

# NPHII Grantee Experiences with Self-Assessments

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## CDC Performance Improvement Managers Network Call

**February 28, 2013**

**Today's Presenters:** Kristin Adams, Director, Office of Public Health Performance Management, Indiana State Department of Health

Christine Abarca, PIM, Division of Public Health Statistics and Performance Management, Florida Department of Health

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

Trina Pyron, CDC/OSTLTS

**Mary Ann (Operator):** Welcome and thank you for standing by. At this time all participants are in a listen only mode. After presentations we will conduct a question and answer session. To ask a question you may press star-one. This conference is being recorded. If you have any objections you may disconnect at this time. I would now like to turn the conference over to Melody Parker. Ma'am, you may begin.

**Melody Parker:** Thank you, Mary Ann. Greetings and salutations everyone and welcome to the February Performance Improvement Managers Network webinar. I am Melody Parker with the Office for State, Tribal, Local and Territorial Support and I am joined here today by colleagues from OSTLTS. Trina Pyron and I will be co-moderating this call. Thanks for joining us today. This is our second call of 2013. The PIM Network is a forum that supports all NPHII performance improvement managers in learning from each other as well as from partners and other experts. These calls are a way for all of you, all the members in the Network, to learn about each other and share information about resources, training opportunities related to our work in quality improvement and performance management. We have received multiple requests from you to hear more about self-assessment work being done by your colleagues. But before I introduce our speakers, let's review some of the technological features of today's call. Trina, will you do that for us today?



**Trina Pyron:** Thank you. For those of you who are not able to access the web portion of today's call, you may refer to the slides that were e-mailed to you on yesterday. For those of you who are on the LiveMeeting site, you will see the slides on your screen. You can also download these slides via the icon on the top right of your screen. It looks like three sheets of paper. If you are on the web, you will also be able to see the other sites participating in today's call by looking at the attendees under the link on the top left. We have two ways to take your questions today. First, you will—you may be able to type your questions in, the questions and comments at any time during the Q and A box which you will find by clicking the Q and A in the toolbar at the top of your screen. Second, we will open the lines for discussion after our presenters have finished. So please mute your phones now by either using your phone's mute button or pressing star-six on your phone's keypad. Please note that we will announce the identity of those of you submitting questions via LiveMeeting. If you prefer to remain anonymous to the group, in posting your questions type, "anon" either before or after your question. Today's call will last approximately one hour. The call is being recorded and the full presentation will be archived on the OSTLTS PIM Network web page.

**Melody Parker:** Thanks, Trina. We will be conducting two polls on today's call and here is the first one. Please indicate your affiliation. Are you a territorial? Are you SAPI health department? Are you a state health department? Are you a local health department? Are you a tribal health department? Are you a national public health organization? Or are you an unidentifiable other? Please answer now. All right. It seems that we are running about 65% to the state, 5% are local health departments, 5% are tribal, 17% are NPHOs and 5% are our mysterious other. Thanks for answering the poll today. We'll have one last item before I introduce our speakers today. In yesterday's e-mail to the Network I told you a little bit about ASTHO's work in developing products for NPHII grantees. Carl Ensign of ASTHO is on the line to tell us more about that work. Carl, can you give us a little bit about it?

**Carl Ensign:** Yes. Thanks so much, Melody Parker, for adding us at the last minute. We will make this very brief. Just wanted to start a dialogue with you all. As you may know, ASTHO has been ramping up tool development, sort of return on investment to some of the NPHII QI projects being undertaken currently at states, territories, tribes and localities and now returning to developing a similar tool to assess customer satisfaction; it seemed to kind of fit nicely with today's theme. So we again would just like to chat. What really helped us when we developed the return on investment tool, was hearing early in the process from those most knowledgeable in the field who would be applying it, what would be most relevant for them. What would work best for them. And also hearing about ongoing efforts in this area. So we'd like to do the same for customer satisfaction. We've procured the services of Elizabeth Lee, a consultant I've worked with for many, many years, to help us out with the endeavor, and she's just going to go over a few questions that we'd like to put in the forefront of your minds and hopefully get some more of your expertise within the next few weeks if we could. So I'll turn it over to Elizabeth now.

**Elizabeth Lee:** Thanks, Carl. And hello everyone and thanks again for including us on this call. As Carl mentioned, we will—we will be preparing a tool kit that will help states and territories develop their



own surveys. The tool kit will lay out a road map but it will not be prescriptive. It'll take you through the steps of measuring customer satisfaction. And there are already lots of good materials out there on the web, and states have created a whole lot of information and materials themselves, probably by some folks on this very call. Our tool kit will be very short but will actually include links to a lot of existing materials and this is precisely why we're here. What we're looking for from you is specific topics that you want covered in this tool kit. Think of obstacles you've faced in preparing or—preparing your own instruments and/or analyzing and using the information you've gained from those instruments. That's one specific topic. And the second thing we're looking for are, for those of you who have already implemented customer satisfaction procedures—measurement procedures, rather—we're looking for some real-life applications in customer service measurement in a range of public health programs and services. We want to highlight some promising programs in the field and really learn what has worked for you. So those are the two big themes that we would love some feedback on. There is—this is not an interactive part of the webinar right now so I can't ask folks to come forward, but my e-mail address is in the agenda that you should have received this morning. And so, again, we're looking for your current questions and obstacles that you'd like addressed in the tool kit and we're hoping equally as much for folks to come forward and talk to me briefly about what you're doing that has worked for you so that we can highlight it as a promising practice in the tool kit itself. I think that's probably what we want to cover most centrally.

**Melody Parker:** All right. Thank you so much, both Elizabeth and Carl. We look forward to receiving everybody's feedback either during this call and beyond. You can use the Q and A feature that we talked about earlier if you want to go ahead and respond and say yes, I'd like to be a part of this. You can e-mail Elizabeth Lee directly. That e-mail was included in the access information yesterday. You can e-mail us at [PIMNetwork@cdc.gov](mailto:PIMNetwork@cdc.gov). You can, you know, all of—all of the ways that you and—can—can—can contact us, feel free to do that in response to this call from ASTHO. So thanks so much, you guys.

**Carl Ensign:** Thank you, Melody.

**Melody Parker:** Oh, sure, any time. So we have two of your colleagues with us here today. First we'll be hearing from Kristin Adams, the Performance Improvement Manager and Director of the Office of Public Health Performance Management at the Indiana State Department of Health. Following Kristin will be Christine Abarca from the Florida Department of Health. Chris is the Performance Improvement Manager in the Division of Public Health Statistics and Performance Management. We were going to have Laura Reeves with us today but she has had a family emergency so she won't be joining us. We're very sorry. So Kristin, the floor is yours. Kristin? Are you still with us? Are you there?

**Kristin Adams:** Yes. Sorry about that. Good afternoon, everyone. So just to give you a little information about how we have handled our accreditation assessment activities is that we actually did this in the year one portion of our NPHII funding. So the next slide. We're actually a decentralized state so we did not have to do anything with our local health departments. We—we assessed just strictly the state department of health. And what we did was we established an internal committee to identify which programs and which divisions would be responsible for each of the standards and measures. What we



didn't want to have happen is everybody sit through all of the standards and measures when it didn't apply directly to them. So when we decided who would get what set of standards and measures we invited a minimum of at—two people from each program to attend the assessment. They tended to be high-level positions because managerial people who really had a good feel for what was going on in that particular program area. However, at the same point in time we had a lot of new division directors so we also had them invite people who knew the programs very well within their area. So just in case one didn't have the answer, the other one would have the answer. So we wanted to make sure it was a well-rounded group of people there. And again, we broke this out into five different days so that they were all answering the same set of questions that were very applicable to their program areas. For instance, we did the laboratory scientists on a specialized day and we asked them lab-specific questions. We didn't get into some of the business end of things because that's held in a different area. We utilized an audio—audience response system so that way nobody felt bad if they didn't have a document and perhaps they should have. Or there was no peer pressure to answer one way or the other. And if they couldn't attend we actually sent the survey out via paper or e-mail and then they were able to complete it that way. We also did individual facilitation so if they had questions we could answer those questions right then and there. Next slide, please.

So again, we had that particular day set aside and it took approximately two hours, is what we had set aside. We actually contracted with Purdue Healthcare Advisors, which is also formerly known as the Healthcare Technical Assistance Program that we've had a long-standing relationship with. They had the technology with the audience response system and they also had the facilitation skills to be able to guide everyone through this. And we had everyone sign in so I have participation records, but also we could then say this program director had clicker number one. And so we could tie back the responses directly to that individual. And again, we have about 800 staff in the building and about—so we did this on six different days, but again, we only accommodated about a hundred people is all we had to accommodate. So what I have up here is really one particular standard and measure. Again, this was still from the Beta test materials as we did this in year one, and so we didn't have Version 1.0 available at the time. So again, number 33 is the clicker and that person was responded that that group did not have an all hazards plan or an emergency response plan. But as you can see some individuals did report that. So this gave us a good balance of who had what, who should have the information and who shouldn't. Okay. Next slide. Okay?

And again, if they couldn't attend the meeting we actually had then just run down the checklist of the same information, and they reported that back and then we compiled that information. Next slide. Okay? So again, we really looked to see who had the information. And when we asked the question of why don't you have it, it really came back one of two ways. They should have it, yes, and you need to start working on creating that documentation. And if they didn't have it we asked them, should you have it or is that just not appropriate for your program area? And many of the times that was the case. It was just—that was not a particular set of standards and measures that that particular program area addressed. And that was okay. And so then what we did is we looked at the strengths and the gaps across the agency, and what we did is we found that there were—once you put the agency together as a



whole, we had very few of the gaps. And that we also have many sources to draw quality documentation from, so I'm not dependent on just one program area to provide me with an AAR, for example. That I could go to multiple areas to get that information. Next slide.

So then the question is well, you did this with Beta test materials so, you know, what about Version 1.0? So my office sat down with a team and said okay, lets compare Beta test to Version 1.0. And what we did was we transferred all the assessment data over to Version 1.0. And what we also found is that yes, we found some new gaps because those measures didn't exist in the Beta test that were now in the 1.0 version. But we could easily identify whose responsibility that became. So we then provided all the information back to program areas so they can start identifying where the documentation is and if it meets the time frame. You know, we're really conscientious that there are some things that have a five-year time frame, some have three, some have less than a year. So we want to make sure things are not outdated and that are appropriate. We also are in the process of establishing a protocol to begin uploading documentation to a SharePoint site. With our integrated technology across the state, all state agencies to be able to use SharePoint was our best opportunity. And we also called Minnesota to ask about some of their guidance as they also were familiar with using SharePoint as a—as a documentation collector. And so this way we also will renotify programs which standards and measures they're responsible for. They will know exactly where they're supposed to upload and that they have no questions to go from there. Next slide.

So again, we—you know, we are in the process of preparing for accreditation readiness and we have submitted our letter of intent. The other thing is—is that we are in the midst of an administration change which we knew was going to happen because our governor had timed out in terms of he'd served his two terms. And what we didn't know was whether we'd have a new state health commissioner. And yes, we do. I met with him immediately. I said you were a member of our executive board. You know that accreditation is coming down the pipeline. Are we still moving forward? He said absolutely yes, he wants to be an accredited health department. So that is my mission, to move us forward, and we're approximately three months away from application, partially due to materials still being collected. The other part is—is that we are also in the midst of a building remodel and my advice is don't bring in a site visit team while your building is under construction. So that's what—all the advice I've been getting is to be able to do the assessments in a clean manner, collect the documentation and be physically ready to apply. So that was our lesson. Again, we—we invented our own tools based right out of the standards and measures but it worked for us because we could see exactly which piece of documentation we were addressing and—and who could meet what without everybody sitting through the entire process together in a very extended amount of time.

**Kristin Adams:** Okay. And at this time I would like to turn the presentation over to Chris in Florida.

**Christine Abarca:** Thank you, Kristin. And congratulations on being several months away from hitting the apply button.

**Kristin Adams:** Thank you.



**Christine Abarca:** First, I want to mention that Laura Reeves, my colleague from our Office of Performance and Quality Improvement, couldn't be with me here today, but I do want to recognize the work that she and her team did on self-assessment. We couldn't do this alone. Snapshot of the Florida Department of Health lets you know that we are a centralized, or as we like to call it, an integrated public health department. And as you can see in the organization's overview there are a number of different units. Participants in our self-assessment were the 67 county health departments and the 16 central office—central office divisions and offices. Now, the remaining units are included in all of our performance management activities and accreditation communications. But because documentation from some of those programs can't be used as accreditation evidence they weren't included in the self-assessment assignments. Next slide, please.

You could say that our self-assessment began back in 2009 with our participation in the accreditation Beta test. About that time, we also began more closely documenting and evaluating our community health assessment and health improvement planning work that was going on locally. But the more focused and intent self-assessment work really began last September. Next slide, please. The first step in our self-assessment act was the systematic review of our county health department pre-requisite documents for completeness using the PHAB standards and measures from Domains 1 and 5. And you'll note that since about 2003 Florida has widely used the Mobilizing for Action through Planning and Partnership, or MAPP process or MAPP-based process for community health assessment and health improvement planning. And by September of 2012 we had twice funded local mini-grant projects from our NPHII grant for community health assessment and health improvement planning. So fortunately as a result, those documents were all collected on a SharePoint and we had easy access to them for this review. And again, we reviewed the pre-requisite documents for completeness. Not conformity, we just looked for completeness. And we also just looked at the documents. We weren't scanning for the process or implementation that's associated with health assessments and community health improvement plans. You can go to the next slide.

Our findings indicated that we indeed had gaps to close. About 70% of our county health departments had community health assessment reports but only about a third of them really met the completeness review. Sixty percent had community health improvement plans, which is quite an accomplishment, we think, for Florida. But almost all of those needed a little bit of work to meet that completeness review. And that also holds true for strategic plans meeting that work. The good news is, as a result of having done the self-assessment, we have concrete actionable information that tells us where we need to focus our energies and what we need to do to get our pre-requisites ready so that we can apply as an integrated department of health. You can go to the next slide.

Around the same time, that is in September, the central office self-assessment assignment was delivered. Again, all—as I mentioned earlier, all 16 of our divisions and offices participated. The first step in this process was to designate an accreditation lead for our division offices—divisions and offices. And in some cases this was the first time they may have heard about accreditation. Our county health departments were much more up to speed about accreditation than some of our more insular



programs. The second step was to hold a face-to-face orientation with accreditation leads and anyone else from the divisions or programs who are interested. And the third was the actual assignment, which was to review all of the PHAB standards and measures. First, to look at the standards and measures in the domains that were most applicable to the divisions and programs, and those were given to them by folks here at central office. So the assignment was to identify evidence that would apply to their particular division and programs that they may administer in the county health departments. Secondly, to identify evidence that would be applicable to the PHAB state measures in their particular Domain. And lastly, because we are an integrated department of health, to identify evidence that might be applicable statewide. In other words, because we are a centralized system, there may be, for example, one policy for information security and all 12,000 employees use that same policy. So we identify it once, it can be used for the state health office and for—also in the 67 county health departments. So we were looking to identify that kind of evidence as well. The information was collected by a survey, a Survey Monkey survey, and when you completed the survey you answered whether the evidence exists for a certain standard or measure, whether it partially exists, whether it doesn't exist, or whether we don't even know what you're talking about. So those were the options, and that's how the data was collected. You can go to the next slide.

And it shows us the results. And you could do math quickly in your head, you can see that we—the central office programs, divisions, offices and programs—told us that we had evidence for about half of the standards and measures. And the rest ran the gamut; from we don't know what you're talking about to it partially exists. So that gave us an indication of work that had to be done. Go to the next slide. The day after Christmas, our county health departments received their assignments. And you probably can figure how popular that made us, coming back from your holiday vacation and you have this assignment in your box. But I will say this did not come out of the blue because we had been communicating with our county health department accreditation contacts about this coming work and about the central—what the central office had done. Happily, as a result of the central office self-assessment, the local county health departments' assignment scope had narrowed some so that the county health departments didn't need to look at all the PHAB standards and measures. There were only 24 that were identified that we needed their input on in this particular phase. So their assignment was to use a very much simplified Excel spreadsheet in place of the Survey Monkey survey and to tell us for each of the measures whether the evidence exists, whether it partially exists, or whether it just doesn't exist. And we provided advice alongside this assignment that as their accreditation team in the county health departments were going through this process, if they did in fact identify evidence that they begin to organize it in electronic files so that they wouldn't have to go back and try to remember. I said this exists, what is it? And you'll see on the next screen shot that we asked them not only to tell us whether it exists or partially exists but to name the document so that it would be captured for future—the future exercise that will tell them to upload that document. So you can see on your screen it's just a simple Excel spreadsheet with some drop-down boxes and places for text. You can go to the next slide.

We brought the findings from the two self-assessments and the pre-requisite assessment to a two-day face-to-face meeting that we held with select representatives from our county health departments and



from our central office programs. And you can see on the screen the findings all gathered together. And we have some domains where there may be quite a bit of work yet to be done and some domains that it looks like we're in pretty good shape as far as finding evidence. So we talked about those findings in the two-day face-to-face meeting and we also talked about what might be some potential strategies to begin to address those gaps. And some interesting conversations came out, some—just one or two examples of strategies were around using our regional consortia to work together and to begin to even sort out where the gaps are by regions. These are county health departments that are accustomed to working together because of their geographic location. And that also brings down the—the size, the scale of it. And then another interesting suggestion was to perhaps by domain or by program area to look at our success stories and then populate the standards and measures by the really good things that we do and how they would fulfill the different standards and measures. I think that might be a novel idea and we're beginning to flesh those out right now. But we did talk about how not all evidence is created equal so we really have to look behind the numbers, if you will, and see exactly what evidence is missing. Okay.

So our lessons learned, the first is don't assume that everyone is speaking the same language and using the same terminology and there seems to be a standard thing or communication thing that we have in Florida that we think we're speaking the same language but we're not all using the same terminology. So be sure that everybody's on the same page. We also wouldn't recommend that you use two different data collection methods because it was kind of hard to merge them together even though they both were in Excel spreadsheets. So when you build your data collection tools, first think about what you want to get out of them, what your reports might look like and what the analysis needs are and be sure you have folks lined up with those skills. And lastly, to build on the momentum that you've created. You've piqued people's interest, some folks have worked many hours at looking at this evidence so now they want to know what you're going to do next, so build on that energy. And also, we uncovered some wonderful uncelebrated best or model practices by doing this analysis. And we also identified, or could identify, some potential QI projects. So keep your list of those things running because you'll, I think, come back to those and have another look.

Our next steps are to complete the pre-requisites, and we're in the process of doing that right now. We are also about to finalize our action plan and implement that for closing the gaps. We want to go back and have a look at the evidence for conformity just to see what kind of—the quality of the evidence that we say that we have. And then to continue educating and promoting the benefits of performance management, one piece of which is the preparation for accreditation.

On the next slide is just a laundry list of some resources that we've used that we're more than willing to share with anyone who's interested. And lastly our contact information, and you have on your copies of your slides. So feel free to e-mail or call me or Laura Reeves. And that's it. I'll turn it back over to you, Melody and Trina.

**Trina Pyron:** Thank you all for excellent presentations. It's so exciting to see the different processes that are being put together for preparing. We're going to take a few questions now. And let's start with our



questions that are submitted via LiveMeeting. Remember that the lines are open so please follow along with your questions but remember to re-mute your line once you have finished. If you do not have a mute feature on your phone you can press star-six to mute and then again to un-mute your phone. Do we have any questions via LiveMeeting yet, Melody?

**Melody Parker:** We do not.

**Trina Pyron:** No. Can we ask on the line if we have any questions via the phone lines yet.

**Mary Ann:** The phone are muted, so if they would like to ask a question, please press star-one on your touchtone phone.

**Melody Parker:** Mary Ann, can we go ahead and open the lines, please?

**Mary Ann:** Did you want all lines opened at once?

**Melody Parker:** Yes, Mary Ann.

**Mary Ann:** Okay. One moment. All lines are now open and interactive.

**Melody Parker:** Thank you.

**Trina Pyron:** And while we're waiting for questions, Christine, I'd like to ask you about the process between the work that's happening at your local level and the work that's happening at the state. Was it a rolling process? Is it a rolling process with the local agencies preparing first and then the state, or are you all doing this simultaneously?

**Christine Abarca:** I would say it's all si—it's simultaneous. We're at the the state health office and last year as part of our NPHII work our goals were to complete our state health improvement plan, our state health assessment and our state strategic plan. So we did our pre-requisites at the same time the county departments were working on theirs. And the self-assessment kind of met. But we are simultaneously—we're working as if we are one organization, or trying to.

**Trina Pyron:** Thank you. Do we have any questions on the call?

**Emily Peach:** Hi. This is Emily Peach in Los Angeles. I just wanted to see, Christine, if you're willing to share your Excel spreadsheets.

**Christine Abarca:** Yes, absolutely. We'd be glad to share the spreadsheet that we used for the self-assessment.

**Emily Peach:** Yes. And I'll send you an e-mail.

**Christine Abarca:** Okay.

**Emily Peach:** Thank you.



**Christine Abarca:** Great.

**Melody Parker:** And Christine, if you want to send those to me at the Network address I'll be happy to share them Network-wide.

**Christine Abarca:** Okay. Thank you.

**Trina Pyron:** Any additional questions on the phones? Okay, then I'm going to jump right in with one more. This question is for Kristin. Kristin, if you could expand a little bit on your use of the clicker during your assessment that would be really helpful.

**Kristin Adams:** Sure. The audio—audience response system is a piece of technology, and I think most of us are probably familiar with it on talk shows. So I think about Oprah. I think about any sort of daytime television if you want to give your response quickly. And again, it gives an automatic count. So what this did was we had preprogrammed all the information into the computer with the audience response system and so if I gave my division director for epidemiology, I'd say Pam, you are clicker number six. Well, nobody else knew that Pam was clicker number six. So we would ask a series of questions and we wouldn't see how Pam answered immediately. We just knew that—if Pam responded at all because we could see that clicker number six had been registered into the system. And then we could then do the results and say okay, 20% of you answered no, 80% of you answered yes. This is a well-formulated area. Most of us can meet this requirement. Then what I did was I got all the information back from Purdue because they had the system and then I could dig down to say I knew exactly how Pam answered every single question we asked her at the end of the day. And so I could send back her response to say Pam, this is what you told me you have. You need to start finding it and you need to then tell me why you don't have these other documents. It's either not in our—it's not in our scope of work. We shouldn't be responsible for it. Or yes, we should be responsible for it and we have no proof of it. So then again, that's where the quality improvement piece comes in. That's how we need to document where those improvement steps are.

**Trina Pyron:** Thank you.

**Kristin Adams:** Um-hum (affirmative).

**Melody Parker:** And Liza Corso is with us today and she has a question.

**Liza Corso:** Good afternoon, everyone. So Chris, this is a question for you, although quite frankly it's—it's—this is something that can be discussed for Indiana's workshop that might be of interest too. I was wondering, given how Florida has been doing this work at the state and throughout the local level at the same time in kind of a coordinated way, if you could describe a little bit more about how the local health departments and the state health department, too, are learning from each other and supporting each other in the process. You know, like it's a learning community in essence that is being created and how that's working and the extent to which that's beneficial.



**Christine Abarca:** Okay. Thank you, Liza. I mentioned on the—during the presentation, we’ve been working on using the MAPP process locally for community health improvement planning. And that has helped us build over the years a communication network around community health improvement planning and out of that cover many related—tangentially related topics. And of course accreditation is one of those. So we had set up a system where we have, at a minimum, we have quarterly what we call, “meet-me calls,” and our office facilitates those and we do have an agenda usually with a presentation. But a lot of the time is spent having peer-to-peer discussion and doing group problem solving. So we have that mechanism set up. We also do a quarterly electronic newsletter in which we have a list of grant opportunities, we have news from the field, we have snippets about progress from our counties that—and stories that they—that they submit. So that goes out as a wide distribution and sometimes that comes back as a discussion point on our quarterly meet-me calls. And we also have regional meetings by consortia because Florida is pretty big geographically that our counties are used to working in small regional groups and those are coordinated through our office for statewide services so there’s a connection with the state office, if you will, and the local consortiums. And many times the programs will be asked to go and talk to consortia. And talking about accreditation preparation has been a really hot topic, as you can imagine, lately. So those are just some things that I think off the top of my head that—communications that we—network that we set up, the expectation that we will talk with each other at least quarterly. We have a system through which they can look—can request technical assistance from any of our program offices here. So that—that back and forth communication is—I think we take it for granted, frankly. Is that what you were looking for?

**Liza Corso:** Yes, definitely.

**Trina Pyron:** Do we have any more questions from the field?

**Melody Parker:** All right. We still have some time left here, so I—if there aren’t any further questions as far as our presenters are concerned today, Carl and Elizabeth, are you still on the line with us? Do you want to take advantage of this time?

**Elizabeth Lee:** This is Elizabeth. Hi. Carl was just pulled away. I would be very interested to hear if there are any states out there who are—well, to hear any research questions you do have about constructing customer satisfaction tool kits at any phase of the tool kit itself, from planning to selecting agency priorities to identifying target customers, developing rating skills, collecting and analyzing data, and using results. Those are the—those will be the obvious headings. And we just want to make sure this is really going to be meeting—meeting your needs. So I literally would like to start hearing what people’s questions are if folks have them at this time.

**Melody Parker:** Stimulating thoughts. [Laughter] Stimulating thoughts. All right, then. Well, if not at this time, then we’ll—of course we’ll be keeping the virtual lines open for those—for that feedback. Again, you have Elizabeth’s contact information and you have the ways to contact us here at CDC to pass that information on. Thanks again, Elizabeth.

**Elizabeth Lee:** No problem. Thank you.



**Melody Parker:** And of course, thanks to Chris and to Kristin of course for participating on today's call. Thank you again. Thank you, thank you. Before we leave we have that final poll, how would you rate this webinar overall? A few announcements. If you'd like to give us, of course, any additional feedback, and again, any feedback for Elizabeth, or suggest topics for future calls you can please—you can e-mail us at [PIMNetwork@CDC.gov](mailto:PIMNetwork@CDC.gov). Also in regard—a late breaking announcement in regards to the NPHII Grantee Meeting that's coming up on us quite soon. If you haven't yet submitted your QI story board, guess what? They have extended the deadline. The new deadline for submitting your abstract and QI story board title, description, and objective is now Monday, March 11th. The due date for the actual electronic format of your poster is still—that does still remain April 1st. So that's a spot of good news, don't we think? We hope that you will join us on March 23rd for our next call. Don't forget that you can view and download these calls from the PIM Network webinar series website at the OSTLTS PIM Network website. And of course, we look forward to seeing you again in March, and of course we look forward to seeing you face-to-face come April at the NPHII annual grantee meeting. Thanks so much for joining us today everyone. Goodbye.

**Mary Ann:** That concludes this webinar. You may disconnect your phones at this time.

