Fit and Fall Proof™ (FFP) Program
Sustainability Assessment: District FFP Coordinators

Conducted by
The Center for the Study of Aging
Boise State University

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Executive Summary

The purpose of this project was to conduct a sustainability assessment of the Fit and Fall Proof™ (FFP) program using information gathered from the health district coordinators. A SWOT (strengths, weaknesses, opportunities, and threats) analysis was used to guide the assessment. A SWOT analysis is a commonly used method of assessment in which an organization’s internal strengths and weaknesses and external opportunities and threats are examined.

Qualitative methods were used to conduct the assessment and included telephone interviews with nine individuals (seven (7) coordinators and 2 division directors). Interviews were transcribed and analyzed by the researchers to identify trends and patterns.

Findings from this sustainability assessment were used to identify: 1) strengths and opportunities, 2) weaknesses and threats, 3) alignment of the program with district-level strategic plans, and 4) topics for future workshops. The majority (6 of 7) of the coordinators had at least three years of experience with managing the FFP program for their respective district health department.

A review of the internal strengths and external opportunities of the FFP program indicate that the program has high reputational currency within the community. For example, the program coordinators have forged strong relationships with a wide variety of organizations and garnered the support of volunteer class leaders and organizers. The program is also perceived to add value to the community and others refer individuals to it, and volunteers continue to give of their time and talent. These attributes and the program’s established record of performance enhance its sustainability and provide evidence of its effectiveness and value.

The weaknesses and threats identified by the district coordinators suggest that some changes to the program may be warranted. For example, an examination of the curriculum and delivery strategies is needed to answer the following questions; how could the program be tailored to meet different learning styles and physical capabilities; what paperwork could be reduced or eliminated without having a negative impact on the program; and what opportunities exist to integrate FFP into other programs serving similar populations.

The established connections between the FFP program and district-level strategic plans related to injury prevention, community-partnerships, and older adult initiatives were also identified by many of the participants. This aspect of the FFP program is important to not only the sustainability of the FFP program, but to the future of other district-level community based partnerships.

Finally, the coordinators expressed interest in learning more about models of sustainability. This interest, along with the strength of existing FFP programs may provide a platform for the development of a new model for state, district and community-level programming; one that includes multiple sources of support from both public and private entities.
Introduction

A sustainability assessment of the Fit and Fall Proof™ (FFP) program was conducted by researchers from Boise State University’s Center for the Study of Aging at the request of the Idaho Physical Activity and Nutrition Program (IPAN), Idaho Department of Health and Welfare. The assessment included two activities; a survey of participants in the FFP program and a survey of district coordinators. This document is a report of findings from the district coordinators.

The overall goal of the sustainability assessment was to identify strengths, weaknesses, opportunities, and threats (SWOT) related to the sustainability of FFP programming in Idaho from the perspective of the district-level coordinators. A SWOT analysis is a commonly used method of assessment in which an organization’s internal strengths and weaknesses and external opportunities and threats are examined. Information derived from this type of analysis helps stakeholders understand the various internal and external forces that may impact program performance and sustainability.

Methods

Qualitative methods were used to conduct the assessment and included telephone interviews with the seven (7) district-level FFP coordinators. A standardized survey was used to guide the interviews, see Appendix A. The interview questions along with an introductory message were sent to the district-level coordinators and their managers prior to conducting the phone calls. Managers were invited to participate in the calls at their discretion.

The interviews, scheduled for one (1) hour, were completed within a two week period in April and May 2011 and conducted in lieu of the quarterly conference call required in the FFP program state contract. The conversations were recorded and participants were assured of the confidentiality of their responses.

Coordinators were asked a series of open-ended questions designed to identify internal strengths and weaknesses and external opportunities and threats to the existing FFP program. Prompts and examples of internal and external influences were provided as needed. Participants were also asked if the FFP program had been discussed in relationship to its fit within the district’s strategic plan and to identify activities they would like to have included in future Coordinator/Master Trainer workshops.

Interviews were transcribed and analyzed by the researchers to identify trends and patterns. Any discrepancies in interpretation were discussed until consensus was established. The findings were then used to complete the SWOT analysis.

Results

All seven (7) district-level FFP coordinators and two (2) managers participated in the interview process. The majority (6 of 7) of the coordinators had at least three years of experience with managing the FFP program for their respective district health department.
**Strengths, Weaknesses, Opportunities, and Threats (SWOT) Assessment**

A comprehensive listing of SWOT identified through the interview process was generated, see Appendix B. The following information identifies common themes and unique characteristics reported by the coordinators and/or managers.

**Internal Strengths of the FFP Program**

Internal strengths of high levels of commitment, positive reputation of the program, and strong community partnerships were common among all of the respondents. The following summary statements and quotes exemplify these strengths.

- **FFP is well-recognized and respected.**
  
  “(The) Health Dept. and FFP is very well known for putting on programs that are positive for seniors.”

- **Enthusiasm for and understanding of the importance of the program.**
  
  “We have a lot of staff enthusiasm for FFP.”

  “There is so much enthusiasm from the community providers and participants.”

  “It is a beautiful program. I have seen people get married in the program, die in the program, and move back into their homes from assisted living facilities as a result of the program.

- **Partnerships with other healthcare groups in the local communities.**
  
  “Our coalition partners are a large part of the strength and success of the program.”

- **Coordinators are experienced and have invested many hours in developing relationships amongst various stakeholders.**
  
  “Coordinator efforts are key, she is very experienced and dedicated!”

- **Dedicated group of volunteers who have become class leaders.**
  
  “We have very independent and well-managed volunteers!”

Internal strengths mentioned by several of the respondents included the ability to tailor the FFP program to the needs of class members, flexibility to conduct site visits, an adequate fuel allowance for travel to distant sites, marketing support, and the presence of university student interns.
Internal Weaknesses of the FFP Program

Internal weaknesses common to all respondents were inadequate staff and volunteer time and burden of required paperwork. The following summary statements and quotes provide further explanation of these challenges.

- Inability to provide budgetary and human resource where demand is high.
  
  “We do not have administrative support . . . it gets hard to fulfill the demands.”

  “Our coordinator has been able to maintain the workload, but is currently carrying a lot of responsibility and that is a concern.”

- Recruitment and retention of volunteers.
  
  “Class leaders are difficult to find because they do not want to take on the main leader responsibility.”

  “Class leaders get “burned out” due to leading classes all year.”

- Paperwork is lengthy and time consuming.
  
  “Paperwork is lengthy and time consuming, and some sites have quit because of [it].”

Other weaknesses identified by some of the districts included sporadic marketing support, limited resources for printing program materials, geographic distances between sites, and difficulty in finding facilities that could provide space for the program on a long term basis.

External Opportunities for the FFP Program

External opportunities of strong community-based collaborations, networking, and established expertise were themes expressed by the majority of respondents. The following summary statements and quotes provide further explanation of these opportunities.

- Collaborative nature and funding opportunities within the healthcare community.
  
  “Community partners help us promote the classes, distribute flyers and find potential volunteers.”

- Volunteer support and network.
  
  “We have a strong sense of volunteerism in our community.”

  “We may be able to recruit more volunteer leaders through the physical trainers and medical markets.”
Partnerships with other preventive health organizations.

“There are some people who want to do the program because it ties into what they already do.”

Experience of Master Trainers and Coordinators.

“The Master Trainer had multiple years of training experience.”

Media and word of mouth marketing.

“We have an extensive word-of-mouth avenue here and outlets willing to advertise for free.”

External opportunities noted by some of the interviewees included involvement of university students and programs (service learning) and the value of having the state involved in the administration of the FFP program to facilitate state-wide networking and economy of scale purchasing.

External Threats to the FFP Program

Common external threats noted by many of the coordinators included constraints of money, manpower, and space and competition from other programs.

Budgetary restraints.

“This program is federally funded through Health and Welfare- no District budgetary support- so we would have to close our sites if the funding went away.”

“No money is given to us other than what is given from County (Board of Health) and the State Health and Welfare.”

“There are no new prospects that would sustain the program other than the current process…so, if the State could address that, it would be helpful.”

Recruitment and retention of volunteers.

“They (volunteer class leaders) get worn out, do not have substitutes, or do not want to lead it anymore.”

“Some candidates are still running their farms and it is difficult for them to commit over the long-term.”

Record-keeping and data collection requirements.

“Volunteers are “burned out” with up and go testing.”

“The participants are having to do the same test over and over…it gets repetitive.”
“A new test might be good to implement that tests other aspects...such as, flexibility, strength, agility.”

“Data collection is monotonous...possibly develop another test or a new form of assessment- Independence/Functionality test?”

- Competition from other programs.
  “Silver Sneakers has a good following and is a competing senior-based exercise program.”
  “Some of the facilities (senior centers in particular) that hold FFP do not value the program for seniors. They will often let other things take the place of the FFP.”

- Finding and maintaining adequate facility space.
  “. . . many classes outgrow their facility over time and it may be difficult to find additional space and/or participants may find it difficult to relocate to another space.”
  “When the classes outgrow the facilities, sometimes the participants are unwilling to move to a larger site because they like the personal relationships they have made there.”

External threats identified by some of the districts included competition for volunteers and students from other community/faith-based organizations, challenges associated with seasonal weather changes, and the “one-size fits all” nature of the contracts with the state. The following comment further describes the concern with the contract process.

“There is variability within the state health districts and it is frustrating when they are expected to do the same thing that the other districts do, because they may not be able to do the same thing.”

**FFP Programming and District Strategic Plans**

Respondents were asked if they were aware of district-level discussions on how the FFP program aligns with the District’s strategic plan. The majority indicated that the FFP program was viewed as a component of the district’s injury prevention plan. In addition, several indicated that the FFP program addressed components of the strategic plan related to older adults

“Goal #3 in the strategic plan is to inform, educate and empower people about health issues and #4 in the strategic plan states the need to identify partnerships to solve local health issues.”

“Injury prevention is a top goal for us, and with that mindset we want to be able to address the CDC’s Healthy Community Initiative.”

“We discuss how we will keep the necessary number of classes open for the aging population.”
A comment from one of the respondents also revealed efforts to integrate FFP into the district’s strategic plan by connecting it with other programming. “We have tried to integrate with other programs, for example, nutrition education, diabetes prevention classes.”

Suggestions for Future Coordinator/Master Trainer Workshops

Coordinators were asked to identify activities and/or topics for future training events. Many of the suggestions were related to program sustainability such as, discussion of strategies to help sites become self-sufficient, effective volunteer recruitment and retention activities, and marketing and use of social media.

In addition, participants expressed an interest in discussing changes to the FFP curriculum and developing teaching activities designed to accommodate different learning styles and physical capabilities. Finally, many respondents expressed the desire for open discussions and exchange of ideas during the workshops. See Appendix C for suggestions and other comments provided by respondents.

Discussion and Conclusions

The overall purpose of this assessment was to explore opportunities for sustainability of the FFP program in Idaho. This was accomplished by engaging the individuals most familiar with the implementation of the FFP program, the district-level coordinators, in a SWOT analysis. All of the coordinators readily engaged in the interviews and exhibited a high degree of ownership and pride in the FFP program. Their enthusiasm for and commitment to the FFP program was evident throughout the process.

A review of the internal strengths and external opportunities of the FFP program indicate that the program has high reputational currency within the community. The program coordinators have forged strong relationships with a wide variety of organizations and garnered the support of volunteer class leaders and organizers. The program is also perceived to add value to the community, i.e., participants enjoy it, health care providers and others refer individuals to it, and volunteers continue to give of their time and talent. These attributes and the program’s established record of performance enhance its sustainability and provide evidence of its effectiveness and value.

The weaknesses and threats identified by the district coordinators suggest that some changes to the program may be warranted. For example, an examination of the curriculum and delivery strategies is needed to answer the following questions:

- how does the FFP curriculum compare to other similar programs?;
- how could the program be tailored to meet different learning styles and physical capabilities?;
- what paperwork and/or assessment activities could be reduced or eliminated without having a negative impact on the program?; and
- what opportunities exist to integrate FFP into other programs serving similar populations?
In addition, the findings indicate that the coordinators are aware that support for the FFP program from the state will likely be decreased and/or eliminated. While this loss of resources poses a challenge for FFP programming, many of the coordinators expressed a desire for more autonomy/less oversight from the state. This would occur if the funding of the program was generated at the district and/or local level.

The coordinators also expressed interest in learning more about models of sustainability. This interest, along with the strength of existing FFP programs may provide a platform for the development of a new model for state, district and community-level programming; one that includes multiple sources of support from both public and private entities.

The findings from the FFP program participant survey conducted in conjunction with this assessment also provide valuable insight into the sustainability of the program, see Appendix D. Over 90% (n=819) of the respondents indicated they would recommend the FFP program to a friend or acquaintance with the majority (over 50%) of all respondents reporting increased stability when walking or standing, increased ability to prevent a fall, and more energy and stronger connections with other people. Statistically significant differences (p < .001) were also found between pre and post balance when standing up, using stairs, reaching for items, and taking a bath or shower.

Finally, the established connections between the FFP program and district-level injury prevention, community-partnership, and older adult strategic plan initiatives must also be recognized. These aspects of the program were mentioned by many of the participants and are important to not only the sustainability of the FFP program, but other district-level community based partnerships.

It should also be noted that FFP compliments the goals outlined in the Healthy Eating, Active Living (HEAL) Idaho framework. The “fit” of the Fit and Fall™ Proof program with both local and statewide initiatives enhances its sustainability and could be used to leverage support for the program.
Appendix A: Coordinator/Master Trainer Phone Interview Instruction Sheet and Script

Instructions: Set up room and recorder…

Telephone Interview Introduction:
Good morning/afternoon. My name is ____________, I’m a graduate student working with the Center for the Study of Aging at Boise State University. I have been working with Shawn and Dr Toevs on the Fit and FallTM Proof program evaluation team.

As you know, the purpose of this interview is to identify strengths, weaknesses, opportunities and threats related to the sustainability of FFP programming in Idaho. We will also be getting your input on the agenda for the Master Trainer workshop.

Interviews will take place at all 7 districts and information derived from these interviews will help us analyze and understand the various internal and external forces that impact program sustainability.

The interview should take approximately 30-45 minutes to complete. Our conversation will be recorded and the recording will be used in transcribing the interview. The information you provide is completely confidential and the tapes and transcript will be destroyed when the project has been completed.

In our interview I will ask you a series of questions; these are the same questions you received in the email attachment sent earlier this month. I would like you to: 1) provide an answer to the question from the perspective of your particular site, 2) provide any additional information related to the question you feel is important, and 3) ask me to repeat the question or provide clarity if there is something that you do not understand.

You have the option of discontinuing the interview at any point in our conversation. Do you have any questions before we begin? Thank you again for your participation.

Telephone Interview Questions:

What are the strengths of the internal (district-level) organizational structure that support the sustainability of the FFP program you manage?

Prompts: strengths are internal characteristics of the organization that make it possible to maintain the FFP program, such as your time, and any administrative time dedicated to FFP.

Can you think of any other supports available to you? Admin support, Office space

What are the weaknesses of the organizational structure that challenge the sustainability of the FFP program you manage? (Weaknesses are internal characteristics of the organization that make it difficult to maintain the FFP program.)

What opportunities exist within your community that helps maintain or support the FFP program? (Opportunities are factors external to the district support that create new prospects for sustaining the FFP program.)
What are the challenges external to your organization that pose a threat to maintaining the program? (Threats are factors beyond the district’s control that challenge the sustainability of the FFP program.)

Have you and your program manager or other administrators in the district discussed how the FFP program fits within the District’s strategic plan? For example its relationship to injury prevention goals?

What activity or activities would you like to have included at the upcoming summer Master Trainer workshop? What sessions would help you as the coordinator of the FFP program in your community?

Do you have any additional comments or suggestions at this time?

Thank you for your time. In the event that we’d like to follow-up on any of your responses would you mind if we called you back.
Appendix B: Internal Strengths and Weaknesses and External Opportunities and Threats Identified by FFP Coordinators

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
<th>Opportunities</th>
<th>Threats</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Enthusiasm for the program from staff, directors, participants and community partners</td>
<td>• Class leaders can become “burned out” due to year around class schedule and responsibilities related to the program</td>
<td>• Nationally recognized program</td>
<td>• Yearly reductions in funding</td>
</tr>
<tr>
<td>• Coordinators are very dedicated and experienced in maintaining and establishing class sites</td>
<td>• Can be difficult to recruit/maintain class leaders due to time commitment and program demands</td>
<td>• Master trainers have extensive experience</td>
<td>• Stress of further budget cuts</td>
</tr>
<tr>
<td>• Coordinators have established relationships with other health programs in communities</td>
<td>• Some rural sites have limited pool of volunteers</td>
<td>• Coordinators are experienced</td>
<td>• Lack of adequate funding</td>
</tr>
<tr>
<td>• Coordinators have established personal relationships with volunteer class leaders</td>
<td>• Paperwork is lengthy and time consuming</td>
<td>• Funding for promoting physical activity for older adults</td>
<td>• Lack of ongoing training for Master trainers and class leaders</td>
</tr>
<tr>
<td>• Team members work well together</td>
<td>• Difficulty of being short staffed</td>
<td>• Extensive reserve of volunteers in most areas</td>
<td>• Adequate recruitment and retention of volunteers</td>
</tr>
<tr>
<td>• Class Leaders are trained and very dedicated to sustaining the program</td>
<td>• Demand for the program is higher than they can meet</td>
<td>• Interest in program and desire to support and maintain it</td>
<td>• Lack of sustainable volunteer base</td>
</tr>
<tr>
<td>• Class Leaders are well managed, dependable and work independently</td>
<td>• Limited space to hold classes</td>
<td>• Word of Mouth marketing</td>
<td>• Lack of effective incentive for volunteers</td>
</tr>
<tr>
<td>• Program is well known and well respected in the community</td>
<td>• Health Promotion contracts pose a weakness in the system</td>
<td>• Support for fee based option</td>
<td>• Classes cannot grow because of space restrictions</td>
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<td></td>
<td>• Site visits are time consuming and may be unnecessary</td>
<td>• Free marketing from local community groups</td>
<td>• Geographical difficulties</td>
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<tr>
<td></td>
<td>• Coordinators are spread</td>
<td>• BSU Service Learning program</td>
<td>• Some rural sites have limited capacity for class facilities</td>
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<td></td>
<td></td>
<td>• Local Health Organizations that have similar program goals</td>
<td>• Some class sites have outgrown facilities</td>
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<td></td>
<td></td>
<td>• Established relationships in the community</td>
<td>• Data collection is tedious and time consuming</td>
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<td></td>
<td></td>
<td>• State and local health advocates</td>
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Fit and Fall Proof™ (FFP) Program, Sustainability Assessment: District FFP Coordinators
<table>
<thead>
<tr>
<th>Internal</th>
<th>Weaknesses</th>
<th>Opportunities</th>
<th>External</th>
<th>Threats</th>
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<tbody>
<tr>
<td><strong>Strengths</strong></td>
<td></td>
<td></td>
<td><strong>Threats</strong></td>
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<tr>
<td>Presentations on FFP to various community groups is building capacity</td>
<td>too thin due to workloads and time constraints</td>
<td>Office on Aging</td>
<td>Testing of participants is time consuming and monotonous</td>
<td></td>
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<tr>
<td>Research studies completed have shown the value of the program</td>
<td>Commitment for long term class sites are a weakness</td>
<td>Incentives for volunteers</td>
<td>Participants do not like the testing</td>
<td></td>
</tr>
<tr>
<td>Community partners assist in promoting and supporting the program</td>
<td>Donated space is limited on a consistent basis</td>
<td>Network of health care programming</td>
<td>High fuel prices</td>
<td></td>
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<tr>
<td>Program can be tailored to meet the needs of all participants</td>
<td>Budget constraints</td>
<td></td>
<td>Maintaining consistency in class leaders is difficult</td>
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<tr>
<td>Coordinators have support and autonomy from their Health Districts to complete site visits</td>
<td>Limited support from Health Department</td>
<td>Difficulty in providing training notebooks for volunteers Competing physical activity classes, such as Silver Sneakers</td>
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<tr>
<td></td>
<td>Limited support and staff for continued training of volunteers</td>
<td>The drive to independence of sites may improve if “watchdog” issue could be resolved</td>
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<td></td>
<td>Limited ability to market the program</td>
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<td></td>
<td>Limited time to provide ongoing education and training for current and/or new volunteers</td>
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<tr>
<td></td>
<td>Limited printing for marketing goals</td>
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<td></td>
<td>Geographical logistics make it difficult to do site visits</td>
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<tr>
<td></td>
<td>Providing volunteer notebooks</td>
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Appendix C: Suggestions for Workshops and Additional Comments

What activity or activities would you like to have included at the upcoming Coordinator/Master Trainer workshop? What sessions would help you as the coordinator of the FFP program in your community?

<table>
<thead>
<tr>
<th>Suggestions for Workshops</th>
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<tbody>
<tr>
<td>• Address sustainability issues directly and individually instead of during training session</td>
</tr>
<tr>
<td>• Support and preparation to become self-sufficient when funding becomes limited and/or absent</td>
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<tr>
<td>• Discussions around volunteer recruitment and retention</td>
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<tr>
<td>• Discussions on the management of human resources; i.e., effective leadership to deal with multiple personalities</td>
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<tr>
<td>• Sharing ideas for maintaining existing class sites</td>
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<tr>
<td>• Discuss ideas for class leaders to help participants utilize proper movement and avoid injury; maybe have class spotters</td>
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<tr>
<td>• Engage ideas to keep class leaders and participants engaged and interested</td>
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<tr>
<td>• Use training time more efficiently and remove repetitive workshops: some are “too fluffy” and “We are getting taught what we teach”</td>
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<tr>
<td>• Tapping into other professionals’ expertise, such as, physical therapists, sports medicine, physicians; who could assist on educating on proper movements and alternative exercises for individuals with specialized needs</td>
</tr>
<tr>
<td>• Work on developing class videos, marketing tools, work plans to improve sustainability</td>
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<tr>
<td>• Develop “sharing” sessions with open dialogue amongst coordinators</td>
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<tr>
<td>• Have each site present their “year in review” - things that have worked and things that need improved</td>
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<tr>
<td>• Share promotional ideas and educational formats/information</td>
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<tr>
<td>• Work on updating and improving volunteer notebooks</td>
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<tr>
<td>• Develop new exercises and ways to progress</td>
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<tr>
<td>• Would like to have the State Health Department clarify sustainability and incentive programming</td>
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<tr>
<td>• Avoid specific contract-related discussion because they are not permitted to do this without their supervisors</td>
</tr>
<tr>
<td>• Discuss the challenges faced by the rural sites</td>
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<tr>
<td>• More information pertaining to the aging process; i.e., physiological and psychological changes</td>
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<tr>
<td>• Marketing and social media strategy</td>
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<tr>
<td>• Define sustainability and have focused discussion on the future plans for the programming</td>
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</table>
### Additional Comments from Respondents

<table>
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<tr>
<th>Additional Comments</th>
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<tbody>
<tr>
<td>• Numerous stories from participants sharing that they experienced an increase in their fitness and well-being</td>
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<tr>
<td>• Participants receive referrals from physicians, physical therapists and other healthcare providers, so the collaborative nature is a positive mark for the program</td>
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<tr>
<td>• Great program that is enjoyed and valued by the communities</td>
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<tr>
<td>• Incentives for all volunteers would be helpful</td>
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<tr>
<td>• There is variability amongst the different sites around the state and this needs to be recognized</td>
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<tr>
<td>• Appreciate the efforts by the State Master Trainers, Jan and Terry Anne</td>
</tr>
<tr>
<td>• Some frustration regarding the variability between programs and community resource availability</td>
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</tbody>
</table>