Evaluation of the Draft Toolkit to Support Application of the Pan-Canadian Health Promoter Competencies

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Background and Introduction

The Pan-Canadian Committee on Health Promoter Competencies (the Committee) embarked on an initiative that includes the creation of a toolkit to support application of the new Pan-Canadian Health Promoter Competencies. Based on an extensive process of consultation across Canada during the development phase the draft toolkit contains the elements noted in the exhibit below:

Introduction to the Toolkit
- ☐ Overview: explains the purpose of the toolkit, its contents and potential uses
- ☐ Roadmap: provides links to specific tools

Health Promoter Position Profile
- ☐ Health Promoter Position Profile: central resource that provides the supporting rationale and role summary to the competencies and glossary, as well as providing proficiency-level examples for each competency statement

Practitioner tools
- ☐ Self-assessment tool
- ☐ Examples of specific outputs: e.g., policy brief, situational assessment
- ☐ Strategies to improve competencies

Manager tools
- ☐ Job description examples
- ☐ Sample interview questions
- ☐ Applicants assessment matrix
- ☐ Performance appraisal template
- ☐ Individual learning plan

Additional resources
- ☐ Comparison with public health core competencies
- ☐ Slidedeck: facilitates communication regarding the competencies

Purpose and Key Considerations for Evaluation

The purpose of this evaluation is to capture feedback on the piloted toolkit and identify what improvements in the toolkit should be considered. An evaluation of a draft toolkit was planned to follow up on its initial release in early 2015. While the release of the draft toolkit occurred in parallel to the final two provincial consultations it was anticipated that participants and other stakeholders would have an opportunity to review and provide input to the toolkit's improvement. Feedback was collected through to early September 2015 with the aim of making improvements to the toolkit to be released in December 2015.

Some key considerations for the evaluation included:

- The aim was to get feedback on the toolkit and not the Competencies themselves. That being said an opportunity was provided to give additional feedback relevant to the Competencies.
- Feedback was needed from different perspectives, hence input was sought from stakeholders in different roles. Members of the Committee or their designated key informant were thought to provide more strategic input and managers and staff in a health promotion role could provide more detailed feedback on the specific content of the toolkit.
- While feedback on the draft toolkit was needed to fine-tune its eventual release, some aspects of the evaluation were to be carried forward for gathering ongoing feedback via the implementation Website.
- While feedback may be provided by *potential* end-users, it was anticipated that many people approached for input will have tried various elements of the toolkit and be in a position to speak from actual rather than anticipated experience.
- Feedback was needed on the overall satisfaction of the use/relevancy of the components of the toolkit as well as details on how each of the tools might be improved. Since there are several components of the toolkit the evaluation process was organized such that feedback could be provided on each tool as well as the overall package. Participants were allowed to choose which tool they wanted to give feedback on as well as the number of tools.

Methodology

On line survey:

An on-line survey was developed collaboratively with the Project Leader and implemented via FluidSurvey. There were targeted and general approaches to the recruitment of on-line survey participants:

1. Targeted - Each member of the Committee and other key stakeholders were invited by the Project Leader to give feedback and/or to nominate four colleagues (two managers and two staff) who had used or would be potential end-users of the toolkit. These individuals would also complete a post-survey key informant interview to discuss their responses in more detail (see below).

2. General – The opportunity to respond to the on-line survey was promoted by the Committee through several mechanisms including:

a. Promotion at provincial consultations on the health promoter competencies, a CPHA workshop, and a toolkit walkthrough webinar.
b. Promotion by the project through its Network of interested individuals who had volunteered during provincial consultations or the project website.
c. Promotion by project Committee members through their province-specific networks.
d. The provision of a link to the on-line questionnaire that was posted on the project implementation Website (http://www.healthpromotercanada.com/toolkit/).

Respondents to the survey were asked if they had already used one or more of the tools in the toolkit or if they intended to. As noted above, each respondent was asked to provide feedback for as many tools in the toolkit as they felt appropriate.

The survey covered:

- *Ease of use*
- *Potential usefulness*
- *Overall quality*
- *Comments on both positive features and suggestions for improvement*
- *Likelihood of recommending to a colleague*
- *About the respondent* – percentage time engaged in health promotion activities and duration working in health promotion; type of work setting; main organizational role; primary discipline, and province/territory
- *Open ended items to close the survey*– any other feedback about the toolkit; resources that should be added or deleted; feedback on the competencies and need for assistance to practitioners and organizations needed to apply/implement the competencies.
- *Certification process for health promoters*: a final question asked whether future work related to the health promoter competencies should be pursued.

Responses from all participants from targeted and general recruitment approaches were analyzed together as there did not appear to be major difference between those accessing the survey via different strategies.

Key informant interviews*:*
A list of key informants and their contact information was provided to the Consultants for purposes of securing and scheduling their participation in a telephone interview of about 30 minutes in duration. The participants were either members of the project Committee or others in varied leadership roles in their Canadian jurisdiction or nationally. Participants were first asked to complete an on-line survey modelled after the one linked to the project website. Interviews occurred in July through to the end of August depending on summer vacation/work

schedules. The interview was guided by questions that probed the person's overall impressions of the toolkit; opinions regarding the greatest contribution/value add; anticipated use of the toolkit, including how they anticipated promoting it to colleagues and community partners; implementation challenges; and any other feedback on specific components of the toolkit that would build upon their feedback in the on-line survey.

Results

Overview of Participants

Survey: A total of 26 people participated in the on-line survey, including 9 people who also provided feedback in a follow-up interview. Of those participating in the on-line survey 21 answered the complete survey and, therefore, provided the "demographic" information at the end of the questionnaire.

The large majority of respondents worked in a job where more than 50% of their time was dedicated to health promotion activities ((9 of 21 working 100%) and most had worked in the field for over 5 years (about 30% for 5 -10 years) and almost 50% for over 10 years). About 50% worked in Regional/District Health Authorities and a further 20% for a Provincial/Territorial Department. About half were program staff and about 30% were in management. About 75% identified with the discipline of "Health Promotion" and small percentages with Public Health or Nutrition. One respondent was a Public Health Physician. The sample of 21 respondents was diverse across Canada in terms of location of work but not all provinces or territories represented (Ontario 8; Nova Scotia 4; Alberta 4; BC 2; and Manitoba, Newfoundland and Labrador one each. One person cited, "Other probably reflecting a national orientation to their work.

In terms of the number of tools for which respondents provided feedback the average number was three. There was, however, considerable variability in the group: 11 reported on 1 tool; 3 reported on 2 tools; 3 reported on 3 tools; 1 reported on 5 tools; 2 reported on 6 tools; 1 reported on 7 tools; 1 reported on 9 tools; and 1 reported on 13 tools.

Interview: A total of 13 people were approached for the semi-structured interview and 10 were successfully completed. Those declining the interview either felt their survey feedback was sufficient or their work/vacation schedules were not conducive to participation. As noted above, all but one of the ten interviewees completed the on-line survey in addition to their interview.

Participants were distributed across the country and working in a variety of roles ranging from planners, managers, researchers and senior staff working in health promotion related roles. The key informants and their respective organizations are identified in Appendix A.

Part 1: On-line survey data: Review of individual components of the toolkit

It is challenging to offer a concise summary of the feedback offered to individual components of the toolkit. The following table offers a "bird's eye view".

Across all the components, respondents rarely reported direct experience using the tools. However, the large majority reported that they had considered their potential use within their own context.

Looking at the last column, recommending to a colleague, one gains an overall impression of the positive rating of the large majority of tools in the toolkit. A similar impression comes from scanning the columns reporting on perceived quality, usefulness and ease of use.

A few cells in the table are highlighted that may be exceptions to the generally positive impressions reported. For the Overview only 1/9 felt it to be of very high quality and for the self-assessment tool, only 1/ 9 rated of very high quality and 4 rated it of high quality. The same pattern emerged for examples of specific outputs. In terms of the tool advancing strategies to improve competencies it was rated as high by only 1 of 3 and no one rated it as very high. The performance appraisal template was rated as high quality by 5 of 6 respondents and no one rated it as very high quality. Lastly, only one of 4 rated the individual learning plan as high quality and no one rated in very high quality.

Thus, opinions were mixed on a number of the tools which may represent a multitude of factors (e.g., needing more time to actual use the tool; variation in context; or their professional opinion at this time that improvements could be made to the tool to meet their needs). More detailed feedback is provided below and in the Appendix B.

Component of the Toolkit	**Use prior to survey**			**Ease of use**		**Usefulness**		**Quality**		**Recommend to a Colleague**
	Read	Considered its use	Used	Easy	Very easy	Somewhat Useful	Very useful	High	Very high	Yes
Overview (N=12)	6	4	1	7	3	3	6	**8**	**1**	9/12
Roadmap (N=6)	2	3	1	3	3	0	5	2	3	5/6
Health Promoter Position Profile (n= 10)	3	6	1	5	4	3	6	6	3	9/10
Self-assessment tool (n=9)	0	8	1	5	2	3	4	**4**	**1**	6/9
Examples of specific outputs (n=7)	1	6	-	5	0	5	2	**4**	**1**	6/7
Strategies to improve competencies (n=3)	1	2	-	3	0	3	0	**1**	**0**	1/3
Job description examples (n=3)	1	2	-	3	3	0	3	1	2	3/3
Sample interview questions (n=5)	2	3	-	1	3	2	3	2	2	5/5
Applicants assessment matrix (n=1)	-	1	-	1	-	0	0	0	0	0/1
Performance appraisal template (n= 6)	1	5	-	4	1	3	1	**5**	**0**	5/6
Individual learning plan (n= 4)	1	2	1	1	3	2	2	**1**	**0**	2/6
Comparison with public health core competencies (= 5)	2	2	1	4	0	2	3	2	2	4/5
Slidedeck (n=6)	2	3	1	1	4	1	4	**2**	**1**	5/6

Part 2: On-line survey data: Final Comments

a. About the overall toolkit or any of its specific resources: n=14

The comments offered here grouped themselves into a small number of themes:

Overall positive impressions:

- The toolkit resources are user friendly and easy to access. They are clear, concise and very practical. Well done.

- Looks great just need more health promoters to see it - need one email list or contact list of public health promoters.

- This is an amazing resource. A hidden jewel that we need to promote! Well done.

- I think that the entire toolkit is a wonderful resource that will help HP practitioners across the country.

- Core elements are very good and useful. Be careful about providing too much extra stuff.

- Really excellent and very helpful

- Great to have these resources to draw upon when there is no "college of health promoters" as there is for other disciplines. All components are helpful just a matter of how well they are utilized by organizations that employ health promoters.

- This toolkit will be a valuable resource for anyone wanting to know health promotion competencies

- Overall I think this toolkit is FANTASTIC! I wish this existed 13 years ago when I first graduated from my undergraduate degree and started working. If these tools existed then, I would have used them to advocate for changes in my workplace; what I was taught in my undergrad was not what was expected of me at the time, only now is the Ontario Public Health system catching up to expecting these competencies from their health promoters. Without these tools 13 years ago, I did not have much to work with to advocate for certain things. Things have certainly progressed some, and now I think there is definitely more readiness for this toolkit in the Ontario Public Health System. I look forward to using them to further advocate for improvements within our public health system.

Need for promotion and KE

- I think it is very important that this toolkit be continuously promoted to ensure it becomes widely used and therefore mainstream. There are many non-health organizations looking to employee people they call health promoters, but unless they have this kind of guidance the work will not be successful.

- Amazing work!! May require a little more work from the knowledge translation lens.

Need for more examples/details

- Provide MORE types of sample outputs (logic models, campaign plan, evaluation plan, program report, operational plan, evaluability assessment, literature review, project proposal). Provide MULTIPLE samples for each output (different settings, contexts, public/non-profit, etc). Provide samples on a broader range of TOPICS- poverty, homelessness, income security, injuries, substance misuse, etc. I feel like we do ourselves a disservice as health promoters sometimes by continuing to focus and share our skills only within the healthy lifestyle factor-realm of nutrition, PA, and tobacco. We have much more to offer in MANY (all!) other areas- so examples to show that would be great.

- The toolkit has good intentions to clarify competencies specific to health promotion as a discipline. Overall however, the website and tools underwhelm. More examples, templates, real life case studies, targeted resources for next steps to improve gaps in competency area would all be useful.

- Within the domains - the rating is for a variety of indicators. What if the individual is exceptional in some of the indicators but not others? Should you rank each indicator first to then give you a total score for the domain? This would make the self-assessment longer - but may provide more detailed information on strengths and weaknesses within domains.

b. Comments regarding specific resources that should be added to or deleted from the toolkit: n=8

- Some of the HR elements may not have wide applicability.

- PHO provided a comprehensive list of its own resources that could support Competency 1, with this process being easily replicated for the remaining Competencies. A partnership to accomplish this would be welcomed.

- A glossary should be added - hyperlinked to the assessment tool.

- Project Management tools from a Health Promotion perspective, should be inclusive of health equity tools.

- I mentioned that more examples could be added to the Performance Appraisal template. The template itself is well designed and easy to use, but including more practical examples from the field (creating an inventory of examples) would help users to better visualize the competencies in action. The competency statements feel more grounded when accompanied by examples of what they look like in practice.

- The recruiting process also involves the publicity and marketing of work/job opportunity. How and where could an organisation post their job offer to reach the most suitable candidate? What educational institutions embrace these competencies in their curriculum? Sample posters?

- Might consider expanding project in future to include resources for community health centres and other organizations employing health promoters.

c. Comments re: the health promoter competencies themselves: n=8

- I think the list of HP competencies has been reviewed extensively by the field and looks very good. I just have one question about the Communication competency: 7. Communicate effectively with community members and other professionals that includes: 7.1 Provide health status, demographic, statistical, programmatic, and scientific information tailored to specific audiences (e.g., professional, community groups, general population). 7.2 Apply social marketing and other communication principles to the development, implementation and evaluation of health communication strategies. 7.3 Use the media, advanced technologies, and community networks to receive and communicate information. 7.4 Communicate with diverse populations in a culturally-appropriate manner. What do you think about adding a sub-bullet around "engaging the media" in this competency? When it comes to doing media interviews, they can be either proactive or reactive. Proactive is when we reach out to them, to engage them to cover a certain topic. Reactive is when they call us to give opinion or perspective on an issue. In proactive cases they don't have to cover the topic, and it takes a certain skill set in media relations, and knowing how to communicate and work effectively with reporters to get your issue covered/profiled. Do you know what I mean? When I think of "using the media" I think of paying for a media advertisement in a local paper or on the radio. But when I say "engaging the media" I'm talking about the skill set involved in working with reporters, building relationships with reporters over time, becoming known to them as a trusted public health voice on a certain topic, etc... That is definitely a competency that is developed and honed over time.

This issue (media relations) actually become important in our health unit about 5 years ago, the last time our Health Promoter job description was being evaluated with pay grade implications. Since Health Promoters in our health unit often speak with media reporters on health issues, and in these cases our voice can reflect positively or negatively on the reputation of the health unit as a whole, there is a degree of risk management involved. Due to the acknowledgement of that degree of risk involved in our roles, our pay grade was rated in a higher band. So I was thinking that might be included in the competencies in some way, if you see a fit. Keep up the great work.

- Look great - examples of pay would be greatly useful too for our fight for equal pay with public health nurses at our health unit.

- Fantastic!!

- Excellent and very useful

- Great!! Would like to see more about how they should be applied to regulated health professionals. Are they meant for anyone doing HP or just for those that are not regulated?

- Are clear and helpful

- Are comprehensive and represent the breadth and depth of required skill to be a competent health promotion specialist.

- Given that Ontario now has physician poverty screening tools, perhaps there could be inclusion of health promoter competencies for physicians, EMS, are examples that come to mind.

d. Going forward, is there any assistance that you see practitioners or organizations will need to apply/implement the competencies?[1] n=7

- We'll need time a little patience with the ability to ask a question or two.

- The tool kit appears to be comprehensive and useful as is. I would like to see similar tool kits developed for other disciplines, including PH nursing.

- How will non-public health employers know of the resource? Is there a communication plan?

[1] This question was asked only to the phone interview survey respondents

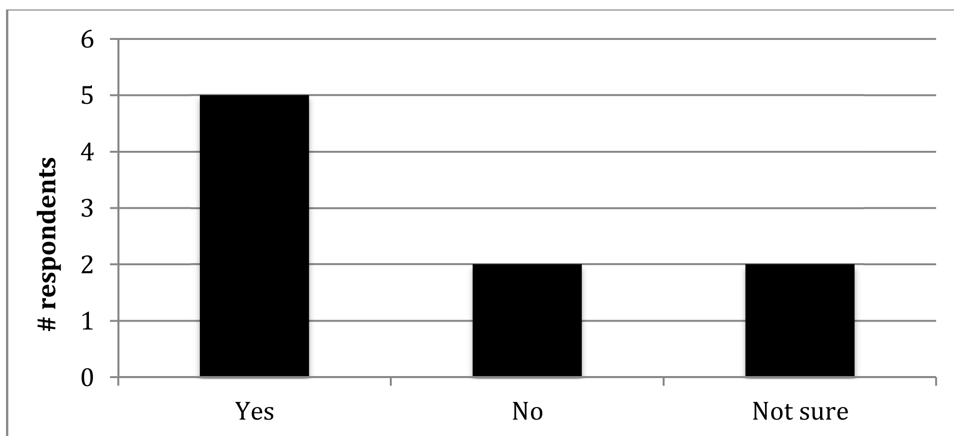
- A little bit more of an understanding of their purpose and who we should be applying them to

- As a user, i am not directed to resources to help improve competencies. I am told i have gap areas, but am not provided with much support to improve these areas. I feel this is the biggest gap in the tool and should be addressed first.

- Training - in my experience health promotion professionals are often strong in either the research or implementation competencies. On the ground training that incorporates theory and evidence based approaches into real world settings will be essential to realizing the comprehensiveness of the competencies.

- I can only speak from a provincial gov't perspective. Human Resources develops standardized competencies that various position descriptions fall under, so I can only see working in a few of these questions, when the standard competencies come up for renewal.

e. During the consultations on the health promoter competencies, the formal certification of health promoters has occasionally been raised. Looking to potential future work related to the health promoter competencies, do you think it would be valuable to pursue a certification process for health promoters in Canada?[2]



Comments n=8

Generally positive comments
- I believe this is an absolutely essential 'next step(s)' in the process.

- I think we are constantly fighting to be seen as professionals with specialized

[2] This question was only asked to the phone interview survey respondents

expertise. It also helps clarify that we are not health educators. It gives us an opportunity to expect a bottom line expectation for the field.

- Many other disciplines are accredited including evaluators, nurses. Providing certification would help validate the field and gain needed recognition.

- A standard level of knowledge and experience would be valuable for determining who takes on the various roles and responsibilities in health promotion. For example, those with scientific training and on the ground experience would be at a higher level of qualification for designing complex interventions for vulnerable populations.

Negative or uncertain comments

- I think that the health promoter competencies lay across all discipline domains of public health. I'm not sure that this work can be compartmentalized into one job description.

- Again, we would need to be clear about who would receive this. Is it for all those working in HP, so is this on top of the community nursing or dietetic competencies, or is it just for those that are not regulated?

- Universities/Institutions of higher learning already offer Masters programs in Health Promotion. If one has a MSc, or MPH in Health Promotion I'm not sure there is validity in have certification. Certification would require governance for monitoring, i.e. increased costs, or registration by individuals who want certification.

Unable to offer an opinion

- I don't know enough about this specific discipline to comment.

Part 3: Qualitative feedback from Interviews

The interview began by asking for two words or phrases that captured the individual's overall impressions of the toolkit. The main them that emerged was consistent with the general comments echoed in the on-line survey. The following comments have been synthesized from participants' initial words/phrases and comments offered to expand on their answer. Additional questions probed these high level responses.

Generally positive comments

- Overall excellent. Comprehensive. Useful for broad sectors, especially smaller organizations which may not know how to define a position.
- Comprehensive, a whole package.
- Depth and detail. Comprehensive with the aim in the right direction and sefl-regulation
- Very clear; easy to use
- Comprehensive and applicable
- Excellent; well-planned
- Being competency-based it's not just job duties but what are the skills etc

Positive but with qualifications;

- Useful. Useful in moving the profession forward. Useful in moving the term "health promotion" forward. Academic and 'wordy". Not so much a real 'toolkit". Not that user-friendly.
- Comprehensive – lots of information. Complex, content heavy. Dense and academic.
- Promising but lacking
- Great tool – so little to promote the profession. Process looks good. Product looks good. Need communication plan.
- Need more resources like this . and also need more specific things to support using resources like this.
- It's good but is it too academic? The layout isn't particularly interactive – issue for implementation

<u>When asked to pinpoint the greatest contribution or "value add' of the toolkit the following ideas and themes emerged</u>.

Specific elements

- Side-by-side comparison of Junior and senior. It's a continuum so this was helpful.
- The roadmap is good
- Powerpoint helpful
- Great to have examples

Defining the job

- Health promotion work falls outside regulated professions. So this helps define the job or jobs better.
- If you are supervising someone – this gives a good sense of what you are looking for - what is required.

- There is a role for health promotion for anyone doing public health. This defines the specialist and should help with job creep.
- Sometimes there is role confusion in the organization. This will give definition and structure – it clarifies what they do.
- Highlights the difference between "health promotion" and a "health promoter" as a job. Useful for other disciplines and defines the role. This doesn't solve the issue of discipline specific competencies but it moves it in the direction of deciding what to do with this skill set.
- Educational for people who are now managing 2-3 departments and may not have the core knowledge needed in health promotion (eg an MBA). Educating new managers.
- From a manager's perspective it goes further to give me tools and helps "set the bar" regarding how people should be performing in their jobs.
- Supervisor has to decide who does what and can be informed by this work

Value to the profession

- Professionalizes the discipline – should be helpful.
- High value for non-public health organizations and applications
- The competencies will be a unifying force for the profession
- It's a great start at highlighting the position and bringing attention to it. It's unifying.
- You can see people "in their shoes; it's comprehensive. It also implies, perhaps not directly enough, that you can meet these competencies regardless of gender or other potentially biased views
- These are teaching tools for students as well as government decision-makers
- Understanding what every health promoter needs. It's a unifying tool applicable to all levels - "marrying" what should be done with what can be done.
- Shows that health promotion practice is fairly complex but that "it is what it is".

Individual practitioner value

- Good self-reflection tool; a conversation tool with one's supervisor
- Self- assessment – a person may be weak in one area such as research but be strong in practice.
- Will be used differently in different sectors. Therefore, a different value add to different sector

How did participants see themselves using the tools in the toolkit or promoting them

- Will take to the team and management

- For myself, we already have a job description. But will try to build a conversation with the front line, not necessarily formal. I would use at the supervisor level – informing and assigning work. It's where the rubber hits the road – "we need you to do this!"
- Have already used it! The whole Division is using it, all disciplines. But we rated on the competencies not the domains. Used for professional development. Not through HR but for strategic planning for the Health Promotion Division
- Will share with colleagues. Doing it already.
- At the individual level: performance appraisal and self-assessment. At the group level: professional development in the organization. Competencies help define goals.
- Can use this in a team context, for example, Healthy Communities. Can use to describe what we actually do, concretely.
- Self-assessment with staff yearly or semi-annually as it should drive improvements.
- Self-assessment via annual review and with all staff. Development plans to be documented.

Perceived challenges with implementation:

Organization/environmental support

- Getting the decision-makers on board.
- We (government) have a required format for some of these things such as briefing format. So we are limited in any variation around that.
- What support is there at the health unit level for using these competencies? Why do we need health promoters"? Needs branding and good concise language around this – bold headings. Eg page 4.
- Lack of awareness that this work was underway. In general a challenge can be anticipated in reaching people. They are "hungry for this" but don't just rely on leadership to filter it down.
- We have the public health core competencies and now we have more and more discipline-specific ones – so it's difficult as a manager to juggle all these competencies.
- It may be a challenge just promoting this as an important part of public health. A related challenge is the information overload these days and so many competing priorities.

Need for promotion/communication plan

- There is lack of clarity as to whether these competencies are just for those in a non-regulated health promotion role (e.g., dietician) or for everyone doing health promotion. What is the intention?
- It may be a challenge just promoting this as an important part of public health. A related challenge is the information overload these days and so many competing priorities.
- Lack of awareness that this work was underway. In general a challenge can be anticipated in reaching people. They are "hungry for this" but don't just rely on leadership to filter it down.
- It's a lot to digest. Maybe good to pick the three most important elements. Maybe launch in pieces.
- It's complex so just describing the role and what we do is complicated.
- Will these competencies work for health promotion in acute care settings? People in that work environment may see some things missing.
- Context for health promotion is critical and this can change the competencies required. There is whole new set of skills if the work is being done within or outside of municipal government structures. Role of advocacy is differ and different skills are required.

Specific enhancement to support uptake

- There is a specific challenge with the self-assessment there doesn't seem to be a way to highlight variation within the domains, for example there are four indicators but you must rate the overall.
- Evaluation may not be highlighted enough.
- Some challenging terms such as "exceptionally difficult situation". Just what is that?
- This is really basic stuff. Navigation was more or less ok but need to identify and direct people to how they can address gaps in their competencies. There should be a roadmap from the gaps to additional resources.
- Need more for experienced health promoters and managers.
- Needs to be better organized, for example, better ties between the roadmap and the other elements. Better explanation as to why the tools are needed and what is the purpose, for example, for the position profile put the purpose more up front.

Discussion

A comprehensive process was put in place to gather feedback from a range of key informants and other potential end-users of the draft toolkit in support of applying the Pan-Canadian Health Promoter Competencies. The explicit purpose of this evaluation was to capture feedback on the piloted toolkit and identify what improvements should be considered. The feedback process included an on-line survey offering the opportunity to provide feedback on individual components of the toolkit and overall. More in-depth interviews of senior people in a range of relevant positions related to health promotion were also conducted offering insights of a more strategic nature as well as allowing the opportunity to expand on information provided on-line.

Based on the analysis of the survey results and key informant feedback, the following points are highlighted for Pan-Canadian Health Promoter Competencies initiative. Overall the toolkit was well-received with a number of suggestions offered by participants regarding enhancement and the need for greater communication and promotion. The target audience is still at an early point of being aware of the competencies and associated tools and more time, opportunity and encouragement is needed to use the tools. Additional feedback can be gained through future implementation to ensure collection and consideration of enhancements on an ongoing basis.