



Local Public Health System Assessment

Boone County, Missouri

Prepared August 2013 by: Jason Wilcox, MPH, Senior Planner
Columbia/Boone County Department of Public Health and Human Services
1005 West Worley, Columbia, MO 65203
T: 573-874-7355 E: health@GoColumbiaMO.com



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Executive Summary

The Local Public Health System Assessment (LPHSA) is an instrument developed by the National Public Health Performance Standards Program (NPHPSP). The NPHPSP is a collaborative effort to improve the practice of public health and the performance of public health systems.

The NPHPSP helps the local public health system in answering questions such as, “What are the components, activities, competencies, and capacities of our public health system?” and “How well are the 10 Essential Public Health Services being provided in our system?” The LPHSA is a self-assessment tool that focuses on the delivery of the 10 Essential Public Health Services by the local public health system (see Figure 1: The Local Public Health System). The local public health system is commonly defined as all “public, private, and voluntary entities that contribute to the delivery of the essential health services within a jurisdiction.” There are four core concepts of the LPHSA:

- The standards are designed around the 10 Essential Public Health Services. These services provide the fundamental framework describing all the public health activities that should be carried out in all states and communities.
- The standards focus on the overall public health system, rather than a single organization.
- The standards describe an optimal level of performance rather than provide minimum expectations.
- The standards are intended to support a process of quality improvement .

The information from the assessment can be used by the local public health system to create a snapshot of activities being performed. In addition, results can help identify the system’s strengths and weaknesses. Areas that show weak activity can be prioritized for future improvement.



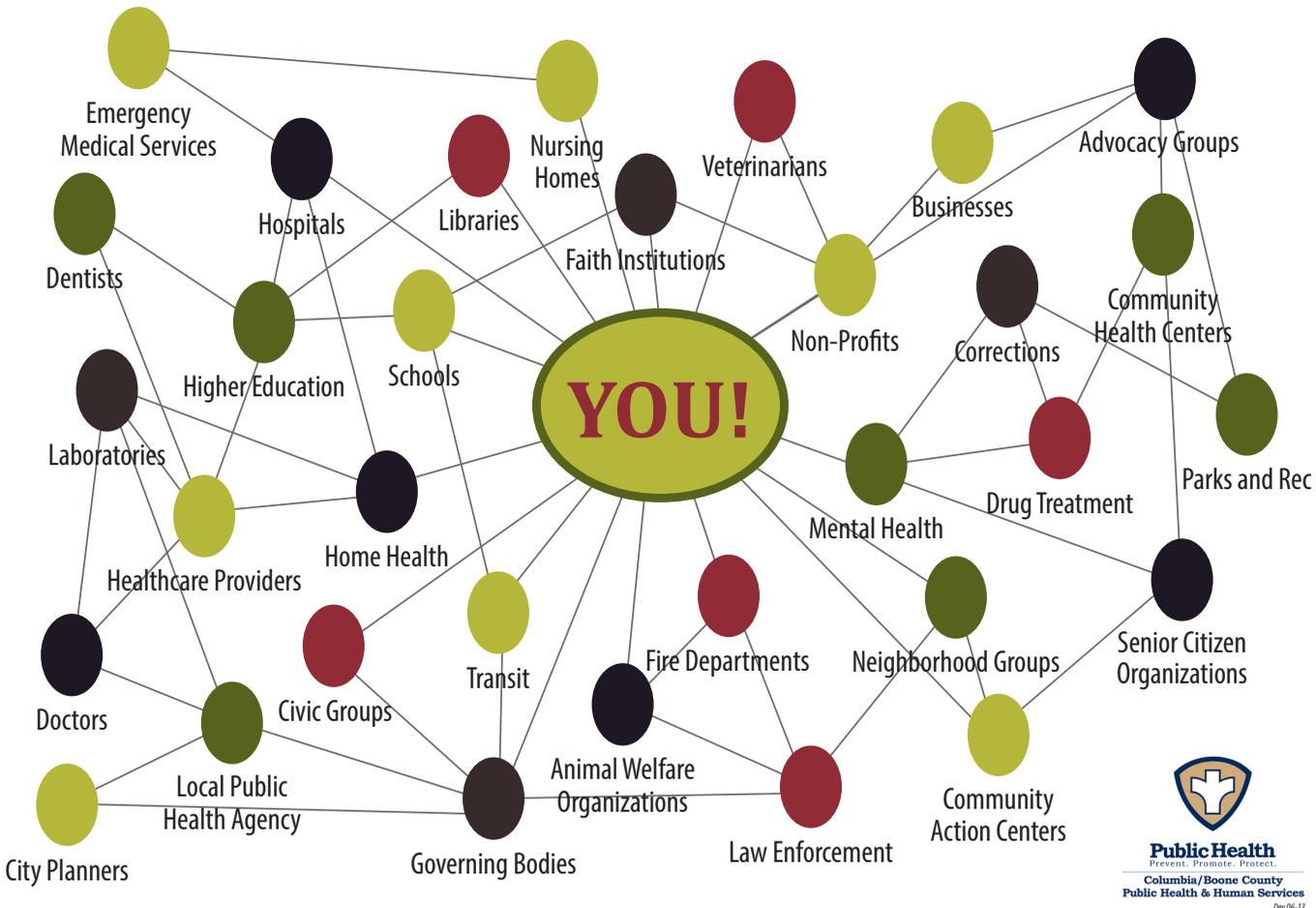
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Local Public Health System

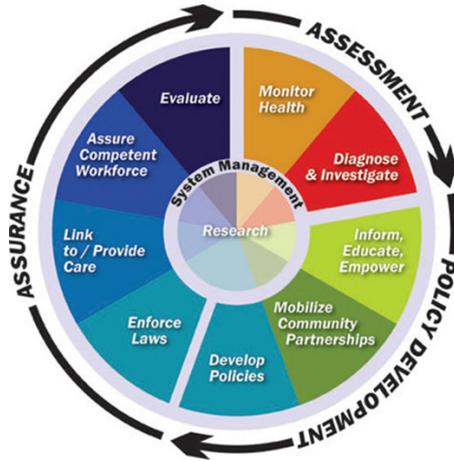
FIGURE 1: LOCAL PUBLIC HEALTH SYSTEM DIAGRAM



Essential Public Health Services

FIGURE 2: 10 ESSENTIAL PUBLIC HEALTH SERVICES WHEEL DIAGRAM

Using the 10 Essential Public Health Services as a framework, a total of 30 Model Standards (2-4 Model Standards per Essential Service) describe an optimally performing local public health system. Each Model Standard is followed by assessment questions that serve as measures of performance. Responses to these questions should indicate how well the Model Standard, or “gold standard,” is being met. Participants in the LPHSA were lead in a facilitated discussion. Each Model Standard was read and discussed, with follow-up voting on each question. After discussion, participants used color-coded cards to respond to the question. Further discussion occurred when there was disparity in responses. Participants responded to the assessment questions using the activity levels listed in Table 1 below.



THE 10 ESSENTIAL PUBLIC HEALTH SERVICES

1. Monitor health status to identify community health problems
2. Diagnose and investigate health problems and health hazards in the community
3. Inform, educate, and empower people about health issues
4. Mobilize community partnerships to identify and solve health problems
5. Develop policies and plans that support individual and community health efforts
6. Enforce laws and regulations that protect health and ensure safety
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable
8. Assure a competent public health and personal health care workforce
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services
10. Research for new insights and innovative solutions to health problems

TABLE 1: SUMMARY OF ASSESSMENT RESPONSE OPTIONS

Optimal Activity (76-100%)	The public health system is doing absolutely everything possible for this activity, and there is no need for improvement.
Significant Activity (51-75%)	The public health system participates a great deal in this activity, and there is opportunity for minor improvement.
Moderate Activity (26-50%)	The public health system somewhat participates in this activity, and there is opportunity for greater improvement.
Minimal Activity (1-25%)	The public health system provides limited activity, and there is opportunity for substantial improvement.
No Activity (0%)	The public health system does not participate in this activity at all.

Using the responses to all of the assessment questions, a scoring process generates a score for each Model Standard, Essential Service, and finally the overall score.

Assessment Process

As suggested by the MAPP Process Handbook, a subcommittee, consisting of volunteers from the CHAMP group, formed to complete the Local Public Health System Assessment. CHAMP, which stands for Community Health Assessment Mobilization Partnership, includes members from each segment of the local public health system (refer to Figure 1) who were invited to participate by the MAPP Core Team. LPHSA subcommittee members represented organizations that were part of the local public health system, and also had relationships with other local public health professionals in the community. The timeline for conducting the LPHSA was approximately two months, from May - July, 2013.

Three subcommittee meetings were held over the two month timeline to plan the assessment. Two staff members from the Columbia/Boone County Department of Public Health and Human Services (PHHS) were included in the subcommittee. PHHS staff liaisons to the subcommittee held meetings during this time to plan the larger subcommittee meetings.

At each of the three meetings, the subcommittee assigned CHAMP members and PHHS staff to each of the 10 Essential Public Health Services they best represented. In addition, community members representing other local public health system agencies that were not CHAMP members were also included as participants in the assessment. The subcommittee initially decided to have each of the 10 groups separate. After noticing that the same participants were listed under multiple Essential Services, the subcommittee chose to combine similar services and their respective participants. The 10 groups were assigned Essential Services as follows:

- Essential Services 1 & 2
- Essential Services 3 & 4
- Essential Services 5 & 6
- Essential Service 7
- Essential Services 8 & 9
- Essential Service 10

The subcommittee chose not to combine Essential Services 7 and 10 with other groups due to the types of questions asked in each service, as well as the need for specific participants to answer the questions.

To prepare for the assessment, subcommittee members attended a two-hour facilitator training performed by the external contractor. Training included overcoming issues with the assessment, how consensus would be reached among participants, and common facilitation challenges. The training was evaluated with a survey and the results made available to the PHHS subcommittee liaisons.

Once the date, format, and location for the assessment were finalized, the PHHS Public Information Officer created invitations (Appendix) that were emailed to identified individuals asking for their participation. If the participant could not attend, the invitation indicated an alternate person or persons to attend. Those who replied their intention to participate received their assessment questions in advance by email. The assessment took place over a two-day period in July 2013. Essential Services 1-6 were performed on day one and Essential Services 7-10 on day two (Appendix). PHHS was chosen as the location for the assessment.

On the day of the assessment, participants gathered for an introductory session. The session familiarized participants with the 10 Essential Public Health Services, assessment, and voting procedures. After completing the session, participants then broke into separate small groups to address their Essential Service questions. Each Essential Service took approximately two hours to complete. There were a total of 44 participants: 23 on day one and 21 on day two. The LPHSA was evaluated by a survey, which participants completed at the end of the assessment. Survey results were shared with PHHS subcommittee liaisons for planning purposes.

Results

Based upon the responses provided in the assessment, an average score was calculated for each of the 10 Essential Services. The score of each Essential Service can be interpreted as the degree in which the local public health system meets the performance standards for each Essential Service. Scores can range from a minimum value of 0% (no activity performed compared to the standard) to a maximum value of 100% (all activity performed compared to the standard).

Figure 3 displays the average score for each Essential Service as well as the overall assessment score. The overall assessment score is the average of all 10 Essential Service scores.

Figure 4 displays the summary of average Essential Public Health Service Performance Scores in order of activity level. Displaying the results in this format helps to identify areas where performance is strong or needs to be improved.

Figure 5 displays the percentage of Essential Public Health Service Performance Scores that fall within the five activity ranges.

Figure 6 displays the percentage of the 30 Essential Service Model Standard Performance scores that fall within the five activity ranges.

FIGURE 3: SUMMARY OF AVERAGE ESSENTIAL PUBLIC HEALTH SERVICE PERFORMANCE SCORES

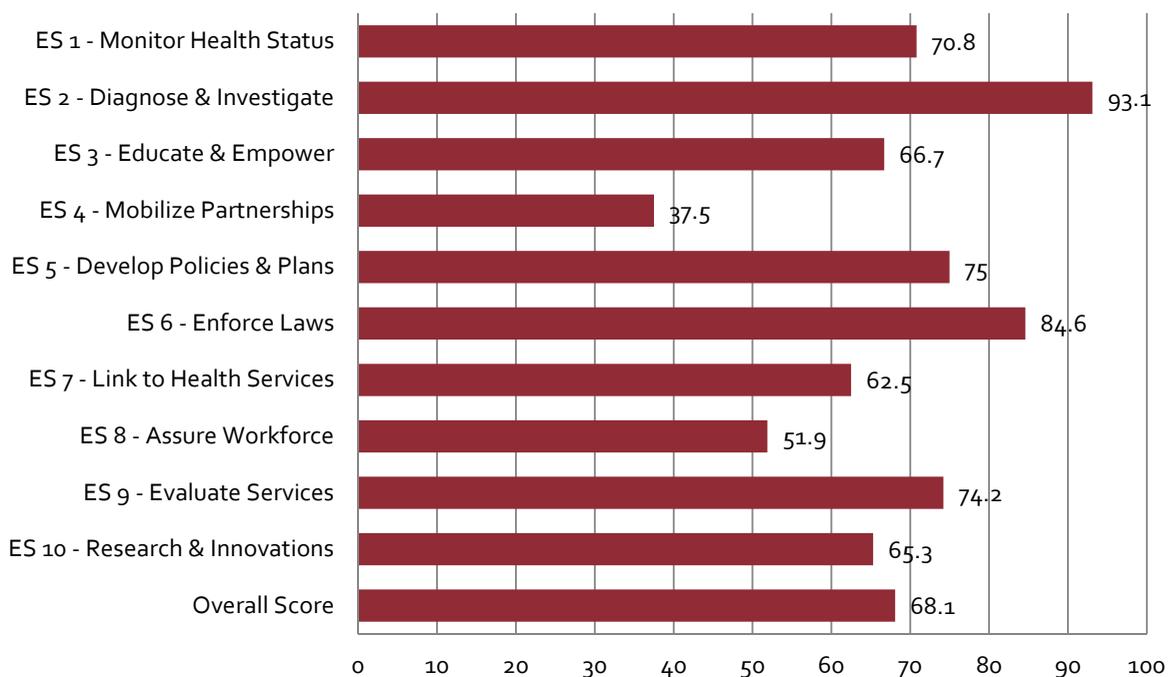


FIGURE 4: SUMMARY OF AVERAGE ESSENTIAL PUBLIC HEALTH SERVICE PERFORMANCE SCORES IN ORDER BY ACTIVITY LEVEL

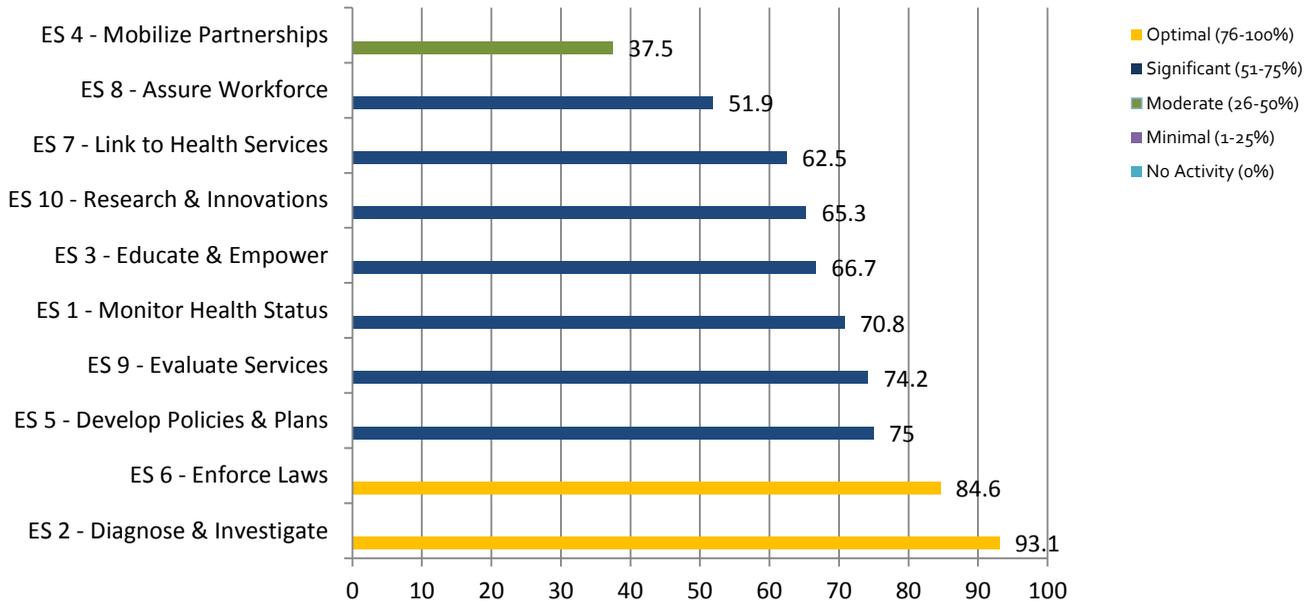


FIGURE 5: PERCENTAGE OF ESSENTIAL SERVICE PERFORMANCE SCORES THAT FALL WITHIN THE FIVE ACTIVITY RANGES

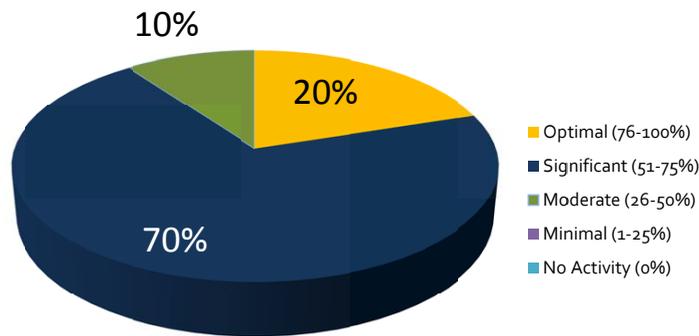
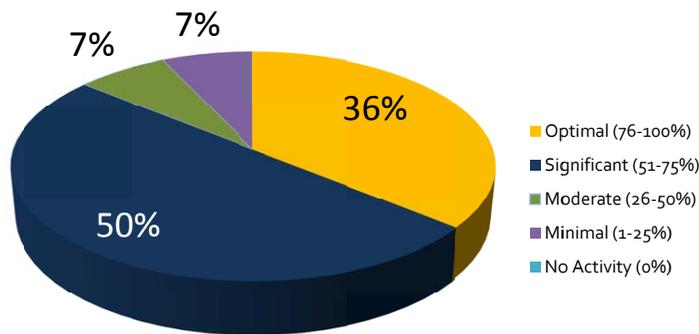
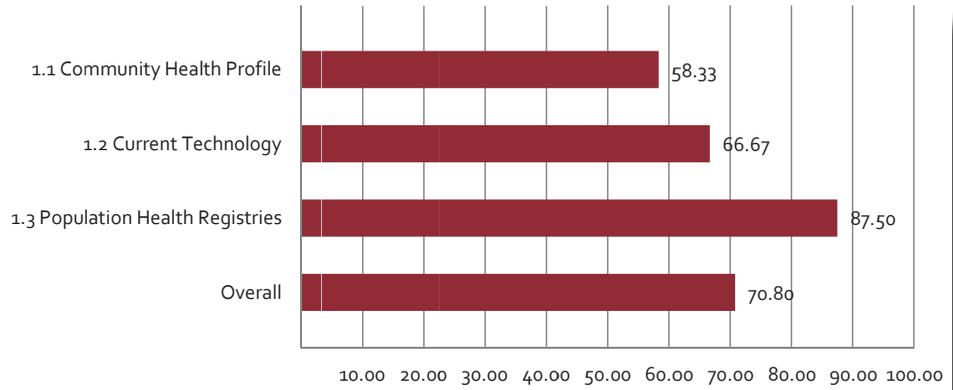


FIGURE 6: PERCENTAGE OF THE 30 ESSENTIAL SERVICE MODEL STANDARD PERFORMANCE SCORES THAT FALL WITHIN THE FIVE ACTIVITY RANGES



Essential Service 1: Monitor Health Status to Identify Community Health Problems

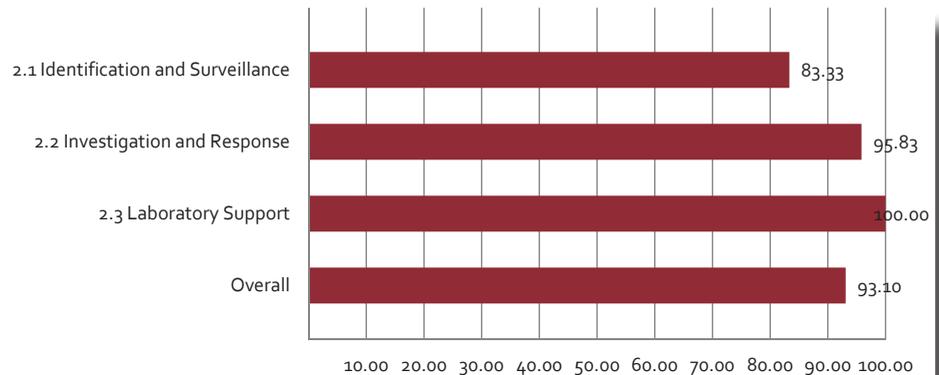
Participants indicated that the local public health system (LPHS) displayed optimal activity related to contributing and maintaining population health registries (disease tracking). A number of infectious disease tracking systems are used in the county and data is shared among partners. Significant activity was displayed in conducting community health assessments and making community health data available electronically (such as on community partners' websites). However, the group noted that past community health assessments were more of a health status assessment that only gathered quantitative data.



Opportunities for improvement relate to using data for public health programs. Data is collected by system partners but it is not always analyzed. An example the group discussed was using Geographic Information System (GIS) mapping of cases of West Nile Virus to coordinate mosquito spraying.

Essential Service 2: Diagnose and Investigate Health Problems and Health Hazards in the Community

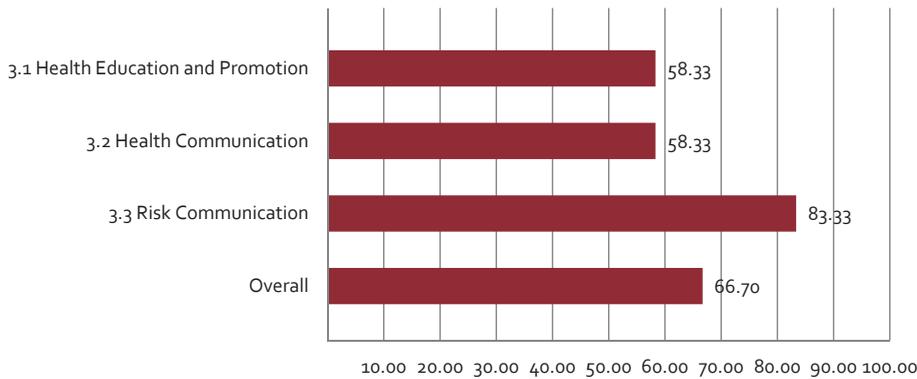
The overall activity score related to Essential Service 2 was the highest among the 10 Essential Services provided in Boone County. Optimal activity was demonstrated in areas including disease case investigation protocols, public health emergency response plans, and ready access to laboratory services to support



investigations of public health threats, hazards, and emergencies. The group determined that there was less established methods for investigations of environmental health hazards within the county. This is due to unclear guidelines of which entity (state or local) will act as lead investigators for non-infectious diseases or conditions.



Essential Service 3: Inform, Educate, and Empower Individuals and Communities About Health Issues

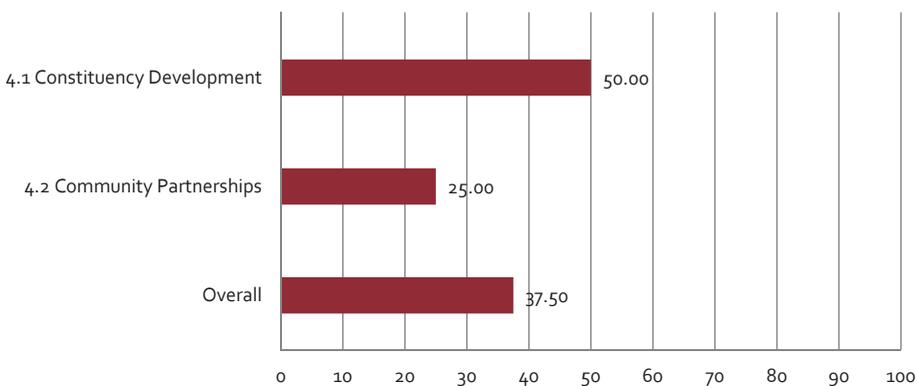


Optimal activity levels were displayed in relation to developed emergency communications plans. The communication plans include pre- and post-event communication and planning, as well as information that is provided to the community in order for them to make the best possible decisions about well-

being during times of crisis or emergency.

Participants prioritized two areas for improvement. The first area is related to improved and targeted public health messages and campaigns through a variety of methods (print, radio, television, online) and better coordination between system partners to conduct health education and health promotion activities. The second area included evaluating health education and health promotion activities on an ongoing basis. The group noted that short-term or grant-funded projects often are evaluated, but there is a need to evaluate long-term projects and activities.

Essential Service 4: Mobilize Community Partnerships to Identify and Solve Health Problems

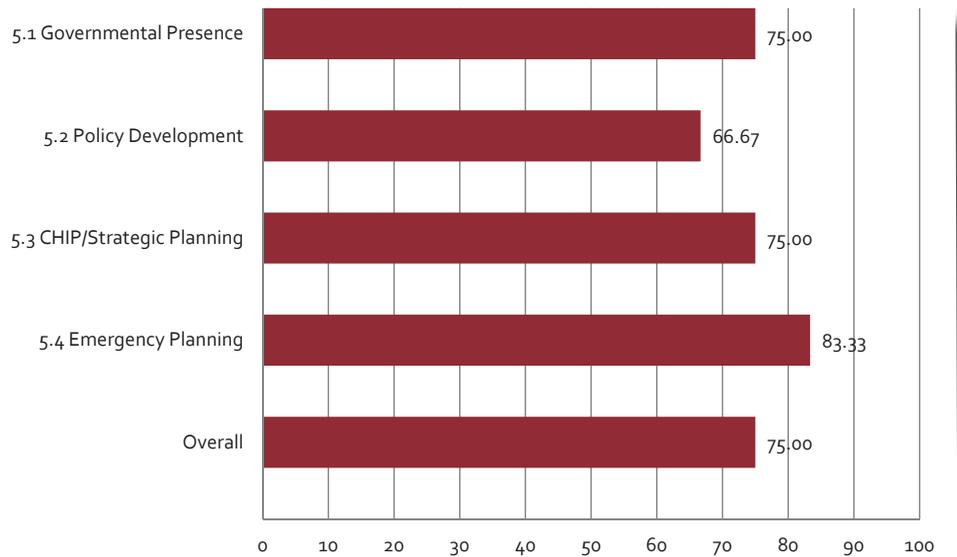


Essential Service 4 scored the lowest activity level of the 10 Essential Services provided in Boone County. Overall the system does well in informing and educating the majority of the population with small gaps and low scores in constituency development. Community partnerships lacked a formal process. Partnerships should be formalized, publicized, and

promoted going forward. Activity levels were also low in questions related to the Community Health Improvement Plan (CHIP). In the MAPP process, the CHIP is implemented in Phase Six: Action Cycle. The Model Standard and overall scores for Essential Service 4 are expected to increase once the CHIP has been completed in 2014.

Essential Service 5: Develop Policies and Plans that Support Individual and Community Health Efforts

Participants indicated that there was significant activity related to having governmental presence at the local level, system partners contributing to the development of public health policies, and in participating in a community health improvement process. Broad representation of system partners in an emergency planning task force, reviewing the All-Hazards plan, and performing mock events were determined to show optimal activity. An area for improvement discussed by the participants was to include community constituents, including affected populations, in reviewing policies that impact public health.

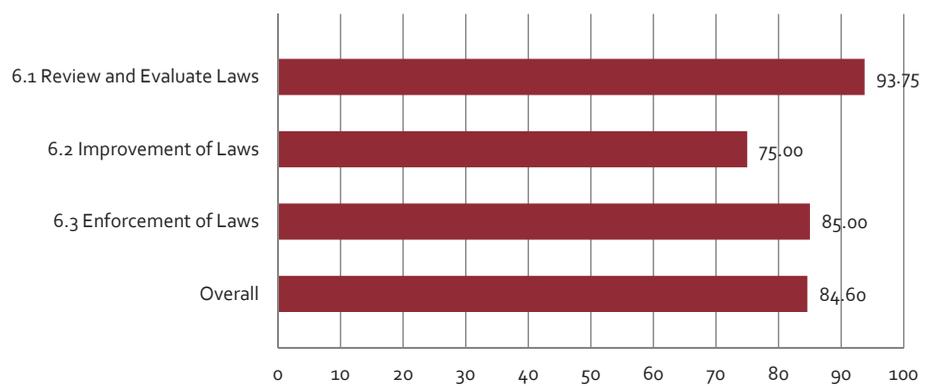


Essential Service 6: Enforce Laws and Regulations that Protect Health and Ensure Safety

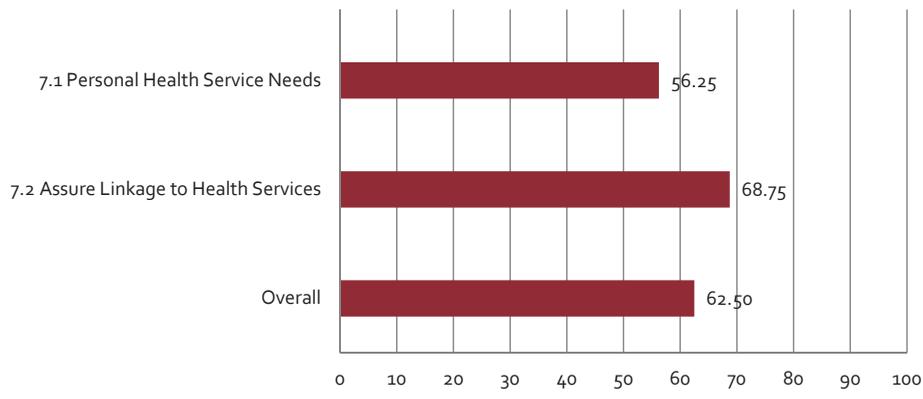
Essential Service 6 showed the second highest overall activity level (84.60%), second to Essential Service 2 (93.10%). The LPHS shows strong activity in identifying local issues that are addressed through laws, ordinances, and regulations.

Areas identified include, but are not limited to, food safety, water and air

quality, emergency preparedness and response, quarantine and isolation, and day care centers. The Columbia/Boone County Department of Public Health and Human Services has been given the authority to enforce these laws. Information about local laws has been provided to individuals and organizations that must comply with them. The LPHS has also assessed the community's compliance with local laws, ordinances, and regulations.



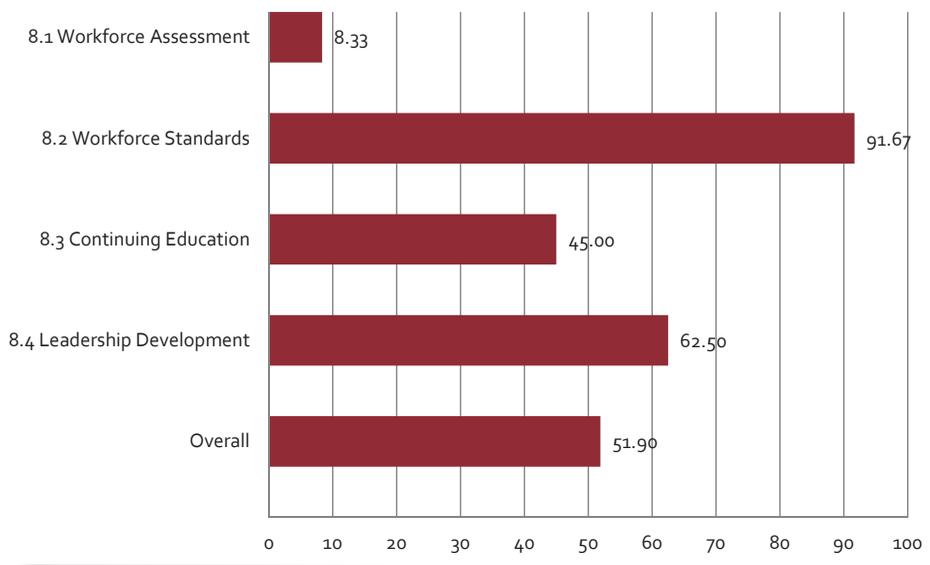
Essential Service 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care When Otherwise Unavailable



Participants felt that the LPHS did a good job of identifying populations in Columbia/Boone County that experience barriers to personal health services. However, the LPHS has not assessed the extent to which personal health services are available to those who have barriers. Activity levels were lower in questions related to providing assistance to

vulnerable populations in accessing needed health services. Transportation was determined to be one of many barriers. Participants noted an area that is improving is providers coordinating services targeting vulnerable populations.

Essential Service 8: Assure a Competent Public and Personal Health Care Workforce:



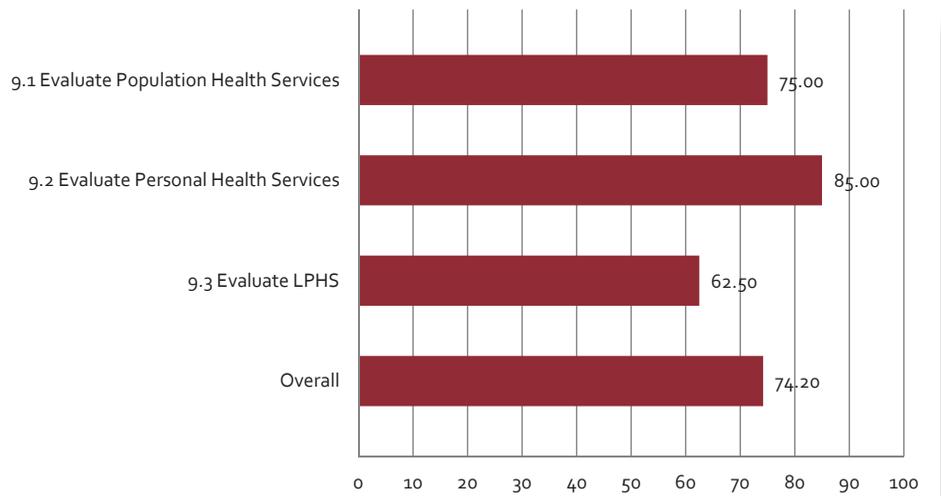
Within the past three years, an assessment of the LPHS workforce has not been conducted, which contributed to the low activity level on Model Standard 8.1. Continuing education for the LPHS workforce can be difficult if organizations do not understand public health concepts. Participants noted that continuing education is encouraged but not required. The majority of continuing education in the LPHS is on emergency preparedness.

The LPHS scored optimal activity in questions related to workforce standards. These standards include awareness of guidelines, licensure, and certification requirements for both the public and private health workforce. There are written job standards for all personnel and performance evaluations are carried out on a regular basis.

Essential Service 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

The LPHS showed significant activity in the area of evaluation of population health services. Examples of evaluations discussed by the group include immunization programs, server training, and substance abuse. Optimal activity level was shown in evaluation of personal health services. Many LPHS organizations perform community assessments every 3-5 years and assess client satisfaction with services.

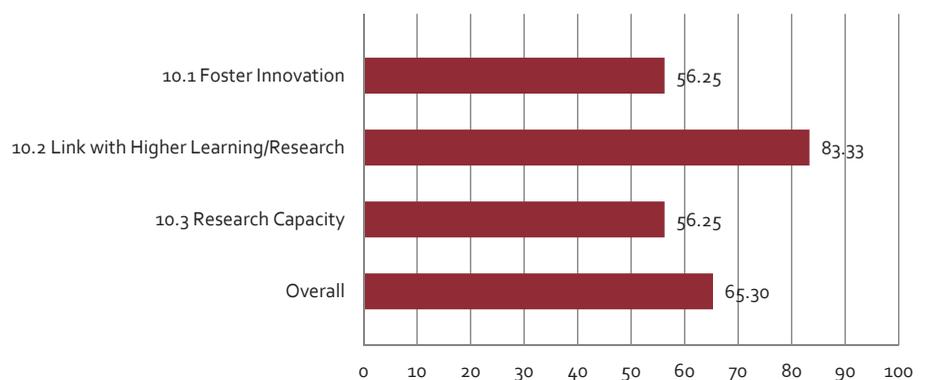
LPHS entities participate in a system evaluation, but an assessment has not been performed on how the entities work together. However, certain areas such as emergency preparedness and social services work well among system partners. The group noted that an area for improvement is evaluating partnership development.



Essential Service 10: Research for New Insights and Innovative Solutions to Health Problems

Participants agreed that LPHS organizations encouraged staff to develop new solutions to health problems. The group noted that the system looked at issues such as social determinants of health, diversity, and best practices. Policies and programs are often put into place by the LPHS to address barriers or gaps to health

problems. With three institutes of higher education (University of Missouri, Columbia College, and Stephens College) in the community, linking with higher learning and the ability to perform research scored in the optimal activity range. Many organizations in the LPHS partner with community organizations, but not all partnerships are for research purposes. Research capacity in the LPHS can be limited due to the fact that not all system partners have researchers on staff or disseminate findings from their research.



Post-Assessment

After completing the assessment, the subcommittee reconvened to discuss the results, identify major themes, and complete the Priority Questionnaire. The Priority Questionnaire is an optional questionnaire that is available so that sites may consider the priority of each of the 30 Model Standards to their system. Prioritizing the Model Standards will help the local public health system identify areas for improvement or where resources could be realigned. Using a scale from 1 to 10 (1 being the lowest and 10 being the highest), the subcommittee answered the following question: "On a scale of 1 to 10, what is the priority of this model standard to our public health system?" Based on the priority given to each of the 30 Model Standards by the subcommittee, each standard was assigned to one of four quadrants as follows:

- Quadrant I: High Priority/Low Performance – may need increased attention
- Quadrant II: High Priority/High Performance – important to maintain efforts
- Quadrant III: Low Priority/High Performance – potential areas to reduce efforts
- Quadrant IV: Low Priority/Low Performance – may need little or no attention

See Tables 2 and 3 for prioritization results.

Before moving to Phase 4: Identifying Strategic Issues, the subcommittee members received a process evaluation in the form of an electronic survey in order to evaluate the effectiveness of the work done during Phase Three of the MAPP Process. Those who participated in the LPHSA were sent a fact sheet summarizing the results of the assessment.

The subcommittee identified four themes from the assessment that were presented to the CHAMP Steering Committee. A PHHS subcommittee liaison presented the results of the assessment before the Steering Committee and answered questions from the group. Based on feedback, the appropriate revisions were made before the assessment results were presented at the August 2013 CHAMP meeting. A fact sheet (Appendix) was made available for the meeting summarizing the results and feedback of the assessment. The fact sheet was also made available on the PHHS website.

TABLE 2: PERCEIVED PRIORITY DIAGRAM

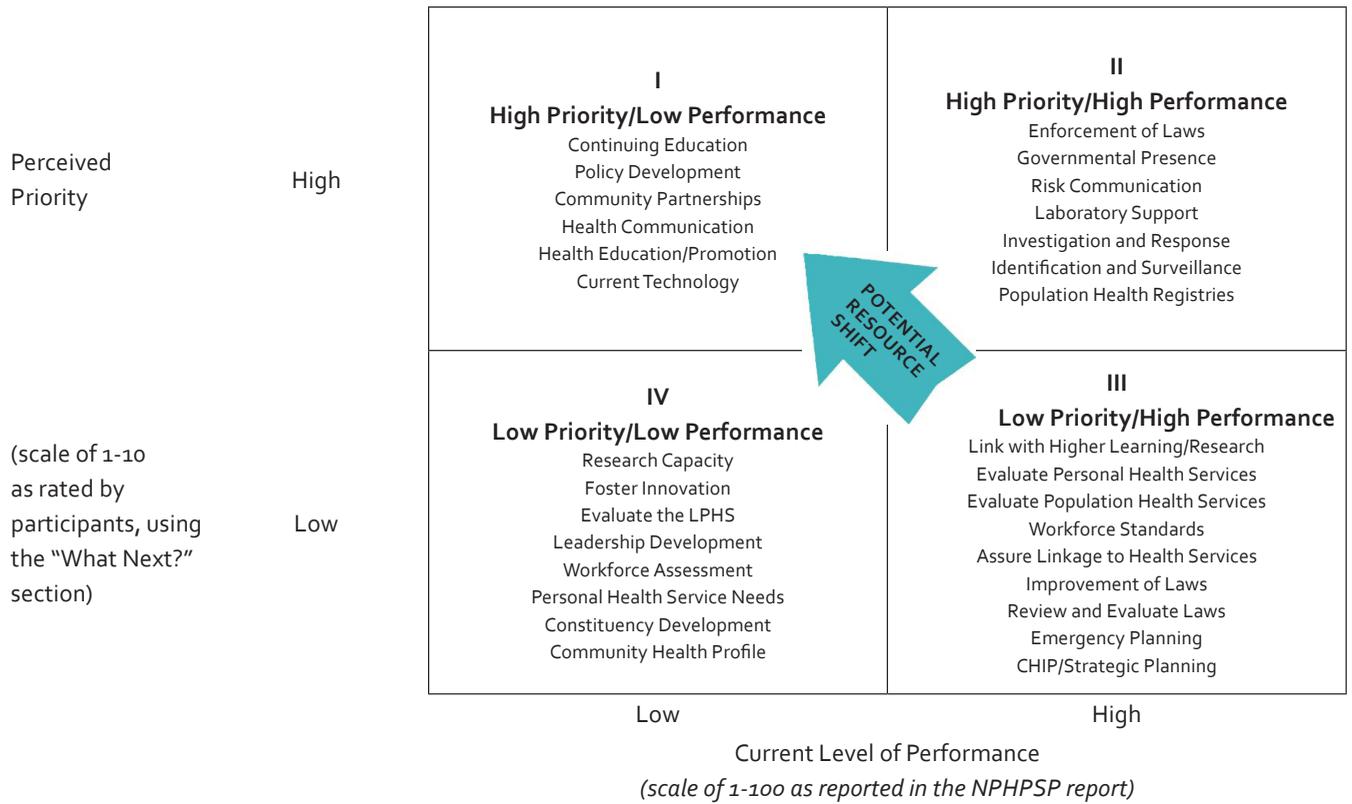


TABLE 3: MODEL STANDARDS BY PRIORITY AND PERFORMANCE SCORE

QUADRANT	MODEL STANDARD	PERFORMANCE SCORE (%)	PRIORITY RATING
I	8.3 Continuing Education	45.0%	9
I	5.2 Policy Development	66.7%	10
I	4.2 Community Partnerships	25.0%	10
I	3.2 Health Communication	58.3%	10
I	3.1 Health Education/Promotion	58.3%	9
I	1.2 Current Technology	66.7%	9
II	6.3 Enforcement of Laws	85.0%	9
II	5.1 Governmental Presence	75.0%	9
II	3.3 Risk Communication	83.3%	9
II	2.3 Laboratory Support	100.0%	9
II	2.2 Investigation and Response	95.8%	10
II	2.1 Identification and Surveillance	83.3%	9
II	1.3 Population Health Registries	87.5%	9
III	10.2 Link with Higher Learning/Research	83.3%	6
III	9.2 Evaluate Personal Health Services	85.0%	8
III	9.1 Evaluate Population Health Services	75.0%	8
III	8.2 Workforce Standards	91.7%	7
III	7.2 Assure Linkage to Health Services	68.8%	8
III	6.2 Improvement of Laws	75.0%	7
III	6.1 Review and Evaluate Laws	93.8%	7
III	5.4 Emergency Planning	83.3%	8
III	5.3 CHIP/Strategic Planning	75.0%	7
IV	10.3 Research Capacity	56.3%	6
IV	10.1 Foster Innovation	56.3%	7
IV	9.3 Evaluate the LPHS	62.5%	8
IV	8.4 Leadership Development	62.5%	8
IV	8.1 Workforce Assessment	8.3%	7
IV	7.1 Personal Health Service Needs	56.3%	8
IV	4.1 Constituency Development	50.0%	7
IV	1.1 Community Health Profile	58.3%	7

Limitations

There are a number of data limitations in the LPHSA. Due to the fact that there are a wide variety of participants involved in performing the assessment, variations in the knowledge of the local public health system's activities occurs. Each respondent self-reports with their different experiences and perspectives. Based on these perspectives, gathering responses for each question includes some subjectivity. Each score of the assessment is an average. Model Standard scores are an average of the questions discussed in each Model Standard. Essential Service scores are an average of the scores of the Model Standards within the Essential Service. The overall score is an average of each Essential Service score. Although there are a number of recommended ways to conduct the LPHSA, the process differs by site.

Some organizational participation was limited, potentially due to the date and time the assessment was conducted. The subcommittee was responsible for identifying potential participants for the assessment. However, the final participant list was not shared with the Steering Committee. In the future, the participant list should be shared with the Steering Committee to help identify areas with low representation and brainstorm potential participants. The assessment itself was very fast-paced, as the participants shared a lot of data during the discussions. A standard document to record the qualitative data was not made in advance. Version 3 of the LPHSA, which was under development at the time this assessment was conducted, provides a standardized data collection form. Version 3 also includes a suggested participant list for each of the 10 Essential Services.

THEMES

1. The assessment was an honest, critical look at the Boone County local public health system.
2. All Essential Services, except Essential Service 4, scored "Significant" or higher activity levels. The activity level of Essential Service 4 is expected to improve once CHAMP implements the Community Health Improvement Plan (CHIP) in 2014.
3. The local public health system in Boone County has many informal partnerships that need to be formalized, publicized, and promoted.
4. Based on the results of the assessment, the Boone County local public health system is 6.9% away from the "Optimal" performance activity level.

Acknowledgements

Subcommittee Members: Chelsie Chambers (Columbia/Boone County Department of Public Health and Human Services), Erika Coffman (City of Columbia Parks and Recreation), Laina Fullum (Columbia Public Schools), Jessica Hosey (MU Master of Public Health program), Stan Hudson (MU Center for Health Policy), Gina Ridgeway Long (Phoenix Home Care/ Human Rights Commission), Mahree Skala (Missouri Association of Local Public Health Agencies), Ellen Thomas (Tiger Pediatrics)

Thank you to all who participated in the Local Public Health System Assessment.

Appendices

Local Public Health System Assessment Invitation

PLEASE JOIN COLUMBIA/BOONE COUNTY
PUBLIC HEALTH & HUMAN SERVICES FOR A

local
public
health
system
assessment

MONDAY, JULY 15TH

9:00 A.M. - APPROXIMATELY 3:00 P.M.

COLUMBIA/BOONE COUNTY PUBLIC HEALTH & HUMAN SERVICES
1005 WEST WORLEY

*Lunch will be provided. Join us as we identify the competencies,
capacities and activities of our local public health system.
Please respond with your availability by June 26th to Jason
Wilcox at 573-874-7224 or jrwilcox@GoColumbiaMo.com
or Mahree Skala at moalpha2004@yahoo.com*



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Local Public Health System Assessment Agenda

Local Public Health System Assessment



Agenda

July 15-16, 2013

**Columbia/Boone County Department of Public Health & Human Services
1005 W. Worley, Columbia MO**

- I. Welcome, Introductions, Meeting Objective
- II. Mobilizing for Action Through Planning and Partnership (MAPP): Process Overview
- III. Local Public Health System Assessment: Purpose, Process, Materials Review
- IV. LPHSA Implementation: Discussion & Voting – 1st Session
- V. Lunch
- VI. LPHSA Implementation: Discussion & Voting – 2nd Session
- VII. Evaluation, Close, Next Steps

Local Public Health System Assessment Fact Sheet

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

PROCESS

- The Local Public Health System Assessment helps to answer questions such as, “What are the components, activities, competencies, and capacities of our public health system?” and “How well are the 10 Essential Services being provided in our system?”
- To complete this assessment, a subcommittee was formed. Subcommittee members assigned CHAMP members, staff from the Columbia/Boone County Department of Public Health and Human Services (CBCDPHHS), and community members to each of the 10 Essential Services that they or their organization best represented. The subcommittee chose to combine similar essential services and their respective participants. Therefore, each group of participants would participate in answering the standards of one or two essential services.
- The process to complete the 10 sections of the assessment consisted of two meetings on two days in which the larger group initially met for an introductory session, then broke into separate small groups to address two Essential Services per group (except for Essential Services 7 and 10). A total of 44 individuals participated in the assessment: 23 on day 1 and 21 on day 2. Each Essential Service took approximately two hours to complete.
- Sectors represented at the LPHSA:
 - The local governmental public health agency
 - The local governing entity
 - Other governmental entities
 - Neighborhood Organizations
 - Hospitals
 - Primary care clinics and physicians
 - Educational Institutions
 - Public safety and emergency response organizations
 - Environmental and occupational organizations
 - Home health care
- When asked what participants liked best about the assessment, responses included:

“Interesting to meet with other participants and hear about their experience and expertise.”

“A great way to quickly gather data.”

“Learning more about public health and everything it’s involved in.”

“Networking with public health professionals.”

“Good interaction and discussion with community partners.”

“I learned about the strengths and weaknesses of our local public health system.”

“Great sharing of perspectives from people involved in diverse areas of our community.”

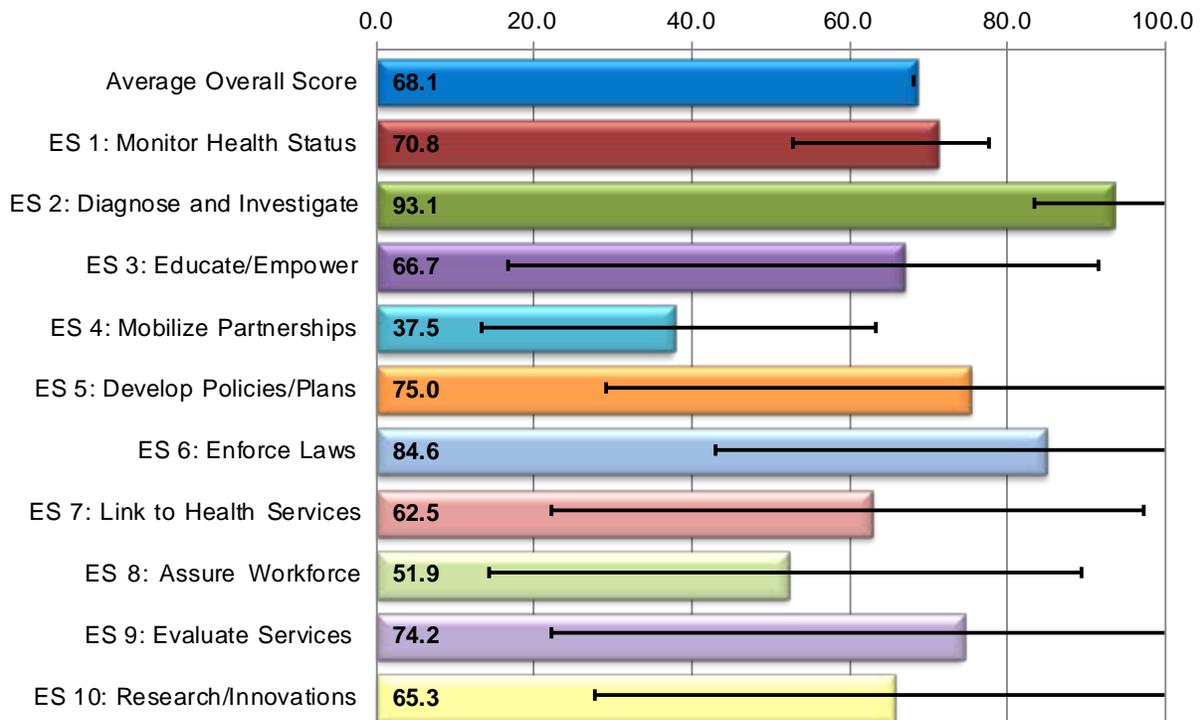


RESULTS

A summary of assessment response options:

Optimal Activity (76-100%)	Greater than 75% of the activity described within the question is met.
Significant Activity (51-75%)	Greater than 50%, but no more than 75% of the activity described within the question is met.
Moderate Activity (26-50%)	Greater than 25%, but no more than 50% of the activity described within the question is met.
Minimal Activity (1-25%)	Greater than zero, but no more than 25% of the activity described within the question is met.
No Activity (0%)	0% or absolutely no activity.

Summary of Average Essential Service Performance Score



ACKNOWLEDGEMENTS

Subcommittee Members: Mahree Skala- MOALPHA, Erika Coffman- City of Columbia Parks and Recreation, Jessica Hosey- University of Missouri Master of Public Health Program, Stan Hudson- University of Missouri Center for Health Policy, Laina Fullum- Columbia Public Schools, Gina Ridgeway Long- Phoenix Home Health Care, Ellen Thomas- Tiger Pediatrics, Chelsie Chambers- Columbia/Boone County Public Health and Human Services and Jason Wilcox- Columbia/Boone County Public Health and Human Services

Additional thanks to everyone who participated in the assessment.

