

# Applying Performance Management to Policy Activities

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## CDC Performance Improvement Managers Network Call

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**Today's Presenters:** Margie Beaudry, Public Health Foundation  
Sondra Dietz, American Public Health Association

**Moderators:** Melody Parker, CDC/OSTLTS  
Teresa Daub, CDC/OSTLTS

**Teresa Daub:** ... [TAPE BEGINS HERE] with the slides attached, you'll be able to follow along with the presentation using those slides.

**Melody Parker:** All right.

**Teresa Daub:** So shall we introduce our speakers?

**Melody Parker:** Let us introduce our speakers, shall we.

**Teresa Daub:** And we will continue to have the lines be open, so you will hear frequent reminders to mute the line or use star-6 and to please avoid putting your phone on hold. We will hear whatever hold music or environment your organization provides. So we're going to introduce Margie Beaudry, who is the director of performance management and quality improvement at the Public Health Foundation, our first speaker. She joined PHF in March 2011 and is responsible for managing the daily operations, business development and PHF-wide activities that involve the PM QI Business unit. Ms. Beaudry has 27 years professional experience in health sciences research, project management and psychometrics, social marketing, change leadership and a diverse work background, including government, corporate, not-for-profit and academic studying. The very well experienced Margie.

Sondra Dietz is a public health policy analyst at the American Public Health Association, where she researches state and local public health policy issues and develops resources and trainings for state and local audiences. She also manages APHA's policy innovation contest and oversees awardees' activities. Before coming to APHA, Sondra worked as a research and health communications specialist at AED



where she conducted qualitative and quantitative research projects, including leading efforts in data collection, analysis, reporting and program evaluation across a wide range of health issues such as healthy eating and active living, injury prevention and maternal and child health. Sondra, we're excited to have both you and Margie joining us today. I want to check in with Melody before I turn over to you just to see if we have any technology updates. And with nothing new to report there, we'll begin our presentation.

**Margie Beaudry:** Well, good afternoon, everybody. This is Margie Beaudry with Public Health Foundation and I'm very, very pleased to be with you today. We're glad you're able to join us for this discussion. And I think, Melody, I'm going to go ahead and just take the opportunity for anybody who's joined us a little bit late, if you can't get into LiveMeeting, we know there's a problem. Please pull up the slides that were sent yesterday, Melody, so that you could follow along with those slides. And we'll be doing the advanced slide and so forth big so you'll be able to know when to turn the page. And also please put your lines on mute. We are experiencing some background noise from some folks, although it's getting better. Okay. So yes, this talk is about applying performance management to policy activities. And, you know, you might not have thought about using performance management in policy work. I know that a year or so ago I really hadn't thought about it. And then toward the end of the first year of the NPHII program we started to get some questions about this. And by we, I mean both APHA and PHF were getting questions about well, you know, how can we tell if we're doing our policy work to a standard that is good and how can we use performance improvement and quality improvement to make that work even better? And this was a question we hadn't had before and it led us to think about how could we support folks who were asking that question? How can we anticipate the questions others might have? And it led us to develop this tool. The tool was another attachment that you should have gotten from Melody and it's a resource that you can download as well from both of our websites. But it's a piece that we'll be referring to quite a bit here in today's presentation. So across the last year, APHA and PHF have been working together on this and we got feedback from PIMs and from colleagues at CDC at various points in the process to make sure that what we'll be offering would really support the work that you are doing. Several of the PIMs met with us at last year's NPHII meeting about an earlier draft of the tool and then another group participated in a training about this tool at this year's APHA mid-year meeting. So we're very excited about applying these ideas back home, and we are hearing from them slowly but surely. We welcome any PIMs who are on the line and attended the session at the NPHII meeting or participated in the APHA training to share their experiences with the tool or with applying this work as we talk today or when we get to the discussion session later. We did try and find a PIM sort of to talk specifically about applying this work and we weren't successful at recruiting anybody for today's call. But we're hoping that some of you who have seen it and have begun to use it could share your experiences.

So flipping to the next slide, please. I wanted to acknowledge of course, this project is supported by funds made available from CDC and the Office of State, Tribal, Local and Territorial Support, and the opinions that are shared in this presentation are those of the authors, APHA, PHF. They're not necessarily going to represent the official position or any endorsement by CDC. And of course there are



lobbying restrictions, and with a document like this we all have to be aware of that. And there's a link in this presentation to take you to those restrictions. This one reminds that—reminds you all that recipients of federal funds are not permitted to use those funds for bids in any lobbying activities.

Next slide, please. According to CDC, policy is defined as, “a law, regulation, procedure, administrative action, incentive or voluntary practice of governments and other institutions.” So policy for the purposes of this talk is defined in that way. We understand that there are other definitions of policy that you may have in your—in your state or local department and that you may run into a different venues. This is the definition we're using today for this presentation and in the document that we have.

Next slide. This is really just to give you an overview of some health department—I'm sorry, the kind of policy activities that health departments may engage in. They may be accustomed to engaging in many of these activities or one or two. Health departments might also engage in these activities through partnership or government agencies. These really are just a few examples of the ways in which health departments are involved in policy. You recognize that parade is quite diverse and the way in which you may engage in policy in your health department can be very specific.

On to the next slide, please. I hope that by now you are all somewhat familiar with the basic elements of performance management and have been thinking about how to embed performance management into your health department's daily work. We have been—we being PHF—have been engaged through the NPHII program and funding through ACA in refreshing the framework and the associated materials that emerged from the Turning Point performance management collaboration. And we've gotten input from folks involved with NPHII, certainly the PIMs, performance management think tank that we pulled together about eight months ago and other national public health organizations, obviously ASTHO, NACCHO, NNPHI and so forth. We're doing this really to help to bring this model up to date with all the changes in technology, accreditation, with health care reforms- All of the current and challenging issues that are going on today and making sure that this framework is keeping up and reflecting the challenges and opportunities that are there. The challenges of policy work are different from other areas where performance management and performance measurement are going to be applied.

So let's turn to the next slide. How are they different? Well, challenges for managing performance in policy work are as follows. First of all, it's not as easily quantifiable. You don't do the same activity over and over again the way you might in an administrative program or in a clinical or other programmatic area in a health department. It's a one-time deal that's very timely. Next, the goals can be very hard to define. There aren't really established standards of performance. And then the time lag between when policy is introduced and when there might be public health impact that comes that policy can be, first of all, hard to predict and second of all, we don't have the patience always to wait that long. So with that very brief introduction to what we mean by policy work in public health and (audio skips) of what performance measurement might look like when it's applied to policy work.

And you can turn the slide. Sondra, are you there? I think you might be on mute.

**Sondra Dietz:** Hi, sorry. Can you hear me now?



**Margie Beaudry:** Yeah.

**Melody Parker:** Yes.

**Sondra Dietz:** Okay. I guess I was actually not muted before and I muted myself trying to get back on the phone, so sorry about that. As Margie mentioned, we wanted to provide an example of how a health department might apply performance measurement to the types of activities that it engages in. So for our example, we picked a multi-unit smoke-free housing policy. And I'm just going to give you a little example of, you know, some of the stuff that a health department might go through when implementing this policy, and then later on we'll talk more about setting targets and then also measuring those targets. So we have a health department that engages—and actually this example is in the tool directly on page 18. We have a health department that engages in a strategic planning process with its partners and identifies their policy goals for the upcoming year. And one of the things they noticed is that there are high rates of tobacco use in their jurisdiction, particularly in areas where there are a lot of high rises and other multi-unit buildings. So they go and they look at various policy options and they notice that other neighboring jurisdictions have implemented smoke-free housing policies and they've been relatively easy to implement, and there hasn't been a lot of resistance to implementing them. Then on the other hand, maybe they look at tobacco taxes, and that's something they have tried to do before and it wasn't very popular among the public or even politicians. So they decide that really the best way to go is to implement this multi-unit policy. Then they might also engage in advocating and reaching out to stakeholders about the health issues, tobacco use, and then also the policy. And these types of stakeholders could be managers and owners of multi-unit buildings and then also the residents and surrounding community. Then they may also actually develop a policy and also consider how, you know, if this is going to be an optional policy that, you know, managers and owners willingly adopt or if it's something that they need to work with a city council or county board to get in place. Then they might also, once the policy has been developed, engage in activities to implement the policy so perhaps providing technical assistance to housing managers. Also, doing some types of enforcement activities such as issuing warnings for those who are not complying with the policy. And then really the next step is for them to establish the targets that they hope to meet and determine how they are planning to—how frequently they're planning to assess their progress towards meeting these targets. And—sorry, I'm a little sick and now my throat really dried up. So Margie now is going to share a framework for performance measurement and policy, but later on we'll will move more into setting the targets and looking at the measures.

**Margie Beaudry:** Okay. So while Sondra gets a drink of water, I'm going to—I'm going to introduce you to—with that example in mind that Sondra walked you through very quickly—different stages that this theoretical health department went through as they were working on this policy question. I wanted to take a look at a framework for thinking about that progression of policy work and how performance measurement and performance management might play a role along the way at each stage of the game. So we're now on the slide that is—says Policy Work Framework, and it has a big triangle in the middle of the page. What this shows you is a graphic that is meant to represent from the bottom, from the



beginning of the work on policy identified. What are your targets and how do you identify and prioritize those targets? How do you make some tough choices? As you move up the pyramid into the second tier, you're now trying to develop high-impact policies that are in fact achievable. And you're trying to do that simultaneously through an iterative process in which you're engaging and informing stakeholders. They are then helping to shape and drive that high-impact, achievable policy. And then there is this loop back and forth to make sure that your stakeholders are still engaged, that it still feels realistic, feasible and so forth. And so there is this cycle that goes on at the second tier until you have a policy that feels like it's going to actually meet your target that you set at the first tier. And that the key stakeholders can support it. On the third tier, then, we actually have the adoption of the policy. And I'll stop here and just say the example that Sondra gave is an example of a policy in the community related to a particular health concern. But you could just as easily use this framework and these steps for a policy within your health department having to do with human resources and how—how employees are treated and so forth. This is a very nimble framework to deal with policy sort of at any level, large or small. So in that third tier, how the high-impact policy is adopted and the steps that are involved that the health department may be involved with in the adoption of policy. As we move up again, the high-impact policy being implemented. So now we have a policy that's in place and often this is where the health department has a role to play. In many cases the health department might not be involved until the implementation stage where there's a law on the books and there's a policy on the books that now has to be enforced. And then finally we reach the pinnacle of this pyramid where the better health outcomes are reached as a result, in part at least, of these higher impact policies.

So if you'll flip the slide, what you'll see is this pyramid once again. And in the example that Sondra gave you there were different activities with examples of measures that might be used at each stage along the way. This slide shows how the policy activities proceed in support of the target at each stage of the pyramid. In Sondra's example, for instance, about the smoke-free housing policy, she talked about some specific activities. In policy development and adoption she talked about reviewing policies from other jurisdictions. In education and outreach she talked about targeted outreach to media outlets. And in policy implementation she talked about providing technical assistance and training to owners and managers of multi-unit buildings. So you can see these are specific activities that might be related to a particular stage of policy work that goes hand-in-hand with the stage on the pyramid. And in each of those activity categories there may be any—a broad range of activities, some of which would not be relevant and others that would be, depending on your situation.

If you flip the slide again, here you once again see the same framework, but this time you see to the right, next to each of the tiers a little teeny-weeny mini version of the Turning Point Performance Management Framework that has been—the draft of the refreshed performance management framework. And don't worry, I know you can't read it right now. I'll show you it up close in a moment. But the purpose of this slide is to show you can do performance management within each of these tiers. And if you're only working in one of these tiers in your particular case, you can still do performance management just within that tier. You have lots of options here about where you plug in performance management.



If you flip the slide now, I'm going to talk about how you manage performance then at each stage. So this slide, we blow it up to performance management framework from the implementations here. And some examples of implementation here might be the number or the percent of high-impact policies effectively implemented by a target deadline or per the specified time period; the number of stakeholders who modified their behavior; change in health status as a result of the policy. These are just examples of policy implementation. In some cases health departments might be less involved in the activities leading up to the passage of a policy and more involved after legislation has passed as in this case, such as monitoring implementation processes and assessing compliance of stakeholders, or responding to requests to review or revise the policy. So for instance the number of enforcement actions might be a relevant measure, compliance check, warnings, penalties, or the number of revisions that were made to a policy after it was implemented. These are all fair measures to be used in a performance management model in which you're trying to assess, "how did we do in this policy work?" There are some tables at the back of the tool that Sondra is now going to introduce you to and talk you through.

**Sondra Dietz:** Hi again. So in the tool we have basically—as you saw in the pyramid there are basically six categories of types of policy activities that health departments engage in. And I think as Margie mentioned, we realize that this is not necessarily a linear process and health departments might come in and do a policy analysis but then step out of the process and someone else might come in and do the policy development work. And we also realize that getting to the stage of impact evaluation can take many years. So I just wanted to acknowledge that. But basically we have these six categories of activities in the tool and then under each of these broader categories we have other, more micro types of activities that a health department might engage in. So under policy analysis it might be, you know, actually producing a formal policy analysis product or for education and outreach may be the number of news outlets that you reach out to.

So now moving to slide 16, also in the tables, for each of these activities we've tried to come up with some measures that you can use to really assess the activities and how well you're doing. So we've developed some quantity measures, and that's looking at the quantity of activities completed. So, for example, that could be the number of products that has been developed and a product could be a policy analysis, it could be a policy implementation plan or even a press release announcing a policy. Then we have some measures that try and get us the quality of the policy work, which I think is most difficult. But we have tried to find some measures that will help you to measure how useful products are that you've developed and maybe how effective you are in conveying information about health issues and also information about policy. And then we also have some outcome measures to measure the outcome of each of the stages of policy work. So that could be something like the number of policies implemented or it could be something as significant of the impact that the policy has on the problem. And obviously if none of the activities or measures really capture the work of your health department, please feel free to use them as examples to create your own, and we would also love for you to share them with us so that we can add them to the tool, as we do have a product but it's kind of still a work in progress and, you know, we're happy to add things that would be useful to others.



So going back to our example, I'm just going to quickly walk through what the tables look like and the activities and measures that could be used. And in most of these examples we have set a target date as one of our targets, and that's just a really easy way to assess yes or no, did we meet our target deadline. So that's pretty much included in all of the targets. So for our smoke-free policy, for policy development and adoption an example target could be reviewing five multi-unit smoke-free housing policies from other jurisdictions by a particular date. And then a measure of that could be looking at just the number of housing policies that you reviewed. Did you actually review five? Another target could be drafting one sample smoke-free policy that matches evidence-based or promising approaches. And in order to measure that you could look at the number of policies you drafted and then whether or not the policy matches evidence-based or promising approaches, so comparing the language in your policy to the language in the evidence-based policy. Another target could be meeting with at least 50% of property owners and managers to present the draft policy and get their feedback. And the measure for that could be looking at the percentage of property owners and managers that you met with.

Then the next slide, slide 18. This should actually be policy implementation activities, not education and outreach. But a target could be providing technical assistance and training to at least 80% of the owners and managers that agree to implement the policy. Also setting a target for either training satisfaction or that at least 90% of training attendees felt better prepared to implement the policy as a result of the training. And then also whether or not the training was completed within budget. And some example measures for that to be the percentage of property owners and managers that received training, the number of attendees that said the training better prepared them to implement the policy, and then also the cost of the training as compared to the budget. Finally, another target could be at least 20% of property owners or managers implementing the policy by a particular date and some measures could be the percentage of property owners and managers that implemented the policy. So I think that concludes our presentation, but as Margie mentioned, we'd be happy to hear from any of you who have already seen the tool and perhaps have used it or have attended one of our trainings, or our meeting at the NPHII meeting. And we're also happy to take questions.

**Margie Beaudry:** If I could before we turn to the questions, I will point out for those of you who might not have noticed, a few moments ago Melody sent out an e-mail indicating that there are now additional lines available on LiveMeeting. And I have actually been able to sign in to LiveMeeting. So if you would like to do that now, obviously the slides themselves are done but you can use the Q and A function at the very least. And I'll also just—coming off of the last bit that Sondra just presented as we move into questions, I think one of the things that I think is a fringe benefit of this approach is that when you look at the target and then the measures that go with those targets, what starts to become clear is that in this kind of work in order to apply performance management framework you have to get quantified about what it is you're trying to achieve. And that is a very important discipline, always, but it's particularly important in the policy arena because it keeps us grounded in reality and keeps our expectations realistic and our objectives within the scope of what is the circumstance we're in. And I think that's an important reminder that's easily forgotten. So anyway, that was that. Melody, how do we do questions at this point?



**Teresa Daub:** Thanks, Margie. This is Teresa. I appreciate your presentation and Sondra's as well. You all did a great job. As you noted, we can take questions via LiveMeeting now so if anybody who's on the LiveMeeting site has a question can submit that way so that's awesome. Otherwise our lines are open so you can pose a question or comment at any time by unmuting your line and speaking up, and we would love to hear from you. We actually do have a LiveMeeting question from Dr. Sabrina Townsend right now. And her question is, "where do you recommend finding national benchmarks for policy development in public health departments?" Anybody have any thoughts about that one? We're looking for national benchmarks for policy development relevant to public health departments.

**Margie Beaudry:** You know, it's a really good question. We—I would say—and I'll let Sondra weigh on this—in on this too—but I'd say it's going to depend very much on what the topic area is. So I think that the benchmarks are likely to be available through those networks that generate the research and generate, you know, documentation and white papers and so forth on that particular health policy area or on that particular—if it's an internal policy, that particular business management area. So I don't know that there's going to be one place to find them. But Sondra, what are your thoughts?

**Sondra Dietz:** I agree with that. But I did just want to say that at the end of our tool we do have a bunch of the references that we used to create our benchmark and some of them do have policy development, but a lot of them were not necessarily specific to health, so you kind of did have to adopt them a little—adapt them a little bit.

**Teresa Daub:** Okay. Thanks for chiming in on that question. Are there any other thoughts on the line about where to find national benchmarks for policy development? Any user experience with that?

**Brenda Nickel:** This is Brenda Nickel from Kansas.

**Teresa Daub:** Hi, Brenda.

**Brenda Nickel:** Hi. We had a presentation at our fall Kansas Public Health Association conference—oh, gosh, I'm drawing a blank on her name right now. I can pull out the agenda, but it's the attorney that's with the Central States for Work for Public Health Law, and she was given an example of, for instance, Domain 9, I believe, is what she was using regarding policy and such. But she really did base her entire presentation using the PHAB domain standards and measures when addressing policy. And so I guess I would suggest that perhaps if there's—maybe to look at some of those resources on the Network for Public Health Law to see if perhaps they're setting some benchmarks for those.

**Teresa Daub:** That's a great suggestion. Thank you, Brenda. Okay. I think we have another question via LiveMeeting now.

**Melody Parker:** We do. We have a question from Debra Tews in Michigan. She wants to know if there's a definition for performance indicators? They're listed in the performance management model under both standards and measures. What would be some indicators as they relate to performance management for policy, or in general? Can you give some examples of indicators, Sondra or Margie?



**Margie Beaudry:** It's a very general question. Does she have a particular policy area in mind?

**Melody Parker:** Debra, you're out there aren't you, on the phone? Can you give us some specifics?

**Debra Tews:** Hi, there. I just unmuted. No, I don't have a specific one in mind. But frequently when we're talking about targets and goals and measures and standards, the question comes up how do indicators really relate and what's the definition of indicators? So it is a general question and I don't have a specific example or context for it.

**Margie Beaudry:** I tend to find myself that the terms indicator and metric—and measure are often interchangeable. And that may or may not be correct. But I find that people use them quite interchangeably in a rather casual way. So I think for the purpose of the use of this framework and this tool, I would focus on the most granular and specific level that you could get. And I think that -that is measures. That is one specific thing that you're going to try and measure. To me, an indicator is more at the construct level so I might for instance use it in the example on that last line that Sondra showed with the health department measures. The very first bullet, the indicator there might be training receipts, amount of training receipts. That's an indicator to me. But the measure is what percentage of property managers received training. That's a slightly more specific version of the indicator and it tells you—it tells you a little bit about what it is you're trying to measure. An indicator just tells you kind of what bucket you're in, it doesn't really tell you what to measure or, you know, what columns going to be in your spreadsheet. So I think—I think I'm less concerned here with indicators, except that the measures are kind of what makes them real. And that's a very sloppy sort of way of answering it. Is that helpful in this context?

**Debra Tews:** Thank you. We'll still try to untangle it. I appreciate the insight very much.

**Teresa Daub:** Okay. Let's take questions now from the lines if there's anyone out there with a question or comment. We've gone through our LiveMeeting submitted questions here. Okay. Well, I'll pose a question to you all then, meaning everyone in our virtual intimate room today. Is there anybody out there who has an experience that they could share that either used the tools that were described today or alternate methods of performance measure with public health policy? Any experiences to share?

**Nicole:** Hi. This is Nicole from ASTHO. And we've been trying to do some measurement in this area, and I feel like those—both what was presented in the presentation here today and then what we've been trying to do looks at a lot of output measures. And—but it doesn't really help me to understand whether or not those outputs are achieving the goal. Can you help walk me through that a little bit?

**Margie Beaudry:** Nicole, I really appreciate you raising that. It's a subtlety that is a little hard to articulate and you articulated it really well. When we were working on this tool we really struggled with that very question, because we really were feeling as though, you know, what's the point of doing all of this essentially process measure or output measure when what we really want to know is did the policy work, or was the policy implemented, or did we find a policy that we could—[interruption]. I'm still here, but something's happened on the line. [interruption].



**Teresa Daub:** ...if you have additional questions—oh, it seems to be better now. Okay, we still are hearing some background noise, however, so if you don't have your phone on mute, please mute now. Margie, if you're still there you can continue, I think now. Okay. At some point we may be finished with today's calls so let me say thank you to everyone who—

**Margie Beaudry:** Hi, I'm sorry. I'm here. This is Margie.

**Teresa Daub:** Okay, Margie.

**Margie Beaudry:** I'm sorry. I was just on mute after you instructed us to mute. Okay. So what I was attempting to respond to, Nichole's question, about the fact that we struggled with the same question. We decided that given the nature of the questions we were getting about policy work that we wanted to focus this tool on performance management against the work of doing policy activities from the perspective of a health department's day-to-day work, with the idea that if policy work is new to your health department, or if policy work is new to the particular individuals who are being asked to do it, or if it's a one-time thing that is only going to be short-lived, that there's a particular need to understand how to assess whether you're doing that work up to a standard that you're pleased with. And the longer term output—or, I'm sorry, the longer term outcomes as to whether in fact the policy has an impact on the health outcomes that you're trying to inflect, is in a sense beyond the scope of what this particular tool is about. If you think about it like this, and I hope that you will, those of you who are thinking about accreditation know that you need to do quality improvement projects and activities as part of your preparation. You need to be using performance management as part of your preparation. Using the quality improvement process as part of a performance measurement or management process in policy work could actually serve as an example of a quality improvement project. So you're actually sort of getting your policy work done that you need to and you're also learning and doing performance management at the same time. And I think ultimately it's at that level that this tool is the most useful. It is not designed to help you figure out ultimately did the policy impact over the long term a particular health outcome. There are many other measures of change in health outcomes that this tool would not begin to address.

**Teresa Daub:** Thank you, Margie. Persistence does pay off and that was an excellent discussion. Sondra, if you're still with us I want to give you a chance to chime in on that as well.

**Sondra Dietz:** Hi. Can you hear me?

**Teresa Daub:** We sure can. You sound great.

**Sondra Dietz:** Okay, great. Yeah, I mean I pretty much agree with everything that Margie just said. I think we also found that there were other tools out there that really looked at measuring the outcome of policy and therefore we wanted to come up with a tool that really measured those more intermediate steps since not all health departments, at least the ones that we heard from, were really doing any sort of outcome evaluations. They were doing more activities like policy analysis and so they



wanted to know, how do we know if our policy analysis work is really effective. So I think that's really all that I would add.

**Teresa Daub:** Okay. Thank you. And Nicole, if you're still there, does that spark any additional thoughts for you or help address your question?

**Nichole:** I think it just helps me to frame my work a little bit more. So thank you. I appreciate the response.

**Teresa Daub:** Thanks. So those of you who have been able to remain on the line, we have a great, clear line now, so we'll definitely take any other questions or comments that are out there. Anyone?

**Marcus:** Hi. This is Marcus from Arizona. Can you hear me?

**Teresa Daub:** Yes. Hi, Marcus. Go ahead.

**Marcus:** You had mentioned that you had found other tools that helped to measure outcome like with policy analysis. Off the top of your head, can you name any of those?

**Sondra Dietz:** I'm sorry. You said you're interested in tools for outcome evaluations?

**Marcus:** Yes.

**Sondra Dietz:** A lot of them that we found were more topic-specific, so I don't know if you have a specific topic that you are working on that maybe I could think of one on that topic or—

**Marcus:** Let's say, work site health.

**Sondra Dietz:** Work site health.

**Marcus:** Or education or health care.

**Sondra Dietz:** Okay. Those are none of the ones that I think that I came across when I was looking for that. I think—well, once again a lot of the examples in our bibliography, a lot of those organizations have some outcome evaluation tools, specifically I've done similar work on nutrition, healthy eating/active living, so I kind of know some of those organizations a little bit better. But the Center for Training and Research Translation, which is out of UMC, they have a lot of more outcome evaluation tools. I'd be happy to compile some and, you know, send them to Melody to send out via the list if that would be helpful.

**Marcus:** Surely. I have your e-mail address also, so I could—

**Sondra Dietz:** Okay. Yeah. If you want to send me an e-mail too I can send you a list of some that I've come across.

**Marcus:** Thank you.



**Teresa Daub:** Thanks, Sondra. I think Melody would be happy to receive the list as well. We can check more broadly. Are there any other questions or comments from the group today? All right. Hearing none, we'll go ahead and wrap up. Thank you all so much for participating and for bearing with us through our technological challenges this afternoon.

**Margie Beaudry:** This is why—I do have one—one closing comment if I might.

**Teresa Daub:** Of course, Margie. Go ahead.

**Margie Beaudry:** When we—when we did the training on this tool at the APHA mid-year meeting, I think that our session was two and a half, possibly three hours long. So obviously this was a very quick jaunt through something that is rather technical and complex. I really would recommend if you're interested in this topic, if it seems like it might mesh with some of your work or some of the challenges you're facing, to spend some time with the tool itself. There's a lot of guidance in there about how to go about this and I think it's rather self-explanatory. But I—we just didn't have the opportunity to go through it at level of detail in this forum. So good luck, and let us know how it goes.

**Teresa Daub:** Thanks, Margie. And that's a very good reminder that this format doesn't do justice to the tool, but hopefully it provides a better introduction and definitely people have an idea where they can reach out for more resource and information. Just a quick note about November. We will not have a call in November. We will all be celebrating Thanksgiving, so I wish you a happy holiday. We will however reconvene on December 20th, and Matthew Penn, who's the director of the Public Health Law Program here at OSTLTS will be our speaker that day. So have a great couple of months and we'll talk to you again in December. Goodbye, everyone.

**Margie Beaudry:** Bye. Thank you.

