

# We Honor Veterans Campaign

## Online Audience Research Report

March 22, 2010



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## Methodology and Survey Statistics

On Friday, February 26, 2010, two online surveys were distributed via email to 33,000 NHPCO members and 87 representatives from state hospice organizations. The surveys, which were administered through the online tool Survey Monkey, touched on issues including:

- The extent to which hospices and state agencies are aware of veterans in their care.
- The veteran-specific programs and procedures hospices already use.
- Use of veteran-specific resources on the NHPCO website.
- What training materials hospice care providers desire.
- The online and information seeking behaviors of hospice staff.

Throughout the survey, open-ended responses were encouraged, meaning that the research provided both quantitative and qualitative data. To encourage participation, all who completed the surveys were eligible to enter a raffle to win an Apple iPod Nano.

The response to both surveys were robust—more than 1,400 people responded to the survey of hospice care providers and the survey of state hospice organizations garnered 23 responses.

While advanced statistical analysis was not performed, the data was filtered or, “cross-tabulated,” by role and whether an individual had received training in veteran end-life-care. This allowed for more meaningful data analysis.

TOTAL COMPLETED SURVEY	DEMOGRAPHICS	STATE INFORMATION
<b>1,296</b> 1,483 Started Survey (= 4.5% of 33,000 sample) 87.4% completion rate  Dates Open: <b>2/26/2010 - 3/4/2010</b>	Female: 87% Age, most are: 45-64 College Grads: 47% Post Graduate: 42% Rural: 27% Combination: 54%	Most respondents by state: <b>Florida: 121</b> North Carolina: 82 Ohio: 73 Oregon: 72 Texas: 57

To provide even greater insight into the minds of hospice care providers and state organization representatives, approximately 10 one-on-one discussions will be completed. The results of these one-on-one discussions, along with the survey data, will provide concrete guidance to Free Range as it begins to craft the campaign's messages and builds information architecture for the campaign website.

## Key Findings & Recommendations

In the following paragraphs, we outline the most interesting findings to emerge from the research. For more information on any item, flip to the page number noted next to it.

### 1 The terms “veteran” and “programs and procedures” fall short | p 9

There is confusion around the words “veteran” and “programs and procedures for veterans.” These seem to evoke images of the VA, veterans enrolled to receive VA medical benefits, or a hospice providing veterans and civilians with different end-of-life services.

The following comments illustrate this:

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

“The VA in our area works well with us and the veterans are treated like any other patient.”

“We provide Hospice care to everyone the same regardless of pay source.”

“I don’t see what the special needs are that are so different from every other hospice patient and family. Every patient and family is different and we meet them where they are and provide a care plan that is specific to their individual needs. We have a great relationship with the VA hospital and hospice triage staff at the VA and a great relationship with the Veterans home. No different than the relationship we have with all stakeholders in hospice care. The care you provide is supposed to be individual....so I guess I don’t get it.... :-)”

#### RECOMMENDATION

Our messaging will need to distinguish between someone having needs related to wartime (specifically combat) service versus someone as eligible for benefits as a “veteran.”

### 2 Caring for veterans is “the right thing to do” | p 8

Hospices are not motivated to care for veterans because it is good for business or because of outside pressure from state organizations. They feel it is the right thing to do.

#### RECOMMENDATION

Messages about veterans as part of the community and the importance of honoring and providing a dignified end-of-life experience to these men and women are more likely to resonate.

### 3 Determining Veteran Status | p 11

Most hospices are determining whether patients are veterans at intake. But virtually no providers are using the Military History Checklist.

#### RECOMMENDATION

Gather more information on this via one-on-one interviews.

## Key Findings & Recommendations - continued

### 4 Training is not only effective, but in great demand | p 18

Everyone wants more training and they want to complete their training online when it's convenient for them. Here are two interesting quotes from CEOs:

"A workshop on learning to care for veterans offered by the Carolina group had a significant role in influencing our care model to meet the needs of this special population."

"I attended a Veteran Partnership Hospice training meeting hosted by Ohio State Veterans partnership and once I realized that the needs of this population were significantly unmet we were on board."

#### RECOMMENDATION

Develop a smart, effective promotional strategy for the e-learning modules and the training resources on the new website. The audience for this content is there, you just have to reach them.

### 5 Veteran Campaign Website | p 20

It's good that we are developing a new website for this campaign. Most respondents do not know that you offer programs or resources on end-of-life care for veterans. In fact, when we tested the site ourselves, we were unable to navigate to this content on the NHPCO website. So, unfortunately, this finding did not surprise us.

#### RECOMMENDATION

We are collecting a growing list of ideas for the new campaign website. We also have some tips to make sure the new site is accessible from the main NHPCO site. Here are some of our ideas, of which more will come:

- Include a "house ad" for the campaign on the NHPCO homepage.
- Include a "house ad" on key interior pages of NHPCO.org.
- Tweak the navigation pathways of NHPCO.org to allow for better "findability" of the campaign.
- If you have a Google AdWords grant, great. If not, get one and hire an AdWords expert (we know one) to drive high quality traffic to the new campaign site.
- Highlight online training resources prominently.
- Make signing up for e-updates findable, fast, and easy.

### 6 Leverage Email | p 21

Virtually all respondents regularly communicate via email and want you to contact them through this channel.

#### RECOMMENDATION

We'd like to learn more about your schedule of e-newsletters, how you format them, and the content they contain. Leveraging email effectively to communicate around this campaign will be key.

## Key Findings & Recommendations - continued

### 7 On the VA | 13

Feelings about the VA are both positive and negative. The most specific complaints are:

- Some hospices express being frustrated that their VA doesn't send more referrals their way even though they have good relationships.
- The VA is slow to reimburse.
- It is hard to reach VA doctors. They don't have 24 hour coverage and/or are not available by phone.

### 8 Reaching Out Grants | 20

A perk of your grant program is the higher level of awareness it gave to veteran end-of-life care issues.

#### RECOMMENDATION

We recall you are not continuing the grant program with the VA. One side-benefit to starting it up again is the public awareness opportunity it generates.

### State Organizations

The following pages tell the most compelling “stories,” which emerged from the survey of hospice care providers. For an even more detailed question-by-question tour of the survey, please see the attached PDF of the actual Survey Monkey survey, complete with response data for all answer choices.

As we only had 23 state hospice representatives respond to the state survey, we do not feel comfortable generalizing, as we are able to do on the hospice provider side. Therefore, rather than create a plethora of additional pages to outline the state research, we have primarily woven state findings throughout the hospice provider research. You will recognize state representatives' feedback by the subhead [STATE](#).

#### TOTAL COMPLETED SURVEY

# 21

23 Started Survey (= 26% of 87 sample)  
91.3% completion rate

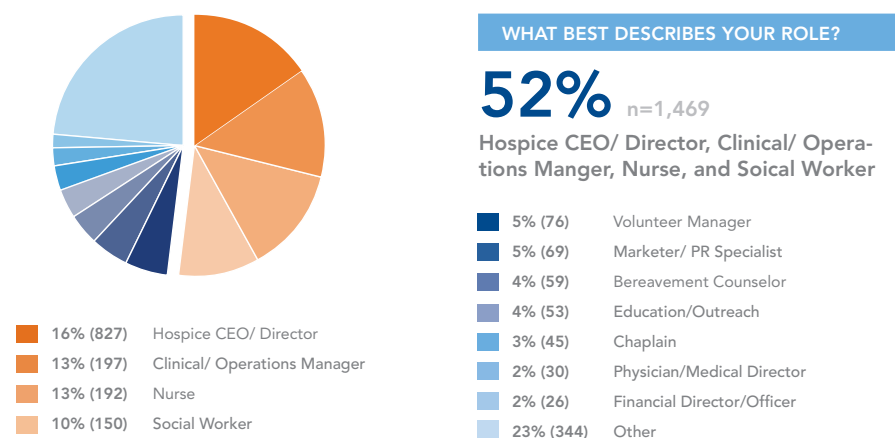
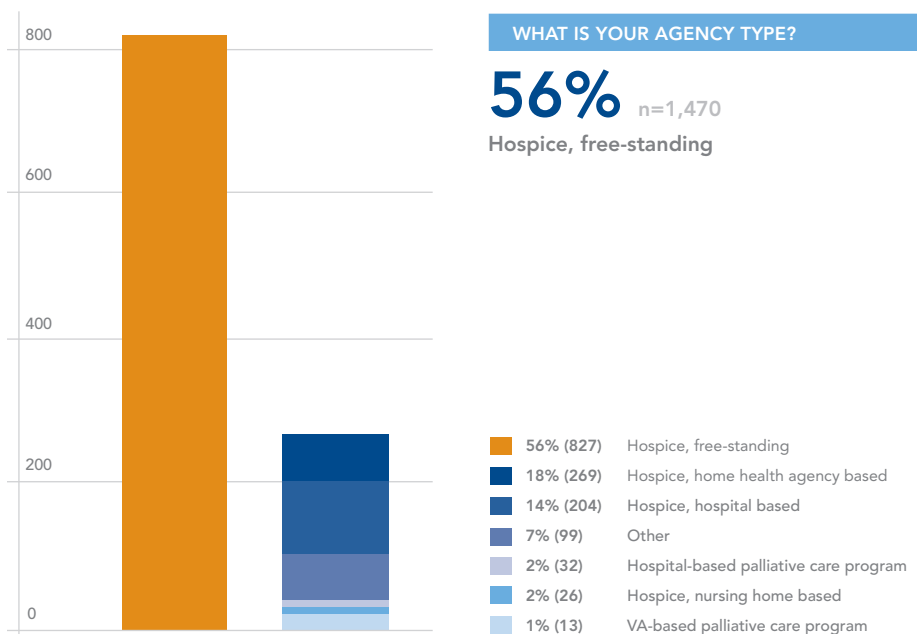
Dates Open:

**2/26/2010 - 3/4/2010**

#### DEMOGRAPHICS

Female:	81%
Age, most are:	55+
Education, most have:	post grad

## Your Role and Organization



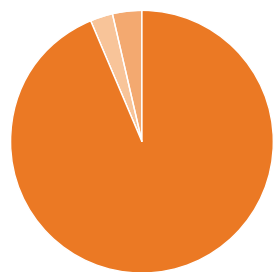
Nearly a quarter of respondents to this question wrote in their own job titles. Most of the answers fit within the options we provided, however a few specific titles were not on the survey. These were: Board Member, Certified Nurse's Assistant, Pharmacist, and Quality Assurance Specialist. Many also had combined titles.

Likewise, the bulk of the open-ended organization descriptions were combinations of possible answers from the questionnaire.

**STATE** Most respondents (14) are "Paid executive directors/CEOs."



## Providing End-of-life Care to Veterans

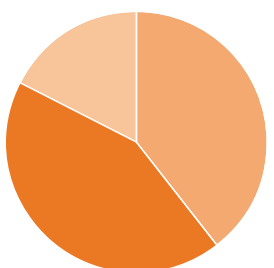


DOES YOUR ORGANIZATION PROVIDE END-OF-LIFE CARE FOR VETERANS?

**YES 94%**

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

n=1,478



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

**NO 43%**

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

n=1,386

According to this survey, caring for veterans is something virtually every hospice does. Yet, less than half (40%) have put veteran-specific programs and procedures in place. As we'll discuss later, training improves this factor—69% who have undergone training report putting programmatic interventions/procedures in place.

For those who have put programs in place, caring for veterans is the “right thing to do.” Their efforts were not the result of prodding by state organizations or promises of more business. They are viewed as one part of a hospice’s overall work within its community.

WHAT INFLUENCED PUTTING THESE PROGRAMS AND/OR PROCEDURES IN PLACE?

Answered Strong Influence:

n=519

- 89%** Caring for veterans is an extension of our commitment to our community.
- 86%** It is a privilege to honor those who have served our country.
- 84%** We are confident in our ability to provide quality end-of-life care to veterans.
- 84%** It's just the right thing to do.
- 29%** It was a good business opportunity for our hospice.

Programs and procedures are also a result of recognizing the increasing number of WWII, Korean and Vietnam veterans who need care. These respondents agree that it is their “duty” to serve these men and women. Yet even more agree it is a “privilege to honor” veterans in their care.

**STATE** Likewise, state organizations have encouraged quality veteran care not because the hospices they serve asked them to or because this presents business opportunities. They are motivated by the increasing veteran population in their state, feel it is the “right thing to do,” and believe serving veterans is their duty and an honor.



## 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:

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

We don't distinguish veterans from non-veterans. We provide care for all persons...We do not exclude veterans from our services.

Not sure what type of programs/procedures you are referring to. We care for Veterans just as our other hospice patients.

Grant program/ training can influence thinking about veteran care:

Only within the past year has our understanding of the special needs of veterans come to our attention. This has happened through our work with a Reaching Out Grant.

Several of us attended Deborah Grassman's classes at a conference this week and very much want to become better focused in working with veterans.

There is no unifying reason why hospices *don't* have veteran-specific programs/procedures in place. About 100 people cited having other priorities. Another 100 said they just don't have a large veteran population.

The most compelling theme to emerge, however, was nested within 265 open-ended comments; the idea, “We treat veterans just like all our patients.” This sentiment is likely to arise out of hospice's commitment to individualized care plans, which all patients receive, regardless of age or other factors like veteran status. Phrases like “veteran-specific programs” appear to conjure thoughts of providing veterans and civilians with entirely different services. This is of course not what we advocate.

The term “veteran” falls a bit short for our campaign purposes. By definition, a veteran doesn't necessarily see combat. But it is the individual who has survived war who is at greater risk for PTSD, war-related medical conditions, and substance abuse, among other challenges. This is the population the campaign is primarily concerned with.

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.

## Why State Orgs. Encourage Hospices to Implement Veteran-Specific Programs

FOR THOSE HOSPICES IN YOUR STATE WHO DO NOT FOCUS ON END-OF-LIFE CARE FOR VETERANS, DO YOU BELIEVE ANY OF THE FOLLOWING STATEMENTS COULD ENCOURAGE THEM TO RECONSIDER?

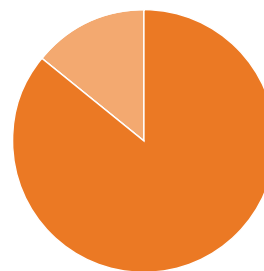
- 84%** NHPCO can provide you with information about billing and navigating the VA system.
- 63%** Most veterans have benefits through private insurance and/or Medicare—not the VA.
- 58%** NHPCO can connect you with people who can help you navigate the VA system.
- 53%** It is a privilege to honor those who have served our country.

**26%** Caring for veterans is good PR.

n=19

State respondents think practical support like helping hospices navigate the VA and making sure they know that most veterans have benefits through private insurance will do more to encourage a focus on veteran care than purely emotional messages.

State organizations view their role primarily as building bridges between hospices and the VA. Fortunately, they are on board with the importance of veteran-specific questions on intake forms.



DO YOU ENCOURAGE HOSPICES IN YOUR STATE TO ADOPT SPECIFIC PROGRAMMATIC INTERVENTIONS AND/OR PROCEDURES TO ENSURE QUALITY END-OF-LIFE CARE FOR VETERANS?

**YES 86%**

86% (836) Yes  
14% (191) No

n=22

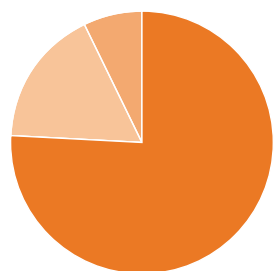
DO YOU ENCOURAGE ANY OF THE FOLLOWING PROGRAMS OR PROCEDURES AND/OR PROVIDE ANY OF THE FOLLOWING SERVICES TO HOSPICES IN YOUR STATE?

- 100%** We build bridges between the hospice and VA systems. n=17
- 100%** We encourage hospices to modify their intake/admission form.
- 88%** We promote awareness of the unique medical needs of veterans.
- 88%** We encourage hospices to recognize veterans for their service.
- 77%** We partner with other organizations focused on veteran end-of-life care.

There are some cases where state organizations will not increase their focus on quality veteran care. For example, one respondent said the VA itself leads this effort in her state. Here is another interesting comment:

“We tried working with the VA several years ago and it was extremely frustrating. Plus even though WV is a very small state, there are 3 or 4 different VISNs. Working with one is difficult. Trying to coordinate anything with more than one is impossible.”

## Determining Veteran Status



DO YOU DETERMINE WHETHER EACH INCOMING PATIENT IS A VETERAN?

**YES 76%**

76% (836) Yes  
17% (191) No  
7% (74) I don't know

n=1,101

IF YOU DETERMINE THAT A PATIENT IS A VETERAN, HOW DO YOU DOCUMENT THIS?

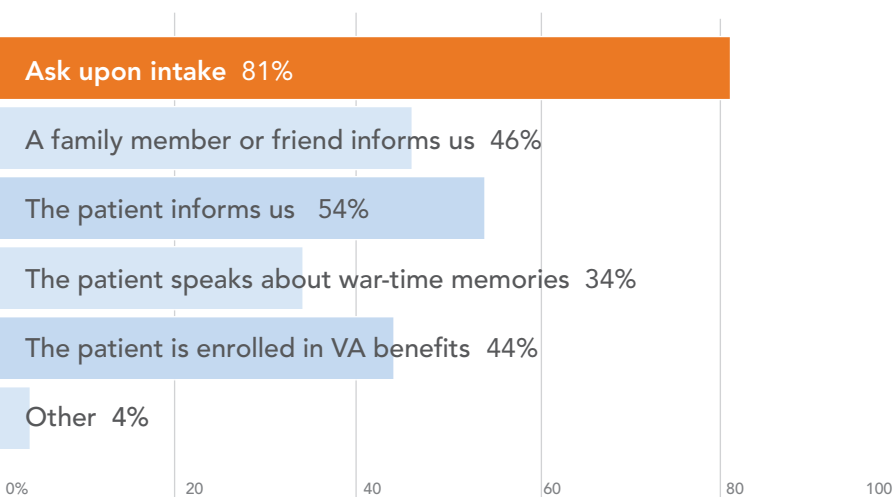
**85%** Indicate on assessment or admission form

**31%** Indicate within visit notes

**12%** Other

n=826

HOW DO YOU DETERMINE A PERSON'S VETERAN STATUS?



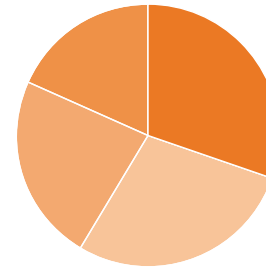
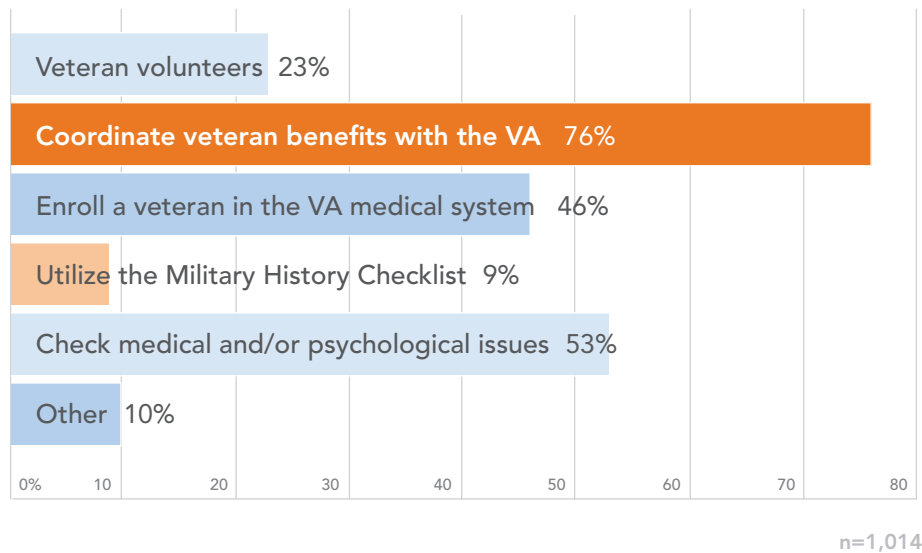
n=831

Good news: most respondents do ask veterans about their status. They are including questions on their intake/assessment form and happily, 85% of respondents then document this status on the assessment or admission form itself.

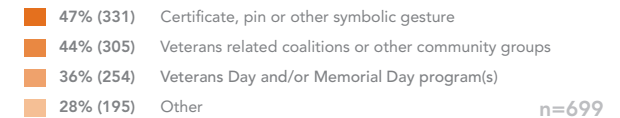
Several open-ended comments make note of tracking veteran status within a computerized system.

## Veteran Recognition Efforts

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



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



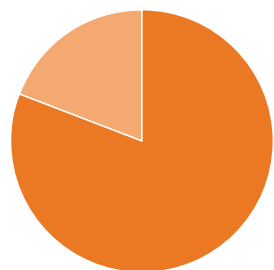
The creative ways hospices are recognizing veterans:

We assist veterans with participation in the Veterans History Project through the Library of Congress.

We also have a "scroll of honor" (a looping flat screen slide show of photographs of patients during their service) at our inpatient care center.

Of all the veteran-specific programs/processes a hospice might employ, The Military History Checklist comes in last place. As the previous page demonstrates, this doesn't necessarily mean hospices are not asking about veteran status upon intake, but it does beg additional questions. Do hospices know this helpful tool exists? Do they use their own checklists in its place? We will seek to answer these questions in our one-on-one discussions.

## Perception of the VA



HAVE YOU OR SOMEONE YOU KNOW HAD TO COORDINATE A VETERAN'S BENEFITS THROUGH THE VETERAN ADMINISTRATION?

**YES 81%**

n=1,049

81% (847) Yes  
19% (202) No

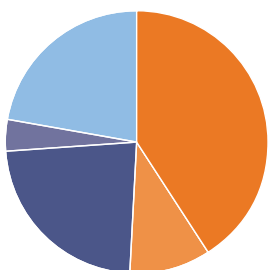
### Positive feelings toward the VA

We initially had some difficulty coordinating services and identifying roles between our Hospice and the VA but after inservices and some sharing of information relationships really improved and we had a better understanding how and what was available through VA to better assist our patients.

### Negative feelings toward the VA

We receive very few referrals through the VA despite having a great working relationship with them.

[We have problems with] contractual issues and confusion over different VA agencies. Also, refusal of VA to refer patients to our hospice residential facility.



IF YES, WHAT WAS YOUR OR YOUR CONTACT'S PERCEPTION OF THIS EXPERIENCE?

**DIFFICULT 41%**

n=924

41% (374) Difficult  
10% (94) Very Difficult  
23% (210) Easy  
4% (39) Very Easy  
23% (207) I don't know

Coordinating benefits with the VA is not a non-issue. Most respondents know someone or have themselves coordinated benefits with the VA. Nearly half perceive the experience as "difficult." As the next page indicates, feelings toward the VA are both positive and negative.

An important frame around these comments is that few veterans have health care insurance through the VA alone. One person remarked, "...all that are straight VA required much coordination, yet we only see straight VA 4-6 times a yr..."

**STATE** Most state respondents (19) also know someone or have themselves coordinated benefits with the VA. Interestingly, 40% (8) of state respondents also believe working with the VA can be a "difficult" experience.

## Perception of the VA - continued

### Positive feelings toward the VA

We have informally worked out procedures with the VA. In fact, we have taken non reimbursed patients for them fairly often. Our VA has responded with referrals of those for whom reimbursement is now available.

When we did participate the more we worked with them the easier it became.

The VA has helped us provide better care to our veterans.

It gets easier after you learn the specific contacts and how the process is to get too the contacts and get Doctor orders.

We have a good rapport with our local VA office. The larger VA groups have very limited contacts with us.

We are blessed in VISN 15 to work with wonderful transition and benefits coordinators.

Working with the VA has been a bonus for us not a challenge. We love our veterans as we do all of our patients and families.

### Negative feelings toward the VA

In our community it is very difficult to access Veterans because VA only allows a few hospice providers to participate.

We have learned that the VA has it's own rules and doesn't necessarily follow Medicare hospice regulations.

[A challenge is] giving the care [veterans] need in spite of VA policies!

Trying to use the VA physician as the attending physician for the hospice patient is very difficult. Many times you have to rely on the NP. The other issue is that the VA will not pay for GI. You have to discharge the patient and they have to go to the VA. The hospice loses control and this is not good for the patient in regards to continuum of care.

We used to provide all the care for VA, but with the change in reimbursement, many hospices compete for this benefit.

Getting paid for services provided timely.

Although we have recently met with VA staff and appear to have straightened out this issue, we have had problems with knowing which patients were receiving Home Based Primary Care at the time of their admission to hospice. We also have had numerous problems with getting physician contact when needed, including signatures on hospice orders.

Navigating the phone system of the VA and navigating the approval process.

## Benefits and Challenges of Working with Veterans

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

#### Benefits:

- 54%** It has improved our relationship with the VA.
- 52%** We have learned more about our country's history and the experience of veterans.
- 36%** It has brought us new referrals.
- 31%** We are known in the community as providing great care to veterans.
- 22%** It has helped improve staff morale.

n=866

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

#### Challenges:

- 70%** Communicating/coordinating with the VA on benefits.
- 36%** Knowing what to say to a veteran who shares difficult memories.
- 31%** Knowing which patients are veterans.
- 26%** Identifying care for veterans as a priority for our organization.
- 14%** Getting our staff to care about veteran end-of-life issues.

n=919

The VA takes center stage again when respondents reflect on the benefits and challenges to veteran care. Caring for veterans seems to have an added bonus of improving a hospice's working relationship with the VA. Most respondents *do not* report that caring for veterans has increased their flow of referrals.

More than 640 people said communicating with the VA on benefits is challenging. This stands far ahead of other difficulties. About a third struggle to know what to say to a veteran with difficult memories. Not surprisingly, nurses struggle more here (49%). Among the 94 respondents who gave "other" responses, specific themes emerged (see next page).

**STATE** State respondents (13) also feel that a focus on end-of-life care for veterans improves the hospice-VA relationship.

From their viewpoint, when hospices struggle with veteran care, it is primarily in coordinating with the VA on benefits (17) and with VA physicians on medical issues (16). This of course meshes with the data provided by hospice care providers.



## Benefits and Challenges of Working with Veterans - continued

### Other Benefits Include:

#### Positive media attention

We often share their war stories in our newsletter or with the local press and it is wonderfully popular with all.

#### Better prepared to address problems endemic to the general population:

Some team members have taken advantage of opportunity to improve skills regarding services to veterans - ie training on PTSD and end of life care.

Through responding to vets' complicated psych and medical histories/needs we are learning more about how to respond to similar issues in other patient populations. It has also connected us to outside efforts and organizations also serving vets from researchers to safety net service providers.

#### An increase in volunteers.

We have received applications from prospective volunteers after they read about our Veteran's program in an organization newsletter - they expressed interest in working solely with Veterans.

### Other Challenges Include:

#### Lack of PTSD Training

We are trying to learn about PTSD and how we can work with that/how it affects end of life for the patient.

Understanding developmental impact on human psyche of traumatic life events, e.g., war or combat training or "PTSD like" symptoms.

#### General lack of VA Referrals:

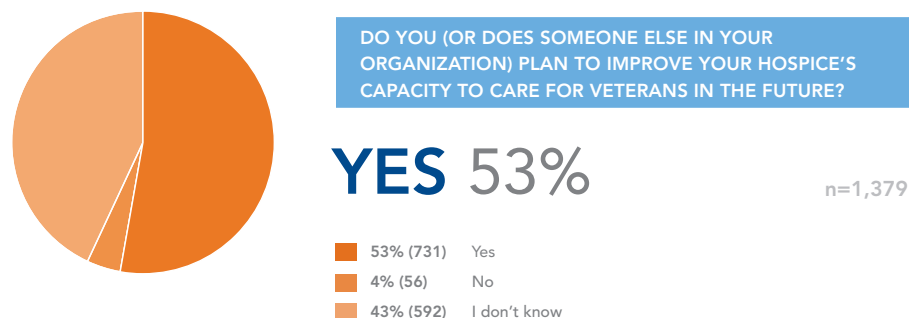
One of our biggest challenges/frustrations has been that nearly all of our veterans come to us through our back door and not through the VA. We receive very few referrals through the VA despite having a great working relationship with them.

#### Helping homeless veterans

Burial benefits for "sole surviving veterans" no family. Also the homeless veterans need outreach programs / funding.

Homeless vets we are not able to serve.

## Training - Part A



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

- 65%** Improve our understanding of veteran benefits.
  - 57%** Train staff on the unique psychosocial needs of veterans.
  - 51%** Partner with local veteran service organizations to provide comprehensive support to veterans.
  - 49%** Train staff on the unique medical needs of veterans.
- 
- 26%** Start a veteran-to-veteran volunteer program.
  - 26%** Modify our intake/admission form.

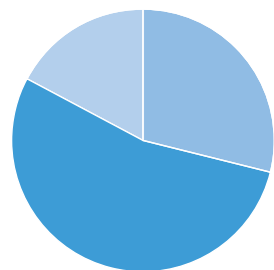
n=712

More good news. Over half of respondents plan to improve their hospice's capacity to care for veterans. These folks will focus on increasing their understanding of veteran benefits. When it comes to training, psychosocial needs take front burner to medical needs of veterans—57% to 49%.

Several open-ended comments noted that hospices will seek VA contracts.

**STATE** Most state organization respondents (14) say they will increase their focus on veteran care in the future. They will do so in a number of ways, namely, encouraging trainings (13), the modification of intake forms (12), and the recognition of veterans for their service (12).

## Training - Part B

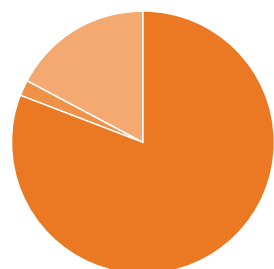


WITH REGARD TO CAPACITY, HAS YOUR ORGANIZATION PROVIDED ANY VETERAN-SPECIFIC TRAINING TO STAFF?

**NO 54%**

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

n=1,311



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

WOULD YOU LIKE TRAINING IN ANY OF THE FOLLOWING SUBJECT AREAS?

Answered Yes:

**86%** Meeting specific psychosocial needs of veterans.

**83%** Post traumatic stress disorder (PTSD).

**83%** The unique needs of Vietnam veterans.

**82%** Caring for a combat veteran.

**75%** Coordinating benefits for a veteran.

**74%** Supporting a former prisoner of war.

**65%** Enrolling veterans in the VA medical system.

n=1,246

Hospice care workers and leadership are hungry for training. Nearly all respondents would definitely or possibly like such training—99% responded “yes” or “maybe.” This consensus held across hospice leaders, Social Workers, and Clinical Operations Managers, among other roles. Those who have been trained want training even more than those who haven’t—87% to 81%!

These respondents seek training across all the topics we suggested and more, given their additional comments. When it comes to the VA, people are more interested

in benefit coordination training than learning how to enroll a veteran in the VA system. One person commented that she sees her job as directing the veteran and his family to resources, not doing the actual enrollment herself.

Naturally, what people are interested in most is determined by their role. For example nurses are less interested in trainings about veteran benefits and the VA but give higher marks to trainings about PTSD or the psychosocial needs of veterans.

## Training Formats

### WOULD ANY OF THESE TRAINING FORMATS BE USEFUL TO YOU?

Answered Yes:

**84%** Web-based learning modules (training you can take when convenient to you)

**80%** DVD

**79%** Webcast (video presentation available over the Internet)

**71%** Webinar (virtual training at a specific time)

**68%** Short training during interdisciplinary team meeting

**57%** Part-day workshop/ in-service

n=1,255

**43%** Full-day workshop/ in-service

**39%** Attending a state or national conference

**34%** Podcast

#### Comments

We are a small hospice with limited travel budget, so we would need inservices closer to home.

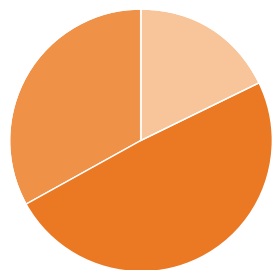
The more cost effective, the better probability that we may be able to participate, especially being that veteran's services only meet a portion of our population.

The most popular training formats are web-based, affordable, and allow people to train at times convenient for them. The least popular training methods are podcasts, which we expect people are less familiar with, and those that require significant time and expense such as workshops or conferences.

When we broke this down by profession, however, social workers are more favorable to workshops, inservices, and conferences.

**STATE** Most state organization respondents would like additional training in veteran-specific issues. The least popular topics were coordinating benefits for a veteran and enrolling veterans in the VA medical system. Like their hospice counterparts, they feel a web-based learning format is the best option of all training formats (13 yes, 5 maybes). One person stated, "Just have additional educational resources that agencies can access for their own staff, on their own time."

## NHPCO Veteran Resources

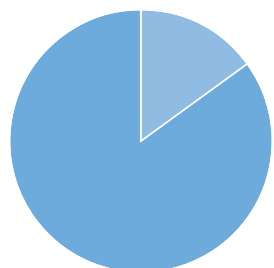


ARE YOU AWARE OF ANY PROGRAMS OR RESOURCES THAT NHPCO OFFERS TO HELP YOU IMPROVE END-OF-LIFE CARE FOR VETERANS?

**NO 49%**

18% (241) Yes  
49% (646) No  
33% (433) I don't know

n=1,320



HAVE YOU EVER VISITED THE NHPCO WEBSITE TO ACCESS CONTENT ABOUT END-OF-LIFE CARE FOR VETERANS?

**NO 85%**

15% (187) Yes  
85% (1,088) No

n=1,275

IF YES, WHAT ARE YOU AWARE OF?

**Note: Only 239 people acknowledged NHPCO resources**

- 64%** Online resources for improving end-of-life care for veterans
- 59%** Sessions at NHPCO conferences on serving veterans
- 53%** Support for Hospice Veteran Partnerships
- 46%** Newsletter articles about veteran care
- 44%** A web page with resources and information
- 32%** A grant program to improve care for homeless and rural veterans

n=239

Several questions on this page represent ways to measure the success of our campaign. Virtually no respondents have visited NHPCO.org to access veteran related resources. In fact, out of the 1,400 or so who took this survey, only 152 people acknowledged the online resources, which currently exist on your site.

Do our job right, and we'll ramp up "yes" responses to both questions. These are the types of questions to repeat periodically over time via future surveys.

**STATE** State representatives are more aware of your veteran programs and resources (18), namely your sessions at conferences (17). Only nine respondents knew that you have online resources and only six recognized newsletter articles. In addition to NHPCO, they look most often to the VA for resources on caring for veterans.

**Note:** Respondents looked to the following sources for information on caring for veterans: American Legion, County VA Affairs Office, Hospice-Veteran Partnership, Local VA Hospital, State Hospice Organization and VFW.

## Internet Access and Technologies

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

**46%** Multiple Times a Day

**38%** Every day

n=1,305

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

**98%** Email

**87%** Read Articles/Web Pages

**76%** Subscribe to E-Newsletters

**70%** Watch Educational/ Training Videos

**63%** Share Content With Others

n=1,306

### CROSS TAB ANALYSIS

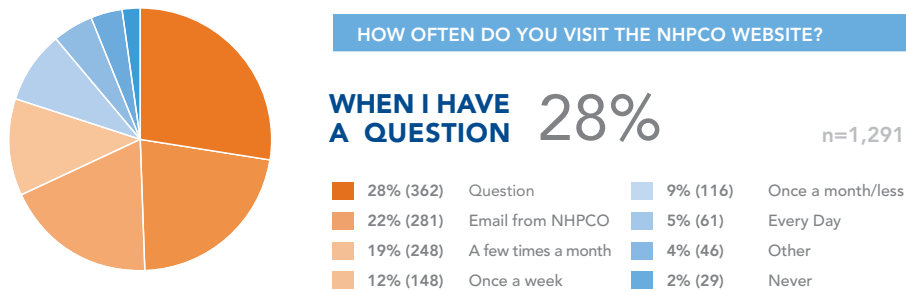
	CEOs	Clinical Operations Managers	Marketing & PR Specialists	Nurses	Social Workers
<b>WEB USE</b>					
Multiple times per day	x	x	x		
At least once a day					x
Less frequently				x	
<b>WORK LOCATION</b>					
Office		x			
Home/ Office	x		x	x	x
<b>TRAINING</b>					
Watch videos	x	x			
<b>TECHNOLOGY</b>					
Read blogs			x		
E-newsletters	x		x		
n=	218	179	52	171	142

Looking at cross-tab analysis for internet access and technologies, we found that Marketing and PR Specialists are the most “connected” (more likely to read blogs and subscribe to e-newsletters) while Nurses and Social Workers are the least “connected” (go online less, unlikely to use mobile “smartphones” for web access and email, and less likely to subscribe to e-newsletters).

**STATE** Most state (18) respondents access the Internet multiple times/day. They are more technologically engaged than the hospice respondents and more frequently cite reading blogs (7), sharing content (17), and using mobile phones to do email (14) and read news (9).

Like their hospice counterparts, they want NHPCO to keep them informed via email (17).

## Visiting NHPCO Website and Veteran Resources



IF YOU HAVE ACCESSED ANY OF THE FOLLOWING RESOURCES, PLEASE INDICATE HOW USEFUL THESE RESOURCES WERE.

Note: Only 175 people answered this question

**+50%** VA Brochure about End-of-Life Care for Veterans  
Veterans End-of-Life Care Program & Resources  
VA's Hospice-Veteran Partnership Fact Sheet  
Hospice Veterans Toolkit  
VA Benefits Fact Sheet

**+40%** Veteran Statistics and/or Fact Sheets  
Military History Checklist  
VA Health System Fact Sheet  
Military History as a Vehicle

n=175

Like most organizations, your audience tends not to visit you with weekly or daily frequency. Although there was no clear “majority” on this question, it is not surprising to us that more people said they visit you when they need particular content or get an email from you. This is typical across all organizations we’ve surveyed.

**STATE** Like their hospice counterparts, state representatives tend to visit your site to answer specific questions (6) or “more than once per month” (10). Half (11) have sought veteran related content from your site.

They find most materials useful, however are the least enthused about the VA guides to military structure.

In the future, state respondents would most like to see guides to VA benefits (15) and contact information for people who know how to navigate the VA (13) on the NHPCO website.



## General comments about the NHPCO website

While some respondents made positive comments about the website, others provided productive feedback:

**Many respondents had trouble finding information on the web site, and expressed annoyance at having to log in multiple times.**

The web site is navigable, but it is really hard to find some information inside the headings. It is also frustrating to have to continually log in to different areas. Once logged in the site should be accessible.

Lots of information, sometimes hard to find what I am looking for, but I know its there.

Sometimes difficult to navigate, logging in multiple times to access different areas.

**Some had problems with the current search engine implementation:**

The search engine is poor. When I search a phrase such as veteran certificate, I receive no documents. When I search Veteran, I get hundreds of articles to search through. This is especially aggravating when I know there is a specific document I want to read or item I want to purchase and cannot find it.

**Others were overwhelmed by the content on the site, and expressed the need for better information architecture.**

Generally, a usable site with good information. Sometimes it gives too much information: overload

I often visit the NHPCO sight to locate service providers in other states and find the initial information page rather challenging. There is too much information crowded on the page, especially when looking for link to find a provider. It could use some streamlining.

## 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 the 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 website, and printed collateral. 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.

It is now March, 2010 and the online portion of the audience research is complete. This document outlines the findings of this work. One-on-one follow-up interviews will be conducted and reported on separately.

## Attachments

- Hospice Provider Findings (PDF)
- State Organization Findings (PDF)
- Hospice Provider Raw Data (Folder containing Excel, CSV files)
- State Organization Raw Data (Folder containing Excel, CSV files)