Minnesota Network of Hospice and Palliative Care

Final Report on the Serious Illness and End-of-Life Care: Practical Tools and Resources for Home and Community-Based Service Providers Training

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Contents

Background

In 2014, the Minnesota Network of Hospice and Palliative Care (MNHPC) received a CS/SD grant from the Minnesota Department of Human Services (DHS) to strengthen the capacity of home and community-based service (HCBS) providers to deliver information and resources to consumers about advance planning and end-of-life care. Collaborating with MN Area Agencies on Aging, MNHPC designed presentation materials and training modules that cover information related to palliative care, hospice, advance care directives, Providers Orders for Life-Sustaining Treatment (POLST), and Veterans' hospice and palliative care benefits. The training--*Serious Illness and End-of-Life Care: Practical Tools and Resources for Home and Community-Based Service Providers*--is intended to meet five objectives:

1. Increase participants' basic knowledge of the following five topic areas: hospice care, palliative care, POLST, Veterans' benefits, advance care planning
2. Provide information on how and where to access tools and resources within these five areas
3. Identify the situations when it would be appropriate to reference the resource materials within these five topic areas
4. Increase confidence and willingness to engage clients in conversations and provide resources within these five areas
5. Define the role HCBS providers play in educating consumers within these five areas

Wilder Research was asked to complete an evaluation of the project to answer the following three questions:

1. How do AAA staff and HCBS providers who receive training judge the quality of the presentation and content?
2. To what extent does the training effectively prepare AAA staff and their contracted HCBS providers to incorporate this knowledge in their practice work?
3. What forms of assistance and support work best for engaging consumers on issues related to serious illness and end-of-life care (i.e., having necessary conversations, engaging in planning, and understanding the benefits and services available), and connecting them to the most appropriate services?[1]

Evaluation activities in the first year have focused on questions 1 and 2. Question 3 was included in the evaluation for the second year. This report provides a brief overview of the results from Year 1, as well as a full summary of results from Year 2 of the evaluation.

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[1] This question more accurately reflects the work being completed through this grant and replaces the original evaluation question: *To what extent does this knowledge translate into the support of community consumers, and what forms of assistance and support work best for engaging and helping them create advance care strategies and end-of-life plans?*

Methodology

Year 1

In the first year of the grant, MNHPC provided day-long trainings at nine locations in Minnesota. After completing the training, participants were asked to complete a survey to provide feedback about their confidence in using and implementing information presented at the training, as well as feedback on the overall quality and usefulness of the training.

- At the end of the first two training sessions, participants completed a paper version of a feedback survey, which was delivered to Wilder for analysis.
- For the following 7 sessions, participants received emails from Wilder with electronic links to the survey. Participants received a follow-up reminder email, asking them to complete the online survey.
- In an effort to boost response rates, participants who attended the final two sessions received certificates of attendance only after completing the online survey.

Following the first training session, Wilder also completed a phone-in focus group with four HCBS providers in order to collect more detailed information about their experiences with the training session.

Year 2

In the second year of the grant, MNHPC provided training sessions at six additional locations. Due to timeline constraints with final reporting, results are included in this report from four sites. Participants were asked to complete an online survey about the training. A link to the survey was emailed to attendees within 48 hours following the training, and they received up to 2 email reminders to complete the survey. After completing the online survey, participants receive certificates of attendance via email.

The same instrument was used in the second year, with the addition of:

- 17 true-false knowledge questions to allow the assessment to extend beyond self-reported confidence of the training participants, to a more quantifiable measure of specific knowledge gained from the training.
- One question that asked how participants expected to use the information provided in the training in their work with clients.

In addition, Wilder completed two phone-in focus groups in March 2016 with HCBS providers. The purpose of the focus groups was to hear directly from HCBS providers about the ways in which they may be expecting to use the information they learned from the trainings. They were recruited based on their attendance at one of the MNHPC training sessions and their attendance at a follow-up webinar. Some of those invited to participate in the focus groups had also indicated an interest in learning more about becoming a trainer.

Finally, MNHPC has recently launched a web-based resource portal for HCBS providers who completed the training. The free portal provides ongoing access to training materials and tools, additional downloadable documents and resource lists, as well as opportunities for networking with other providers.

Year 1 summary

Response rates

Response rates for the feedback survey appear to be related to the methods used for gaining feedback, as well as requiring completion to receive a certificate of attendance. Figure 1 below presents detailed information about the numbers of participants at each training session, the survey methodology, and response rates.

1. Training attendance, feedback format, and completion rate—Year 1

Training location	# participants at training	Survey format	# completed surveys	% completed surveys
Bemidji	25	on-line	14	56%
Cambridge*	24	on-line	23	96%
Fergus Falls	40	on-line	31	78%
Mankato	34	on-line	28	82%
Minneapolis	16	paper	16	100%
Rochester	29	paper	29	100%
St. Cloud*	51	on-line	47	92%
Thief River Falls	26	on-line	15	58%
Willmar	20	on-line	10	50%
Total	265	mixed	213	80%

** Completion of on-line survey required to receive certificate of attendance for CEUs.*

Training feedback

Overall, training participants in Year 1 said that:

- The training boosted their confidence in regards to explaining concepts covered in the training
- The training was valuable, engaging, and interesting
- The materials were useful, and the presenter was skilled
- They found it useful to learn about palliative care vs. hospice, POLST vs. advance care directives, Veterans' benefits, and the availability of resources

- HCBS providers who participated in the phone-in focus group believed that the training was valuable, engaging, and interesting. While the information was not new to some, given their professional roles, they did find that their knowledge base expanded.

Complete results from the Year 1 evaluation are located in the Year 1 summary report.

Year 2 findings

Response rates

Overall response rates were high in Year 2, and higher than those obtained in Year 1. The sole option for completing the survey in Year 2 was the online version, and attendees received a certificate of attendance only if they completed the survey. Figure 2 details the number of participants at each training session and response rates for Year 2.

2. Training attendance and completion rate—Year 2

Training location	# participants at training	Survey format	# completed surveys	% completed surveys
Duluth	40	on-line	33	83%
Grand Rapids	31	on-line	26	84%
Marshall	30	on-line	27	90%
West St. Paul	25	on-line	23	92%
Total	126	on-line	109	87%

Training feedback summary

Training content

A total of 109 participants provided feedback on the training sessions. They were asked to answer knowledge questions about the training content, including the following separate subject areas:

- POLST (3 questions)
- Advance Health Care Directive (3 questions)
- Palliative Care (3 questions)
- Hospice (5 questions)
- Veterans' Benefits (3 questions)

Overall, participants' responses demonstrate a high level of comprehension of the subject matter. Eleven of 17 items received correct responses of 90 percent or more. The percentage of correct responses submitted by participants ranged from 73 percent to 100 percent, for all but two of the items. There were no clear patterns of correct or incorrect responses related to any one subject area or training site.

Six items were answered correctly by at least 98 percent of all respondents:

- "A health care directive is a document that reflects the patient's wishes/choices to his/her family and health care provider." [True] (100% answered correctly)
- "An attorney is required to draft a health care directive." [False] (99% answered correctly)
- "In traditional Hmong beliefs, individuals might tend to believe that talking about death can "invite" death." [True] (99% answered correctly)
- "The Veteran's service officer is a valuable resource for each county in the State of MN." [True] (98% answered correctly)
- "End-of-life values tend to be the same for everyone, regardless of age, within a given culture." [False] (98% answered correctly)
- "According to the National Consensus Clinical Practice Guidelines, palliative care teams should include the following core members: Nurse, Social Worker, Physician and Chaplain/Counselor." [True] (98% answered correctly)

Two items appear to be somewhat more problematic for trainees:

- Overall, 37% of respondents correctly answered the following question: "A Health Care Directive is a legal document that is recognized in all of the United States if the requirements for drafting it have been followed." [False] The percent of correct responses within each training cohort ranged from 26 to 57 percent.
- Overall, 40% responded correctly to the question: "A Veteran is always entitled to 'end of life' care through the Veteran's Administration for his/her terminal illness." [False] Correct responses within each training cohort ranged from 33 to 54 percent.

Further study could be useful for determining the extent to which responses are related to natural fluctuations in training presentation by site, prior knowledge of attendees, and wording of statements that may be confusing to some participants.

Complete results for training content questions are included in the attached data tables in the Appendix at the end of this report.

Confidence

Participants were also asked to what extent their confidence[2] in a number of topical areas was affected by the information provided at the training sessions.

Training participants gave moderate ratings to their confidence, with participants rating their confidence levels as very, quite or reasonably confident in most cases. Confidence in describing the importance of end-of-life conversations, and explaining myths and the difference between hospice and palliative care got the highest ratings overall. They reported slightly lower levels of confidence regarding their ability to identify places for HCBS providers to access resources and describe information about Veterans. While some variability in responses exists, it does not appear to be related consistently to a particular site. Highlights include the following:

- 83 percent of participants said they were very or quite confident about being able to describe the importance of end-of-life conversations.
- 77 percent said they were very or quite confident about explaining the myths surrounding hospice and palliative care, and 70 percent said they were very or quite confident about explaining the differences between the two.
- 45 percent said they were very or quite confident about being able to describe information about Veterans.

Complete results for questions about participants' confidence are included in the attached data tables in the Appendix at the end of this report.

Quality and usefulness

Participants were also asked to rate the overall quality and usefulness[3] of the training and materials.

With the exception of three respondents, all 109 participants agreed or strongly agreed that the training was of high quality, the materials were useful, and the presenter was skilled. While still high overall, participants gave slightly lower ratings for items related to transferring the information they learned to their work and clients. Highlights include the following:

- 82 percent each strongly agreed that the presenter had strong knowledge of the material presented, related material in a clear and understandable manner, and responded well to questions.

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[2] Participants ranked their confidence levels on a scale of 1 to 5, with 1 as "not at all confident," 2 as "somewhat confident," 3 as "reasonably confident," 4 as "quite confident," and 5 as "very confident."

[3] Participants indicated the extent to which they agreed with statements about the training, based on an agreement scale of 1 to 4, with 1 as "strongly disagree," 2 as "disagree," 3 as "agree" and 4 as "strongly agree."

- 81 percent of participants strongly agreed that the training packet contained helpful information.
- 78 percent strongly agreed that the presenter effectively engaged participants in the training and topic.
- 72 percent strongly agreed that they gained new knowledge about tools and resources that are available to use in their work.
- 71 percent strongly agreed that the training was of high quality.
- The majority of participants said they would recommend this training to other HCBS providers working with similar communities, with 85 percent saying definitely yes and 13 percent saying probably yes.

Participants were also asked what they found the most useful about the training, as well as what they thought other HBCS providers would find useful about the training.

Highlights include the following:

- The three topics mentioned most often by participants as most useful were:
  - general information about POLST
  - the difference between palliative care and hospice
  - information about Veterans' benefits
- The five topics mentioned most often by participants as most useful were::
  - the difference between palliative care and hospice
  - information about Veterans' benefits
  - general information about palliative care
  - the difference between POLST and advance care directive
  - where and how to find or use resources

Participants shared many observations and thoughts in response to these questions. Complete results for questions about training quality and usefulness, as well as for the open-ended questions are included in the attached data tables in the Appendix at the end of this report.

Using the information with clients

Training participants

New to the survey for the second year of the study was a question about how participants expected to use the information in their work with their clients.

Participants offered many examples of how they expected to use the information. Examples ranged from sharing written materials, to communicating about the availability of resources, to guiding conversations with clients, families and caregivers. Several representative comments illustrate this range of plans especially well:

> *I work in home health care and I will be sharing information with our clinicians about this conference, always stressing the importance of an early hospice referral.*
>
> *I am a palliative care coordinator in a hospital and will use this information daily to educate patients and providers about the resources available to us.*
>
> *The booklet will be a resource that I can leave with clients that may be thinking about hospice.*
>
> *I learned that I do have knowledge in these areas and that I have gained additional tools and resources that will be valuable as I support and provide information and referrals to clients.*
>
> *I will use this to educate families about the importance of having the conversation and how beneficial hospice services can be for loved ones and care partners.*
>
> *I know more about options and resources, and why it's important to plan ahead for situations that may arise from an illness or accident. I hope I am also better able to convey this information to the seniors I work with and their family members in a way that will help them address issues with more confidence and less fear.*

Complete results for open-ended comments about using training information are included in the attached data tables in the Appendix at the end of this report.

Focus group participants

In two phone-in focus groups, seven HCBS providers shared their thoughts about the value of the training and how they were expecting to use the information they received from the trainings.

According to the providers, the training was valuable and useful. While the providers believe they are in the early stages of actually using the information, it has also changed the way they expect to educate consumers and improve awareness of correct information regarding hospice and palliative care.

Comments that illustrate providers' thoughts about the value of the training include the following:

> *Most material I was familiar with prior to training, but the information was clarified.*

> *My coworkers and I all knew pieces of this information, but the training pulled all of the pieces together.*
>
> *The training was very comprehensive about hospice and palliative care.*
>
> *Being able to connect to see what others are doing and how things are going is good. It is helpful to get tips and tricks from other areas.*

Comments that illustrate their plans for using the information include the following:

> *We are in the initial stages of figuring out where the information will be most useful, what audience can we get this to, how can we best support people. I do education, so this is part of what I do.*
>
> *I don't know if I have used the information to debunk myths in my professional work. In personal work, yes.*
>
> *I already do education on POLST and advanced directives. But the information and the approach I learned from this training is about empowering consumers. I like that aspect of it all.*
>
> *[Community] is on the edge of some of this work. We have teams working on this. So to take the information and continue the momentum and it is out there is helpful.*

Providers believe they are still in the early stages of exploring the web-based resource portal and other resources that are available to them. They expect that the portal will be helpful to them in providing updated information and appreciate the access to other resources. Representative comments include the following:

> *I have been on the portal a couple of times, familiarizing myself with it for when I need it. I know where to go and what will be useful to patients.*
>
> *We used the consumer guide 2 or 3 times with caregivers I work with.*
>
> *[Handouts] provide really good information to pass on to consumers.*
>
> *The folks I work with are always looking for resources and services. I think they really appreciate the ability to log into the website and get people's questions answered.*
>
> *For the resources they are looking for, the website is awesome. It's quick, it's where they can find [information].*
>
> *I would be interested in directing patients to it to access specific components that would help them out. That is one way to use [the portal].*
>
> *At our caregiver events, I put out different resources for them to take.*
>
> *Caregivers like to have something in hand to take away.*

Several HCBS providers mentioned the cost of printing copies of the information as a barrier. The following comment captures the sentiments of several providers:

> *My barrier is printing out copies of the informational brochures. We are a small nonprofit. It is difficult because of our printing capacity--it's a logistics thing. If I wanted to have numerous copies, it would be a budgetary thing.*

Year 1 and Year 2 response rates

In Year 1, attendees at 2 of the 9 sessions completed paper versions. Attendees completed online surveys at the remaining 7 sessions, including two where completing the survey was required in order to receive a certificate of attendance. In Year 2, attendees completed the online survey only. Figure 3 compares the response rates for the two years of the grant.

3. Year 1 and Year 2 response rate comparison

	# participants at training	Survey format	# completed surveys	% completed surveys
Year 1 Total	265	mixed*	213	80%
Year 2 Total	126	on-line	109	87%
Overall	391	mixed	322	82%

Of the three methods of administration for the training feedback survey, the highest response rate was achieved with the paper and pencil version. Requiring survey completion before receiving a certificate of attendance also boosted response rate.

If MNHPC plans to incorporate feedback about training sessions in future efforts, staff may also wish to consider the logistics and costs of data entry and analysis. The feedback survey is one component of the process of collecting and compiling information from training session participants.

Summary and conclusions

Background

The Minnesota Network of Hospice and Palliative Care (MNHPC) received a CS/SD grant from the Minnesota Department of Human Services to strengthen the capacity of home and community-based service (HCBS) providers to deliver information and resources to consumers about advance planning and end-of-life care. MNHPC developed a program entitled *Serious Illness and End-of-Life Care: Practical Tools and Resources for Home and Community-Based Service Providers*. Wilder Research was asked to complete an evaluation of the project.

In two years of the grant, 391 HCBS providers attended training sessions with MNHPC in 15 locations. Attendees were asked for their feedback on the training. The evaluation assesses the feedback of 322 providers and AAA staff who attended training at 13 of the sites.

Participant feedback

Three methods of administration for the training feedback survey were tested. The highest response rates were achieved with the paper and pencil version, but tying on-line survey completion to a certificate of attendance also achieved high response rates.

The training feedback survey asked for attendees' opinions about the overall quality of the training, as well as their confidence in using and implementing information from the training. Several knowledge and usefulness questions were added to the training feedback survey in the second year, to gain further detail about the impact of the training.

One focus group in Year 1 and two in Year 2 sought further detail about the trainings and use of information, including early plans for using the information to educate consumers.

Conclusions

Five objectives guided the training and three questions guided the evaluation. Figure 4 presents the evaluation questions, training objectives, and conclusions, along with evidence for these conclusions.

4. Evaluation questions, training objectives and conclusions

Evaluation question	Related training objective	Conclusion	Supporting evidence
How do AAA staff and HCBS providers who receive training judge the quality of the presentation and content?	— Provide information on how and where to access tools and resources within these five areas.	MNHPC training on advance planning and end-of-life care has been well-received. AAA staff and HCBS providers believe the training is of high quality overall and provided valuable information.	— Participants find value in the information and resources, and give the quality of the presentation high marks. — Participants said they would recommend this training to other HCBS providers.
To what extent does the training effectively prepare AAA staff and their contracted HCBS providers to incorporate this knowledge in their practice work?	— Increase participants' basic knowledge of five topic areas. — Increase confidence and willingness to engage clients in conversations and provide resources within five topic areas.	AAA staff and HCBS providers believe that the training prepared them to use this information in their work. They believe they both have improved knowledge, as well as overall confidence in most topic areas.	— Participants reported that they gained new knowledge about tools and resources that are available to use in their work. — Participants' responses on the knowledge items in Year 2 demonstrated a high level of comprehension of the subject matter overall. — Participants reported high levels of confidence overall for using the information from the training in their work. — Participants reported higher levels of confidence related to describing the importance of end-of-life conversations, and explaining myths and differences between hospice and palliative care. — Participants reported lower levels of confidence related to describing information about Veterans.
What forms of assistance and support work best for engaging consumers on issues related to serious illness and end-of-life care and connecting them to the most appropriate services?	— Identify the situations when it would be appropriate to reference the resource materials within these five topic areas. — Define the role HCBS providers play in educating consumers within five topic areas.	AAA staff and HCBS providers believe that information on the website portal, as well as the handouts will be valuable resources in their work with consumers.	— Attending the training has boosted providers' confidence about addressing complex issues when the opportunities arise. — Providers are in the early stages of determining the most useful ways of sharing the information with consumers. They believe that the handouts will be particularly helpful. — Providers appreciate the usefulness of the portal and the access to materials to hand out to consumers and other staff. They believe that sharing this information will increase the capacity of other staff to address issues related to serious illness and end-of-life care.

Appendix*

Training feedback results – all sites YEAR 2

A. Please answer True or False to the following statements

Percent who answered the questions correctly	Duluth (N=32-33)	Grand Rapids (N=25-26)	West St. Paul (N=22-23)	Marshall (N=26-27)	Total (N=107-109)
1. The POLST is a portable medical order that serves to record the discussion between the patient and his/her medical provider. (TRUE)	88%	88%	83%	92%	88%
2. A POLST is reviewed upon the patient's change in condition. (TRUE)	79%	81%	91%	96%	86%
3. A POLST is effective immediately upon the health care provider's signature. (TRUE)	94%	96%	96%	96%	95%
4. A Health Care Directive is a legal document that is recognized in all of United States if the requirements for drafting it have been followed. (FALSE)	31%	40%	57%	26%	37%
5. A Health Care Directive is a document that reflects the patient's wishes/choices to his/her family and health care provider. (TRUE)	100%	100%	100%	100%	100%
6. An attorney is required to draft a health care directive. (FALSE)	100%	100%	100%	96%	99%
7. Palliative care is appropriate only for those patients seeking a cure for their serious illness. (FALSE)	91%	96%	96%	93%	94%
8. According to the National Consensus Clinical Practice Guidelines, palliative care teams should include the following core members: Nurse, Social Worker, Physician and Chaplain/Counselor. (TRUE)	97%	96%	100%	100%	98%
9. Palliative care focuses on the last 6 months of life. (FALSE)	88%	88%	96%	93%	91%
10. Hospice care is most often provided in the hospital or a residential hospice facility. (FALSE)	91%	96%	96%	85%	92%
11. Hospice eligibility is determined by the attending physician AND the hospice medical director. (TRUE)	73%	76%	86%	93%	81%
12. A patient must be "DNR/DNI" to be enrolled in hospice. (FALSE)	94%	96%	91%	93%	94%

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* Complete results from the Year 1 evaluation, including training locations mentioned on page 4 of this report, are located in the Year 1 Summary Report.

A. Please answer True or False to the following statements (continued)

Percent who answered the questions correctly	Duluth (N=32-33)	Grand Rapids (N=25-26)	West St. Paul (N=22-23)	Marshall (N=26-27)	Total (N=107-109)
13. End-of-life values tend to be the same for everyone, regardless of age, within a given culture. (FALSE)	97%	100%	96%	100%	98%
14. In traditional Hmong beliefs, individuals might tend to believe that talking about death can “invite” death. (TRUE)	100%	100%	100%	96%	99%
15. A Veteran is always entitled to ‘end of life’ care through the Veteran’s Administration for his/her terminal illness. (FALSE)	33%	54%	30%	44%	40%
16. The Veteran’s Hospice Benefit is similar to the Medicare Hospice benefit. (TRUE)	88%	88%	91%	89%	89%
17. The Veteran’s service officer is a valuable resource for each county in the State of MN. (TRUE)	97%	100%	96%	100%	98%

Note: Some percentages may add up to more than 100%, due to rounding.

B. Following today's training, how confident are you in your ability to:

	Duluth (N=33)	Grand Rapids (N=25)	West St. Paul (N=22-23)	Marshall (N=27)	Total (N=107-108)
18. Explain the differences between hospice and palliative care?					
Very confident	36%	24%	22%	41%	31%
Quite confident	39%	40%	48%	33%	40%
Reasonably confident	18%	32%	30%	22%	25%
Somewhat confident	6%	4%	0%	4%	4%
Not at all confident	0%	0%	0%	0%	0%
Mean	4.1	3.8	3.9	4.1	4.0
19. Describe the importance of end-of-life conversations?					
Very confident	49%	56%	35%	52%	48%
Quite confident	33%	32%	44%	33%	35%
Reasonably confident	18%	12%	17%	11%	15%
Somewhat confident	0%	0%	4%	4%	2%
Not at all confident	0%	0%	0%	0%	0%
Mean	4.3	4.4	4.1	4.3	4.3
20. Explain the POLST and its appropriate use?					
Very confident	24%	16%	22%	22%	21%
Quite confident	30%	36%	26%	44%	34%
Reasonably confident	24%	48%	39%	26%	33%
Somewhat confident	12%	0%	13%	7%	8%
Not at all confident	9%	0%	0%	0%	3%
Mean	3.5	3.7	3.6	3.8	3.6
21. Engage clients in conversations about hospice care, palliative care, and advance care planning?					
Very confident	39%	36%	30%	41%	37%
Quite confident	33%	44%	22%	33%	33%
Reasonably confident	21%	20%	35%	22%	24%
Somewhat confident	6%	0%	13%	4%	6%
Not at all confident	0%	0%	0%	0%	0%
Mean	4.1	4.2	3.7	4.1	4.0

B. Following today’s training, how confident are you in your ability to: (continued)

22. Identify common myths related to hospice and palliative care?					
Very confident	30%	28%	22%	37%	30%
Quite confident	52%	48%	48%	41%	47%
Reasonably confident	15%	24%	22%	19%	19%
Somewhat confident	3%	0%	9%	4%	4%
Not at all confident	0%	0%	0%	0%	0%
Mean	4.1	4.0	3.8	4.1	4.0
23. Name services or benefits available to the general public related to hospice care, palliative care, and advance care planning?					
Very confident	21%	16%	5%	33%	20%
Quite confident	55%	48%	55%	33%	48%
Reasonably confident	15%	28%	41%	26%	26%
Somewhat confident	9%	8%	0%	7%	7%
Not at all confident	0%	0%	0%	0%	0%
Mean	3.9	3.7	3.6	3.9	3.8
24. Name services or benefits available to Veterans related to hospice care, palliative care, and advance care planning?					
Very confident	15%	8%	4%	22%	13%
Quite confident	33%	44%	22%	30%	32%
Reasonably confident	30%	36%	52%	37%	38%
Somewhat confident	18%	8%	22%	7%	14%
Not at all confident	3%	4%	0%	4%	3%
Mean	3.4	3.4	3.1	3.6	3.4
25. Identify places for HCBS providers to access resources?					
Very confident	15%	20%	14%	26%	19%
Quite confident	42%	28%	50%	33%	38%
Reasonably confident	33%	36%	23%	26%	30%
Somewhat confident	9%	12%	14%	15%	12%
Not at all confident	0%	4%	0%	0%	1%
Mean	3.6	3.5	3.6	3.7	3.6

B. Following today’s training, how confident are you in your ability to: (continued)

26. Describe situations in which consumers should be referred to providers?					
Very confident	24%	24%	22%	44%	29%
Quite confident	42%	44%	44%	19%	37%
Reasonably confident	24%	32%	22%	33%	28%
Somewhat confident	9%	0%	13%	4%	6%
Not at all confident	0%	0%	0%	0%	0%
Mean	3.8	3.9	3.7	4.0	3.9

Note: Some percentages may add up to more than 100%, due to rounding.

C. Please indicate the extent to which you agree or disagree with each of the following statements:

	Duluth (N=32-33)	Grand Rapids (N=24-25)	West St. Paul (N=23)	Marshall (N=27)	Total (N=106-108)
27. Overall, the training was of high quality.					
Strongly agree	69%	64%	78%	74%	71%
Agree	31%	28%	22%	26%	27%
Disagree	0%	8%	0%	0%	2%
Strongly disagree	0%	0%	0%	0%	0%
Mean	3.7	3.6	3.8	3.7	3.7
28. The presenter(s) had strong knowledge of the material presented.					
Strongly agree	82%	80%	78%	89%	82%
Agree	18%	20%	22%	11%	18%
Disagree	0%	0%	0%	0%	0%
Strongly disagree	0%	0%	0%	0%	0%
Mean	3.8	3.8	3.8	3.9	3.8
29. The presenter(s) effectively engaged participants in the training and topic.					
Strongly agree	76%	76%	78%	82%	78%
Agree	24%	20%	17%	19%	20%
Disagree	0%	4%	4%	0%	2%
Strongly disagree	0%	0%	0%	0%	0%
Mean	3.8	3.7	3.7	3.8	3.8
30. The presenter(s) related information in a clear and understandable manner.					
Strongly agree	85%	76%	87%	82%	82%
Agree	15%	24%	13%	19%	18%
Disagree	0%	0%	0%	0%	0%
Strongly disagree	0%	0%	0%	0%	0%
Mean	3.8	3.8	3.9	3.8	3.8
31. The presenter(s) responded well to questions.					
Strongly agree	85%	68%	87%	89%	82%
Agree	15%	32%	13%	7%	17%
Disagree	0%	0%	0%	4%	1%
Strongly disagree	0%	0%	0%	0%	0%
Mean	3.8	3.7	3.9	3.9	3.8

C. Please indicate the extent to which you agree or disagree with each of the following statements: (continued)

	Duluth (N=32-33)	Grand Rapids (N=24-25)	West St. Paul (N=23)	Marshall (N=27)	Total (N=106-108)
32. The training packet contained helpful information.					
Strongly agree	79%	76%	78%	89%	81%
Agree	21%	24%	22%	11%	19%
Disagree	0%	0%	0%	0%	0%
Strongly disagree	0%	0%	0%	0%	0%
Mean	3.8	3.8	3.8	3.9	3.8
33. The material presented will be useful for my work.					
Strongly agree	73%	64%	70%	67%	69%
Agree	27%	32%	30%	33%	31%
Disagree	0%	4%	0%	0%	1%
Strongly disagree	0%	0%	0%	0%	0%
Mean	3.7	3.6	3.7	3.7	3.7
34. I gained new knowledge about tools and resources that are available to use in my work.					
Strongly agree	72%	67%	74%	74%	72%
Agree	28%	33%	26%	26%	28%
Disagree	0%	0%	0%	0%	0%
Strongly disagree	0%	0%	0%	0%	0%
Mean	3.7	3.7	3.7	3.7	3.7
35. I learned how to more effectively use available tools and resources in working with my clients.					
Strongly agree	63%	56%	74%	70%	65%
Agree	38%	40%	26%	30%	34%
Disagree	0%	4%	0%	0%	1%
Strongly disagree	0%	0%	0%	0%	0%
Mean	3.6	3.5	3.7	3.7	3.6

Note: Some percentages may add up to more than 100%, due to rounding.

D. Final thoughts about the training.

36. How do you expect to use this information in your work with your clients?

Will use it for end of life discussions. Sent out the pamphlet to a client who needs hospice services for his wife right now.

I will use the books given to us to start the hospice conversation. The hardest part is having the initial conversation, we learned so many starter conversation tools to use.

Discussions on end of life with residents and families.

Open conversations about different types of care and be better prepared to respond to requests for and about the POLST.

By identifying resources that are available to families that are facing end of life situations or are dealing with serious illness.

I will use it with caregivers and seniors who have a serious illness or are facing end-of-life decisions by referring them to the agencies that can help them with home health care or planning for end-of-life.

I work in home health care and I will be sharing information with our clinicians about this conference, always stressing the importance of an early hospice referral.

The information will be used for training purposes. I am including in our Alzheimer's Disease training already this spring. Also, during new caregiver orientation, I will take a piece of it to use for training.

I'll be able to explain better why and how hospice services could benefit both the client and client's loved ones.

In discussions, explanations and bringing the resources and coordinating the care.

To explain to them the importance of advanced directives and POLST. To give them information on palliative and hospice care.

Early discussions for palliative care, and utilize this for "years" rather than only hospice in the last 6 months.

I am a palliative care coordinator in a hospital and will use this information daily to educate patients and providers about the resources available to us.

The resource guides.

I am caregiver for [family member] traveling through treatment for end stage [type] cancer; personal background was as social worker in hospice program 18 years ago. Therefore, wanted current info as well as chance to network with agencies present.

I am much more confident in letting people know that they can choose Palliative or Hospice care as options and am able to offer them referral information.

Provide information on hospice and end of life.

I work in hospice and the info provided will help me to better serve my patients and their families.

For understanding better what can be offered in hospice for those not on it and who are.

This was for my knowledge as I don't work directly with clients.

I was not familiar with palliative care. I volunteered in hospice a few years. I am an Advanced Care Planning Facilitator - this information was very useful. Well done!

The booklet will be a resource that I can leave with clients that may be thinking about hospice.

Referral services after discharge.

Additional resources for clients/families; able to provide more detailed information re: POLST when questions arise.

I will be able to assist people who do direct care with clients.

I will use this to educate families about the importance of having the conversation and how beneficial hospice services can be for loved ones and care partners.

36. How do you expect to use this information in your work with your clients?

I work in home care and I expect to use much of the information that I received in this training in regards to the advanced directive- especially in encouraging my clients to talk to their families and their provider about making one.

I work with Respite Program and at times caregivers will ask about different services available and how do they get information or who do they talk to. This will add to my knowledge of services available.

Continue discussions about life and death.

Routine part of the job. Will provide a little more information to share. Material could have been more detailed for the population at the training. Much of it was review of what professionals in the field already know.

Be able to give them the choosing hospice booklet and share the other resources given.

Promoting hospice and giving them the booklet we received in the training.

In bringing up these discussions and getting clarification on client wishes well before an emergency may present itself. Helping as a listener and creating a space to have honest, open, and caring conversations... as I continue with the continuity of their wishes... sometimes well beyond the grave.

Encourage clients to fill out an Advanced Directive, at minimum fill out the [name] county Triad Card. I also will be communicating with the local ambulance service to find out how to best help them assist my clients.

Feel more informed to offer resources and connections in our community or within the state for referrals.

Encourage end of life conversations, making an advanced directive, and clarifying what hospice really is.

Encourage them to use hospice.

In dealing with patients and families of patients, and explaining resources that they may be eligible for.

I will use it with my families who are trying to make decisions regarding further care for loved ones, most likely for my patients who can no longer swallow.

In day to day conversations, further medical care planning, assisting with end of life care.

As a front desk person, I am constantly being asked to provide resources for many different things. I also volunteer for the local Hospice so any additional info helps me there.

I can use my increased knowledge and new resources to share with my clients.

65 and older VA clients.

If they need clarification on the POLST or palliative care.

Being a registered caregiver consultant I feel that this will help with those caregivers who may have to face these tough choices later in life. Also with working in an Adult Day Service, this will be beneficial to give to guardians about potential options that they may have when the time comes.

As a caregiver consultant this will help me help the care partners as well as the care receiver.

Although I had knowledge of these topics and previous exposure/coursework, this training pulled all of the topics together in a cohesive manner and gave examples and resources (which I love and very much appreciate) for use with clients.

I expect to use the resources with my members and members' families.

Have already shared information and web sites with staff.

Resources.

Explain when services are appropriate and what the POLST and a health care directive are.

Valuable resources. I will use the hospice book and online health care directive.

In direct visits with clients and in support groups.

Will discuss information at home visits with patients.

36. How do you expect to use this information in your work with your clients?

The FAQ's will be another helpful tool for me to use when working with my clients.
I know more about options and resources and why it's important to plan ahead for situations that may arise from an illness or accident. I hope I am also better able to convey this information to the seniors I work with and their family members in a way that will help them address issues with more confidence and less fear.
I have a better understanding of the services available to elder communities and will be able to refer/assist in locating what is available in their respective areas.
For those caregivers who are caring for someone in late stage dementia, I hope to refer them to palliative care or hospice as an option for support.
Beneficial in both my professional work and personal support of friends and family. Will share with my co-workers and network.
I work with elderly who receive home care services. Many of them use the Hospice benefit.
Greater comfort in discussing the importance of end of life issues and end of life care.
More confident about conversations with clients.
I am a parish nurse and try to encourage parishioners to think about and relate in conversation and writing their values and wishes regarding healthcare-end of life etc.
I have already been trained to be a honoring choices facilitator so this info will enhance that knowledge base to support and help people in my faith community.
This information will play a vital role in working with multi-generations at the [name] Community Center.

37. What are the one or two most useful things you learned from this training?	Mentions
About the POLST (not further specified)	18
The difference between palliative and hospice care	15
Information about Veterans' benefits (not further specified)	11
Resources/Literature/Forms	6
Importance of/about advanced directive	6
About palliative care (not further specified)	6
The difference between POLST and advanced directive	5

Additional comments:
How slow providers are to refer to hospice.
Importance of palliative care and benefits of Hospice.
The training provided information that better clarifies for me the guidelines by which a counselor can work while helping individuals. The information regarding veterans was personally helpful for when I personally help my brother who served in Vietnam during the 1960s.
Palliative care is available for all folks.
The benefits or requirements of hospice.
That Hospice is also a MA and managed care benefit, not just a MC benefit.
Learned more about who palliative covers and VA benefits.
That hospice is not a place rather a form of care and that Veterans have the benefit free of charge.
Veterans also have a Hospice benefit which they may qualify for. Families of Veterans will be directed to the local Veterans Service Office for details of eligibility for these services.
About POLST and how it is being used, where it is and is not being recognized.
Networking with other participants.
Chance to network.
The levels of hospice care.
Conversational techniques for hospice conversation.
Living Wills stopped being used in the State of Minnesota (unless grandfathered in). Helpful advice to listening/answering difficult patient questions/concerns/requests.
I think the main thing I took away from this was how to bring up these topics in a professional way and how to talk about hospice in a positive light and not so much the "end of life" part about it.
New ways of approaching clients with the option of hospice.
Palliative care information and myths.
That determination of incapacity is NOT necessary in MN related to HCDs. Increased number of meds may now be covered under Medicare benefit.
Multi-faceted services hospice can provide.
The myths versus the facts about hospice was very helpful in giving me a clearer understanding of hospice care. I knew about hospice care but not palliative care.
I learned how to approach a patient to have an end of life conversation.
I appreciated learning about the Health Care Directive vs. Living Will, which I was not aware had even changed. We do work with hospice with our clients, so any more information is certainly well worth learning.

Additional comments:

I feel more confident to discuss advanced directives with family members of clients as well as the benefits of accessing palliative care and hospice.

Understanding PC and Hospice better so I can explain it to others better. Emphasize the team approach -all modalities involved in bringing care to the patient. Truly amazing.

That veterans have some different benefits and how the system somewhat works as far as your last wishes.

The difference between palliative care and hospice! I have been a nurse for 3 years and I never fully understood it! I also was inspired to make a health care directive for myself... it's in the works!

I love the 100 things concept. It is such a "practical" way to look at what makes life worth living for people.

The importance of language, debunking myths, having those conversations, and being open to personal wishes... whatever they may be.

I received many useful tools and websites to be able to access when I have caregivers or guardians who need assistance.

I learned that I do have knowledge in these areas and that I have gained additional tools and resources that will be valuable as I support and provide information and referrals to clients. Thank you.

One thing that stood out to me is that we need more conversation among diversity culture. There are more to do about advance planning/ health care directive and utilize hospice and palliative care services.

POLST...I had never heard of this tool. Websites. Lots of resources are available and will be updated accordingly.

Advanced Directive discussions and planning can be billed to Medicare.

Importance of completing my own Health Care Directive. Veteran benefits, as my father and brother are a veterans.

That you don't need an attorney or person of the law in order to make an advanced health care directive. Hospice benefits for the Vets.

That hospice is a free service through Medicare and the importance of getting people on hospice when appropriate rather than waiting until it's so close to the end. Helping them get comfort in their final days.

The insurance coverage, or lack of coverage, generally available for palliative care.

Always a good reminder to talk about a person's wishes when they are healthy and at change in condition.

Veterans have a separate hospice benefit. Palliative care is not recognized and paid for by Medicare.

All the resources were very useful, overall the training was great!

The one or two things I learned/liked most was the brochure on "The Elephant in the room" I think I may be referring to that a lot. Also the information on hospice benefit for Veterans. I knew Vets had many benefits, however, I was unaware that they had a special hospice benefit - very helpful.

I was unaware of POLST and what it means and why it's important. I heard statistics that confirm my observation that hospice often happens much too late. Patients and medical professionals need to be encouraged to consider starting hospice for people earlier.

Importance of end-of-life conversations early.

1) 100 Things Video will be great for opening discussions. 2) Overall handouts and free information available for use.

I am ashamed to say that at [#] years old, being in this field for over 6 years, I have never learned about POLST OR Health Care Directives, so that is definitely my largest take away from the training.

Veteran's end-of-life care and the information provided on palliative care.

M.A. payment for hospice.

All that these agencies can do to help everyone in need.

Was unaware of the services that were available to some veterans at end of life.

Connection with the MNHPC if I have questions in the future.

Additional comments:
Affirmed my knowledge of palliative care. Gave me information on Veteran's and their hospice, POLST. I would not have known this otherwise.
More specifically what hospice can provide.
Information was very general and useful for someone just coming into the field.
Information on advance directives & how to answer questions about end of life/prognosis/diagnosis.
A reminder to update your healthcare directive on a regular basis.
The efforts that are made to clarify some of the misconceptions and myths.
I liked the video about ALS and the VA information.

38. What are the one or two areas covered by this training that you think will be most useful to other home and community-based service providers?	Mentions
Hospice vs. palliative care (not further specified)	14
Information about Veterans' benefits (not further specified)	13
Palliative care (not further specified)	9
POLST vs. Advance care directive	8
Resources/information (not further specified)	6

Additional comments:

The importance of entering hospice care earlier. Important for my caregivers to be aware of for their planning end of life.

Explanation of the POLST, advance directives and living will. All the terms get used frequently and no one really clarifies. It was nice to learn what was legal what was not, and what the differences for each were.

The ease of access to hospice and palliative services, the benefits to the family as well as the patient, the team approach to care, and how to have those difficult conversations. I am very apt to now discuss health care directives because I have a broader knowledge and understanding of their creation and importance in overall care.

I think that HCBS providers can use the information about POLST and health care directives to help their clients plan for their future care. I think that they can also help clarify what hospice is and encourage their clients to take advantage of the services if they need them.

I believe the same as we had for training and providing information to our Home Health Aides. Also, making sure clients know what the options are.

They will know that Hospice is available to their clients even if the clients go into long-term care and that some clients do 'graduate' from Hospice. Clients don't have to have proof positive that they'll die very soon to benefit from the Hospice programs available in this area.

How to have conversations. How to get the word out.

Referrals to Hospice.

Questions regarding myths of Hospice.

Levels of care.

I think the POLST part was very interesting. Although [location] has not adopted this form yet, I feel as though the more communities that advocate for it, the more prevalent they will become.

Knowledge of palliative care and the benefit it is in the well-being of the client. The importance of advanced directives in having your wishes known, and the need for health care providers to initiate that discussion with clients.

Most people don't know what palliative care is or the difference between palliative care and hospice.

Collaboration needed Choice of care options is a good thing to offer patients.

How to engage patients and families in conversation about hospice care and who to direct their questions to.

Just on how the right people can make a difference.

POLST

Culture and influence, belief on end life.

How much Hospice can help people.

How palliative care and hospice care can work together. The importance of a palliative care team.

How to have to the hospice conversation – video.

Healthcare Directive Training How to bring up the topic of ACP.

Additional comments:

What agencies/providers are available to assist in advanced care planning.

Better referral process. i.e.: clients can utilize hospice or palliative care sooner than they may have thought.

Myths and stigmas that surround Hospice services. Community based services need to educate the general public to have an understanding and familiarity.

The advanced directive info.

Cultural differences. Real life example video of a person with ALS and their perspective.

Hopefully in the future the POLST form.

Hopefully will generate more referrals to palliative and hospice services.

I am excited about the possibilities of the portal for gaining and exchanging information that will be useful to clients and for learning more through sharing with others.

Up-to-date website. That is so important for appropriate referrals.

I felt the resources were especially helpful-I really like the MNHPC brochures on each of the topics-easy to read, large print. A great resource for community based providers.

Definition of POLST. What makes people eligible for different programs and services?

All of the training. I feel it should be mandated.

Questions to ask the MD.

Healthcare directive and how it can be developed so easily and it's importance and the roles that hospice plays in terminally ill lives.

Options for veterans and how to start conversations about the "elephant in the room."

ALS video.

Hospice greater knowledge of....That our agency helps seniors for free to do HCDs!!

I believe one key useful item was the training packet with the links and websites. I also think just giving people the rundown of what the myths and facts are about Hospice is very beneficial.

What is POLST and how it is used.

Working together as a community to understand some of these issues and compelling us to action to help people get their POLST, HCDs, or other wishes in writing, well before they may be needed in an emergency situation.

All the benefits of Hospice as in what is paid for.

Importance of having a health care directive and how to get one.

Conversations about health care directives.

Vets care and POLST.

I think that continuing to push information about the POLST and Health Care Directives is most important.

I think that the information about veteran's services and the information about the growing field of palliative care was interesting to me and I would be hopeful that it was to others as well.

Services that are provided through Hospice.

Benefits of Palliative Care.

The presentation of information was excellent, and I wonder if an addition of role modeling might be of use to attendees in future settings.

The knowledge gained and received by those that attend this training.

POLST discussion within community.

39. Would you recommend this training to other home and community-based service providers working with communities similar to yours?	Duluth (N=33)	Grand Rapids (N=25)	West St. Paul (N=23)	Marshall (N=27)	Total (N=108)
Definitely Yes	91%	80%	83%	85%	85%
Probably Yes	9%	12%	17%	15%	13%
Probably Not	0%	8%	0%	0%	2%
Definitely Not	0%	0%	0%	0%	0%

40. Are there any topics that you feel should have been covered in more depth?	Duluth (N=33)	Grand Rapids (N=25)	West St. Paul (N=23)	Marshall (N=27)	Total (N=108)
Yes	18%	32%	13%	7%	18%
No	82%	68%	87%	93%	82%

Additional comments:

Veterans' information

How to fill out the AHCD. Examples. It is one of the main stumbling blocks to completing the form. The barrier is what to write and why.

Medicare coverage. Prescription drugs may or may not be covered by hospice. It depends on if they are related to the terminal illness. It should also be clarified that Medicare does not cover room and lodging through hospice. That is a common misunderstanding when people are told "hospice covers everything".

I could have used a whole 8 hour day for training! Lots of material.

I would have liked to have more info on the POLST. Even a good link in the portal would be great.

I was hoping for more in depth information. It was basic information for anyone who has been in the care-giving field of work. Maybe more well suited for general public or family members.

All topics. Most experienced providers already know the basics.

I would have been interested to know what the presenters think about situations in the hospital where the family is adamant about continuing with cares that the patient did not want as spelled out in their directive. How often have ethics committees been used?

Veterans' hospice benefits.

Local hospice & palliative care options.

The specifics and legalities of using the POLST and advanced directives.

I feel this training would have been more beneficial to family or community. Agencies would have benefited more if the topic went deeper.

I feel that this training was geared more to the general public and presented basic information. If advertised for health care professionals and those already working with home and community based services, the presentation should have been much more in depth.

List of local end of life services.

Actually, my answer is a maybe. I am always working to learn more so I never feel my knowledge is complete; I want to be able to provide the best and latest information to those I support. That is why I am interested in the portal and additional information as it is available for us.

More information on palliative care, more role plays, case studies, or more developed scenarios to engage the participants more effectively with the information...it was a lot of info download from the presenter without giving participants a chance to speak or apply the info to situations they face day to day in their work .

I think that role modeling of some potentially difficult situations might be of value to attendees.

Maybe some scripting on how to approach these usually uncomfortable subjects. If having an advance directive or talking about hospice makes people think of death, how do we start to lose the stigma? I understand more education would help, but getting the conversation started is sometimes difficult.

Veterans' information.

41. Is there anything else that could have been done differently to make this training more effective for home and community-based service providers?

Well organized workshop.

No I think it was well covered and applicable to home care.

Focus more on hospice and palliative services in the area and how to enroll patients in those programs.

Offer CEU's for respective groups, i.e. Nursing Home Administrator group.

It was great.

It was an exceptional training.

Perhaps more a handbook.

Possibly a couple more scenario examples - I relate to those the most.

I walked away still not knowing what a POLST really is. It could have started by defining the basics better.

If you went in depth it would have been an all-day training and those can be less effective with learning and knowledge retention.

Get to the actual material sooner. Intro was way too long.

Nicely done and wonderful facility in Grand Rapids.

It was a very good training. I learned a lot of valuable information that I will use at my job.

I felt it covered things well considering you had an audience from different fields and services.

I was very pleased with the training.

Believe that the presentation did a great job to answer all of my questions.

Do a version of it for the doctors and providers in [county]. Every county for that matter.

Perhaps it's delivered to different groups in the community and different times, but I was surprised to not see any doctors or many medical professionals in the room. Perhaps it could be presented to other professional groups. I'm a financial advisor by trade... and can certainly apply this in the work that I do... but also in the volunteering I've done with hospice and my personal experiences that continue to educate me on the importance of planning.

Offering a weekend training to assist in physician's ability to attend or making it a community education presentation.

More time and more training.

Went deeper into the information.

As indicated previously, it was very basic information that was much more appropriate for the general public who may be unfamiliar with hospice care.

I think it would be good to learn a little bit about Medicare and how that plays a role in hospice. I know a lot of nurses, including myself feel uncomfortable talking about the insurance aspect of it and that may be a big boundary between the client choosing hospice.

Webinars.

Learn of it in the local newspaper vs word of mouth or E mail only....

I really liked this format and length of training along with the opportunity to meet other providers. I have yet to fully explore all of the resources that have been provided. For building on this training for those who have attended, it might be nice to have materials to reinforce this including possible follow-up training in person and/or online as it is available.

Good training, I learned a lot.

It was great. Maybe a few more "real people" examples.

Very good training! I have already recommended it to some of my coworkers.

Use more techniques that engage participants with the information, even if it means adding 30-40 min to the total training time.

41. Is there anything else that could have been done differently to make this training more effective for home and community-based service providers?
Hard to go into detail with such little time.
More time for local hospice providers to indicate what they do.
More specifics as to who the expected audience would be-providers more than patient/family. I was not certain when I read the poster. And a way to bring the information to our communities. It is difficult sometimes to do this locally due to 'competition.'
Great job!! Both presenters were confident in the topic and easily to listen to!
It was a lot of info in a very short amount of time.
Add a half hour to accommodate a break in the discussion. Can be an overwhelming amount of information to go over in a short amount of time.
No - depending on the knowledge of the provider.
It was well presented and informational. I would recommend it to service providers in communities I work with and would include how to present in a cultural environment.
Would be interesting if everyone wrote a post it note at the start of the training about their views related to preparing for death... The best way to do this is pose a question for people to answer. The post it note notes would be collected and placed on a board (keep the comments anonymous). The question could be...have you experienced a situation where a loved one's health directive guided you...or the opposite ...tell us about the confusion cause because someone did not have a health directive...
It was a wonderful training.
Add a quick reference sheet for the area for hospice, palliative care and VA.
I don't believe so. I found the information in this training very helpful just as presented.
More discussion on the billing side of things and how co. funding is organized to assist with services.
I received great information that was understandable.
It was very well presented.
I was the only male attendee in this training. I think that more males should be attending these informative workshops. I also think that when individuals have more information, they make better decisions, both individually and collectively.
A short 5 minute break during the morning and afternoon session would have been nice. The only break we had was lunch. It is hard to retain information for several hours at a time with no break.
I think that it would be great if more families were educated on these topics.
I thought it was very good. Appreciated the hand-outs and reference information.

42. Would you be interested in becoming a trainer to deliver a similar session(s) to home and community-based service providers within your community?	Duluth (N=33)	Grand Rapids (N=25)	West St. Paul (N=23)	Marshall (N=27)	Total (N=108)
Yes	18%	20%	22%	26%	21%
No	82%	80%	78%	74%	79%