

COPD Summit Survey Results

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RS Burman & Associates, LLC



COPD Summit Survey Results

Demographic Data

Summit Participants by County

		Frequency	Percent	Valid Percent
Valid	Maricopa	31	45.6	45.6
	Pima	14	20.6	20.6
	Pinal	4	5.9	5.9
	Yavapai	7	10.3	10.3
	Yuma	3	4.4	4.4
	Mohave	4	5.9	5.9
	Coconino	1	1.5	1.5
	Greenlee	2	2.9	2.9
	Gila	2	2.9	2.9
	Total	68	100.0	100.0

Summit Participants by Job Title

		Frequency	Percent	Valid Percent
Valid	RCP	26	38.2	38.2
	RN/LPN	5	7.4	7.4
	MD	2	2.9	2.9
	Vendor	4	5.9	5.9
	Health Educator	9	13.2	13.2
	COPD Patient	16	23.5	23.5
	Other	6	8.8	8.8
	Total	68	100.0	100.0

Q1. What did you like the most about the breakout sessions?

General Comments: Sharing Ideas, Information, Resources & Networking (42 Responses)

Interaction

It was interesting to hear opinions of people from other areas.

The melding of the people and disciplines. Hearing other points of view, ideas, and needs.

New ideas

Brainstorming ideas

Great interaction between the different groups; professionals, patients, and leaders

Fresh ideas and perspective

Personal interface

Input from different roles; How to approach audiences in different locations

Brainstorming came up. Lots of different views.

Versatile ideas

The ideas that came up and the collaboration

Trade information. Everyone involved.
Networking with people from different areas. Input from COPD patients.
Networking, enthusiasm.
So many ideas. Learned more about other programs.
Learn different things from different professions, resources, what is available.
Interaction
Break dancing! Opportunity to speak to COPD patients, respiratory therapists. Candid discussion.
Meeting others
Being able to talk to a diverse group. Getting information from all angles.
The interaction with a diverse population that COPD impacts and formulating ideas to streamline diagnosis, care, management of this disease process.
Networking
Sharing/networking
Learning from each other
The input of all the people who have COPD.
Information from other people; conversation; idea sharing
Learning about different problems, etc related to COPD. Different opinions - patients, caregivers, and therapists.
Informative, interactive, and sharing diverse ideas
Heard different ideas
Exchange of ideas
This was my first Summit. I was impressed [with] the involvement of people here. They are numerous resources for COPD.
New ideas
Interesting and very informative. Everything!
Ability to make some changes and work with others.
Idea sharing
Input from diverse group brought up many valid points
Hearing about what is going on throughout the state
It was awesome. I learned a lot from different perspectives.
Working with different groups
I liked it where everyone had input and general ideas were tossed around and discussed.
Meeting other professionals that are NOT RT's

Specific Comments: Education & Awareness (4 Responses)

Discussed the need for legislative and educational awareness along with better awareness among physicians
Intention to replace fear with knowledge
Patient input
Patient awareness

Miscellaneous Comments, Strengths, & Weaknesses (9 Responses)

Well organized
[I liked] Everything
Vendors
Individual participation
Very innovative
Interested in being on Advisory Board

Location, directions, availability of oxygen if needed. Sound system could have been better. Too rushed, too much confusion. I liked location, accessible, staff very friendly and helpful. People with hearing problems could not hear speakers. I have never felt so much like an inmate to be asked to run the asylum. The presentation of "the plan" was too general and too [erratic] so I have no idea how any of this is supposed to fit together

Q2. Please list one action step you will take as a result of the COPD Summit to make COPD a priority in your organization.

Improve COPD Education in Organization (21 Responses)

*Educate my patients more.
education
Education outreach
Step up education of in-patients. Provide more smoking cessation.
Increase COPD education
Educate patients
To incorporate future COPD education/training with my respiratory care students.
Education of PA's
Educate patients
Increase staff education.
Awareness - especially to inpatients, upon admission - diagnosis. Educating ASAP what's available in our community
I started a patient education program for COPD in August. I am expanding it to offer more -- including support groups
Educate Home Health nurses about COPD
Educating others
Involve patients in the development of our program.
Would love to set something up in the rural area (Wickbenburg) to help educate our community and physicians
Education is going to be priority one.
Speak out
Will speak with disease managers
Plan to become involved in Better Breathers
Invite ALA to speak with physical therapy students*

Share Information/Improve Resources (11 Responses)

*Share information with county health department
Look for information online. Brochures about COPD for clients in catalogs.
Sharing my experience with COPD and express to them vulnerability of everyone to get COPD
Access and dispense information, brochures, etc.
Network with RT's on the reservation and share.
Create a liaison committee to coordinate activities with various related organizations (each organization providing a committee member)
Create a resource book that all could refer.
Make sure all ER folks are giving available COPD/tobacco cessation to appropriate population (it's available - but not getting out there as well as it could)
Bring information to my hospitals where I work to initiate group enthusiasm*

*Develop a reference list of education resources.
Better cooperation between all COPD organizations*

Improve Smoking Cessation Education (5 Responses)

*Aggressively get smoking cessation information out there to smokers
Smoking cessation training to RT's at my facility
Help my members quit smoking
Tie in COPD information to tobacco cessation
Promoting a smoke-free environment*

Will Take COPD Certification Course (4 Responses)

COPD education certification

*Will take the course.
Enter the COPD Specialist Certification Course to help family, clients in the community.
I want to take the classes you offer.*

Increase Screenings (3 Responses)

Increase screening throughout the community.

Spirometry screening

Screenings, health fairs, newsletters, develop group.

Employer Awareness (1 Response)

Making employers aware of costs and lost time due to ignoring air quality and respiratory protection.

Miscellaneous (5 Responses)

*COPD is a priority in my life with few others.
I live with COPD. It's always a priority.
I will be doing my internship with the COPD program.
Include me please in the Advisory Group
I don't have an organization*

Q3. The COPD Summit has made me more aware of Arizona's Lung Disease Control Plan.

		Frequency	Percent	Valid Percent
Valid	Strongly Disagree	3	4.4	4.9
	Disagree	2	2.9	3.3
	Agree	39	57.4	63.9
	Strongly Agree	17	25.0	27.9
	Total	61	89.7	100.0
Missing	9	7	10.3	
Total		68	100.0	

Q4. I found the COPD Summit to be useful.

		Frequency	Percent	Valid Percent
Valid	Strongly Disagree	3	4.4	4.8
	Agree	31	45.6	50.0
	Strongly Agree	28	41.2	45.2
	Total	62	91.2	100.0
Missing	9	6	8.8	
Total		68	100.0	

Q5. I was satisfied with the content discussed in the breakout sessions.

		Frequency	Percent	Valid Percent
Valid	Strongly Disagree	3	4.4	4.9
	Disagree	2	2.9	3.3
	Agree	33	48.5	54.1
	Strongly Agree	23	33.8	37.7
	Total	61	89.7	100.0
Missing	9	7	10.3	
Total		68	100.0	

Q6. I would like to participate in the COPD Coalition work group.

		Frequency	Percent	Valid Percent
Valid	Definitely Not	9	13.2	16.4
	Potentially Yes	27	39.7	49.1
	Definitely Yes	19	27.9	34.5
	Total	55	80.9	100.0
Missing	9	13	19.1	
Total		68	100.0	

Q7. I would like a leadership role in the COPD Coalition.

		Frequency	Percent	Valid Percent
Valid	Definitely Not	22	32.4	39.3
	Potentially Yes	24	35.3	42.9
	Definitely Yes	10	14.7	17.9
	Total	56	82.4	100.0
Missing	9	12	17.6	
Total		68	100.0	

Q8. What areas do you see you or your organization most interested in?

Education	85%
Raising Awareness	68%
Screening & Early Diagnosis	52%
Support	41%
Treatment	34%
Advocacy	26%
Other	11%

Q9. Please rank your preference of the meeting format for COPD Coalition meetings.

1st Choice	
Face to face meetings in Phoenix	53%
Face to face meetings with rotating locations	44%
Webcasting via your computer	32%
Video conferences in various locations	24%
Telephone	3%

2nd Choice	
Face to face meetings with rotating locations	33%
Webcasting via your computer	30%
Face to face meetings in Phoenix	19%
Telephone	13%
Video conferences	8%

Q10. What accomplishments would you like to see from the COPD Coalition by the end of its first year in existence? What accomplishments would you like to see after five years?

Raising Awareness (20 Responses)

For people to be as aware of COPD as they are other diseases.

More people aware of the program.

See more people become aware; more testing; COPD be on the level of cancer.

Awareness

Increase public awareness of COPD as a serious health problem.

Raising awareness that not all COPD patients are smokers or brought the disease on themselves.

Overall awareness in the community.

Make the general public aware of the size of the problem and educate them on signs, treatments, and lifestyles.

Everyone will know of the information and be aware of their choices and possibilities.

Community and governmental awareness.

Further education to CM, Medical Field, Pima County.

Clients/families have 50% more knowledge of COPD (Pima county).

Arizonans are aware of COPD and how to prevent it

Year 1- Increased awareness.

Year 5 – Awareness high.

Public Education.

Catching it in the early stages

Within 5 years, COPD will be known like cancer or AIDS.

An understanding of the significance of the disease and how much its effects can be minimized in how they restrict lifestyle.

Public awareness and education: schools, health clinics, medical facilities.

Strategic Planning & Organization (18 Responses)

1 Year: Formalized plan; 5 Year: Have plan fully implemented

A long-term goal to successfully streamline COPD education, awareness, treatment, and effective management of this disease process.

2. Establish coordinated COPD educational programs for patients.

1st year - A standardized curriculum and materials to train patients about COPD

5th year - A fully operational program training providers and serving as a resource to those working.

Well established coalition (statewide awareness

Better coordination between agencies and services

Unification of COPD material statewide

Relationships enhanced/created.

1st year - comprehensive changeable program

5th year - a working program for COPD patients

Coalition formed and active

1st year: Establish a solid base and performing outreach services

Better communication amongst various groups.

Work with other states and get a unified program for all

Needs and Resource Assessment Data published.

Arizonans leads the nation in COPD prevention and treatment.

Arizona shares its model for success with other states.

Legislation & Regulations (6 Responses)

That establishments be more accommodating to COPD patients (FAA, health care). Also that people working for same understand COPD restrictions.

That all insurance companies require COPD patients take the program.

We really need better health care coverage. Increase in laws -- whatever it takes for this.

Legislation

I would like to see a coalition focus on areas of IMPACT and LEVERAGE such as legislators, lobbyists, unions, and not worry about grade schoolers.

Conformity in airline regulations regarding oxygen.

Not a word here today on air travel with oxygen, which is the biggest pain that COPD patients face.

Resources (4 Responses)

Accurate listing of Arizona resources

Arizonans know where they can go for resources (one-stop shopping

Year 1 - Websites, support groups in place and accessible to all.

5th Year: Full blown media campaign awareness/COPD coordinators, etc

Management & Treatment (4 Responses)

*Pulmonary Rehab programs throughout state in major medical centers
Alternative strategies for providing the equivalent of pulmonary rehab to patients in communities without rehab.*

*Better Breathers support groups and pulmonary rehab available. Both [should] be made more available. People [should be] made aware of the use of rehabs.
Better patient management.*

Screening & Early Diagnosis (3 Responses)

*Spirometry in Primary Care Physician offices.
Spirometry tests for smokers done annually and PCP location.
A strong prevention program. Established standard for screening.*

Research & Evaluation (2 Responses)

*Monitoring of patient compliance - strategies and tools so we can evaluate outcomes
Involve multi-disciplinary health practioners. Evaluate efforts*

Miscellaneous (1 Response)

To have a national day be celebrated. Have presentation in schools.