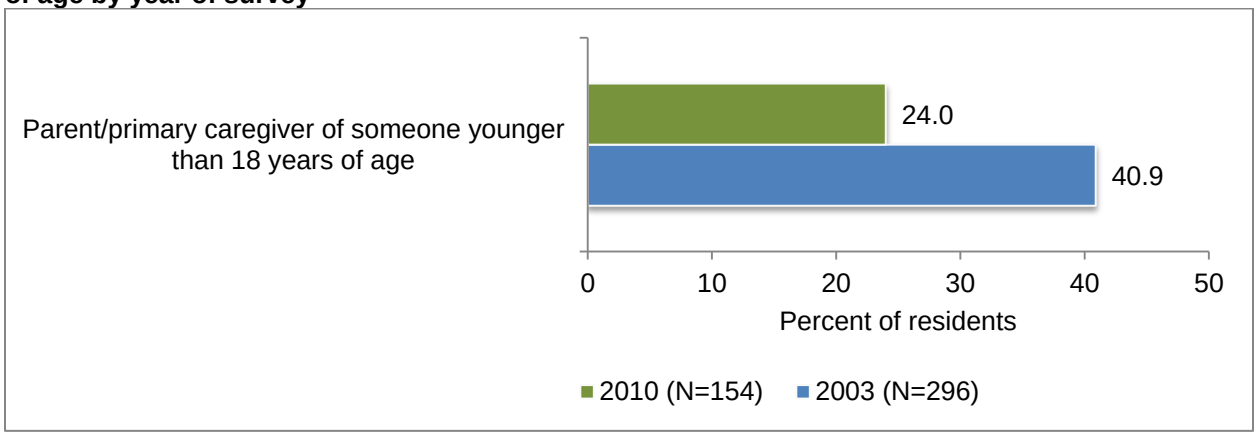
Figure 25. Resident's age by year of survey



Residents were asked if they are the parent or primary caregiver of a child or someone younger than 18 years of age. The differences in residents' responses between 2003 and 2010 were statistically significant (Figure 26, Appendix Table 27).

- A smaller proportion of residents in 2010 compared to residents in 2003 are the parent or primary caregiver of a child or someone younger than 18 years of age (24.0 percent and 40.9 percent, respectively).

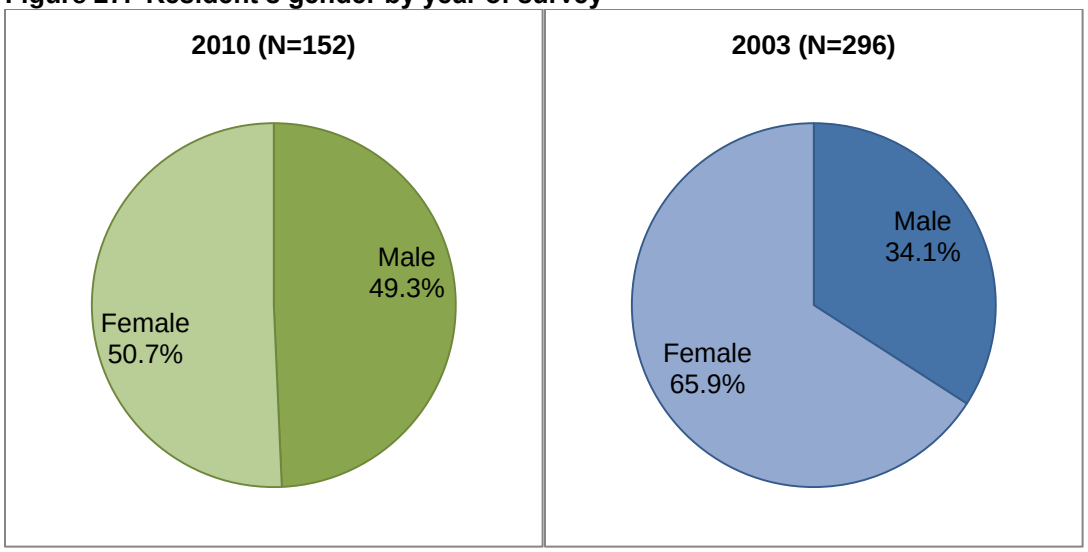
Figure 26. Whether resident is the parent or primary caregiver of someone younger than 18 years of age by year of survey



Residents were asked their gender. The differences in residents' responses between 2003 and 2010 were statistically significant (Figure 27, Appendix Table 28).

- A larger proportion of residents in 2010 compared to residents in 2003 are male (49.3 percent and 34.1 percent, respectively).
- In 2003 one-third of the residents were male and two-thirds were female (34.1 percent and 65.9 percent, respectively). However, in 2010, the distribution is nearly evenly split between male and female (49.3 percent and 50.7 percent, respectively).
- The change in gender distribution is likely an artifact of changes in the method of data collection. Telephone surveys, the data collection method in 2003, often result in higher rates of female respondents; the change to a mail survey in 2010 provided a more even gender distribution of respondents.

Figure 27. Resident's gender by year of survey



APPENDICES

2010 Appendix Tables

Appendix Table 1. Resident's level of concern regarding their own long-term care and the long-term care of someone else

Question	Mean*	Percent of residents Level of concern (1=not at all concerned, 5=very concerned) 1	2	3	4	5	Total
Your long-term care (N=130)	3.26	11.5	14.6	30.8	22.3	20.8	100.0
Long-term care of someone else (N=112)	3.54	11.6	9.8	21.4	26.8	30.4	100.0

*Means are based on a 1 to 5 scale, with 1 being "not at all concerned" and 5 being "very concerned."

Appendix Table 2. Resident's opinion regarding whose responsibility it is to ensure access to health and human services for seniors and disabled persons

Response	Percent of residents (N=140)
Private	8.6
Community	6.4
Both	83.6
Neither	0.0
Other	1.4
State and county	
National	
Total	100.0

Note: One respondent commented that they feel people misuse insurance, therefore causing high premiums, and then the average person cannot afford it.

Appendix Table 3. Resident's current level of knowledge about each service

Services	Mean*	Percent of residents Level of knowledge (1=no knowledge at all, 5=a great deal of knowledge) 1	2	3	4	5	Total
Housing (N=135)	2.98	12.6	23.0	31.9	19.3	13.3	100.1
Outreach (N=131)	2.73	13.7	31.3	29.0	19.8	6.1	99.9
Wellness (N=129)	2.66	15.5	30.2	33.3	14.7	6.2	99.9
Ambulatory care (N=132)	2.83	15.9	21.2	33.3	22.7	6.8	99.9
Home care (N=133)	2.80	14.3	24.8	35.3	18.0	7.5	99.9
Acute care (N=130)	2.55	23.1	27.7	27.7	14.6	6.9	100.0
Extended care (N=133)	2.77	17.3	25.6	31.6	13.5	12.0	100.0

*Means are based on a 1 to 5 scale, with 1 being "none at all" and 5 being "a great deal."

Appendix Table 4. Resident's assessment of whether services are available in rural areas of Cass County (i.e., excluding Fargo and West Fargo)

Services	Percent of residents		
	Yes	No	Total
Housing (N=101)	87.1	12.9	100.0
Outreach (N=95)	84.2	15.8	100.0
Wellness (N=93)	81.7	18.3	100.0
Ambulatory care (N=95)	68.4	31.6	100.0
Home care (N=95)	85.3	14.7	100.0
Acute care (N=82)	57.3	42.7	100.0
Extended care (N=93)	69.9	30.1	100.0

Appendix Table 4a. Comments about resident's assessment of whether services are available in rural areas of Cass County

Comments
? [2]
I don't know [2]
Housing: private, public?
Answered "No" to acute care: Valley City closest

Appendix Table 5. Resident's perception regarding which financing options are important to each service

Services	Percent of residents* (N=155)						
	Financing options						
	Insurance (health, long-term care)	Government aid (Medicaid)	A person's private assets	Family assets	Community groups (churches, organizations)	Social service organizations	Other**
Housing	47.1	45.2	52.3	17.4	8.4	16.8	0.6
Outreach	29.7	32.3	23.9	5.2	22.6	36.1	1.3
Wellness	32.9	31.6	24.5	3.2	24.5	32.3	0.6
Ambulatory care	45.8	45.8	35.5	5.2	7.7	17.4	1.3
Home care	51.0	45.8	36.8	7.7	11.6	21.9	0.6
Acute care	54.2	43.9	31.0	5.8	4.5	11.0	1.3
Extended care	58.7	45.2	43.2	9.7	7.1	18.1	1.3

*Percentages do not add up to 100.0 percent due to multiple responses

**Medicare was provided as an "Other" response for payment for Outreach, Ambulatory care, Home care, Acute care, and Extended care; Transportation was listed as an "Other" response for payment for Acute care

Appendix Table 5a. Comments about resident's perception regarding which financing options for services are important

Comments
I'm paying all sorts of taxes and sales tax - why should Fargo get all our monies
These are all important options for every service
(Insurance checked for all) but it needs to be affordable - somebody or something needs to get some control over the costs of services to make insurance affordable; government aid - comes from our tax $; social service organizations - this comes from our tax $

Appendix Table 6. Resident's level of knowledge about funding options for services for seniors and disabled persons

Question	Mean*	Percent of residents (N=150)					
		Level of knowledge (1=no knowledge, 5=a great deal of knowledge)					
		1	2	3	4	5	Total
Your level of knowledge about funding options for services for seniors and disabled persons	2.23	22.7	44.0	24.0	6.7	2.7	100.1

*Means are based on a 1 to 5 scale, with 1 being "no know ledge" and 5 being "a great deal of know ledge."

Appendix Table 7. How resident would like their needs to be met if they were in need of long-term care

Response	Percent of residents* (N=155)
A nursing home	23.2
Home care by professionals	51.6
Informal caregiving	29.0
Other	7.7
Assisted living [4]	
Depends on need – all apply [3]	
Not sure	
Combination professionals and informal	
Family and professional	
Family	
We have insurance to meet our needs - assisted, home health, and nursing home.	
I don't plan on dying or getting old	

*Percentages do not add up to 100.0 percent due to multiple responses

Appendix Table 8. Resident's opinion regarding 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

Question	Mean*	Percent of residents (N=149)					
		Level of willingness (1=not at all willing, 5=very willing)					
		1	2	3	4	5	Total
How willing 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	2.97	4.7	25.5	44.3	18.8	6.7	100.0

*Means are based on a 1 to 5 scale, with 1 being "not at all willing" and 5 being "very willing."
Note: One respondent commented that they do not know

Appendix Table 9. Whether resident has heard about the Cass County Community of Care Program

Response	Percent of residents (N=146)
Yes	56.2
No	43.8
Total	100.0

Note: One respondent who said "Yes" commented that they are a volunteer for Community of Care

Appendix Table 10. ***Among residents who have heard about the Community of Care Program,*** **whether resident or a family member has used their services**

Response	Percent of residents (N=75)
Yes	30.7
No	69.3
Total	100.0

Note: One respondent who said "Yes" commented that they used the program for advice

Appendix Table 11. ***Among residents who have heard about the Community of Care Program,*** **resident's willingness to refer others to Community of Care**

		Percent of residents (N=80)					
		Level of willingness (1=not at all willing, 5=very willing)					
Question	Mean*	1	2	3	4	5	Total
How willing you would be to refer others to Community of Care	4.16	0.0	8.8	17.5	22.5	51.3	100.1

*Means are based on a 1 to 5 scale, with 1 being "not at all willing" and 5 being "very willing."

Appendix Table 12. ***Among residents who have heard about the Community of Care Program,*** **resident's opinion regarding how much residents of rural Cass County value the Community of Care Program**

		Percent of residents (N=77)					
		Level of value (1=do not value at all, 5=value a great deal)					
Question	Mean*	1	2	3	4	5	Total
How much residents of rural Cass County value the Community of Care Program	3.83	1.3	11.7	22.1	32.5	32.5	100.1

*Means are based on a 1 to 5 scale, with 1 being "not at all" and 5 being "a great deal."
Note: One respondent who left this question "blank" commented that it depends on which services are offered in your community and another respondent said that many people don't know about the program/services

Appendix Table 13. Length of time resident has lived in rural Cass County

Length of time	Percent of residents (N=153)
Less than 1 year	1.3
1 to 4 years	5.9
5 to 9 years	7.8
10 to 14 years	12.4
15 years or more	72.5
Total	99.9

Appendix Table 14. Whether resident plans to move out of rural Cass County in the next 5 years

Response	Percent of residents (N=151)
Yes	7.3
No	92.7
Total	100.0

Appendix Table 15. Resident's age

Age	Percent of residents (N=153)
18 to 29 years	2.0
30 to 44 years	13.7
45 to 64 years	43.1
65 to 74 years	21.6
75 years or older	19.6
Total	100.0

Appendix Table 16. Whether resident is responsible for the care of a senior or of a disabled person of any age

Response	Percent of residents (N=154)
Yes	15.6
No	84.4
Total	100.0

Note: One respondent who said "No" indicated that her husband died this year

Appendix Table 17. Whether resident is the parent or primary caregiver of someone younger than 18 years of age

Response	Percent of residents (N=154)
Yes	24.0
No	76.0
Total	100.0

Appendix Table 18. Resident's annual household income before taxes

Annual household income before taxes	Percent of residents (N=130)
Less than $10,000	3.1
$10,000 to $19,999	8.5
$20,000 to $29,999	10.0
$30,000 to $39,999	14.6
$40,000 to $59,999	24.6
$60,000 to $79,999	18.5
$80,000 or more	20.8
Total	100.1

Appendix Table 19. How many hours resident spends, in an average month, participating in community activities (volunteer work, clubs, organizations, church, theatre/arts, etc.)

Hours of participation in community activities	Percent of residents (N=151)
None	15.2
Less than 5 hours/month	32.5
5 to 9 hours/month	27.8
10 to 14 hours/month	14.6
15 hours/month or more	9.3
Typically only around major holidays	0.7
Total	100.1

Appendix Table 20. Resident's gender

Gender	Percent of residents (N=152)
Male	49.3
Female	50.7
Total	100.0

Appendix Tables with Significant Differences by Year of Survey

Appendix Table 21. Resident's opinion regarding whose responsibility it is to ensure access to health and human services for seniors and disabled persons by year of survey

Response	Percent of residents	
	2003 Results (N=288)	2010 Results (N=140)
Private	34.0	8.6
Community	41.7	6.4
Both	23.3	83.6
Neither	0.3	0.0
Other	0.7	1.4
Total	100.0	100.0

Note: Differences between the two years are significant using Chi Square at p<.05

Appendix Table 22. Resident's current level of knowledge about each service by year of survey

Year of survey	Mean*	Percent of residents					
		Level of knowledge (1=none at all, 5=a great deal)					
		1	2	3	4	5	Total
2003 Home care results (N=298)	3.12	13.1	19.1	26.8	24.5	16.4	99.9
2010 Home care results (N=133)	2.80	14.3	24.8	35.3	18.0	7.5	99.9

*Means are based on a 1 to 5 scale, with 1 being "none at all" and 5 being "a great deal."
Note: Differences between the two years are significant using a T-test at p<.05

Appendix Table 23. Resident's assessment of whether services are available in rural areas of Cass County (i.e., excluding Fargo and West Fargo) by year of survey

Response	Percent of residents	
	2003 Results	2010 Results
Housing	(N=259)	(N=101)
Yes	78.0	87.1
No	22.0	12.9
Total	100.0	100.0
Acute care	(N=208)	(N=82)
Yes	42.8	57.3
No	57.2	42.7
Total	100.0	100.0

Note: Differences between the two years are significant using Chi Square at p<.05

Appendix Table 24. Resident's perception regarding which financing options are important to each service by year of survey (with two most important options highlighted)

Response	Percent of residents*	
	2003 Results (N=300)	2010 Results (N=155)
Housing		
Insurance	68.3	**47.1**
Government aid	**70.7**	45.2
A person's private assets	**74.3**	**52.3**
Family assets	34.0	17.4
Community groups	36.3	8.4
Social service organizations	60.3	16.8
Outreach		
Insurance	53.0	29.7
Government aid	**70.3**	**32.3**
A person's private assets	**65.3**	23.9
Family assets	31.0	5.2
Community groups	54.3	22.6
Social service organizations	64.0	**36.1**
Wellness		
Insurance	55.7	**32.9**
Government aid	**67.0**	31.6
A person's private assets	**66.0**	24.5
Family assets	32.0	3.2
Community groups	56.3	24.5
Social service organizations	62.0	**32.3**
Ambulatory care		
Insurance	**82.3**	**45.8**
Government aid	**69.3**	**45.8**
A person's private assets	68.7	35.5
Family assets	29.7	5.2
Community groups	45.7	7.7
Social service organizations	63.0	17.4
Home care		
Insurance	**81.7**	**51.0**
Government aid	**74.7**	**45.8**
A person's private assets	70.3	36.8
Family assets	31.7	7.7
Community groups	44.3	11.6
Social service organizations	59.7	21.9
Acute care		
Insurance	**87.7**	**54.2**
Government aid	**72.0**	**43.9**
A person's private assets	65.7	31.0
Family assets	27.7	5.8
Community groups	40.7	4.5
Social service organizations	54.0	11.0
Extended care		
Insurance	**86.7**	**58.7**
Government aid	**79.3**	**45.2**
A person's private assets	72.7	43.2
Family assets	29.7	9.7
Community groups	36.3	7.1
Social service organizations	53.7	18.1

*Percentages do not add up to 100.0 percent due to multiple responses

Note: Differences between the two years are significant using Chi Square at p<.05; however, because changes may reflect a change in how the data were collected (from a phone survey in 2003 to a mail survey in 2010), we have chosen to focus on the ranking of the various financing options in each year.

Appendix Table 25. Length of time resident has lived in rural Cass County by year of survey

Length of time	Percent of residents	
	2003 Results (N=295)	2010 Results (N=153)
Less than 1 year	2.7	1.3
1 to 4 years	17.6	5.9
5 to 9 years	10.5	7.8
10 to 14 years	7.1	12.4
15 years or more	62.0	72.5
Total	99.9	99.9

Note: Differences between the two years are significant using Chi Square at p<.05

Appendix Table 26. Resident's age by year of survey

Age	Percent of residents	
	2003 Results (N=296)	2010 Results (N=153)
18 to 29 years	8.8	2.0
30 to 44 years	30.4	13.7
45 to 64 years	33.8	43.1
65 to 74 years	15.5	21.6
75 years or older	11.5	19.6
Total	100.0	100.0

Note: Differences between the two years are significant using Chi Square at p<.05

Appendix Table 27. Whether resident is the parent or primary caregiver of someone younger than 18 years of age by year of survey

Response	Percent of residents	
	2003 Results (N=296)	2010 Results (N=154)
Yes	40.9	24.0
No	59.1	76.0
Total	100.0	100.0

Note: Differences between the two years are significant using Chi Square at p<.05

Appendix Table 28. Resident's gender by year of survey

Gender	Percent of residents	
	2003 Results (N=296)	2010 Results (N=152)
Male	34.1	49.3
Female	65.9	50.7
Total	100.0	100.0

Note: Differences between the two years are significant using Chi Square at p<.05

North Dakota State Data Center

At North Dakota State University - PO Box 6050, Dept. 8000, Fargo, ND 58108-6050

Phone: (701) 231-8621 *Fax*: (701) 231-9730 *URL*: http://www.ndsu.edu/sdc **Dr. Richard Rathge**, *Director*

November 8, 2010

Dear Resident:

The Community of Care Program in rural Cass County, North Dakota, is collaborating with the North Dakota State Data Center at North Dakota State University to conduct a survey about perceptions and attitudes related to meeting the needs of seniors and disabled persons.

The goal of the Community of Care Program is to ensure that older persons and others in need in rural Cass County have access to health, human, and spiritual services that are essential to the maintenance of their well-being. The goal of the research is to help the program gather input from residents about their concerns regarding long-term care, their familiarity with a variety of community and institutional-based services, their familiarity with the Community of Care Program in Cass County, and some general demographic questions.

You are invited to participate in this research study. Your household was randomly selected for this survey from a list of all residential addresses in rural Cass County, North Dakota, which excludes Fargo and West Fargo. If you are not a rural Cass resident or are not at least 18 years of age, please disregard this survey.

The survey is voluntary and you may leave blank any question you do not wish to answer or quit the survey at any time. The survey is 16 questions and should take 5-10 minutes to complete. Your responses will be anonymous; please do not make any marks that would identify you. The results of this survey will be presented in aggregate form and will be made available to the public this winter.

For your convenience, we have enclosed a postage-paid return envelope. In order to be included in the results, it is important that we have your survey returned by **Friday, November 26, 2010**.

If you have any questions about this survey, feel free to call Dr. Richard Rathge at (701) 231-8621. If you have questions about your rights as a research participant, or to report a complaint, please contact NDSU's Human Research Protection Program at (701) 231-8908.

Thank you for your participation.

Sincerely,

Jane Strommen

Jane Strommen, Executive Director
Community of Care
PO Box 187
335 1st St.
Arthur, ND 58006

Richard W. Rathge, Director
North Dakota State Data Center
North Dakota State University
PO Box 6050, Dept. 8000
Fargo, North Dakota 58108-6050

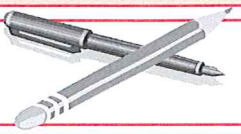
Rural Cass County Community of Care Survey

The Cass County Community of Care is conducting a survey about perceptions and attitudes related to meeting the health, human, and spiritual support needs of seniors and disabled persons. We are focusing on individuals who live in rural Cass County, North Dakota, which is all areas of Cass County excluding Fargo and West Fargo. If you are not a rural Cass resident, or at least 18 years of age, please disregard this survey.

- **Use a pencil or blue or black pen.**
- **Fill bubbles completely.**
- **Do not mark answers with ✗s or ✓s.**

Correct Mark: ●

Incorrect Marks: ⊗ ✓ ◐



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 and the long-term care of someone else (family, spouse, friend).

	Not at all concerned ←				→ Very concerned
a. Your long-term care	①	②	③	④	⑤
b. Long-term care of someone else	①	②	③	④	⑤

Q2. Do you think that ensuring access to health and human services for seniors and disabled persons is a PRIVATE or COMMUNITY responsibility?

○ Private ○ Community ○ Both ○ Neither ○ Other (specify)_____

Community and Institutional-based Services

Reference List

HOUSING - Includes independent senior housing, continuing care retirement communities, congregate care facilities, assisted living facilities, and adult family homes.

OUTREACH - Includes screening, information and referral, telephone contact, emergency response, transportation, senior membership programs, and Meals on Wheels.

WELLNESS - Includes educational programs, exercise programs, recreational and social groups, senior volunteers, congregate meals, and support groups.

AMBULATORY CARE - (Ambulatory refers to a person that is self-mobile or not bed-ridden)-Includes offices or clinics such as doctors, dentists, etc.; day hospitals; adult day care centers; alcohol and substance abuse care.

HOME CARE - Includes home health, hospice, high technology home therapy, durable medical equipment, home visitors, home delivered meals, homemake and personal care, caregivers, and respite care.

ACUTE CARE - Inpatient rehabilitation.

EXTENDED CARE - Includes step-down units, hospital swing beds, nursing homes, and basic care facilities.

Q3a. Using a one to five scale, with one being "none at all" and five being "a great deal," how would you rate your current level of knowledge about each of the following services? You may refer to the above reference list.

Services	None at all ← Level of Knowledge → A great deal				
a. HOUSING	①	②	③	④	⑤
b. OUTREACH	①	②	③	④	⑤
c. WELLNESS	①	②	③	④	⑤
d. AMBULATORY CARE	①	②	③	④	⑤
e. HOME CARE	①	②	③	④	⑤
f. ACUTE CARE	①	②	③	④	⑤
g. EXTENDED CARE	①	②	③	④	⑤

Q3b. Are each of the following services available to you in rural areas of Cass County (i.e., excluding Fargo and West Fargo)?

Services	Yes	No
a. HOUSING	①	②
b. OUTREACH	①	②
c. WELLNESS	①	②
d. AMBULATORY CARE	①	②
e. HOME CARE	①	②
f. ACUTE CARE	①	②
g. EXTENDED CARE	①	②

Q4. Please tell us which financing options (insurance, government aid, person's private assets, family assets, community groups, social service organizations) you perceive as important to each of the following services. (choose all that apply)

Services	INSURANCE (health, long-term care)	GOVERNMENT AID (Medicaid)	PERSON'S PRIVATE ASSETS	FAMILY ASSETS	COMMUNITY GROUPS (churchs, organizations)	SOCIAL SERVICE ORGANIZATIONS	OTHER (please specify)
a. HOUSING	○	○	○	○	○	○	○
b. OUTREACH	○	○	○	○	○	○	○
c. WELLNESS	○	○	○	○	○	○	○
d. AMBULATORY CARE	○	○	○	○	○	○	○
e. HOME CARE	○	○	○	○	○	○	○
f. ACUTE CARE	○	○	○	○	○	○	○
g. EXTENDED CARE	○	○	○	○	○	○	○

Q5. Using a one to five scale, with one being "no knowledge" and five being "a great deal of knowledge," how would you rate your level of knowledge about funding options for services for seniors and disabled persons?

No knowledge ① ② ③ ④ ⑤ A great deal of knowledge

Q6. If you were in need of long-term care, how would you like your needs to be met?

- ○ A nursing home
- ○ Home care by professionals
- ○ Informal caregiving
- ○ Other (specify) _____

Q7. 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?

Not at all willing ① ② ③ ④ ⑤ Very willing

Cass County Community of Care Program

Q8. Have you heard about the Cass County Community of Care Program?

- ○ Yes → Q8a. Have you or a family member used their services?
  - ○ Yes
  - ○ No
- ○ No *(skip to Q9)*

Q8b. Using a one to five scale, with one being "not at all willing" and five being "very willing," how willing would you be to refer others to the Community of Care?

Not at all willing ① ② ③ ④ ⑤ Very willing

Q8c. Using a one to five scale, with one being "not at all" and five being "a great deal," in your opinion, how much do residents of rural Cass County value the Community of Care Program?

Not at all ① ② ③ ④ ⑤ A great deal

Please tell us about yourself

Q9. How long have you lived in rural Cass County?

- ○ Less than 1 year
- ○ 1 to 4 years
- ○ 5 to 9 years
- ○ 10 to 14 years
- ○ 15 years or more

Q10. Do you plan to move out of rural Cass County in the next 5 years?

- ○ Yes ○ No

Q11. What is your age?

- ○ 18 to 29
- ○ 30 to 44
- ○ 45 to 64
- ○ 65 to 74
- ○ 75 years or older

Q12. Are you responsible for the care of a senior or of a disabled person of any age?

- ○ Yes ○ No

Q13. Are you the parent or primary caregiver of someone younger than 18 years of age?

- ○ Yes ○ No

Q14. What is your gender?

- ○ Male ○ Female

Q15. What is your annual household income before taxes?

- ○ Less than $10,000
- ○ $10,000 to $19,999
- ○ $20,000 to $29,999
- ○ $30,000 to $39,999
- ○ $40,000 to $59,999
- ○ $60,000 to $79,999
- ○ $80,000 or more

Q16. In an average month, how many hours do you spend participating in community activities (volunteer work, clubs, organizations, church, theatre/arts, etc.)?

- ○ None
- ○ Less than 5 hours/month
- ○ 5 to 9 hours/month
- ○ 10 to 14 hours/month
- ○ 15 hours/month or more
- ○ Typically only around major holidays

Thank you for assisting us with this important survey!