

SALLY BEAUMONT, CHAIRPERSON
RUTH BEIDEMAN
JAMIE MAGEE
JAMES MOSELEY
PENNY ORNDORFF
SCOTT PHILLIPS



LARRY SAVAGE
FRANCINE SHOCKLEY
ANNA SHORT
FRAN SMITH
JOHN WILLIAMS

Advisory Committee on Aging & Adults with Physical Disabilities for Sussex County

Minutes of Meeting

Monday, November 18, 2013

A meeting of the Advisory Committee on Aging & Adults with Physical Disabilities for Sussex County was held on Monday, November 18, 2013, at 10:00 a.m. at Heritage at Milford Senior Living, 500 South DuPont Boulevard, Milford, Delaware. The following members were present:

- | | |
|----------------------------------|----------------------|
| 1. Sally Beaumont, Chairperson | 6. Scott Phillips |
| 2. Ruth Beideman | 7. Larry Savage |
| 3. Jamie Magee | 8. Francine Shockley |
| 4. Jill McCoy (nonvoting member) | 9. Anna Short |
| 5. Penny Orndorff | 10. Fran Smith |

Also in attendance were Patsy Bennett-Brown, Amputee Support Group, Sussex County Chapter; Eleanor Vaughan, Serving Hearts; Paul Schwab, Alzheimer's Association; Dr. Alexis McKenzie, House Calls, LLC; Murt Foos, Serving Hearts; Barbie McDaniel, Delaware Hospice; Al Morris, Delaware Hospice; Rebecca Kibbe, Milford Senior Center; Gary Grimanelis, Diabetes and Chronic Disease Self-Management Workshops; Elles Miller; Amber Woodland, Procino Wells, LLC; Pat Barnes; Dave Jaeger; Bob Chin; Katie Macklin, Alzheimer's Association; Lisa Bond, Delaware Division of Services for Aging and Adults with Physical Disabilities; Christine Steele, Griswold Home Care; Lisa Celik, Lewes Senior Center; and Doris Schonbrunner, Heritage at Milford Senior Living.

Call to Order

Ms. Beaumont called the meeting to order and welcomed everyone on behalf of the Advisory Committee.

Everybody joined in singing "Happy Birthday" to Sally Beaumont on the occasion of her birthday. Ms. Beaumont recognized Committee member Scott Phillips who will be celebrating his birthday on November 19 as well.

Ms. Beaumont thanked Doris Schonbrunner, Executive Director, Heritage at Milford Senior Living, for hosting the Advisory Committee's meeting and for the refreshments provided. Ms. Schonbrunner graciously offered to take anyone interested on a tour of the facility at the conclusion of the meeting.

Introduction of New Committee Member

Ms. Beaumont introduced and welcomed Jill McCoy with the Delaware Division of Services for Aging and Adults with Physical Disabilities (DSAAPD), to the Committee. Ms. Beaumont shared that Ms. McCoy has worked with the Delaware Department of Health and Social Services for over 18 years. During the last 14 years, she has been with DSAAPD in numerous capacities, currently serving as administrator of the Aging and Disability Resource Center and the Delaware Money Management Program. In addition, she serves as executive director (volunteer) of the Chesapeake Feline Association in Maryland. Ms. McCoy replaces Cynthia White as a nonvoting member of the Advisory Committee.

For those who may not be familiar, Ms. Beaumont stated that the Advisory Committee consists of 11 members appointed by the Sussex County Council. There are two representatives from each of the five councilmanic districts in Sussex County, with one district having three representatives. The County Administrator and a representative of the Delaware Division of Services for Aging and Adults with Physical Disabilities also serve as nonvoting members.

Approval of Minutes

A Motion was made by Scott Phillips, seconded by Ruth Beideman, to approve the minutes of September 16, 2013, as distributed. Motion Adopted by Voice Vote.

Correspondence

E-MAIL FROM DENNIS LEEBEL, PARKINSON'S EDUCATION AND SUPPORT GROUP OF SUSSEX COUNTY

RE: Requesting Advisory Committee sponsorship of the "Aging in Place" Community Forum being held on January 23, 2014, 5:30 to 8:30 p.m., at the Cape Henlopen High School Theater and Auditorium, Lewes, Delaware.

Ms. Beaumont took the opportunity to commend Dennis Leebel on his work with the Parkinson's Education and Support Group of Sussex County and for the \$2,500 he was able to obtain for the Committee's *LIVE Conference*. Mr. Leebel is requesting that the Advisory Committee support the "Aging in Place" Community Forum as a sponsor. Additional information was provided by Christine Steele, Griswold Home Care, who stated that this will be a three-hour presentation to the community, open to the public and free of charge. The forum is being held in partnership with Beebe Healthcare, with topics of discussion to include the Affordable Care Act and aging in place. Publicity is just getting underway, but there will be free time to visit exhibitors, as well as a question and answer period. To date, presenters from Beebe Healthcare, Delaware Health and Social Services, St. Francis Hospital PACE Program, Christiana Care Visiting Nurses Association, Griswold Home Care, and the Greater Lewes Village have been confirmed. A formal flyer with full details regarding the forum will be circulated once it is finalized.

A Motion was made by Fran Smith, seconded by Scott Phillips, that the Advisory Committee on Aging and Adults with Physical Disabilities for Sussex County supports and agrees to participate as a cosponsor of the “Aging in Place” Community Forum being held on January 23, 2014, from 5:30 to 8:30 p.m. at the Cape Henlopen High School Theater and Auditorium, Lewes, Delaware. Motion Adopted by Voice Vote.

Further, it was the consensus of the Advisory Committee to have a presence at the forum with a kiosk.

Guest Speakers

Anna Short introduced Lisa Bond, Deputy Director, Delaware Division of Services for Aging and Adults with Physical Disabilities, and Katie Macklin, Executive Director, Alzheimer’s Association, Delaware Valley Chapter, who were invited to speak regarding the *Delaware State Plan to Address Alzheimer’s Disease and Related Disorders*.

Katie Macklin began by sharing some background as to why the development of the *Delaware State Plan to Address Alzheimer’s Disease and Related Disorders* was pursued. Ms. Macklin reported that Alzheimer’s disease is considered to be the public health crisis of the 21st Century. To relate some startling statistics, it is estimated that one in nine people over the age of 65, and one in three over the age of 85, currently have Alzheimer’s, and every 68 seconds someone in the United States develops the disease. It is estimated that more than 5,000,000 Americans currently have Alzheimer’s disease, and by mid-century there will more than 16,000,000 Americans with Alzheimer’s if a cure, new treatment, or ways to prevent the disease are not found. The State of Delaware estimate is that more than 26,000 Delawareans currently have Alzheimer’s or a related disorder, and that number is growing at an exponential rate, given that a large percentage of the population is already in the 65 and over age group.

Knowing that age is the greatest risk factor, coupled with an influx of retirees especially in Sussex County, it was felt that now is the time to develop a State plan to address Alzheimer’s disease and related disorders. As the number of Americans and Delawareans developing this disease increases, the cost of caring for this population is expected to be greater. Not only does the disease have a significant financial impact, there is the physical and emotional toll it takes on millions of families, friends, and caregivers who must provide exhaustive around-the-clock care. Alzheimer’s disease is considered to be the ultimate thief—the thief of independence, the thief of memories, the thief of time, and ultimately the thief of life. It robs spouses of lifetime companions and children of their grandparents and parents, so it is urgent as a State and nation to do everything possible to address the disease.

At the national level, Ms. Macklin stated that in 2011 President Obama signed into law the National Alzheimer’s Project Act which called for the creation of a national strategic plan to address Alzheimer’s at the national level. The plan was released in May of 2012 and was updated in May 2013. The plan includes goals and recommendations for the country as to what can be done to address Alzheimer’s issues nationwide. Realizing that more needed to be done at the local level, several states have already developed or are currently in the process of

developing their state plans. To ensure that Delaware is a dementia-capable state, and in an effort to support the thousands of Delawareans impacted by this disease, the Delaware Valley Chapter of the Alzheimer's Association approached and met with the Delaware Division of Services for Aging and Adults with Physical Disabilities in regard to forming a partnership to collaborate and best address Alzheimer's in a comprehensive, cost-effective way in the State. To that end, the plan for Delaware was drafted.

Lisa Bond continued the presentation by discussing in more detail the *Delaware State Plan to Address Alzheimer's Disease and Related Disorders*, a plan that truly represents a collaboration between the Alzheimer's Association and DSAAPD. Ms. Bond explained that in September of 2012, a task force was established consisting of caregivers, professionals, advocacy groups, etc., from all across the state which met to create a plan in Delaware and map out over the next several years how to address the growing issue of Alzheimer's disease and related disorders. As a result of the December 2012 meeting of the task force, five working groups were formed to focus on the following areas:

- Caregiver support
- Public awareness and outreach
- Improving service delivery
- Improving and expanding the state's home and community-based infrastructure
- Training and professional development

The five working groups came back with a list of goals, objectives, and strategies to be included in the Plan, and the task force held a third meeting in April 2013 to review the working group recommendations. In June 2013, three town hall meetings were held, one in each county, to provide the general public an opportunity to offer input into the Plan either in person, by phone, mail, e-mail, or fax until mid-July 2013. As a result of comments received, some changes were made and the Plan was completed in November 2013. Once approved by Secretary of Health and Social Services Rita Landgraf, the Plan will become final.

Ms. Bond reviewed the Plan which is broken down into five sections consisting of Introduction; Impact of Alzheimer's Disease; Methodology; Goal, Objectives, and Strategies; and Appendices listing task force members, working group members, a glossary to identify specific meanings with certain words, resources where people can obtain additional information, and contact information. Five high level goals are established in the Plan as follows:

Goal #1: Promote public awareness of Alzheimer's disease

Goal #2: Improve the delivery of services to persons with Alzheimer's disease

Goal #3: Strengthen the support of caregivers of persons with Alzheimer's disease

Goal #4: Achieve an Alzheimer's-competent workforce in the State of Delaware

Goal #5: Improve and expand Delaware Alzheimer's and dementia-related infrastructure (data, quality assurance, research) by supporting the creation of a Delaware Center for Alzheimer's and Related Dementias [DECARD]

Listed under each goal are specific objectives that speak to how to meet the goals, and then strategies on how to meet those particular objectives. Recognizing that there is no new funding that comes with the *Delaware State Plan to Address Alzheimer's Disease and Related Disorders*, the aim is to leverage and expand existing resources to make them dementia-capable, not simply create all new services. A large focus of the Plan is to improve caregiver support and increase education and training for people providing services to those with Alzheimer's. In an attempt to obtain more federal and research grant funding, the Plan also calls for creating the Delaware Center for Alzheimer's and Related Dementias which will ensure that medical professionals in Delaware have access to the most current research and information available relating to Alzheimer's disease. A timeline will be created for each initiative, and responsible parties assigned to identify a lead or 'champion' to convene the work group or task force to move the initiative forward. Performance measures will be developed as a means of accounting for what has been accomplished during the year. Upon final approval of the Plan, staff will work with the federal Administration on Aging to have it added as an appendix to the State Plan on Aging, which will tie in both levels of state and federal government.

At the conclusion of the presentations, the following questions/comments were taken from the audience:

- Is the Plan on the website? - Ms. Bond will verify that the Plan is available on the DSAAPD website under Publications and Reports.
- Is prevention addressed? - Yes, mainly around promoting awareness of the disease and educating everyone to know the ten early signs of Alzheimer's. Emphasis will be placed on getting the word out so people recognize and understand the symptoms in order to get an early diagnosis and treatment as soon as possible. Strengthening the partnership and relationship with the Division of Public Health to ensure early detection and ways to keep the brain healthy as a person ages will be a focus as well.
- Strategy 2.2.3—"Identify Alzheimer's-related service and educational challenges faced in locations with large number of older individuals residing in rural areas, including access to emergency psychiatric care, and recommend targeted actions to effectively address these challenges"—was noted as central to the charge of the Advisory Committee in terms of partnering and work in that area.
- Individuals in crisis are often taken to the center in Ellendale for assistance; however, staff at the crisis center is not capable of dealing with Alzheimer's patients and they have nowhere to refer them. Jamie Magee stated that although training has been held at the center, the real issue is that they are not educated or equipped to handle Alzheimer's patients.
- As people with dementia deteriorate, they can become much more physical and the issue becomes more complicated. Does Delaware have a plan that will ease the caregiver for a

longer block of time than just the crisis? - Yes, once a person is diagnosed with Alzheimer's, a caregiver assessment is performed. As the disease progresses and caregivers reach their breaking point, periodic assessments provide insight as to how caregivers can be more heavily supported for a longer period of time before looking at institutionalization. Provider assessments are also helpful in that these are the people already managing services and, therefore, familiar with each individual case.

- Is there a respite-type program for caregivers? - Yes, existing respite is being looked at to make it more self-directed.
- Getting back to prevention and/or slowing down the progression of Alzheimer's disease, recent articles have indicated that certain medications to treat blood pressure and cholesterol can slow the progress. Is that the case? - Research is certainly a large part of the mission of the Alzheimer's Association, to eliminate the disease through research into prevention, new treatment, and ultimately a cure. Alzheimer's disease is the sixth leading cause of death in America and the only cause of death in the top ten without an identified way to cure, prevent, or even slow its progression. Although there are certain medications approved by the FDA to help with some of the symptoms, nothing has been identified to definitely slow the progression, stop the progression, or cure the disease.
- Caution was noted for individuals that may be hospitalized with dementia issues. If a person is admitted "for observation," Medicare will not cover the stay. The diagnosis must be billable in order for Medicare to pay.
- More education is needed for general practitioners to take advantage of testing procedures available in making a diagnosis of Alzheimer's or related dementia. Attempts are being made to bring the BCAT test to Delaware, which is considered a very accurate testing tool in diagnosing Alzheimer's. Awareness is a big issue because people are still afraid of the diagnosis and stigmatism surrounding the disease, so increasing education and lessening anxiety is key.
- The need for an emergency plan in Sussex County for adults with dementia was reiterated. Specific strategies to address emergency respite are essential in providing care until family members can be reached and decisions made for the future.
- If not a healthcare professional, what is the easiest way to obtain information? - Churches and the American Legion were mentioned as two possibilities. It was agreed that the 800 number for the Alzheimer's Association should be printed and easily accessible in every phone book and neighborhood directory in Sussex County, a task that the Advisory Committee may be able to address.
- The numbers in Sussex County are particularly frightening—within the next five to ten years, Sussex County, Delaware, is supposed to have more people aged 85 and older than any county in the United States.

- Amber Woodland, Esquire, attorney with Procino Wells in Seaford, addressed some of the legal issues faced by families of those with dementia. She emphasized that people need to plan while they are still able to understand the contents of documents such as powers of attorney or guardianships to avoid the last minute panic that ensues when medical/financial decisions must be made. If there is no power of attorney, the only other option is to obtain a guardianship through the court system, which is more costly, time-consuming, and entirely at the court's discretion. Ms. Woodland explained that even with a guardianship, a doctor is involved to determine whether that person is in fact in need of a guardian, so if a document can be done privately without a physician involved, that is the best course. Powers of attorney are relatively inexpensive at approximately \$250 versus a retainer for guardianship costing \$5,000 to go through a court proceeding and be very limited on what planning can be done.

Ms. Woodland stated there are numerous misconceptions pertaining to the legal authority individuals have, i.e. that husbands and wives can make every decision for their spouse, or that the oldest child has the decision-making power, and that is just not the case. Unless the proper legal documents are in place, information from agencies such as Medicare, Medicaid, Veterans Affairs, or banking institutions will not be provided to family members.

It was agreed that Amber Woodland and Michele Procino-Wells be scheduled to speak at the May 2014 meeting of the Advisory Committee to further discuss matters pertaining to elder law.

Ms. Beaumont thanked Katie Macklin and Lisa Bond for their presentations and the valuable information provided on Alzheimer's disease and related disorders.

Old Business

1. October 9 *LIVE Conference* Evaluation Results

Ms. Beaumont turned the meeting over to Ruth Ann Beideman for a report on the results of the evaluation forms which participants were asked to complete at the conclusion of the *LIVE Conference* on October 9. The evaluation form was prepared by Ms. Beideman, with questions being rated on a scale from one to ten, ten being the highest. In the recap provided (copy attached), it was noted that out of the 136 evaluations received, only one person indicated they would not attend another conference. Ms. Beideman stated the evaluations contained many positive notes, along with suggestions for a future conference.

Ms. Beideman reported that only a small number of ratings were marked lower than seven; namely, breaks, lunch, and time for questions. Suggestions for future topics were broken down into categories following the conference format of **Living Healthy, Living Active, and Living at Home**. A lot of interest was expressed in learning more about the Affordable Care Act, medical information regarding warning signs of a stroke or heart attack, autism, prescription drugs, and several different areas relating to living at home. The second section of Ms. Beideman's report addressed suggestions for improving the conference and getting the word out. Comments included earlier and better advertising, simplifying registration,

adding to the evaluation form the age of attendees and how people heard about the conference, considering a larger facility, more organization and food choices at lunch, and one negative comment about parking.

In order to review the evaluation forms in more detail and begin planning for the 2014 conference, assuming everyone is in agreement with hosting an annual event, Ms. Beaumont proposed that a special meeting of the Advisory Committee be held in early December.

2. Discussion regarding the Advisory Committee's Strategic Plan for 2013-2014 was postponed until the January meeting due to time constraints.

Special Meeting

A special meeting of the Advisory Committee will be held on Tuesday, December 10, 2013, at 10:00 a.m. at the Sussex County West Administrative Complex, 22215 North DuPont Boulevard, Georgetown, Delaware, for the purpose of critiquing and reviewing in detail the evaluation forms from the October 9 *LIVE Conference*, and begin preliminary planning for the 2014 conference.

Next Regular Meeting

The next regular meeting of the Advisory Committee will be held on January 27, 2014, at 10:00 a.m. at the Sussex County West Administrative Complex (second floor), 22215 North DuPont Boulevard, Georgetown, Delaware.

Adjournment

A Motion was made by Fran Smith, seconded by Ruth Beideman, to adjourn at 11:50 a.m. Motion Adopted by Voice Vote.

Respectfully submitted,

Anna Short, Secretary
Advisory Committee on Aging & Adults
with Physical Disabilities for Sussex County

LIVE CONFERENCE
OCTOBER 9,2013
RECAP

Attached you will find the following:

- Recap of evaluations received
- Copy of suggestions to improve future conferences
- Copy of topic suggestions

The conference was a huge success because of the many positive notes that were put on the evaluations along with the many suggestions.

It is exciting to see that out of the 136 evaluations turned in only one person marked they would not attend another conference .

LIVE CONFERENCE
OCTOBER 9, 2013
TOPIC SUGGESTIONS

LIVING HEALTHY:

- Healthy eating, nutrition, cooking, plant based nutrition
- Demonstrations and examples - healthy eating, Nutrition, cooking chef demonstration
- Habits- healthy habits-exercise, sleeping, drinking and eating
- Program - Division of Aging and Adults with Physical Disabilities – conference about programs offered
- Programs – Available independent programs to help seniors live a healthy life style and ways to live independently if alone – stressing low income, costs not covered by insurance
- Affordable Care Act – continued information on how it is and will affect seniors and the disabled
- Medicaid and Medicare-Differences between Medicaid and Medicare, how they work, Medicaid eligibility, understanding application
- Care Giving – topics that will help families and individuals plan and be a care giver
- In Home Services – Differences in home care – more information on skilled and unskilled care in home
- Hospitals – Challenges hospitals are facing, how these challenges are or will affect seniors in the future
- Physicians – Talking with a physician – (panel of doctors was suggested)
- Patients Rights - panel or speaker
- Specific Health Topics – Information on understanding and dealing with chronic pain, mental health issues, Lupus, Palsy, Parkinson, Diabetes, stress management, developmental disabilities issues, vision care and dental care
- Medical information – warning signs of a stroke, heart attack, autism, etc.
- Prescription drugs – information on prescription drugs - currently used, new ones developed, side effects and reactions
- Surgical procedures –
- Durable medical equipment – what and how covered by Medicare

LIVING ACTIVE:

- Jobs-work for 65+
- Activities to stay “young”
- Physical therapy and short term rehab options
- List of volunteer opportunities and opportunity to sign up at conference
- Adult Day Care
- More activities that disabled can do at any time-have demonstrations

LIVING AT HOME:

- Affordable housing
- Being safe in the home – Home security system, state police
- Emergency necklaces or bracelets
- Assistative Technology
- Neighborhood Watch
- Home modification- more information at a basic level
- Home repair services-where to locate and how to pay if can't afford to
- Assisted living accessibility
- Hospice services
- Fuel assistance
- Insurance costs and availability (This could also be health insurance)
- Transportation and what is being done in Sussex County

LIVE CONFERENCE
OCTOBER 9, 2013
TOPIC SUGGESTIONS

OTHER SUGGESTIONS:

- Actual training such as balance
- Involving youth in needs of seniors and opportunities to help
- Planning for “end of life”
- Legal concerns facing seniors such as power of attorney, wills, advance directives, estate planning
- More information on the University of Delaware program
- Money management- Where one can get help and what a person should be concerned about
- Consider looking at encouraging and helping with the establishment of group homes in several smaller Sussex County towns so special needs persons would be able to stay close to their family members
- Conference on community services, partnerships and programs that are available and have had successful outcomes
- Understanding who ombudsman and health advocates are and what they do
- New services for the aging and disabled population
- Adult Protective services
- Crisis intervention services
- Support groups-type and where located
- Preset scenarios of situations (similar to case studies) and how to handle each different one
- Healthy Living—“Engage the Brain for all Ager” (I assume this is some type of program)
- In 2014 follow up on things discussed at this conference

LIVE CONFERENCE

OCTOBER 9, 2013

Suggestions to improve future conferences

IMPROVING THE CONFERENCE AND GETTING THE WORD OUT:

- Saturday conference
- Earlier advertisement so people can have conference in their schedule
- Better advertising- clarity about availability of tickets and how to register
- Consider ads on television
- Keep speakers to schedule
- Use more panels than individual speakers
- Better use of microphones
- Use power points
- Shorten length of conference-sometimes less information is more
- Set a limit on how long people can speak
- Hand outs provided before speakers/panels so could take notes and follow topic discussion
- Take home information such as "hand outs" from panelists and speakers
- More information on where and how to obtain information on topics discussed
- Encourage use of overhead for exhibits and presentations
- More time for questions
- All moderators summarize as Live Healthy moderator did
- More diversity of exhibitors
- List of vendors should be in the program
- List of volunteer opportunities and opportunity to sign-up
- Keep all topics age related
- Provide something to take notes on
- Video tape entire conference- sell tapes so people can refer to them
- Divide the conference – part just for professionals and part for the public
- Have these programs more often
- Prepare when possible charts that persons could consult for answers
- Look into providing CEU's
- Extra person needed to review questions

REGISTRATION AND EVALUATION:

- Persons handling registration should explain more to persons where to go after they have signed in
- Simplify registration for general public
- Add age of attendees to evaluation
- Add how heard about conference to evaluation

FACILITY:

- Room was too crowded- alleviate this by moving exhibitors to the halls
- Section reserved for disabled in wheel chairs and hearing impaired
- Better control of temperature-room was cold
- Use a school-could use class rooms for break out sessions or offer choice of topics of interest to different age groups also would offer a cafeteria

LIVE CONFERENCE
OCTOBER 9, 2013
Suggestions to improve future conferences

FOOD:

- Offer refreshment choices for diabetics/celiac disease
- Lunch was disappointing
- Lunch time more organized-arrange lines so disabled do not have to stand in lines call tables to avoid lines
- Provide assistance for disabled at lunch
- 1. Allow time at lunch to net work don't have a speaker
- 2. Provide method for exchange of emails for net working and exchanging information after conference is over

PARKING:

- Better parking for vendors

Live Conference-October 9, 2013											
Rate this conference from 1 to 10 with 10 being the highest.											
There were 136 evaluations turned in.											
	1	2	3	4	5	6	7	8	9	10	NR
Rate how well the conference met your expectations											
Number of Responses	0	0	0	1	2	2	7	24	28	65	7
% of Responses	0.000%	0.000%	0.000%	0.007%	0.015%	0.015%	0.051%	0.176%	0.206%	0.478%	0.052%
Rate your satisfaction with the location											
Number of Responses	0	0	1	0	2	2	5	14	21	90	1
% of Responses	0.000%	0.000%	0.007%	0.000%	0.015%	0.015%	0.037%	0.103%	0.154%	0.662%	0.007%
Rate your satisfaction with the facility											
Number of Responses	0	1	0	1	1	0	5	20	22	85	1
% of Responses	0.000%	0.007%	0.000%	0.007%	0.007%	0.000%	0.037%	0.148%	0.162%	0.625%	0.007%
Rate your satisfaction with the conference lay out											
Number of Responses	1	2	0	0	4	2	7	31	21	67	1
% of Responses	0.007%	0.015%	0.000%	0.000%	0.029%	0.015%	0.051%	0.229%	0.154%	0.493%	0.007%
Rate your satisfaction with the vendors											
Number of Responses	0	0	1	1	2	3	6	19	34	65	5
% of Responses	0.000%	0.000%	0.007%	0.007%	0.015%	0.022%	0.044%	0.140%	0.250%	0.478%	0.037%
Rate your satisfaction with the format of the conference:											
Registration											
Number of Responses	0	1	1	1	3	10	6	12	18	83	1
% of Responses	0.000%	0.007%	0.007%	0.007%	0.022%	0.074%	0.044%	0.089%	0.133%	0.610%	0.007%
Morning Session											
Number of Responses	0	0	0	4	3	6	7	21	23	69	3
% of Responses	0.000%	0.000%	0.000%	0.029%	0.022%	0.044%	0.051%	0.155%	0.169%	0.508%	0.022%
Breaks											
Number of Responses	0	0	4	6	7	6	6	19	24	60	4
% of Responses	0.000%	0.000%	0.029%	0.044%	0.051%	0.044%	0.044%	0.140%	0.177%	0.442%	0.029%
Lunch Time											
Number of Responses	0	2	4	1	4	10	12	15	22	62	4
% of Responses	0.000%	0.015%	0.029%	0.007%	0.029%	0.074%	0.089%	0.110%	0.162%	0.456%	0.029%

Live Conference-October 9, 2013											
Rate this conference from 1 to 10 with 10 being the highest.											
NR designates "no response"											
There were 136 evaluations turned in.											
Afternoon											
	1	2	3	4	5	6	7	8	9	10	NR
Number of Responses	0	0	0	1	2	4	7	19	27	64	12
% of Responses	0.000%	0.000%	0.000%	0.007%	0.015%	0.029%	0.051%	0.140%	0.199%	0.470%	0.089%
Time for Questions											
	1	2	3	4	5	6	7	8	9	10	NR
Number of Responses	0	3	5	0	6	7	14	12	23	58	8
% of Responses	0.000%	0.022%	0.037%	0.000%	0.044%	0.051%	0.103%	0.089%	0.169%	0.426%	0.059%
Length of the Conference											
	1	2	3	4	5	6	7	8	9	10	NR
Number of Responses	1	1	2	0	0	18	5	19	18	65	7
% of Responses	0.007%	0.007%	0.015%	0.000%	0.000%	0.132%	0.037%	0.140%	0.133%	0.478%	0.051%
Rate your satisfaction with the Panels:											
Live Healthy Panel											
	1	2	3	4	5	6	7	8	9	10	NR
Number of Responses	0	0	1	0	5	5	4	24	20	74	3
% of Responses	0.000%	0.000%	0.007%	0.000%	0.037%	0.037%	0.029%	0.176%	0.147%	0.545%	0.022%
Live Active Panel											
	1	2	3	4	5	6	7	8	9	10	NR
Number of Responses	0	0	2	2	4	6	4	21	24	65	8
% of Responses	0.000%	0.000%	0.015%	0.015%	0.029%	0.044%	0.029%	0.155%	0.176%	0.478%	0.059%
Live at Home Panel											
	1	2	3	4	5	6	7	8	9	10	NR
Number of Responses	0	0	1	0	0	0	2	19	24	82	8
% of Responses	0.000%	0.000%	0.007%	0.000%	0.000%	0.000%	0.015%	0.140%	0.176%	0.603%	0.059%
Rate your satisfaction with the Moderators:											
Live Healthy Panel											
	1	2	3	4	5	6	7	8	9	10	NR
Number of Responses	1	0	1	1	4	2	4	16	24	81	2
% of Responses	0.007%	0.000%	0.007%	0.007%	0.029%	0.015%	0.029%	0.118%	0.176%	0.597%	0.015%
Live Active Panel											
	1	2	3	4	5	6	7	8	9	10	NR
Number of Responses	0	0	2	3	3	0	4	25	24	69	6
% of Responses	0.000%	0.000%	0.015%	0.022%	0.022%	0.000%	0.029%	0.184%	0.176%	0.508%	0.044%
Live at Home Panel											
	1	2	3	4	5	6	7	8	9	10	NR
Number of Responses	0	1	2	2	0	0	6	12	26	66	21
% of Responses	0.000%	0.007%	0.015%	0.015%	0.000%	0.000%	0.044%	0.088%	0.191%	0.486%	0.154%

