How NACCHO Can Help: Tools and Resources Galore

**CDC Performance Improvement Managers Network Call**

**May 22, 2014**

**Today’s Speakers:** • Reena Chudgar, Program Analyst for Assessment and Planning and Accreditation Preparation and Quality Improvement, NACCHO

 • Lowrie Ward, Program Analyst for Assessment and Planning and Accreditation Preparation and Quality Improvement, NACCHO

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

**Ed (Operator):** Welcome, and I would like to thank you for holding and inform you that your lines are in a listen-only mode until the Q&A session. Today’s call is also being recorded. If you have any objections, you may disconnect. Now I would like to turn to Melody Parker. You may begin.

**Melody Parker:** Thanks, Ed. Greetings everyone, and welcome to the May 2014 Performance Improvement Managers Network (PIM Network) webinar. I am Melody Parker with the Office for State, Tribal, Local and Territorial Support (OSTLTS), and I am joined here today by my colleagues. Amanda Raudsep and Josh Martinez who are helping me wrangle this webinar today. The PIM Network is a mighty community of practice that supports all National Public Health Improvement Initiative (NPHII) performance improvement managers in learning from each other as well as from partners and other experts, and that’s what’s going to happen today. These calls continue to give members of the Network a venue to learn about one another and share information about resources and training opportunities that are related to our work in quality improvement (QI) and performance management. On today’s webinar we’ll be taking an in-depth look at resources created exclusively for use in your performance improvement activities, including accreditation preparation, community health planning, and building a culture of quality. Before we begin, let’s do our customary review of our technology available today.

On the LiveMeeting site today, you can see other sites that are participating in today’s call by looking at the attendees under the link at the top left of your screen. The National Association of County and City Health Officials (NACCHO) has graciously provided their informational flyer, which you can download by clicking on the icon that looks like three itty-bitty pieces of paper at the top right of your screen. We will have two ways to facilitate discussion today. First, we strongly encourage you to type in your questions and comments as we go using the Q&A box, which you can find by clicking Q&A in the toolbar at the top of your screen. I know our presenters will pause at some point during the middle of their presentation to address those as they come in, so please submit your questions or comments as we go. Second, we’ll open the lines for discussion after the speakers are done, customarily as we do at the end of their presentation. Please be proactive. Go ahead and mute your phone now either by using your phone’s mute button or by pressing star-6 on your phone’s keypad. Note that we will announce the identity of those submitting questions via LiveMeeting. If you prefer to remain anonymous to the group in posing your question, please type “Anon” either before or after your question. Today’s call will last approximately one hour. The call is being recorded, and it will be archived on the OSTLTS PIM Network web page. We’ll also want to hear your feedback about today’s event, so look for a poll at the end of the hour to share your thoughts.

With us today from NACCHO we have Reena Chudgar and Lowrie Ward. They are performance analysts. Now, I’m going to surrender this desktop to them, and they’re going to share just about everything they possibly can with us in the next little while. Lowrie, Reena, it’s all yours.

**Reena Chudgar:** Thanks so much, Melody. Hi, everyone. This is Reena Chudgar at NACCHO, and Lowrie and I are really excited to be here today to speak with all of you. Thank you to CDC for this opportunity to do so. Just a general overview of what we’ll be covering today. We’ll be describing several of NACCHO’s available performance improvement resources and how all of you can use them in your performance improvements efforts or your agencies. We’ll be providing a walk-through of our performance improvement websites and how they’re organized, and again how best to navigate them when looking for specific tools. We’ll also be showing these snippets of some of the specific tools and resources that might be particularly relevant to all of you. Before we jump into that, I want to provide just the general overview about NACCHO and our performance improvement work. NACCHO, as most of you likely know, is a membership organization for the approximately 2,800 local health departments across the US, and we essentially support the work that local health departments do in their communities and also serve as the voice and advocate for local health departments at the national level. Our performance improvement work centers around accreditation, quality improvement (QI), and assessment and planning, including performance management activities. And we develop resources and tools, provide technical assistance (TA) and training on these performance improvement topic areas, and serve as a partner on the national level and work with other agencies who have an interest in or work with other health departments.

A few examples of types of TA we provide commonly are reviewing accreditation documentation against the Public Health Accreditation Board (PHAB) Standards and Measures based on our understanding of them and connecting local health departments or other health departments with peers in the field who might be able to provide or share their experiences in going through these accreditation processes. Within that, one area of work that we do is with NPHII, so NACCHO has been a partner to provide capacity building assistance to NPHII grantees, which has typically consisted of in-person technical assistance and a development of tools and resources typically related to performance improvement. We’ll describe many of these tools and resources that we’ve been able to create through NPHII funding throughout the webinar today. With that brief overview, I will now turn it over to Lowrie, who will kick us off.

**Lowrie Ward:** All right, thanks, Reena. Hi, everybody. Thank you for calling in for today’s webinar. I’m excited to share with you some of our great resources that can help you in your work. I’m going to now cross over and share our screen. Hopefully you all are seeing the web browser now. If you’re not, send in a question about it and we will hopefully work on that. As Reena said, we’re going to start with an overview of our website and how it is laid out and how you can use it to access some of our resources. This is our accreditation preparation and quality improvement website, which you get to by typing into your browser NACCHO.org/accreditation. As Melody mentioned in her introduction, we have a project flyer that’s available for download in the meeting portal, and that flyer contains a lot of quick links that I’m going to be mentioning today. If you don’t have time to jot them down today, you can access them later, or if you’re having trouble finding them later, the quick links are on that flyer. When you type in NACCHO.org/accreditation, you get to this website. The top box is always a featured tool that we want to share with our members or visitors, and right now it’s our self-assessment tool, which I’ll be talking about near the end of today’s presentation. We have two boxes, one for accreditation preparation that I’m going to go through shortly, and then one for quality improvement. At the bottom of this page, you’ll see the NPHII link, and I wanted to take a second now and show you our NPHII website because Reena mentioned it in her introduction.

Because of the generous support of NPHII, we were able to create several resources specific to this project, and those are found on this page. We have several webinars related to NPHII’s work, and then a few interesting reports. One includes stories from the field, and we worked with some of you for those reports. We also have several resources related to the prerequisites that we’re going to go over in our overview today. This right here is a link to all the resources created specifically for NPHII, but we’re going to go through them all in their other homes on our website in our presentation today.

Back to our original website. If you click on the accreditation preparation link in the accreditation website, it takes you to our accreditation preparation web page. I’m going to take a few minutes and go over just the layout of this web page because that’s how you find a lot of our great resources. We have it divided into what we call phases of accreditation preparation, and these aren’t meant to be in any particular order. We’re not trying to say that you need to do them in the order they’re in on this website. We’re just saying these are sort of buckets of activities that happen throughout the accreditation preparation process. The first is “Learn about PHAB and Accreditation.” In that step we have resources from PHAB and some stories from the field. We have a tab for prerequisites, which we will go through in a few minutes. We have a tab on forming your team, which I’ll talk about in a second. We have a tab on collecting and organizing documentation, which we’ll talk about a little bit later. We have a tab with some resources focused on engaging your governing entity, because as you all know, that’s an important part of the accreditation preparation process. Now, we have a tab about the fees, so some particular information regarding the opportunities we have, or things to consider when you’re thinking about that aspect. We have our QI page, which links to some of the resources we’ll discuss later on. We have a link about applying for PHAB accreditation and then some research and publication links. I just wanted to show you briefly what one resource in that apply for accreditation tab. It’s our accreditation coordinator learning community, and this is for local health departments who have already applied to PHAB. Those of you are from the state level, we were hoping you could mention this to any locals in your state. If you’ve already applied to PHAB, we strongly encourage you to join. This is a great one for folks who are in the accreditation process and have already applied to PHAB. We do it as sort of a “support group” for individuals and agencies if they have questions about pieces of documentation or issues they’re having with PHAB so they can talk to each other. When funding is available, we have in-person meetings and conference calls, but we know to keep this network running so they can talk among themselves.

Next I wanted to show you a few of our resources related to self-study. In our accreditation preparation website you click on that link forming an accreditation preparation team, and you’ll see this page. The self-study tools right here, the second from the bottom are two tools that we wanted to call attention to today. There’s a guide for local health departments, and this we developed a few years ago and have sort of kept it updated since then. It includes all the steps of conducting a self-study, which includes collecting documentation, forming your team, conducting stakeholder analysis, etc. Then because of NPHII support we were able to adjust it and create a document for tribes specifically, and that was with the help of Red Star Innovation, so that resource is a great tool for tribes going through the process. Then really quickly, another great resource that I wanted to call attention to before I switch it back over to Reena to talk about the prerequisites was our guide for performance improvement communications. This is recently developed document. It’s a really comprehensive look at how to communicate about things like quality improvement, performance management, and accreditation. We developed this because it’s one of the bigger TA requests we get. We get questions about how do I talk to my staff about this, how do I talk to community partners, how do I make my board understand that this is not, you know, just something to spend money on? This was developed with those specific questions in mind, and it includes worksheets and chapters for different audiences. It includes stories from the project officers (POs) for folks who have communicated this successfully, whether it be with the media, their board, or their community partners that they work with. It’s available for free to download in PDF form.

With that, we’re going to jump into prerequisites, and I’m going to turn it over to Reena.

**Reena Chudgar:** All right. Thanks, Lowrie. As Lowrie said, next we’re going to talk about some of our resources for completing the prerequisites for application, which as you all know, are the health assessment, health improvement and strategic plan. As Lowrie mentioned, off of the main accreditation page we have a landing page for the prerequisites and resources for these, which can be found also by going to NACCHO.org/prerequisites. On this page, as you’ll see, we have resources for conducting community health assessments and improvement plans as well as strategic plans. We’ll start first with the community health assessment (CHA) and community health improvement plan (CHIP). NACCHO has a wealth of resources for completing a community health improvement process. A few of the kind of larger resources that we have are the CHA/CHIP Resource Center and then the Mobilizing for Action through Planning and Partnerships (MAPP) clearinghouse.

We’ll start first with the CHA/CHIP Resource Center. This site was created through a demonstration project in which 12 local health department completed high quality CHA/CHIP for accreditation preparation, some of them use MAPP, and some of them use other frameworks or models. Everything found on this site is meant to apply to any community health improvement process regardless of the framework or model that is used. As you’ll see, the site is organized by task that outline the general steps in a community health improvement process, and on each tab you’ll find training and tools related to that step that everyone can access free of charge. For example, if we go to the (inaudible) tab, you’ll see that there’s training here related to things to consider or do as you’re going through the assessment process. Then you’ll find under that tools and resources that were created and submitted by the demonstration sites as well as others in the field that you all can download and customize and use in your effort. Also found on this site are examples of high quality CHA/CHIP on the examples tab that you’ll see here. All of the documents from the demonstration site can be found here, as well as from others in the field. Many of those with the asterisk next to them have been reviewed against the PHAB standards and measures by us based on our understanding of them. You can access those and see those here as well if you scroll down.

Another great resource on this site is our recommendations on characteristics for high quality CHA/CHIP. This is another valuable tool, and it’s essentially a checklist that an agency can use as they are going through a CHA/CHIP process and conducting it, or wanting to conduct it, in a high quality manner. It’s also aligned with the PHAB standards and measures. Currently it’s version 1.0, but we are working to update it to align with version 1.5. You can download that off of this main landing page for the CHA/CHIP Resource Center. And then second, we have the MAPP website (inaudible). As all of you likely know, MAPP is a framework to go through a high quality strategic community-driven community health improvement process. This website, which can be found off of the main landing page or www.NACCHO.org/MAPP, is organized into the six different phases of the MAPP framework. Under each tab for each phase we can find descriptions of what each phase entails and then other details for that phase. There’s also a way you can find information and access the National Public Health Performance Standards Instrument, version 3. Accompanying each phase there’s also a MAPP clearinghouse of resources, so if you go to the clearinghouse of resources link on the side, you’ll see for each phase and then for other kind of general over-arching or cross-cutting topic areas, and this is similar to the tools and resources on the CHA/CHIP Resource Center, but these are for MAPP communities specifically, although they can be adopted and used more generally as well. For example, if we go to a visioning page you’ll find lots of resources to go through a visioning process and examples of going through the visioning process. Additionally, we have a new MAPP handbook and facilitator guide created with NPHII funding that assists agencies that are implementing that in their communities. It incorporates practical guidance, worksheets, phases, and tips and suggestions from peers in the field who have used or who are using that in their communities. This tool is downloadable off of our bookstore, which you can find by clicking MAPP Clearinghouse here on the right. Then you’ll see a link on that page.

Another really good page we have is related to our community benefit resources. On this page we have resources, including stories from the field including an example of a local health department and hospital partnership that have completed CHA/CHIP in collaboration with each other, presentation site and also access a community benefit e-learning module, which was also created with NPHII funding. This module provides strategies on ways that hospitals and health departments can effectively partner together for assessment and planning efforts. You can also access that off of the community benefits page. And finally, we also have a wealth of resources on how to use healthy people in assessment and planning efforts. To access those, you can also access that off of the main MAPP page. Again, all of these things can be found in the flyer that you can access through the web platform.

Next we’ll go into our strategic planning resources. We wanted to be sure you all are familiar with two of our strategic planning guides. One is developing a local health department strategic planning how-to guide, and a complementary one for helping a tribal health department strategic planning how-to guide. The tribal guide was created in collaboration with Red Star Innovation. Both of these how-to guides are aligned with PHAB strategic planning requirements and they offer step-by-step instructions, important considerations and modifiable tools and templates and worksheets for you. We do have an archived webinar from May of 2012—which you can find on our archived webinar page—that walks through the local health department guide and outlines how to use it and other considerations to keep in mind. Just an example of one of the worksheets you can find, this is from the local health department guide. It outlines how you can go through and complete an analysis and then provides an example worksheet and has a blank worksheet at the end that you can use in your efforts at your agency. Those are our primary resources for completing the prerequisites. We did want to stop and pause here to see if anyone has any questions.

**Ed:** One moment, please.

**Reena Chudgar:** It looks like we’ve got a few questions coming in on the chat features, which is great if you all want to keep those coming in on the chat feature, we can keep the lines closed now until the end when we get final questions. One question that it looks like we got asks about the strategic planning guide, if it reflects version 1.5. We’re not planning to update the entire guide for that, but we will produce sort of an addendum document that goes along with it explaining additional considerations for version 1.5.

**Amanda:** I see another question that came in that asks does one need to be a member of NACCHO to join the accreditation coordinators’ learning community?

**Reena Chudgar:** That’s a great question. The only requirement to join our ACLC, or Accreditation Coordinators’ Learning Community, is that you are a local health department and that you have applied to PHAB. We require proof of your application being accepted by PHAB, and then we let you in the learning community. Unfortunately, we can’t open it up to other folks due to staffing and funding considerations, but this year we’ve piloted a mentorship portion with some folks that had submitted their statement of intent (SOI), and that was successful, so we’re hoping to continue that in the future and allow it in some members to have submitted their statement of intent. But otherwise, there’s no requirement to be a NACCHO member. In the interest of time, we’ll keep going. I see there are a couple of other questions, but we’ll be sure to address those at the end. Lowrie will now take it over again.

**Lowrie Ward:** All right. Now we’re going to sort of switch to the QI side of some of our resources. I wanted to take some time to talk about two really important and valuable quality improvement resources that NACCHO has. Those are a QI roadmap and our new QI self-assessment tool. On the screen right now you will see the enter page to our QI roadmap. The QI roadmap is hosted offsite of NACCHO’s website and posted at QIroadmap.org. We did that so we could have a little more search functionality and a little more functionality and user friendliness for you all. I’m going to walk you through the contents of the QI roadmap and then explain how to use the website really briefly.

We created the QI roadmap as a result of some discussions we had several years ago with our quality improvement leaders learning community, which is a group of folks who have been doing this work for a long time and sort of lead the field in innovations and quality and performance improvement. What they did is help us flesh out these phases along the road to a quality improvement culture. It’s a culture where the entire agency is practicing principles of quality improvement using data to write decisions, forming teams to address process improvements, etc. The first part of the roadmap is these foundational elements of a quality improvement culture and that’s the second tab on this main page right here. These elements are things that make up having a culture of quality. First is leadership commitment, which we all know is very important to doing this sort of work. The second foundational element is the quality improvement infrastructure. That means having a performance management system in place, having a council of quality improvement and performance management, and then having a QI plan in place that is in use. This third foundational element is employee empowerment and commitment. The fourth is customer focus, so a focus on our stakeholders and customers. The fifth is teamwork and collaboration. And then the sixth is continuous process improvement, which refers to using those standardized tools and having staff be familiar with the processes around quality improvement.

The actual phases of the roadmap, if you click on the fourth tab, you’ll see what those different phases are. The first phase on the roadmap is no knowledge of quality improvement, and that’s pretty self-explanatory. That means not knowing what QI is. The second is not involved in quality improvement activities, and that means knowing what it is but not doing any quality improvement work. The third is informal or ad hoc quality improvement, and that means having some QI initiatives or projects going on at your health department, but not having anything formalized. The fourth phase is formal QI in some program areas. We see this a lot in the field. Folks maybe have an NPH division and where the director is really experienced in and bought into quality improvement. So that division has a really formalized process for using data to determine what processes need quality improvement intervention, forming teams to address those issues, and then using data to improve the process over time. But then that’s not translated to other divisions, so other divisions will either have some work but not as much, or just not have any. The fifth phase of the QI roadmap is where you have formal agency-wide quality improvement, so there’s a process in place for all divisions and staff to use this. The sixth phase that we’re all striving for is that quality improvement culture. You’ll see when you click on each phase here, you’ll see the human and process characteristics of that phase, so what it actually means to be in that phase. Then you’ll see transitions strategies around the sixth foundational element for moving to the next phase. If you have some formal QI in some divisions but not others, and you know the reason why you haven’t gotten into that fifth phase of formal agency-wide QI is related to your leadership commitments, you can look and see the strategies that help folks move from phase four to phase five. The two related to leadership commitments you can see on the screen right now are leaders continue to provide regular updates of progress and future plans, and then leaders continuously assess the culture of the agency, including staff commitment and engagement. When you scroll down to the bottom of the page you’ll see resources related to these strategies. The layout of the website is great and really intuitive for finding strategies and resources to adjust your agency culture and move it along that continuum. It’s a really, really great website. I encourage you all to look at it and go through it, and find resources applicable to you all. It’s one of those resources where you just hear a lot from folks in the field about how valuable it’s been in their work, and we’re really excited about that.

Because of the roadmap, we developed the self-assessment tool, which I’m going to talk about in a second. Most of you all can probably identify from what I just said sort of what phase you think your agency is in, and as performance improvement managers you are likely very aware of where your agency is on this roadmap. Something we hear a lot from folks in the field is that they wish there was a way they could assess where they were on the roadmap because even if they might have an inkling or they might be pretty sure, you know, senior management thinks they’re in a different place, or staff overall thinks they’re already doing this culture stuff, and so because of that we wanted to create a self-assessment tool to help folks identify where they are.

If you go to naccho.org/QIculture, that will bring you to this website right here. And what this website does is link to our quality improvement self-assessment tool. There’s the tool in PDF version. You can print it out, and then there’s the tool in Word version, so you can go through it with a group and fill it out and have a printout of that. There’s also a scoring summary sheet which you can then share with any interested parties. This is what the tool looks like. It’s a long PDF document because it goes through all these foundational elements that I discussed. It has a series of questions related to them. The introduction is just about when you should use it, why it’s important, how it came about, and explains some of the formatting issues.

Now I’m going to jump right into the different foundational element assessment. As you’ll see here, there’s an overview of the foundational elements and then an explanation of some key terms and sub-elements. Then it jumps right into the questions where you assess where you are. We designed these sheets to generate discussion, so what we encourage folks to do is to go through this section with their QI team or with their senior leaders or with all applicable folks and everyone to say where they think they are and why. Then once you have this discussion, you can come to a consensus on each of these sub-elements and access strategies if you want to. At the bottom of every page there’s a way to access some of the resources. As you can see, there are some really great questions here to get your team focused on where they are and where they need to be. At the end, when you put all of this information into this boring summary sheet, you get a number indicating where you are on the roadmap, so focus on this tool, really useful. They have said that it takes sort of a longer commitment in time to complete. It’s usually more than one meeting, and it’s really important to go through it with a group and generate discussion. We wanted to make sure to share that great resource with you all.

The next resource I want to talk about is jumping back over to the accreditation side of things. That is one of our documentation resources. Go to naccho.org/documentation. You will get to this page, and you scroll down to about the middle. You’ll see this section, it says example documentation for accreditation, then it takes you to our example documentation for accreditation. And it takes you to our example documentation library, which includes examples that folks have submitted to PHAB for specific measures and pieces of required documentation. For example, if you click on Domain 1, you’ll see tabs for all the standards. If you click on Standard 1.2 it’ll show you what the standard is, show you each measure, each piece of required documentation, and then we have a few links to examples. For example, if you click on this link right here you’ll see a document submitted by Missoula County Health Department. It explains what the document is and which piece of required documentation for that measure it met. Keep in mind that although Missoula was recently accredited and this is the documentation they submitted for that, we don’t have access to their site visit report so this doesn’t include information about if the PHAB site visitor said it was fully demonstrated. This is something that NACCHO staff reviewed and determined that based on our interpretation, it agrees with the standards and measures, but we’re not saying that this is something PHAB or PHAB site reviewers have approved. Another caveat to this library is that we want these to serve as just sort of reference examples. We’re not trying to produce things for folks to take and edit to make their own. We want folks to just have an idea of what folks are submitting. We don’t have every piece of required documentation in here yet. We’re working on it. We like to review and ensure that they are high quality. If there’s a measure you’re particularly interested in, though, that isn’t represented in the library, it’s totally fine to reach out to us and ask if we have some others because a lot of times they’re in other places on our website, like the ASI site, which Reena will talk about right now.

**Reena Chudgar:** All right. Thanks, Lowrie. So, another place to access example documentation from the field is our Accreditation Support Initiative, or ASI, page. The ASIs, with funding from CDC and administered by NACCHO, are intended to stimulate quality improvement and promote the readiness of health departments to seek PHAB accreditation, so project activities include efforts to complete the prerequisites, develop or compile documentation with the PHAB standards and measures, and offsetting accreditation fees up to 50 percent of the total fee. Two years of ASI have been completed, and the third one is underway currently. All of the deliverables, including example documentation, process outlines, etc., and final reports with lessons learned can be found on the site individual pages, which I will show you in just a minute. The third iteration, the 2013–2014 iteration of ASI deliverables will be uploaded in the next couple of months, so you can come back then and check those out. We use the 2012–2013 as an example.

That is our general overview. We’ll see if we have any more questions come in, and we can also open up the lines if anyone has any audio questions or questions they’d like to ask in person.

**Ed:** Thank you. One moment, please. At this time all lines are open.

**Lowrie Ward:** All right. If anyone has any questions, feel free to ask them right now.

**Reena Chudgar:** We see that we did have Tamara in San Diego, we know that you’ve used some of our MAPP tools and our QI self-assessment and the QI roadmap. Would you like to just speak briefly about how you’ve used these in your community?

**Tamara:** Hi. Well, we had used the MAPP tools. It was about two-and-a-half years ago when we decided we were going to use MAPP for our community health improvement planning process. At the time there were no trainings available, so we put something together using all of the resources on your website, and it was extremely valuable to have all of that there. It was pretty easy for us to pick it up and adapt it and use it, and so I just wanted to give a little bit of a plug to that and to recommend it to anybody who wants to embark on using MAPP, and just to know that those resources are very valuable. We just recently did the QI self-assessment tool and the QI roadmap here to get an idea of where we are as far as having a culture of quality. And I’ll actually be presenting that at the COPPHI next month, on the 12th and 13th in Kansas City. The way we implemented it is we did a facilitated process and we met with each of our branches. We have six branches and our public health administration office. We had each branch put together the team they wanted to participate in this discussion, the people that they felt were the most involved in quality improvement, and I’d say that they took a very good, honest look at themselves as far as where they were. It really helped us identify some areas that we want to focus on in the upcoming fiscal year as far as continuing the training and the work, and strengthening our culture of quality here.

**Reena Chudgar:** That’s awesome. Thanks for sharing that. We’re always interested to hear like how folks are using our tools, so it’s really good to hear that it was successful. That’s sort of the way. If anyone on this line uses it in the future or has thoughts on how to improve it, please let us know. We have another question come in via chat box. We’ll go to it and then see if there are any on the line. The question is where can we find or access example workforce development plans?

**Lowrie Ward:** That’s a great question. We have a few ways to do that. A lot of the ASI sites that Reena mentioned developed workforce development plans or worked on them as part of their demonstration project. If you go to nacho.org/ASI and search through some of those sites you can find them. One that comes to mind is one particular site, which Reena showed us in her demo. They helped work with other folks in Ohio to develop a template for workforce development plans, so that’s available there. That’s also available, along with some other workforce tools, in what’s called our documentation selection tools, which can be found at naccho.org/documentation. We don’t have a particular workforce development plan page. That is something that we’re just talking about creating. But if you have trouble finding any examples or templates in the way I just described, feel free to shoot Melody or any of us an email and we’ll send you some specific links. But again, naccho.org/ASI, and naccho.org/documentation.

**Reena Chudgar:** We also have a recently archived webinar on workforce development plans, so we have three local health departments in the field who talked through their process for developing their workforce development plans at their agencies and any lessons learned, and feedback from site visitors for those who had those before the webinar. You can access that webinar on our archived webinar page that Lowrie brought up a little while ago and you can find the link for that in the flyer as well.

**Lowrie Ward:** Any other questions? All right. Thank you all so much for your time. I do see one question that came in in the chat box that was, are there any resources you would recommend for states in particular or any that are only for local health departments?

**Reena Chudgar:** While our tools are geared towards or developed with local health departments in mind, we think that all, or most at least, if not all, can be used by state health departments in their efforts, maybe with a little tailoring or adopting towards your particular agency. But as you go through our resources, please feel free to reach out to us or our colleagues at ASTHO who can definitely provide some tips or guidance on that.

**Lowrie Ward:** Okay. Other questions? All right. We’ll turn it back over to our colleagues at CDC. Thank you all so much for your attention, and again please feel free to reach out to us with any other specific questions.

**Melody Parker:** Lowrie and Reena, thank you, thank you, thank you so much. You are, as always, stellar and fabulous when you share this information with us. I know that I saw some things today that I wasn’t aware of on NACCHO’s site. If just for that, thank you so much. I want to thank everyone else, all of us, for participating on today’s call. Before we leave, there is the customary quick feedback poll, as promised. How would you rate this webinar today overall. Would you rate it as excellent, good, fair, or poor? Of course, if you want to give us any additional feedback on today’s event or if suggest topics as we go for future calls, please email us at PIMNetwork@CDC.gov. If you want any more information as Reena and Lowrie said, they are available as well. Our next session is scheduled for June 26th. In the meantime, remember that you can view and download these calls and materials from any of the PIM Network webinar series on the OSTLTS PIM Network website. That includes everything you saw on the call today. It doesn’t come in just a single PowerPoint. It will be part of this recording and you’ll be able to reference that when that is posted, hopefully within the next week or so. With that, I will turn you loose to enjoy hopefully a long holiday weekend. Thanks for sticking it out with us, you guys, and we will see you next time in June. Thanks so much.