

We Honor Veterans After One Year

Audience Research Report

December 15, 2011



Table of Contents

- 3 **Introduction & Methodology**
- 5 **Survey Statistics**
- 6 **Your Role and Organization**
- 8 **Key Findings and Recommendations**
- 13 **Praise for *We Honor Veterans***
- 15 **Detailed Findings**
 - 15 Providing End-of-life Care to Veterans
 - 16 No Programs and/or Procedures for Veterans
 - 18 Determining Veteran Status
 - 20 Veteran Recognition Efforts
 - 22 Perception of VA
 - 23 Benefits of Working with Veterans
 - 24 Challenges in Working with Veterans
 - 25 Capacity to Care for Veterans
 - 27 Training
 - 28 Knowledge of *We Honor Veterans*
 - 29 *We Honor Veterans* Website
 - 31 Other Veteran Resources
 - 32 Internet Access and Technologies
- 33 **Background**
- 33 **Attachments**

1605 Connecticut Ave NW
Washington, DC 20009
202.234.5613

343 19th Street
Oakland CA, 94612
510.981.0353

www.freerange.com

Introduction and Methodology

In August 2011, an online survey was distributed via email to some 33,000 NHPCO members. The survey was the second of its kind to be distributed to this group, the first having been issued prior to the launch of the *We Honor Veterans (WHV)* campaign. A series of 12 one-on-one interviews were also conducted with hospice care professionals, augmenting our data with nuanced qualitative findings.

This second survey and interviews aimed to answer these questions:

Q1. Has the commitment to understanding Veterans' needs increased among hospice professionals?

Q2. Have hospice care professionals heard about the *We Honor Veterans* campaign?

Q3. Are hospice professionals aware of the campaign's website and its resources?

Q4. How could the campaign better serve hospice professionals in the future?

Q5. Are more hospices using the Military History Checklist?

Q6. Have the online behaviors of hospice staff changed since the campaign launched- e.g. with regard to their use of smart phones, laptops or even tablets?

As you will read in this report, our research finds that *We Honor Veterans* is off to a strong start in its first year. Its core audience, hospice and palliative care professionals who belong to NHPCO, are aware of the program and hundreds of organizations have signed on as partners. Survey respondents are grateful that their eyes are now open to this topic and look to NHPCO to provide further guidance, resources and support.

There is still much work to be done on the part of NHPCO and VA to keep campaign momentum up and the buzz of excitement for the program alive.

Ideally both organizations will continue to apply human and financial resources to the campaign in order to maintain and improve to the website, expand outreach within VA and across other Veteran and hospice related networks, and to foster peer-to-peer support and mentoring.

Introduction and Methodology (continued)

Methodology

The online tool Survey Monkey was used to administer the survey. Throughout the questionnaire, open-ended responses were encouraged, meaning the research provided both quantitative and qualitative data. To encourage participation, all who completed the surveys were eligible to enter a raffle to win the prize of their choice: an iPod Nano, an Amazon Kindle, or a Barnes & Noble Nook.

The response to the survey was robust with 1,899 respondents, as compared to 1,483 in 2010; an increase of 416 participants.

Advanced statistical analysis was not performed, however the data was filtered or, “cross-tabulated,” by partnership level to allowed for more meaningful data analysis.

To provide even greater insight into the minds of survey respondents, twelve one-on-one discussions were conducted. The results of these one-on-one discussions, along with now two consecutive years of survey data, will provide concrete guidance to NHPCO and VA as they chart the future growth of WHV.

A note on margin of error:

The client survey was distributed to some 33,000 NHPCO listserv recipients. From this recipient pool, 1,899 people started the survey and 1,734 or 91.3% completed it. Respondents were not required to answer each and every question in the survey.

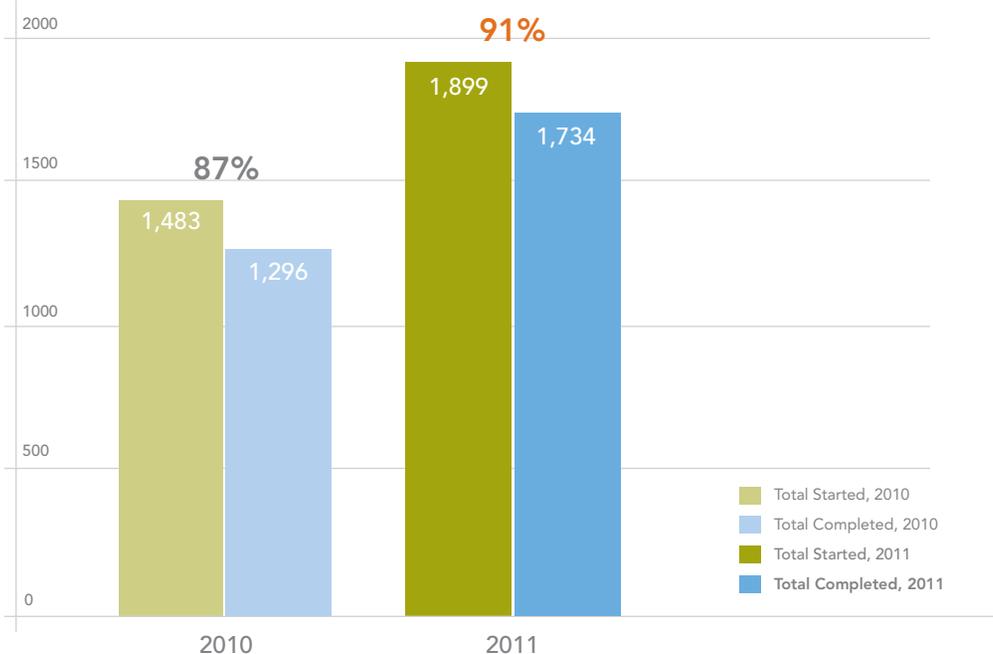
Therefore, in interpreting the results of this survey, it’s imperative to look at the number of responses for each individual question before drawing conclusions.

Take for example the question, “Has your organization provided any Veteran-specific training to staff?” From our sample, 1,794 people answered the question. Fifty-two percent of these people said they had provided training. Assuming a conservative 98% level of confidence, the margin of error is +/- 2.7%.

In other words, if the survey were conducted 100 times, we would expect the number of people saying they provided training to fall between 49.3% and 54.7% on 98 out of 100 surveys.

Survey Statistics

TOTAL STARTS AND COMPLETES



DEMOGRAPHICS

	2010	2011
Female:	87%	87%
Age, most are:	45-64	45-64
College Grads:	47%	46%
Post Graduate:	42%	40%
Rural:	27%	27%
Combination:	54%	54%

STATE INFORMATION

Most respondents by state:

	2010	2011
Florida:	121 (10%)	169 (10%)
North Carolina:	82 (6%)	97 (6%)
Ohio:	73 (6%)	116 (7%)

The survey was open from August 23, 2011 to September 11, 2011. As in 2010, survey completion rate in 2011 was stellar: 91.3%. Most respondents (62%) said they did not recall taking our 2010 survey.

The demographics of 2010 and 2011 respondents are nearly identical across gender, age, education, and location. Respondents in 2011 represent 53 U.S. states and territories, with three large “blocks” of respondents again coming from Florida, North Carolina, and Ohio. Again, extremely similar to 2010 results. Also, the distribution of years people have worked in hospice/palliative care was nearly identical from 2010 to 2011.

These similarities between our respondents in 2010 and 2011 means we can be more confident as we compare findings across the two years. If we see a dramatic increase or decrease on a given answer response, it is unlikely the change will be due to sample differences.

With regard to one-on-one discussions, we spoke with seven hospice representatives. A previous set of five interviews were conducted before the survey was distributed, for a total of 12 interviews.

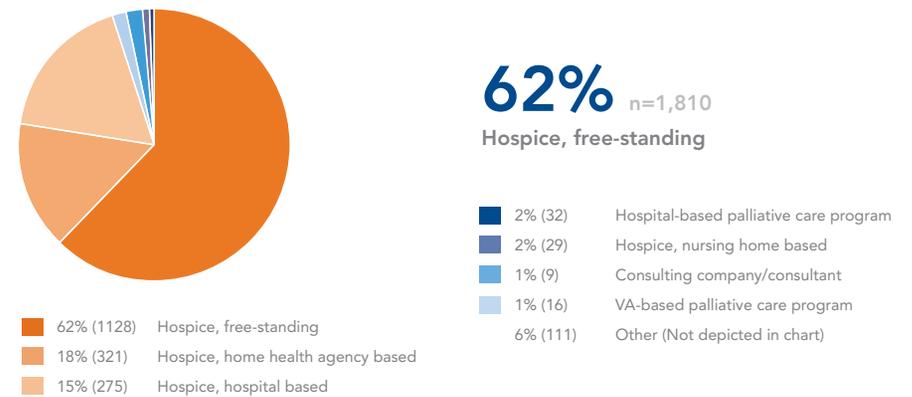
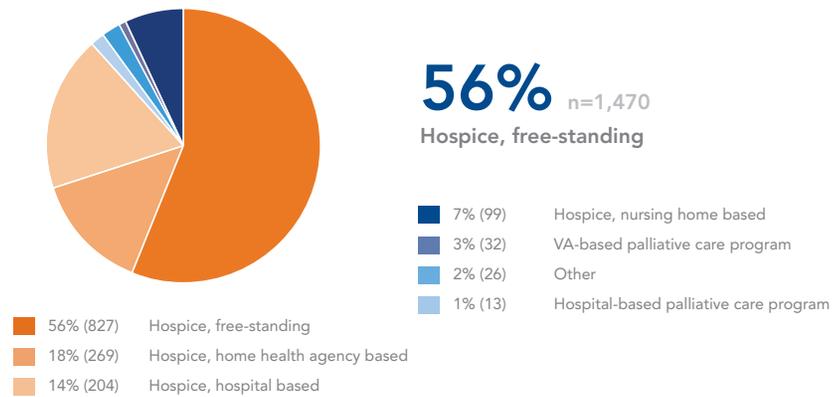
Continued on next page...

Your Role and Organization

2010

2011

WHAT IS YOUR AGENCY TYPE?



...continued from previous page.

A new question in the 2011 survey asked whether respondents were campaign partners. Of the 1,252 people who answered, 546 or 45% confirmed they had joined the campaign. Please see page 28 for a full breakdown on the specific partner levels of the respondents to this survey.

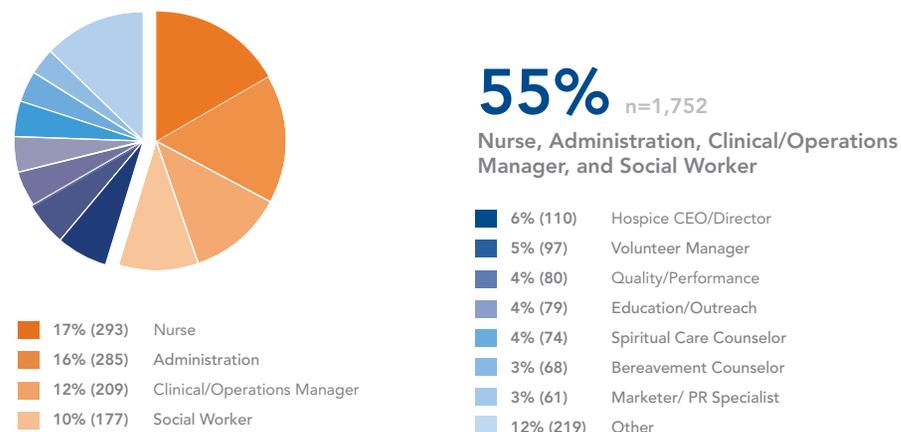
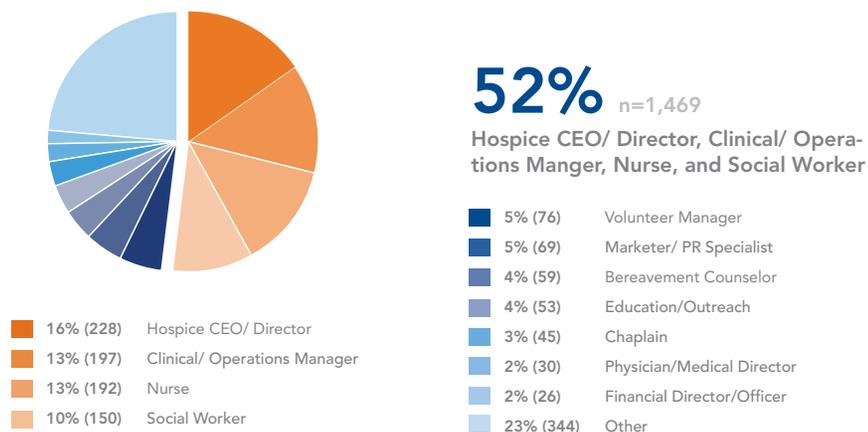
Also, for complete responses on all demographic questions, see pages 1-2 and 27-28 of the appendix document, 2011 Survey Responses.

Your Role and Organization (continued)

2010

2011

UPDATE WHAT BEST DESCRIBES YOUR ROLE?



On the question of job title, in the 2010 survey, nearly a quarter of respondents wrote their own open-ended response. We sorted and coded these responses and as a result, in 2011, only 12% wrote in their job title. This gives us a better up-front sense of respondents' jobs.

As in 2010, the top roles were Nurse, Clinical/Operations Manager, Social Worker, and Hospice CEO/Director. Administration, a new 2011 addition topped the list. Again, these findings indicate the similarities between our 2010 and 2011 samples.

Key Findings & Recommendations

In the following paragraphs, we offer answers to the key questions from page 3 as well as outline other interesting findings that emerged from the research. For more information on any item, flip to the page number noted next to it.

1 Has commitment to understanding Veterans' needs grown? | p 14

It appears the commitment to understanding Veterans' end-of-life needs has increased among hospice/palliative care professionals since the WHV campaign launched in 2010.

- In 2010, 40% of respondents to the question, "Has your organization put specific programmatic interventions and/or procedures in place for Veterans?", answered "Yes." This grew to 62% in 2011, a 22 point increase.
- To the question, "Do you determine whether each incoming patient is a Veteran?" in 2010, 76% of question respondents answered, "Yes." This increased eight percentage points to 84% in 2011.
- In 2010, when asked, "Do you plan to improve your hospice's capacity to care for Veterans in the future?", about half of respondents (53%) to the question answered, "Yes." This grew to 72%

in 2011, nearly a 20 point increase.

While it's likely that our sample is biased toward people who see Veteran care as important to begin with, we still believe these findings reflect a true increase in a growing understanding of Veterans' end-of-life needs. Open-ended comments and one-on-one interviews reflect a "buzz" within the NHPCO member community around Veteran care. Consider these comments:

"[We Honor Veterans] has opened our eyes on issues that we didn't even think were issues for these Veterans depending on the war they were in."

"Since we started working with the program, the staff have become much more aware and sensitive to the needs of our vets."

(For more praise of WHV, see page 12.)

The first year of the campaign has been successful

in cultivating and equipping a host of campaign fans from your inner-most circle. You now have an incredible opportunity to arm these individuals to become WHV "evangelists," who tell others about the campaign, take on roles as mentors, reach out to media, and more. Through these individuals and their efforts, you will reach more circles of people than NHPCO and VA could ever contact on their own.

But to get to this next step, NHPCO, VA, or another entity must dedicate adequate and sustained human and financial resources to the campaign, its collateral and tools.

2 Have hospice care professionals heard about the We Honor Veterans campaign? | p 27

Seventy-two percent of respondents to the question, "Have you heard of the *We Honor Veterans* Campaign?", answered "Yes." Again, while our sample is likely biased toward people familiar with the campaign, comments and interviews indicate that the NHPCO listserv has been very effective in disseminating information about the campaign and driving traffic to the WHV website. People are also learning about the campaign when they attend conferences or via word of mouth.

Key Findings & Recommendations (continued)

But there is also room for significant growth and increased momentum here. First, there is an opportunity for NHPCO to ramp up networking among other organizations that cut across Veteran issues, such as nursing associations, pain management groups, and other regional end-of-life care networks. Second, as more people reach out to VA as they move up through the partnership levels, they sometimes find their contacts do not know about the program or that it is supported by VA. As we discuss on page 21, this is causing frustrating delays for hospices who would otherwise qualify to be at a higher partnership level.

3 Are hospice professionals aware of the campaign's website and its resources? | p 28

Yes, however there is room for growth here as well. In 2010, 85% of people answering the question, "Have you ever visited the NHPCO website to access content about end-of-life care for Veterans?", said "no." In this year's survey, we asked, "Have you ever visited the We Honor Veterans website?" Sixty-two percent of the respondents to the question answered, "yes." In other words, NHPCO's membership did not see the NHPCO website (or NHPCO) as a primary resource on

Veterans issues before the WHV campaign launched.

With regard to the resources people remember from the WHV site, the partnership program, information about Hospice-Veteran partnerships, resources about various aspects of Veteran care, and the Military History Checklist topped the list. Yet no more than 55% of question respondents remembered any of these items. At the other end of the spectrum, no resource scored lower than 23%. The one that hit this low mark was the discussion forum.

As the campaign enters its second year, NHPCO should continue to use email to remind people about the partnership program, the website's resources, and to drive them to useful content.

Ideally, WHV would allow people to sign up for E-news on the WHV website, ensuring that NHPCO members and non-members alike can receive updates about the campaign and get involved.

In the future, should NHPCO consider allowing people to select the content they receive in their weekly updates, people should be able to select Veteran related content, effectively creating a weekly (or monthly or any time frame) WHV E-newsletter.

4 How could the campaign better serve hospice professionals in the future? | p 12

At the end of our survey, we asked people if they had any final comments regarding WHV. More than 450 people left comments. Twenty-six percent of these comments were highly positive, such as these two:

"...It is so exciting to see NHPCO take the lead for honoring our Veterans..."

"Long overdue; thankful for NHPCO guidance on an issue that we all should have thought to identify/address in the first place."

Again, many respondents see NHPCO as a leader for launching WHV. They look to you to grow the program over time. In fact, any languishing of the program could result in a negative mark on the NHPCO and VA brands.

With this in mind, at a minimum, NHPCO and VA should:

Ensure there are enough human and financial resources to meet the ongoing maintenance and con-

Key Findings & Recommendations (continued)

tent needs of the website.

Some people said they had trouble finding resources on the website such as PowerPoints or that there was so much content, the site felt overwhelming. A careful web audit and ongoing attention to details around the site's functionality and design would alleviate these issues.

Work to improve relations between hospices and VA.

VA is a large organization with many employees. There is a lot of work to be done disseminating information about the campaign within VA. On the hospice side, provide professionals with email templates and tips for reaching out to VA contacts. For example, coach them on referring to WHV as a program that requires hospices to learn from their local VA contacts.

Continue to publicize the program.

Continue to feature WHV in NHPCO's weekly emails.

Beyond this, NHPCO should:

Nurture and activate Level 4 mentors who can support Recruits and lower level partners.

Right now, there is not an easy way for active WHV partners to share photos, stories, and tips back to the community of hospices partnering with the program.

As our 2010 research found, there are extremely knowledgeable, passionate individuals who have not only joined the campaign, but also want to help other hospices who may be just starting out to ramp up their care for Veterans. One interviewee said,

"I made a pocket-sized tip card with phone numbers on the back and front. Veterans can carry it around so they know who to call for whatever they might need. Everyone is eating it up! I want to tell everyone, 'Do this for your area!' It's really hard for hospices to find local partners. If there were a mentor program where Level 4s could team up with Recruits, that would be great. I'd participate in that."

A mentors program would require significant initial investment such as better technology for discussing and sharing ideas or producing tip sheets and talking points. But this investment would pay dividends in a greatly expanded team of people working on WHV. Activating star volunteers will lead to faster campaign dissemination, reduced burden on NHPCO staff, and longevity of the campaign.

Disseminate more useful information to partners.

As one partner expressed, hospices could use encouragement via regular tips or stories that highlight different groups on the website and what they are doing. She said, "If I see people are doing it, I'll think, 'Well

somehow we can do it too.'"

5 Are more hospices using the Military History Checklist? | p 17-18

Yes, more people are using the checklist and it is one of the more highly recalled resources from the WHV website. Anecdotal stories about its usefulness are beginning to emerge, like this one:

"We had a [Veteran] patient. He had a son in Iraq and a daughter in Afghanistan. We used the checklist and on it there is a question about family. He said, 'Yes, I have a son and daughter.' The social worker followed up and we were able to get the son back before the dad died."

Another individual reported that the checklist revealed that a dying patient's spouse was a Veteran. This helped them direct him to a bereavement group of other Veterans. In this way, it helped them care for the patient and her entire family.

In the preliminary report for this second phase of research, we included a comment on page 6 from a hospice professional stating that the Military History Checklist was "too specific" and that people didn't

Key Findings & Recommendations (continued)

want to go through it question by question. In subsequent interviews we did not hear any additional feedback along these lines. On the contrary, people find the checklist easy to use and view it as a welcomed resource.

6 Have the online behaviors of hospice staff changed since the campaign launched? | p 31

Hospice care professionals are rapidly adopting mobile smart phones and are beginning to use them for emailing and reading news. In 2010, of the respondents who answered about technology use, 30% said they used a mobile phone for email and 13% for reading news. In 2011, these percentages hopped up to 42% and 23% respectively.

Open-ended comments contained many mentions of iPad adoption.

In our one-on-ones, we also heard of new regulations that will require hospice/palliative care professionals to use tablet-like devices for making notes as they travel from home-to-home. It's possible these devices will become primary tools for email communication as well. These trends should be observed closely and WHV should tweak communications in response to them.

Among respondents, email use dipped from 98% in 2010 to 93% this year. We are not sure what prompted this finding but it will be an interesting one to observe in the future.

Subscriptions to E-Newsletters and Listservs also dropped from 2010 to 2011. For newsletters, this fell from 76% to 60% and for listservs from 45% to 35%. These findings are curious and we're not clear why this slight decline occurred. Again, a factor to watch should this research be repeated again.

Key Findings & Recommendations (continued)

Additional Key Findings

More on the terms “Veteran” and “programs and procedures” | p 14

This year, as in 2010, we repeated the question, “Has your organization put specific programmatic interventions and/or procedures in place for Veterans?”

Last year, we expressed concern that the words “Veteran” and “programs and procedures for Veterans” evoked images of VA, Veterans enrolled to receive VA medical benefits, or a hospice providing Veterans and civilians with different end-of-life services.

Again, open-ended comments in 2011 were similar to those in 2010:

2010: “We work well with VA but have not found a need to have special programs in place. The Veterans receive the same care that our other patients receive.”

2011: “We see all patients including VA patients. We treat them all the same.”

To determine if people either (a) don’t recognize Veteran patients as having unique needs or (b) if our survey question was worded poorly, we took the

question to our one-on-one interviews. These conversations indicated that many professionals truly don’t yet understand the needs of Veterans. While WHV had a very good first campaign year, there is clearly more education to be done on this topic.

Perception of VA | p 22

As you study the findings in this report, you will notice there is both positive and negative feedback from hospice/palliative care professionals regarding their experience working with VA.

Some open-ended comments were extremely positive about VA and people said they have good working relationships with their local contacts. At the same time, other comments were highly negative and critical, going as far to comment on VA bureaucracy and staff incompetency.

These negative experiences are a side effect of the fact that the campaign has only been in operation for a year; it’s impossible for every single person across VA to know about WHV or that when a Partner calls, most of them genuinely want to learn from their local VA representative, not just win patient referrals.

We’re concerned that if VA resources are not allocated to continuing in-house VA education about WHV, the program may inadvertently foster a negative impression of VA within the hospice/palliative care community.

Praise for We Honor Veterans

General Praise for We Honor Veterans (2011)

It has been a great experience to learn and be more aware of how we can best serve our Veterans.

Thank you for your commitment to educate regarding Veteran services. Please continue...

We are proud members of WHV, thank you for starting this program and making sure it grows.

It is a wonderful program that is needed at a time when our veteran population is reaching peak numbers.

It has opened our eyes on issues that we didn't even think were issues for these veterans depending on the war they were in.

This is a great resource...as a daughter of a WWII vet who didn't talk about his experience until his last few years of life, thank you! Your website and other information helped me ask questions of him and learn from him.

It is a great program and long overdue!

This initiative is long overdue. I'm glad it's finally here. It's getting tremendous support at my organization.

Long overdue; thankful for NHPCO guidance on an issue that we all should have thought to identify/address in the first place.

"This has been one of the most important and meaningful projects I have been involved with during my years with Hospice."

Wonderful program. The webinars and partnering phone calls have been very inspiring and helpful!

Since we started working with the program, the staff have become much more aware and sensitive to the needs of our vets.

This is a wonderful initiative. Thank you for heightening our awareness of the unique needs of Veterans. It's a privilege to be able to support them at this time of their lives.

Thank you for supporting such a worthy and underserved cause.

This is critical...VA should make this a priority and demonstrate that by training their own people. Hospices should make sure all field staff are trained to meet the needs of Veterans... they deserve the best!

This is a wonderful collaboration between NHPCO and VA. There is such a huge need for more education about the end-of-life needs of our Veterans.

...We Honor Veterans has helped us to create the ideal for each Veteran as defined by them.

I truly appreciate the updates and webinars from We Honor Veterans. We have held joint meetings on the webinars with our local VA staff and it has enhanced our relationship with them.

Praise for We Honor Veterans (continued)

Praise for the Website

The website is incredible! Easy to navigate and thorough!

This is one of the best programs I have experienced online. Easy to navigate and a wealth of information. Thank you.

Praise for the Survey

Thank you for bringing these types of questions to my attention. Some of the questions I have never given thought before.

Thank you for providing this survey. It's very much [needed in end-of-life care].

...The fact that you have put together a survey has already increased my awareness of our agency.

This survey has drawn my attention to not only how the program benefits veterans but also how it can benefit our program.

Praise for Campaign Video & Print Collateral

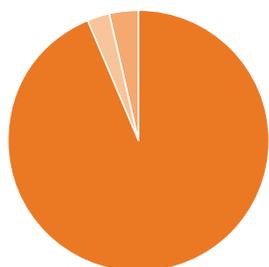
I loved the video.

The initial video brought tears to my eyes... nicely done!

We have the large poster up on our office bulletin board by the social workers. We have discussed the importance of capturing patient and family members history of service in the military.

Providing End-of-life Care to Veterans

2010



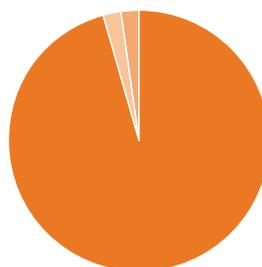
DOES YOUR ORGANIZATION PROVIDE END-OF-LIFE CARE FOR VETERANS?

YES 94%

- 94% (1,386) Yes
- 3% (41) No
- 4% (51) I don't know

n=1,478

2011



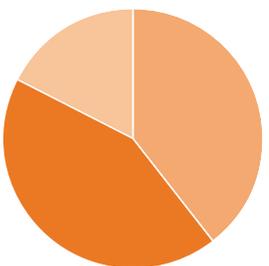
DOES YOUR ORGANIZATION PROVIDE END-OF-LIFE CARE FOR VETERANS?

YES 95%

- 95% (1,815) Yes
- 2% (38) No
- 2% (42) I don't know

n=1,895

2010



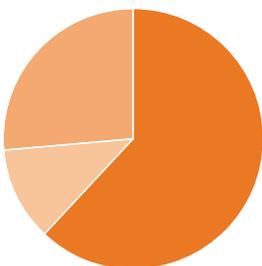
HAS YOUR ORGANIZATION PUT SPECIFIC PROGRAMMATIC INTERVENTIONS AND/OR PROCEDURES IN PLACE FOR VETERANS?

YES 40%

- 40% (548) Yes
- 43% (596) No
- 18% (242) I don't know

n=1,386

2011



HAS YOUR ORGANIZATION PUT SPECIFIC PROGRAMMATIC INTERVENTIONS AND/OR PROCEDURES IN PLACE FOR VETERANS?

YES 62%

- 62% (1,124) Yes
- 26% (477) No
- 11% (211) I don't know

n=1,812

As reported in 2010, people have put programs and procedures in place because it feels like the “right thing to do,” as their “duty” and because they recognize the need to provide quality end-of-life care to aging Veterans.

Relatively few became active in Veteran care because they are the sole provider of Veteran care in their community, because their state organization encouraged them, or primarily because of the business opportunities it would afford them.

More than half of respondents (62%) cited the *We Honor Veterans* campaign as having a strong influence on implementing programs and/or procedures for Veterans. This is another highly positive finding to emerge from the campaign’s first year.

To see a breakout of these influences, refer to page 5 of the document, 2011 Survey Results in the appendix.

No Programs and/or Procedures for Veterans

WHY HAVEN'T YOU PUT PROGRAMS AND/OR PROCEDURES IN PLACE FOR VETERANS?

Comments from people who don't see a need for programs and/or procedures:

2010 Veterans are not any different from other [patients].

2011 We honestly didn't recognize the significantly different needs of veterans until recently. We have now signed up for the WHV program and are providing staff education next week.

I don't know what we would have to do differently than with our general population.

2011 cont.

Don't understand the need to work with VA if our veteran population is 65+ and Medicare eligible.

We provide the same services to all patients. I am not sure what you mean by "programmatic interventions for vets."

We see all patients including VA patients. We treat all the same.

Most survey respondents who *don't* have Veteran-specific programs/procedures in place (59%, of 370 respondents) are not sure why they don't. Like 2010, some cited having other priorities or that they don't have a large Veteran population.

The two statements respondents feel would most encourage their organization to reconsider end-of-life care for Veterans are "It is a privilege to honor those who have served our country" and "Caring for Veteran's is good for business. (See page 7 of 2011 Survey Results in the appendix.)

As in 2010, the open-ended comments reflected a strong "We treat Veterans just like all our patients" theme. In fact, such comments represented 20% of the open-ended feedback in 2011.

A few comments expressed confusion over the question. What did we mean by "programs and/or procedures?" In one-on-one interviews, we probed for additional insight. Is there something about the wording of our survey that is fundamentally confusing or is the idea of Veteran-specific programs and procedures still foreign to many hospice and palliative care professionals? It appears it's the latter. As one interviewee expressed (continued on next page):

No Programs and/or Procedures for Veterans (continued)

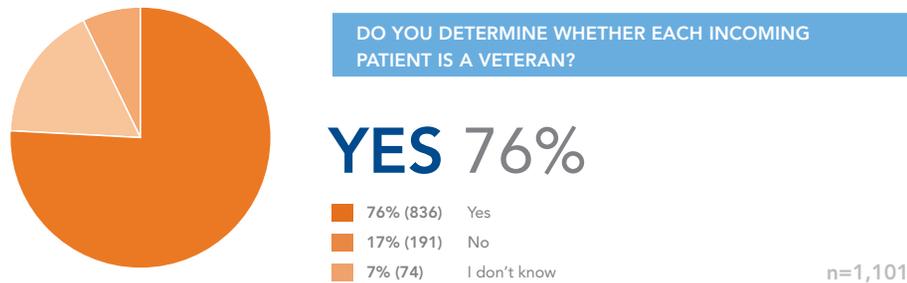
“I don’t think these people have insight. They don’t see the difference [between Veterans] and other people. Honestly, this could have been me [last year] before I went to [my first] training on Veterans. It was so eye opening. I’ve worked in hospice for 20 years and I never gave [Veterans] a thought. People talked about ‘that crazy family.’ How many were possibly Veterans?”

Going forward, the website and other appropriate campaign collateral should more clearly address the question of how Veterans are different than the general patient population.

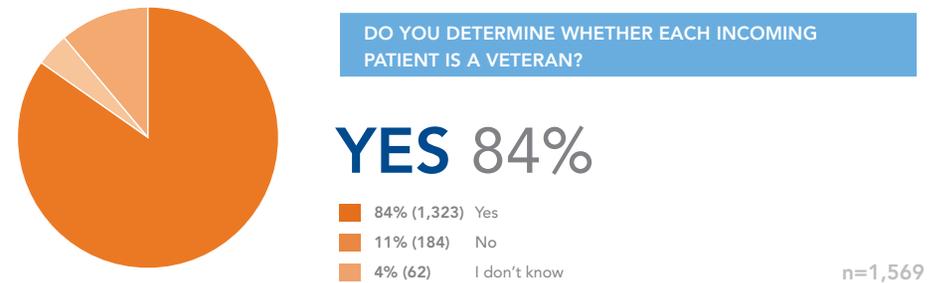
And as we wrote in 2010, *“To be successful, the messages we develop must articulate that great care for those who have had traumatic war-time experiences—a.k.a. Veterans—does call for some differences in approach, but that these differences are in keeping with hospice’s spirit of highly personalized and quality care, regardless of demographic status.”*

Determining Veteran Status

2010



2011



More good news here: the percent of respondents reporting that they do determine whether each incoming patient is a Veteran increased by eight percentage points to 84%.

This year, we asked specifically if people determine a Veteran’s status and document this using the Military History Checklist. Twenty-eight percent of respondents said they do use the checklist to determine status and 30% note it there.

In 2010, we asked if people use the checklist when they have a Veteran in their care. Only 9% of respondents to the question answered yes. This year, that metric has increased to 27% (see the table on the following page).

In one-on-one conversations, we sought more information regarding people’s use of the checklist. All answered that it has been a highly useful tool. One interviewee

recounted an inspiring story:

“We had a [Veteran] patient. He had a son in Iraq and a daughter in Afghanistan. We used the checklist and on it there is a question about family. He said, ‘Yes, I have a son and daughter.’ The social worker followed up and we were able to get the son back before the dad died.”

Determining Veteran Status (continued)

HOW DO YOU DETERMINE A PERSON'S VETERAN STATUS?		
2010	2011	
81%	81%	We ask every patient upon admission
54%	55%	The patient informs us
46%	49%	A family member or friend informs us
44%	42%	The patient is enrolled in VA benefits
34%	34%	The patient speaks about war time
--	28%	We use the Military History Checklist
--	3%	I'm not sure
n=831	n=1,295	

IF YOU DETERMINE THAT A PATIENT IS A VETERAN, HOW DO YOU DOCUMENT THIS?		
2010	2011	
85%	82%	Indicate on assessment or admission form
31%	41%	Indicate with visit notes
--	30%	Noted on the Military History Checklist
--	4%	I'm not sure
n=826	n=1,287	

Veteran Recognition Efforts

WHEN YOU HAVE A VETERAN IN YOUR CARE, DO YOU DO ANY OF THE FOLLOWING?

2010	2011	
76%	72%	We coordinate Veteran benefits with VA
53%	59%	We find out if the patient has any medical/psychological issues caused by their service
23%	32%	We have a group of Veteran volunteers who we can assign to Veteran patients
9%	27%	We utilize the Military history Checklist
--	8%	Not at this time, but we plan to do these things in the future
--	9%	I don't know
n=1,014	n=1,504	

While less than 30% of respondents report using The Military History Checklist, it is the answer choice with the most growth from 2010 to 2011. Clearly, more hospices/palliative care organizations know this useful tool exists.

In 2010, 76% of question respondents stated they coordinate Veteran benefits with VA when they have a Veteran in their care. This statistic dropped slightly to 72% in 2011. As this is only a four percentage point drop, it is hard to tell if this is sample error or true movement. Should this survey be conducted again in the future, this

will be a metric to track for any longer-term pattern.

Somewhat related, the percent of respondents stating that they participate in Veterans-related coalitions or community groups decreased by 10 percentage points. We speculate that as more people reach Level 2 status, this metric will improve since outreach to community VA organizations is a requirement of this rank. The Recruit and Level 1 partners are no doubt focused on internal training, integrating the Military History Checklist and identifying their local VA representatives.

Veteran Recognition Efforts (continued)

DOES YOUR ORGANIZATION PARTICIPATE IN OR LEAD ANY VETERAN RECOGNITION EFFORTS?

2010	2011	
47%	49%	We recognize Veterans with a certificate, pin or other symbolic gesture.
44%	34%	We participate in Veterans-related coalitions or other community groups
36%	30%	We have Veterans Day and/or Memorial Day program(s).
	25%	Not at this time, but we are planning to.
--	13%	I don't know.
n=699	n=1,440	

Perception of VA

Comments from one-on-one discussions:

A social work manager at VA didn't know about WHV. He said, "If you are interested in how you get paid, you can find that somewhere else!" I told him that is not what I was interested in. I explained that WHV is sponsored by VA and NHPCO, two reliable sources. He said he'd give me 15 minutes, but in the end he was willing to talk for an hour... It was a really good meeting because he told me about several resources I wasn't aware of. You just have to have patience with VA.

I first started calling [VA] a year ago. They didn't return my calls. One of the people from VA said to me, "You are just trying to drum up more business for yourselves." When I reached a social worker at VA med facility, she said they were meeting with Hospices who were sending their marketing people and then couldn't answer questions about [Veteran care]. When I told her that I was a front line person, she warmed up to me...I understand from speaking with others from VA, they don't have a directive to meet with WHV partners... We have a requirement to talk with VA because they have so much information to share with us...It's a good requirement, but when we hit a roadblock, we need VA to help. I couldn't make Level 2 for so long. There is learning that has to happen on both ends.

Discussion Goals:

One aim of our one-on-one discussions was to better understand why some people report a good working relationship with VA yet others struggle in this area. One participant suggested that the problem might actually stem from VA offices having preconceived, negative associations with hospice organizations:

A lot of VA offices are wary of outside groups—they think we just want to butter our own bread. Like sometimes nursing homes. They have said they care for Veterans but then the quality is not there. A lot of organizations have used Veterans for money but haven't followed through on their promises.

Meanwhile, of hospice care workers, this same interviewee explained,

[We] hospice workers are accustomed to people saying, "Oh you do such great work!" But when I went to VA I got doors closed and glares. I had to earn their trust. It's a different philosophy than what we are used to.

As mentioned in the key findings of this report, VA should continue to disseminate information about WHV to staff who will interact with hospice/palliative care professionals. Not doing so risks inadvertently increasing a negative perception of VA within the hospice/palliative care community.

Benefits of Working with Veterans

HAS PROVIDING CARE TO VETERANS BROUGHT ANY OF THE FOLLOWING BENEFITS TO YOUR ORGANIZATION?

Benefits:

2010	2011	
54%	46%	It has improved our relationship with VA.
52%	56%	We have learned more about our country's history and the experience of Veterans.
36%	23%	It has brought us new referrals.
31%	32%	We are known in the community as providing great care to Veterans.
22%	31%	It has helped improve staff morale.
n=866	n=1,456	

“We are just beginning our efforts to participate in [We Honor Veterans] so it is too soon to tell the long-term benefits, but individually patients and families have been extremely appreciative and receptive to our efforts. It has brought a higher level of quality care for our Veterans and sensitivity to their needs.”

Responses to this question are a mixed bag. On the one hand, caring for Veterans could be nudging staff morale in a positive direction. This bumped up by six percentage points from 2010 to 2011. On the other hand, people reporting that Veteran care has brought new referrals dropped by 13 percentage points. The number of people reporting Veteran care as improving their relationship with VA also dropped by 8 percentage points.

What are the reasons for these seemingly disappointing findings? A close inspection of 88 open-ended comments provides insight. First, people are seeing benefits, just not those we asked about. Respondents noted that providing quality care to Veterans has improved the experience of Veteran patients and their families. Hospice/palliative care professionals have grown their skills and are more competent in Veteran care.

Second, very few respondents are Level 2-4 partners. They are just starting out with *We Honor Veterans* and are hopeful that their participation will bring the benefits listed. Should the survey be repeated again in the future, it will be interesting to track if reported benefits increase as people move up through the partnership program levels.

Third, with regard to the referral question, a better measure would be whether hospices are caring for more Veterans. The vast majority of Veterans are not enrolled in VA and thus not referred to hospices by VA. Most Veterans come to hospices via the community. So we are unlikely to see an increase in VA referrals regardless of the campaign's success.

Finally, some respondents mentioned that they are not sure how to measure things like staff morale or their perception in the community.

Challenges of Working with Veterans

HAS YOUR ORGANIZATION FACED ANY OF THE FOLLOWING CHALLENGES AS YOU'VE SOUGHT TO CARE TO VETERANS?

Challenges:

2010	2011
70%	58% Communicating/coordinating with the VA on benefits.
36%	36% Knowing what to say to a veteran who shares difficult memories.
31%	24% Knowing which patients are veterans.
26%	23% Identifying care for veterans as a priority for our organization.
14%	16% Getting our staff to care about veteran end-of-life issues.
n=919	n=1,387

“I can’t get VA hospital right down the street to work with me. I have also contacted VA Palliative Care Program and they have never even heard of the WHV program, HVP, or know much about hospice and do not seem willing to learn! I am very frustrated! My apologies! ”

On a positive note, this year fewer people report communicating/coordinating with VA on benefits as a challenge. However, this remains the most common difficulty which respondents cite. Eighteen people offered open-ended comments about their difficulty working with VA. Several remarked specifically on the difficulty in working with physicians from VA who have limited hours or are otherwise hard to reach.

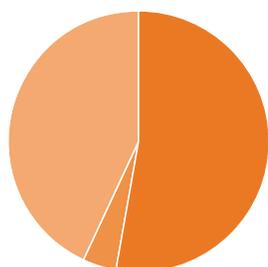
Along similar lines, some respondents noted that VA’s response time is fundamentally problematic for hospice professionals who by nature care for patients for a very limited time at the end of their lives.

The incorporation of the Military History Checklist by more organizations is a likely explanation for the slight drop in people having difficulty identifying which patients are Veterans.

People report the same amount of difficulty in knowing what to say to a Veteran who shares difficult memories. Despite training, this is likely to be hard for many people- even if they feel more equipped for such situations. This would be an interesting metric to track over time as the campaign matures.

Capacity to Care for Veterans

2010



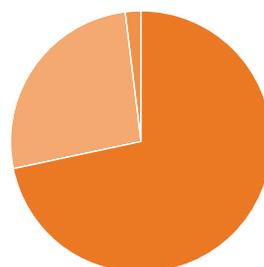
DO YOU (OR DOES SOMEONE ELSE IN YOUR ORGANIZATION) PLAN TO IMPROVE YOUR HOSPICE'S CAPACITY TO CARE FOR VETERANS IN THE FUTURE?

YES 53%

n=1,379

- 53% (731) Yes
- 4% (56) No
- 43% (592) I don't know

2011



DO YOU (OR DOES SOMEONE ELSE IN YOUR ORGANIZATION) PLAN TO IMPROVE YOUR HOSPICE'S CAPACITY TO CARE FOR VETERANS IN THE FUTURE?

YES 71%

n=1,807

- 71% (1,293) Yes
- 1% (35) No
- 26% (479) I don't know

WHAT DO YOU/THEY PLAN TO DO TO INCREASE THIS CAPACITY?

2010	2011
65%	60% Improve our understanding of Veteran benefits.
57%	62% Train staff on the unique psychosocial needs of Veterans.
51%	56% Partner with local Veteran service organizations to provide comprehensive support to Veterans.
49%	62% Train staff on the unique medical needs of Veterans
44%	57% Recognize Veterans for their service
26%	33% Start a Veteran-to-Veteran volunteer program
26%	31% Modify our intake form
n=712	n=1,261

Capacity to Care for Veterans (continued)

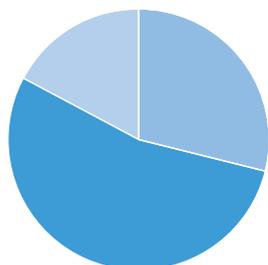
Another positive metric of the campaign's success: This year, three-quarters of respondents say they plan to improve their hospice's capacity to care for Veterans. This is nearly a 20 point increase from 2010.

In future research, when asking how people will increase their capacity for Veteran care, we recommend asking whether people plan to integrate the Military History Checklist specifically in addition to modify their intake/admission form.

Very few people (only 23) say they will not improve their capacity to care for Veterans so it's hard to draw any meaningful conclusions from this question. To see this data in full, visit page 15 of the 2011 Survey Results in the appendix.

Training

2010



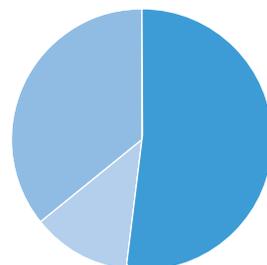
WITH REGARD TO CAPACITY, HAS YOUR ORGANIZATION PROVIDED ANY VETERAN-SPECIFIC TRAINING TO STAFF?

YES 29%

- 29% (373) Yes
- 54% (713) No
- 17% (225) I don't know

n=1,311

2011



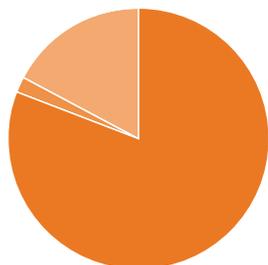
WITH REGARD TO CAPACITY, HAS YOUR ORGANIZATION PROVIDED ANY VETERAN-SPECIFIC TRAINING TO STAFF?

YES 51%

- 52% (924) Yes
- 36% (640) No
- 13% (230) I don't know

n=1,794

2010



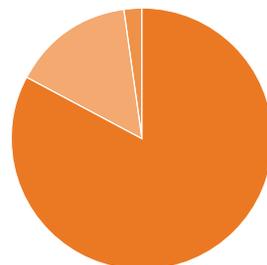
IN THE FUTURE, WOULD YOU LIKE TO RECEIVE TRAINING ABOUT PROVIDING QUALITY END-OF-LIFE CARE TO VETERANS?

YES 81%

- 81% (1,057) Yes
- 2% (22) No
- 17% (228) I don't know

n=1,307

2011



IN THE FUTURE, WOULD YOU LIKE TO RECEIVE TRAINING ABOUT PROVIDING QUALITY END-OF-LIFE CARE TO VETERANS?

YES 82%

- 82% (1,475) Yes
- 2% (37) No
- 16% (279) I don't know

n=1,791

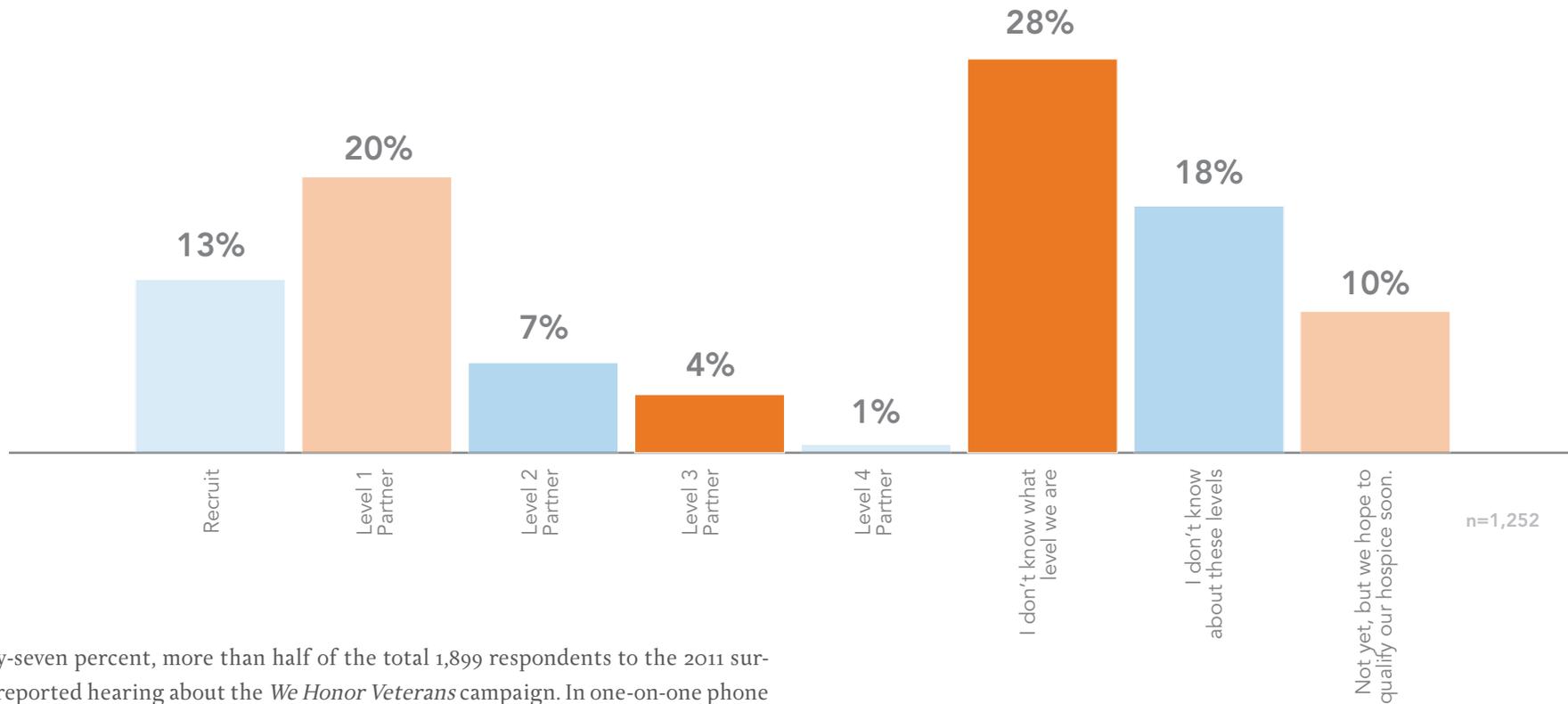
Last year, we reported that hospice/palliative care professionals were “hungry for training.” This year, the percent of respondents stating that their organization provided Veteran-specific training increased by 23 points.

The subject matter of trainings from 2010 to 2011 remained largely the same except that in 2010, 33% of respondents to this question said they received training on the unique needs of Vietnam Veterans. This crept up to 43 percent in 2011.

The training topics desired in 2011 are nearly identical to those people chose in 2010. To see complete training data, please visit pages 17-18 of the 2011 Survey Results document in the appendix.

Knowledge of *We Honor Veterans*

IS YOUR ORGANIZATION A:

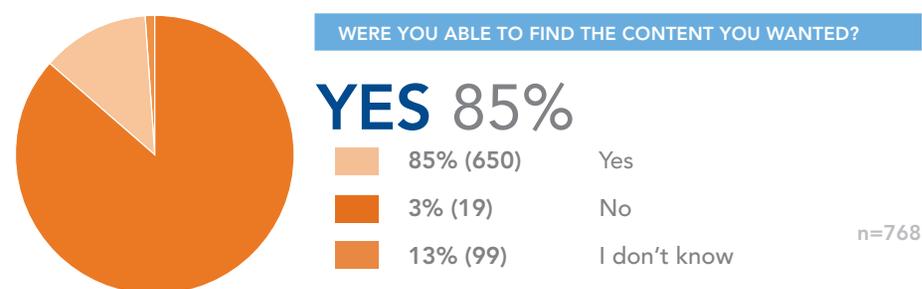
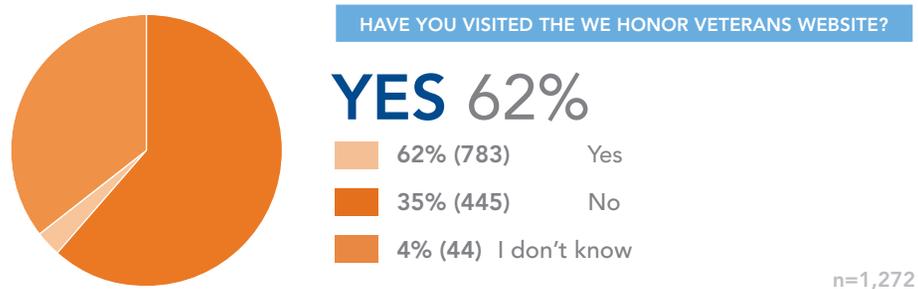


Sixty-seven percent, more than half of the total 1,899 respondents to the 2011 survey, reported hearing about the *We Honor Veterans* campaign. In one-on-one phone conversations, people described learning about the campaign through NHPCO's listserv, by attending a conference, or via a co-worker.

As illustrated above, 29% of total survey respondents are signed up as partners (546 out of 1899). An equal amount, 30% (578 out of 1899 total respondents) do not know their level or about the levels. Seven percent of all respondents (128 out of 1899) would like to become partners.

As we discovered last year, email is an important way for NHPCO to remind professionals about the campaign, the website, and the partnership program.

We Honor Veterans Website



In 2010, before the *We Honor Veterans* website launched, we asked survey participants whether they had visited the NHPCO website to access content about end-of-life care for Veterans. Most respondents to the question (85% out of 1,275 people) had not.

Happily, we report that 62% of this year's respondents (out of 1,272 people) *have* visited the WHV website. Although people do not traffic the site as much as the NHPCO site, it appears they are beginning to see the website as a resource. The most common type of visits are self-motivated ones by professionals seeking answers to questions about Veteran care.

We view this as an important metric with great potential for growth *if* resources continue to be dedicated to ongoing maintenance and improvements to the site's content and site architecture/user pathways.

Email continues to play an important role; a quarter of respondents to the question visit the WHV site when they get email from NHPCO.

With regard to site resources, few people recall the discussion forum. We do not take this as a sign that this is not a useful resource but one that is poorly promoted and technologically difficult to use.

As mentioned earlier, an investment in this technology could make WHV more self-sustaining by empowering hospice/palliative care professionals to better support one another.

We Honor Veterans Website (continued)

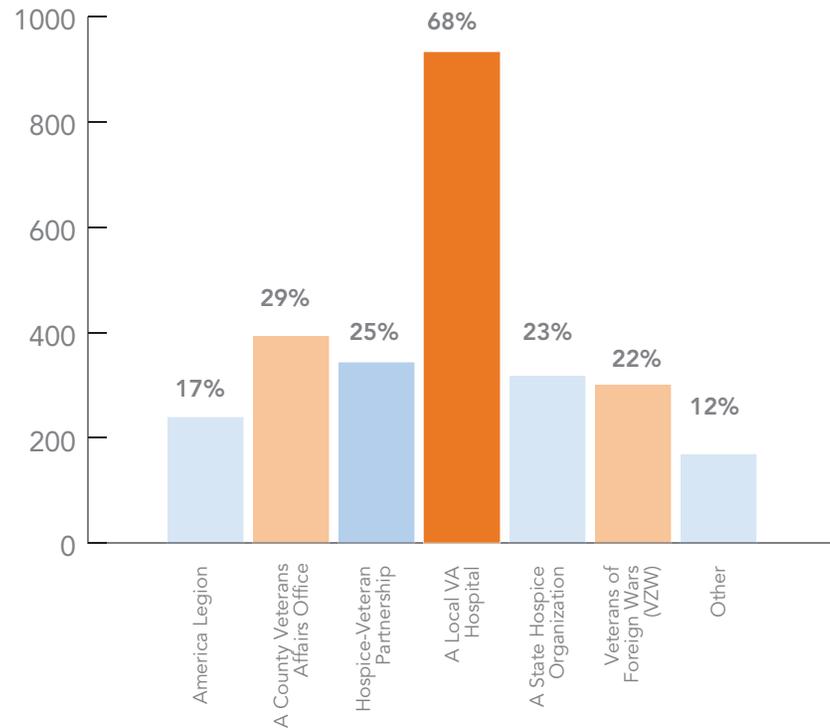
WHAT RESOURCES DO YOU RECALL FROM THE WEBSITE?

- | | |
|---|---|
| <p>55% A program for enrolling your hospice to be a We Honor Veteran program.</p> <p>53% Information about Hospice-Veteran Partnerships.</p> <p>52% Resources for hospice professionals.</p> <p>50% Information and access to the Military History Checklist.</p> | <p>42% PowerPoints on Veteran care</p> <p>41% Campaign communication materials</p> <p>38% Information about Veterans</p> <p>35% Description of best practices in Veteran care</p> <p>35% Instructions on starting a Veteran-to-Veteran volunteer program</p> |
| ----- | |
| <p>46% Veteran appreciation products</p> <p>46% Announcements about campaign news</p> <p>44% Support for Hospice-Veteran Partnerships</p> | <p>23% A discussion forum</p> <p>27% Information about VA such as its benefits</p> <p>28% Veteran stories</p> |

n=758

Other Veteran Resources

WHAT OTHER ORGANIZATIONS, IF ANY, HAVE YOU LOOKED TO FOR RESOURCES ON CARING FOR VETERANS?



Hospice and palliative care professionals turn largely to their local VA hospitals for resources on Veteran care. As discussed elsewhere in this report, it is important that VA and NHPCO work to ensure local VA staff (such as social workers, nurses, and palliative care teams) are aware of *We Honor Veterans*. For organizations to advance easily through the partnership levels they must successfully make contact with folks at their local VA.

Internet Access and Technologies

Hospice care professionals are growing more sophisticated in their use of technology. Many more respondents report using a mobile phone to do email or to read news. One interviewee stated, “Our patient care staff will all have iPads or an Android device that is tied to our new computer system. I’m guessing their email will go right to that. It will sync on the go, all they’ll have to do is push a refresh button.”

These are important trends to track to ensure that your emails, the website, and other online collateral is easily accessible and visible no matter where people are when they check their email or access the web.

It’s not clear to us why the percent of people subscribing to listservs dipped down by 10 percentage points. This would be an interesting trend to track over time.

HOW OFTEN DO YOU ACCESS THE INTERNET IN ORDER TO DO YOUR WORK?

2010	2011	
46%	45%	Multiple Times a Day
38%	39%	Every day

n=1,305

PLEASE INDICATE WHETHER YOU USE/ENGAGE WITH ANY OF THE FOLLOWING TECHNOLOGIES FOR WORK:

2010	2011	
98%	93%	Email
87%	83%	Read Articles / Web Pages
76%	59%	Subscribe to E-Newsletters
70%	71%	Watch Educational / Training Videos
63%	56%	Share Content With Others
30%	42%	Use a Mobile Phone to Do Email
13%	23%	Use My Mobile Phone to Read News

n=1,306 n=1,750

Background

The National Hospice and Palliative Care Organization (NHPCO) is the largest nonprofit membership organization representing hospice and palliative care programs and professionals in the United States.

In 2008, NHPCO received funding from the Department of Veterans Affairs (VA) to increase access to hospice and palliative care services for rural and homeless veterans as part of an initiative entitled, “Reaching Out.”

After two rounds of grants, NHPCO realized that the grantees’ work, while important, was not widespread enough to make a significant impact. With this knowledge and with the support of VA, NHPCO decided to initiate a national awareness campaign to promote quality end-of-life care for all veterans.

In late 2009, NHPCO retained Free Range Studios to develop the creative components for the campaign: messaging, a logo, a website, printed collateral, and a video. Free Range was also tasked with conducting an initial phase of audience research to better understand how hospice care providers were currently caring for veterans.

Approximately one year after the launch of *We Honor Veterans*, NHPCO commissioned a second round of audience research to gauge the impact of the campaign. This report documents the findings of this second consecutive study.

Attachments

- 2011 Survey Responses
- 2010 Survey Responses
- 2011 Raw Data
- 2011 NHPCO Audience Research Phase 2 | Preliminary Results
June 27, 2011