

**OVERVIEW, RESULTS AND ANALYSIS OF THE
2014 FEARRINGTON CARES COMMUNITY SURVEY**

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INTRODUCTION

In early 2014, the Board of Fearington Cares chose to conduct a survey of Fearington Village households to identify residents' views of the current activities of Fearington Cares and to solicit opinions on possible future directions. This survey follows others of past years, the last being 2010.

The Board appointed a survey design committee composed of select Board members and community residents to conduct the survey. This committee was charged with developing, conducting and analyzing the community survey. The members of the committee were:

Kathy Burt, PhD,
Jon Darling, PhD,
David Lindeman, Esq.,
Karen Metzger, RN,
Stephen Stewart, DrPH
Judy Wyne, PhD.

A further, corresponding/advisory committee was designated to serve as a sounding board for the development of a survey instrument and for the methodology of survey administration. This advisory committee consisted of:

Matt Alexander
Josh Cohen
Ron Davis
Sue Ferguson
Mary Heisserman
Barbara Langford
Rhonda Lituchy
Mimsy Mason
Joe Mattola
Carla Mazzone
John McDowell
Pam Skiver
Jim Wilson

The survey committee began work in February 2014 to design and develop the survey structure and content, and to develop plans for survey administration and launch. The results of that process are described below.

METHODOLOGY

Instrument Development

The committee was tasked with the development of an instrument to:

Assess the demographics of Fearington Village;

Measure the knowledge of, the use of, and the satisfaction with the existing programs of Fearington Cares;

Evaluate the areas of need for, and the types of potential future offerings.

The committee determined that the survey should be at the household rather than at the individual level. During February and March 2014, through an iterative process including the Board of Fearington Cares and the Advisory Committee a survey instrument was developed. The final survey instrument contains 63 questions covering the three areas above. This instrument may be found in Appendix B.

Target Audience

The committee deliberated over the design of sampling at some length. It had early been decided to conduct a household survey. The discussion centered on whether to select a stratified random sample from the population or to survey the entire population of households. The committee decided that the survey would be conducted using the entire population of Fearington households for a number of reasons. It was further decided to conduct the survey by e-mail as a list of e-mail addresses was available and relatively current. Those households without e-mail addresses were to be sent a copy of the survey by US Mail.

Survey Administration

The survey was distributed to the population beginning April 8, 2014. The closing date was May 15, though this was later extended until June 1. A series of prizes were awarded at key intervals to encourage participation. During administration some address errors became apparent and, where possible, corrected. Prize award announcements were embedded in reminder notices to non-participants to encourage greater participation.

Survey Analysis

Given the decision to distribute the survey by e-mail and the requirement that all individual responses remain anonymous, numerous survey/analysis tools were evaluated. The survey committee decided the best commercial program for this survey was the internet survey tool, Survey Monkey™. This program allowed data to be collected anonymously and aggregated as the committee required. It also allowed for the use of question logic, which automatically delivered questions to respondents, based on their previous reply. Any surveys completed by mail were manually entered into the system. A second, separate, survey provided the committee with names and contact information of individuals interested in further discussion of the topics within the survey. These data will be used as a basis of focus groups around the topics found within the survey. The data from the survey was descriptive in nature and allowed the committee to assess group percentages and subgroup differences.

FINDINGS

Validity of the Sample

Four hundred twenty-six households in Ferrington Village responded to the survey. This equates to a response rate of 40% (See Appendix A). Based on these numbers, we can conclude that the responses in the survey have a 95 +/- 3% (See Appendix D) chance of being representative of the thoughts of the households of Ferrington Village.

Demographics

Demographics of the community collected in this survey are straightforward and when possible will be compared with other extant community data such as Reed, 2013¹ and the US Census Bureau². The data collected in this survey are consistent with these sources.

As Reed stated, “a typical Ferringtonian had their 73rd birthday a few months ago, has a median household income of over \$78,826, is white and of northwestern European descent, doesn’t work, is in good health, and has at least a bachelor’s degree”. Over 97% of the respondents in the Ferrington Cares survey own the home in which they are living. Sixty-five percent have lived in Ferrington Village less than 10 years. The respondents to the survey come from all parts of the Village, with Millcroft Closes having the highest percentage response rate and Camden East the lowest. The respondents were 60% female and 40% male which is very much in line with the Reed and US Census data. Thirty-six percent of households are single person, while only 4% of multiple person households have 3 or more persons. Less than 2% of households have someone under 18 year of age in the home. Seventy-five percent of respondents are between 61 and 80 years of age. Five percent of the households report having

someone needing assistance in daily living. Use of computers in the community is high with 88% using an internet capable device and over 95% of those individuals using it daily.

Of note, 42% of respondents plan to leave their residence within the next 10 years, with the majority of those having made a decision planning to go to a Continuing Care Retirement Community (CCRC), though only 39% of these are currently on a CCRC waiting list.

Comparison to the 2010 Fearington Cares Survey

The style of questions asked in the 2010 and 2014 Fearington Cares surveys allow for direct statistical comparison in a limited number of demographic questions. The number of persons in the household, the age of the residents, the gender of the residents, and the years lived in Fearington Village were not significantly different. The plans for the future were significantly different between the two surveys. The 2014 survey showed significantly fewer residents undecided about future choice of living arrangement, with those planning to stay in their current dwelling and those planning to leave increasing at the expense of those who listed “undecided” in 2010.

Knowledge, Use and Views of Fearington Cares

The following section highlights the responses of survey participants. These data are available in Appendix C and Appendix D.

Transportation Assistance

Seventy percent of respondents know that Fearington Cares provides transportation services. Fifteen percent have used the service, with 82% of respondents satisfied. Of note, the survey shows that the 13% dissatisfied are very dissatisfied. As might be expected, significant differences with transportation and length of residence and age were found. The older and longer term residents were more likely to both know about and use transportation assistance.

Handyperson Assistance

Ninety-two percent know that Fearington Cares provides handyperson assistance. Twenty-eight percent of respondents have used the service at least occasionally and, of those, 78% are satisfied. Handyperson services are the third most known and third most used of all current services. Differences were found that demonstrated that older age groups and females used this service significantly more.

Computer Assistance

Eighty percent of respondents are familiar with the computer troubleshooting service. Twenty-one percent have used the service and 70% of those are satisfied. Computer assistance was used significantly more by females and those in older age groups.

Medicare Part D Consultation

Sixty-three percent of households know that Ferrington Cares provides Part D Consultation. Twenty percent have used this service and 87% are satisfied. Use of this service was significantly tied to length of residence.

Ferrington Friends

Eighty percent of the respondents are knowledgeable about the Ferrington Friends program, but only 2% have participated. Seventy-five percent of the participants were satisfied with the program. It is of note that though the numbers are small, the 75% who were satisfied were very satisfied and all dissatisfied were very dissatisfied. Significantly more females and older age groups know of Ferrington Friends.

Health Consultation and Nursing Services

Knowledge of this program was at 93%. Thirty-six percent of respondents have used the program and 88% of those were satisfied. Eighty-six percent of households were aware of the Ferrington Cares office hours. Health Consultation and Nursing Services is the second most well known and the most used program provided by Ferrington Cares. New residents know significantly less about this program and the older age groups use this program significantly more.

Nurse Home Visits

Only 60% of respondents were aware of this program and only 3% have used this service. The number of individuals responding to the satisfaction question was too small to yield a valid percentage.

Referral to Home Health

Only 50% of respondents were aware of that Ferrington Cares provides such a service. Six percent had used the service. The number of individuals responding to the satisfaction question was too small to yield a valid percentage.

Knowledge of Services on Website

Fifty-five percent of respondents knew the Ferrington Cares website provided information on health and other related services. Fifteen percent had used it for such and of these, 83% were satisfied.

Medical Equipment Loans

Eighty-four percent of respondents were aware of the equipment loan program. Twenty-two percent had used it and 95% were satisfied. Knowledge of Medical Equipment loans was significant with longer residence, older age and females showing more knowledge. Use of medical equipment was significantly higher in those who had lived in Ferrington longer.

Support Groups

Eighty-four percent of those surveyed were aware of the support groups, 11% had participated and, of those, 82% were satisfied.

Read Newsletter/Receive E-mail

Eighty-three percent of respondents read the Ferrington Cares section of the FHA newsletters and 80% receive Ferrington Cares e-mails.

Attend Educational Events

Forty-six percent of respondents have attended a Ferrington Cares educational event. Eighty-three percent were satisfied with the event they attended. Length of Residence and Age are significant predictors of attending educational events.

The Value of Fearington Cares in Moving Decisions

While the existence of Fearington Cares affected the decision to move to Fearington Village only 16% of the time, the existence of Fearington Cares is a factor in 84% of respondents' decisions to remain in Fearington Village for a longer period.

The Future

Sixty percent of respondents state that additional activities/services would make it more likely that they would remain in their current home longer.

Services in support of daily living were cited by 78% of respondents as being the most likely need, followed by health assistance (64%), specialized services (57%), and financial services (25%).

Eighty percent of respondents would be willing to pay for these services, with only 19% unwilling to do so.

The majority of respondents believe that current organized physical activities available to residents from nearby sources are adequate (69%), that nearby social activities are adequate (78%), and that nearby educational opportunities were adequate (71%).

Further Input

An important extension of this survey was provided by those who chose to complete the optional second survey previously mentioned. 165 individuals opted to complete this optional survey to provide their name and contact information, and to express interest in participating in any focus group(s), discussion group(s), or planning group(s) which might be established to explore topics associated with this survey. The respondents could check as many of the topics listed below as they wished. Note that 3 topics elicited over 33% response each.

1. N=136 (88%) a public presentation on the survey results, including a general discussion of observations and suggestions among those attending.
2. N=76 (49%) a discussion group focused on daily living/home services (such as more external transportation, food preparation, food delivery, housekeeping, etc.)
3. N=51 (33%) a discussion group focused on Fearington Cares current services.
4. N=45 (29%) a discussion group focused on health services and/or devices (such as home environment and body or health monitors such as Lifeline, etc.)
5. N=44 (28%) a discussion group focused on specialized services (such as medication assistance, skilled nursing services, respite services, etc.)

6. N=39 (25%) a discussion group focused on expanded organized physical, social and educational activities (such as yoga classes, entertainment activities, art classes, etc.)
7. N=36 (23%) a discussion group focused on organized physical, social and/or educational activities.
8. N=26 (17%) a discussion group focused on financial services (such as tax preparation or bill paying)
9. N=23 (15%) Other

CONCLUSIONS

The residents of Ferrington Village tend to be over 65, living in their own home, and having lived here for less than 10 years. The majority are female. Thirty-six percent are single person households. Ferrington Village, though not marketed as such, is, in fact, a retirement community with all the advantages and disadvantages of such. Forty-two percent of respondents plan to leave Ferrington Village within the next 10 years, most to a more intensive retirement care experience; however, many would rather stay in Ferrington Village if possible.

Ferrington Cares is generally well known and well received by respondents. The various programs of Ferrington Cares are known by between 50% and 90% of residents (mean=74%). The knowledge of programs varies significantly by length of residence, with shorter residence knowing less. Use rates show wide variability with a low of 3% and a high of 46% (mean=20%). To some degree, this is a function of program type. Satisfaction is generally high, with scores ranging from a high of 95% to a low of 65% (mean=81%). This disparity of scores is somewhat concerning. In general, programs tended to be used more by older age groups, longer residents, and females.

Sixty percent of respondents believe that additional services would make it more likely that they would remain in Ferrington Village longer. Services in support of daily living are most desired, followed by health services. The majority of respondents are willing to pay for these additional services.

Fifty-five percent of the population of Ferrington Village would like to remain in their homes and believe Ferrington Cares can assist them in doing so. The respondents are willing to pay for expanded services, especially in the areas of daily living services and health services. This is an area of further analysis and discussion.

RECOMMENDATIONS

It is recommended that:

Ferrington Cares expand its outreach to new residents to make them aware of programs offered; Ferrington Cares evaluate existing programs as to their need and cost effectiveness;

Ferrington Cares evaluate satisfaction with existing programs and take corrective action as appropriate;

Ferrington Cares begin a series of community discussions about both current programs and future directions;

Ferrington Cares assesses the need for expanded programs especially in the areas of daily living and health care;

Ferrington Cares assesses the possibility of certain services being provided on a fee-for-service basis.