**Office of Policy and Practice Alignment and
Bureau of Operations**

2015 Local and Tribal Health Department

Satisfaction Survey

September 2015

Contents

Foreword

In October 2012, the Division of Public Health (DPH) reorganized the work of the five DPH regional offices. Changes to the DPH regional offices included:

- Supervision of DPH program staff housed in regional offices, including the Immunization; Maternal and Child Health (MCH); Tobacco; and Women, Infants and Children (WIC) programs, was moved from the Regional Office Director to DPH Central Office supervision. This has promoted direct communication and contract negotiation between local health departments and DPH programs.

- A four-member team was created in each of the five DPH regional offices to provide leadership and support for a strong public health system and infrastructure. Initially called Regional Assessment, policy Development, Assurance and Response (RADAR) Teams, the regional teams are part of the DPH Office of Policy and Practice Alignment (OPPA) and are now called Regional OPPA teams.

- Responsibility for local and tribal health department (LTHD) contracting was assumed by the DPH Bureau of Operations (BOO).

Support for the reorganization of the five regional offices was also built into the objectives of the Wisconsin Public Health Infrastructure Improvement (WPHII) grant, awarded to Wisconsin in 2010 through the Centers for Disease Control and Prevention (CDC). The WPHII grant provided part of the support for the development of the Regional OPPA teams and local health department efforts towards quality improvement, performance management, and voluntary accreditation. This assessment is meant to gauge the progress made in meeting the changing needs of local and tribal health departments through the reorganization of the regional offices and the DPH contracting process.

The 2015 DPH OPPA and BOO customer satisfaction survey uses many of the same questions from the 2013 survey and focuses on the work completed from January 2014 until the survey date. Results of the survey will be shared with DPH State and Local Operations Team, regional health officer groups and published for review. Our aim is to identify areas of improvement in local and tribal health department satisfaction with Regional OPPA support, DPH communications and BOO contracting with LTHD customers.

The survey was made available electronically from May 4 to June 5, 2015. Data used for this report were self-reported by local and tribal health departments through a survey developed by Regional OPPA staff in collaboration with BOO and DPH communications staff. Sara Baars led a team consisting of Deborah Pasha-James, Janet Lloyd, Heather Chun, and Tim Ringhand to develop the survey tool, verify data provided, and create this report on survey results. Additional assistance in analyzing survey results was provided by Area Health Education Center intern, Fiona Weeks, and UW Population Health Fellow, Nick Zupan.

Technical Notes

Survey Responses

The total number of completed and unduplicated responses to the survey is 79. However, there were an additional eight respondents who answered parts of the survey, but did not complete all questions. In order to have a more complete picture of customer satisfaction at the local health department and tribal health clinic level, DPH staff included these additional eight responses in the analysis. In this report, percentages are used instead of actual counts because of the varying number of respondents to each question.

Technical Assistance Satisfaction

The total number of respondents to the technical assistance satisfaction ratings was consistent at 79. However, within each area, there were a number of respondents that reported not having received technical assistance from the Regional OPPA teams in that area through selecting the "Not Applicable" option. For greater readability of these graphs, and to focus on the satisfaction levels within each technical assistance area, the reports of "Not Applicable" are not displayed in the graphs. Therefore, each area of technical assistance has a different number of respondents, which is indicated within the x axis label and noted as (n=x).

Comments

Comments included as responses in the survey provide important contextual meaning to the reported satisfaction results. In the report of the "2013 Regional Assessment, policy Development, Assurance and Response (RADAR) Team Customer Satisfaction Survey," comments were transcribed individually as received, with the exception of removing personal and regional identifying information.

In the analysis of the "Regional Office of Policy and Practice Alignment–Bureau of Operations 2015 Local and Tribal Health Department Satisfaction Survey," comments were reviewed for emergent and recurring themes based on content of similar nature. In this report, the themes of comments identified are provided in tables along with the number of comments that were associated with that theme. In addition, a representative quotation transcribed from the survey results will be included with each theme to provide context to the overall meaning or context within that theme. Comments that were not able to be sorted into themes will also be provided in each table.

Data Source

The source of data used to construct all figures within this document was the "Regional Office of Policy and Practice Alignment–Bureau of Operations 2015 Local and Tribal Health Department Satisfaction Survey."

Survey Respondent Information

Figure 1. Number of Responses by DPH Region (n=87)
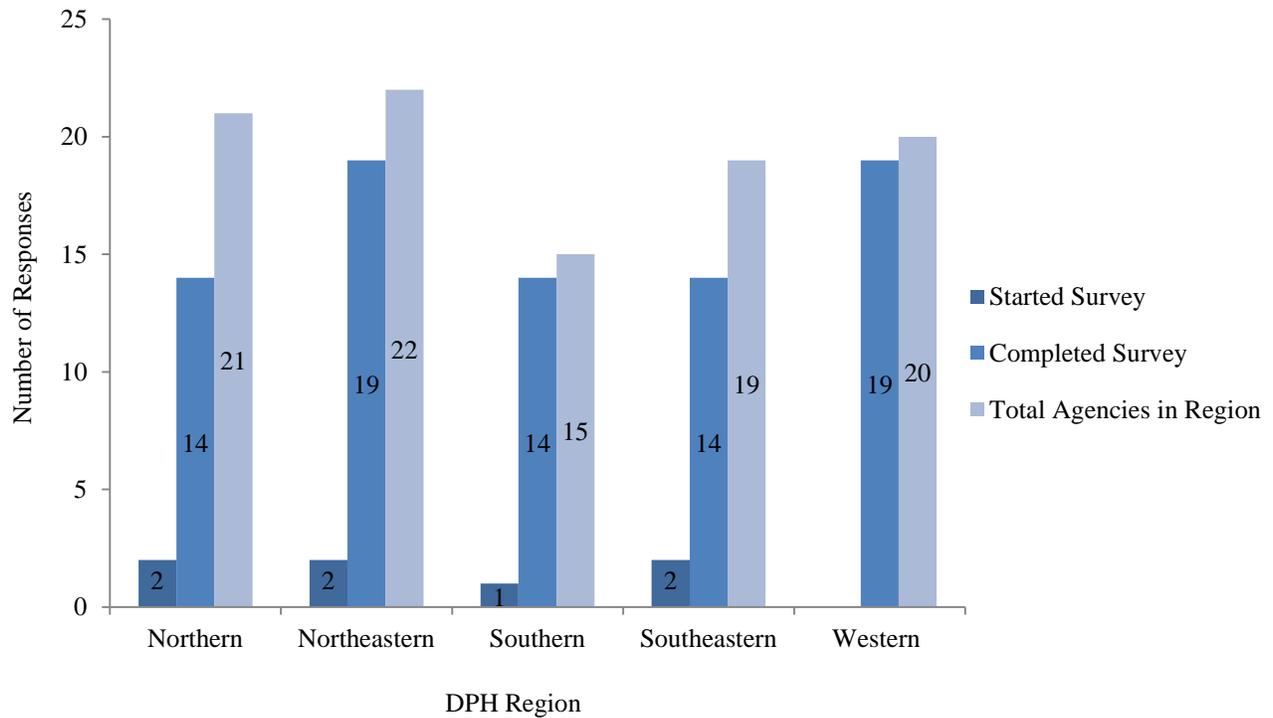
Eighty-seven (87) individuals began the survey but of those some were left uncompleted. There were 79 complete responses to the entire survey, leaving a response rate of 80% from the 87 local health departments and 11 tribal health centers.

Survey Respondent Information

Figure 2. Respondent Agency Level (n=87)
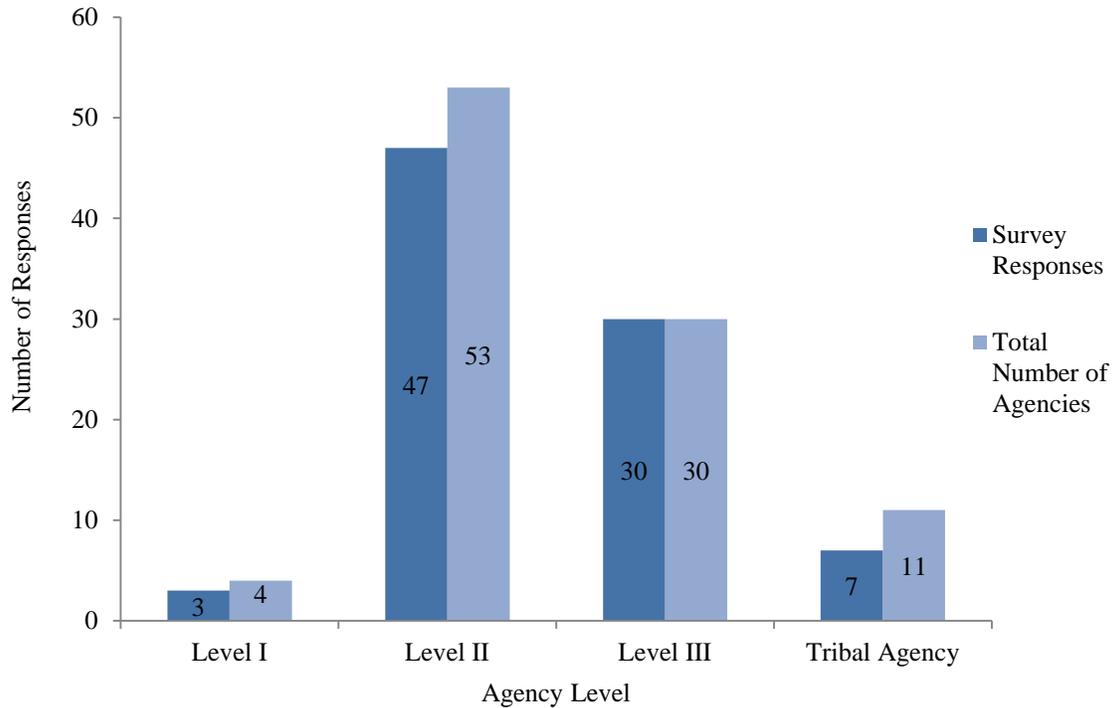
Respondents were asked to identify the agency level of their organizations. "Level" refers to the type and scope of services provided by the agency. The majority of respondents represent level II agencies, and a significant number represents level III agencies. Tribal agencies do not receive a level designation.

Figure 3. Local Health Department Staff Time Spent on the DHS 140 Review Process (n=72)
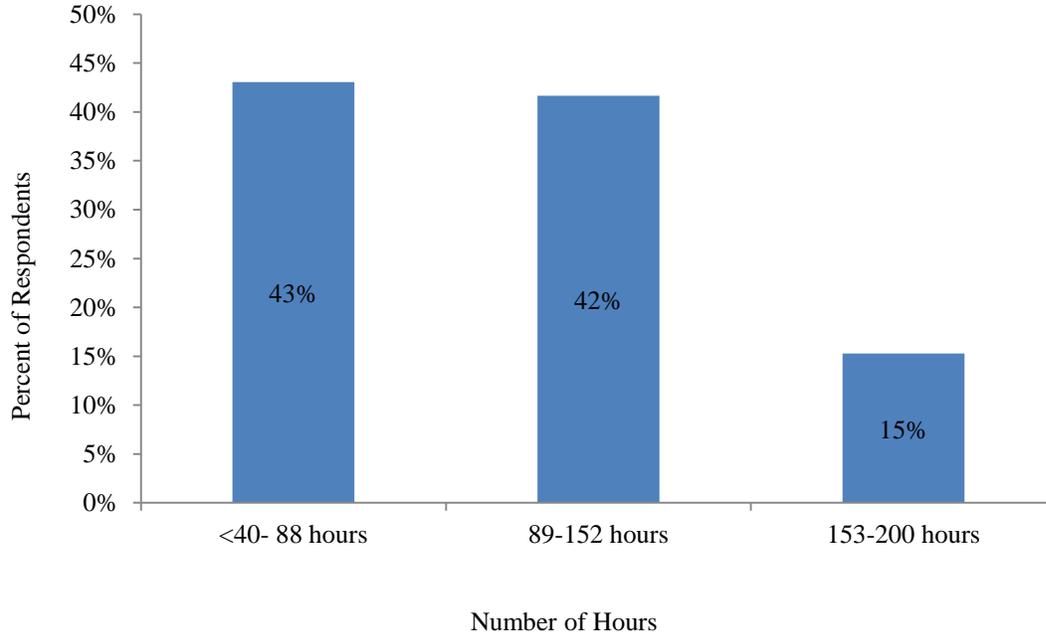
Respondents were asked to estimate the amount of staff time dedicated to the DHS 140 Review Process. Some respondents were not able to report the amount of time as the review process had not yet been completed at the time of the survey.

Regional OPPA: Core Functions

Regional OPPA Core Function 1: Assure consistent and accountable public health services in local government.

Figure 4. Regional OPPA Core Function 1
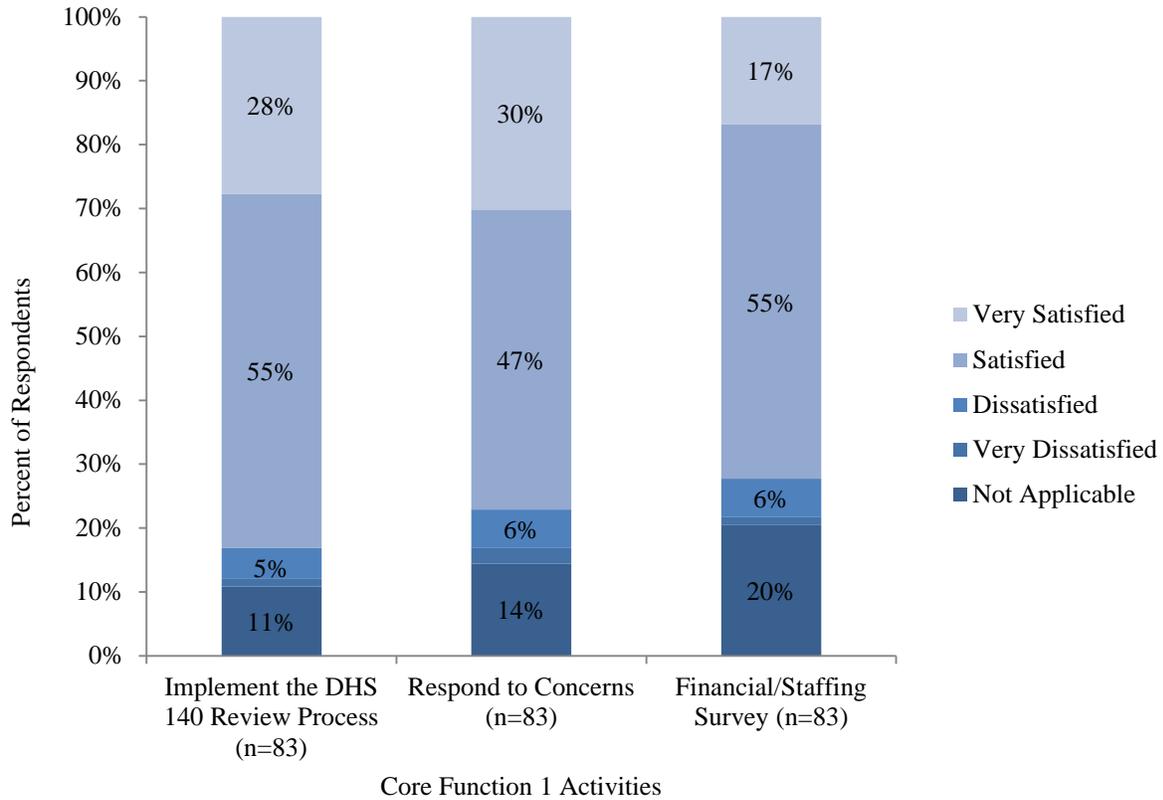
Bar segments not labeled had a 2% or less response rate.

Respondents were asked to rate how satisfied they were with the progress the Regional OPPA team made in reaching the Core Function One outcome of "All local health departments provide a minimum set of public health services and meet required state statutes and rules."

Regional OPPA Core Function 2: Provide leadership in the development of public health system capacity.

Figure 5. Regional OPPA Core Function 2
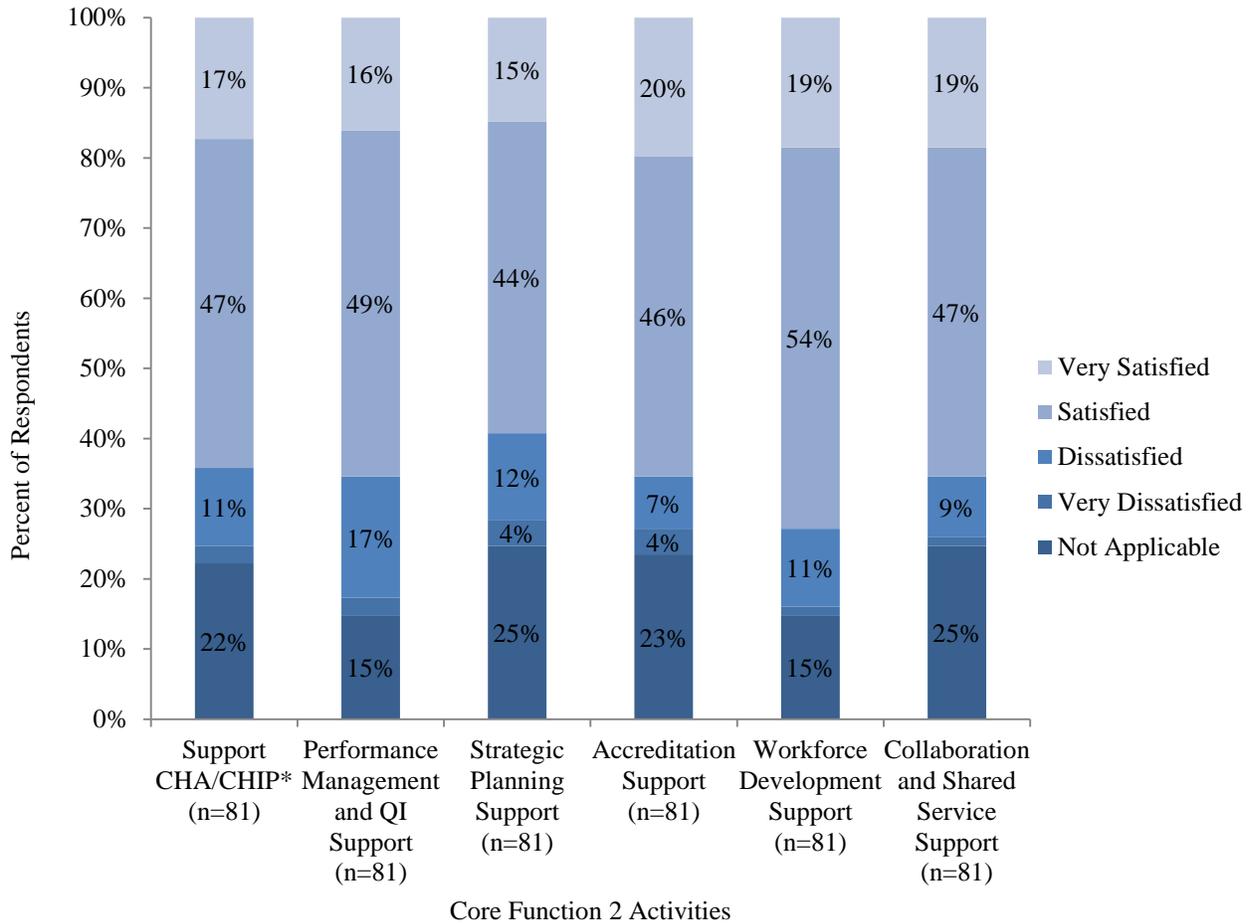
*CHA/CHIP: Community Health Assessment/Community Health Improvement Plan
Bar segments not labeled had a 2% or less response rate.

Respondents were asked to rate how satisfied they were with the progress the Regional OPPA team made in reaching the Core Function Two outcome of an "Efficient, effective, and inclusive Public Health system." Respondents who received support through these activities were least satisfied with "Performance Management and QI support" (19%).

Regional OPPA Core Function 3: Link the work of the Department of Health Services and local, tribal, and state public health system partners.

Figure 6. Regional OPPA Core Function 3
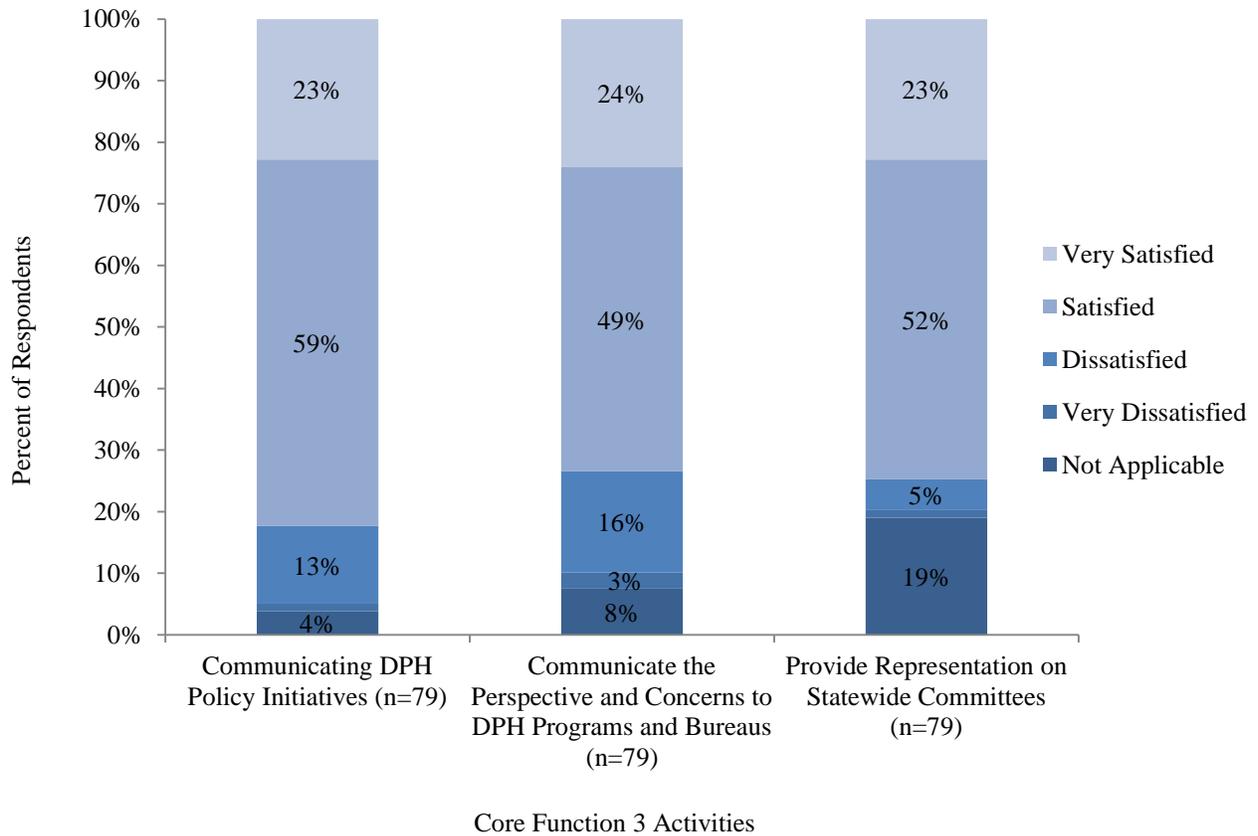
Core Function 3 Activities

Bar segments not labeled had a 2% or less response rate.

Respondents were asked to rate how satisfied they were with the progress the Regional OPPA team had made in reaching the Core Function Three outcome of "Consistent, effective, and statewide implementation of DHS/DPH policy and programs that align with local and state needs." Respondents were least satisfied with the team's progress on the activity to "Communicate the perspective and concerns to internal DPH programs and bureaus" (19%).

Regional OPPA Core Function 4: Monitor, analyze, plan, and facilitate response to regional issues, conditions, events, and emergencies.

Figure 7. Regional OPPA Core Function 4
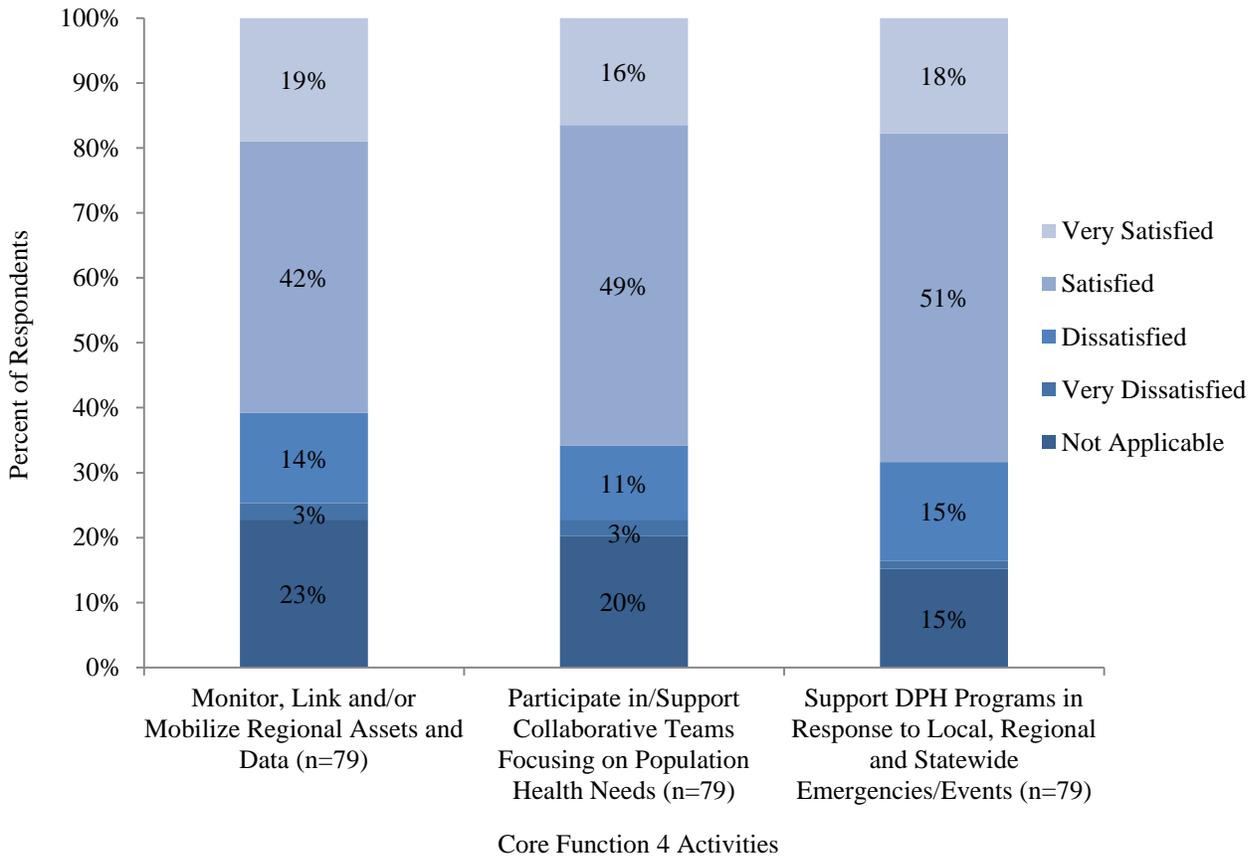
Bar segments not labeled had a 2% or less response rate.

Respondents were asked to rate how satisfied they were with the progress the Regional OPPA team had made in reaching the Core Function Four outcome of "Regional priority issues identified and effectively and efficiently supported by DPH through collaborative teams." Between 14% and 17% reported being dissatisfied with each of the activities.

Regional OPPA: Technical Assistance

Regional OPPA Technical Assistance: Community Health Assessments and Community Health Improvement Plans

Figure 8. Satisfaction with CHA/CHIP* Technical Assistance
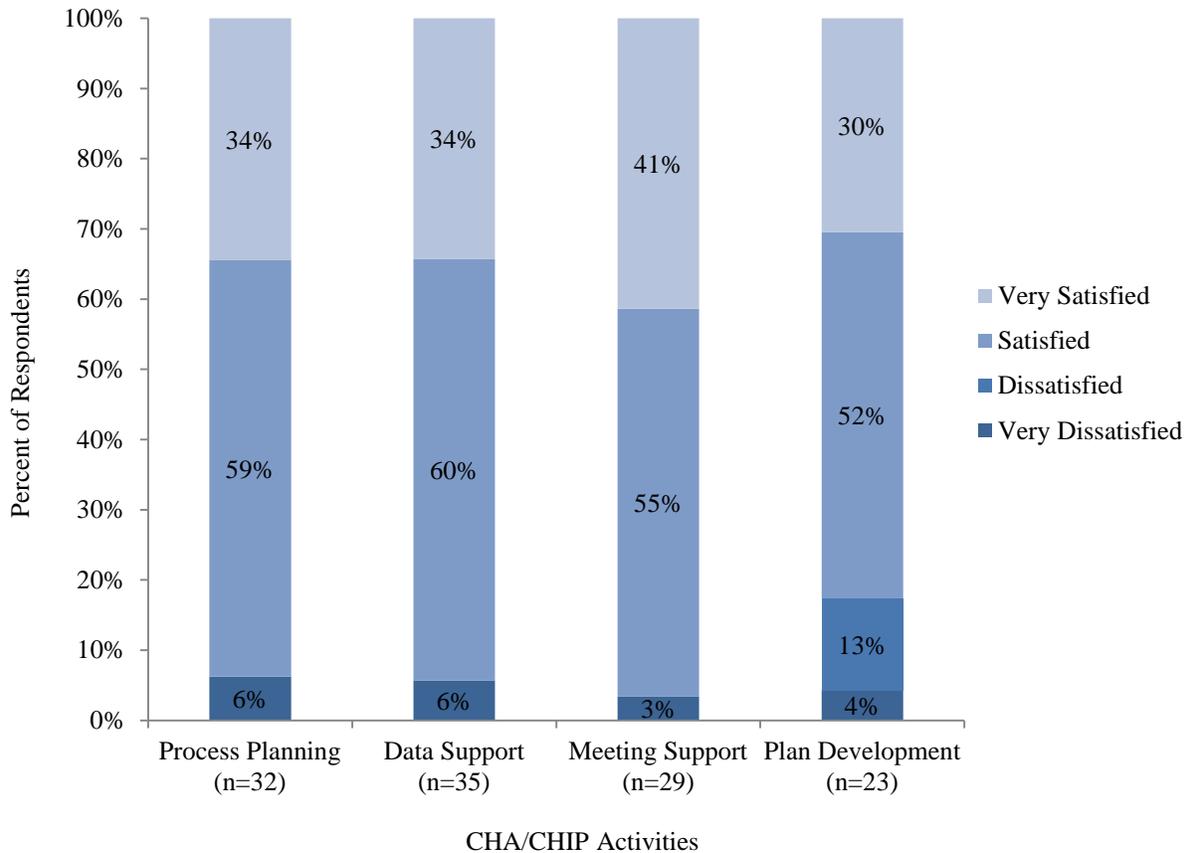
*Community Health Assessment/Community Health Improvement Plan

Respondents were asked to rate their satisfaction with technical assistance they received from Regional OPPA team members related to Community Health Assessments and Community Health Improvement Planning. Between 23 and 35 respondents reported receiving technical assistance at each stage of the process. The greatest rate of dissatisfaction (17%) was reported for the "CHA/CHIP plan development."

Figure 9. Satisfaction with Accreditation Technical Assistance
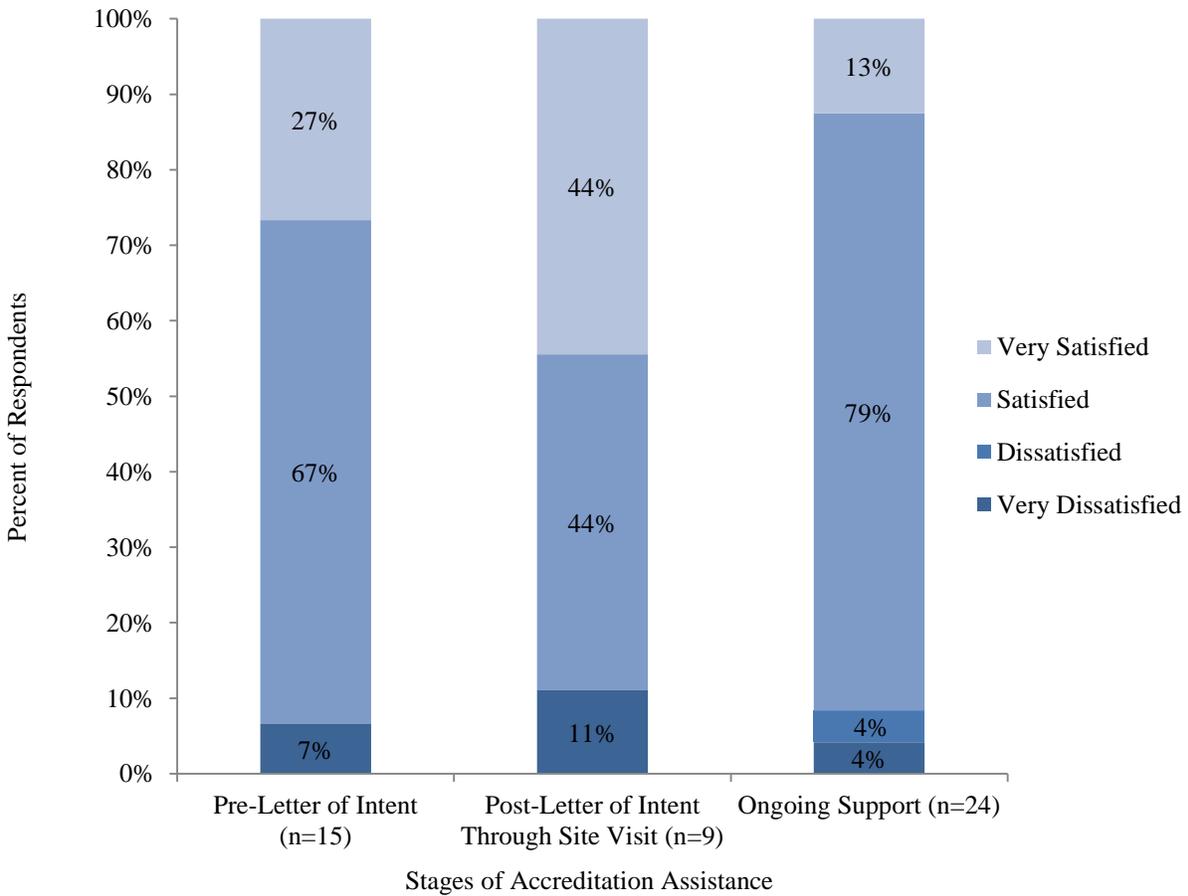
Respondents were asked to rate their satisfaction with any technical assistance they received from Regional OPPA team members related to public health accreditation. Only a small number of respondents reported having received accreditation technical assistance.

Figure 10. Satisfaction with Public Health Infrastructure Technical Assistance
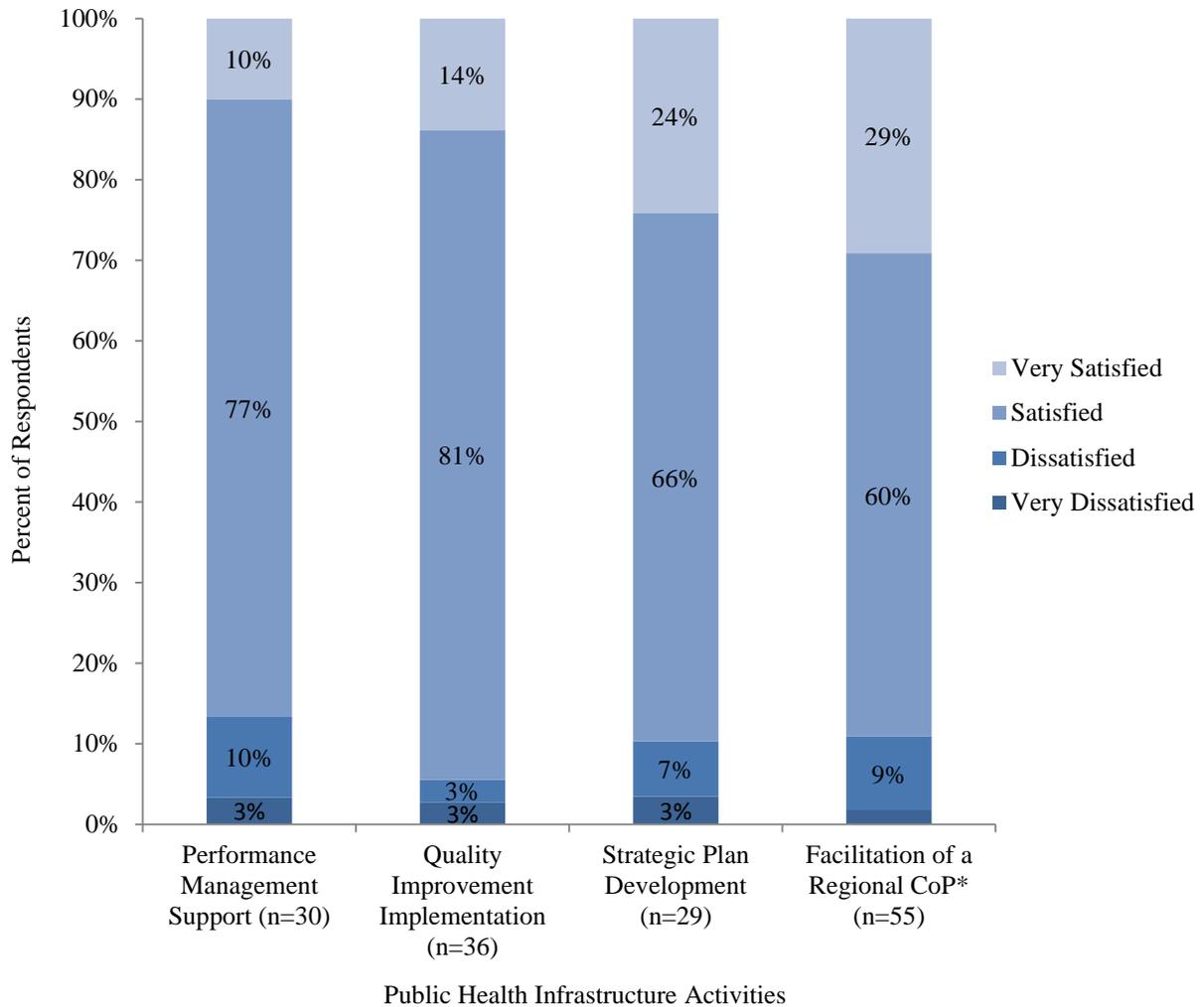
*CoP=Community of Practice

Respondents were asked to rate their satisfaction with any technical assistance they received from Regional OPPA team members related to performance management, quality improvement, strategic plan development, and facilitation of a regional Community of Practice.

Figure 11. Satisfaction with Technical Assistance in Linking to Resources and Communication
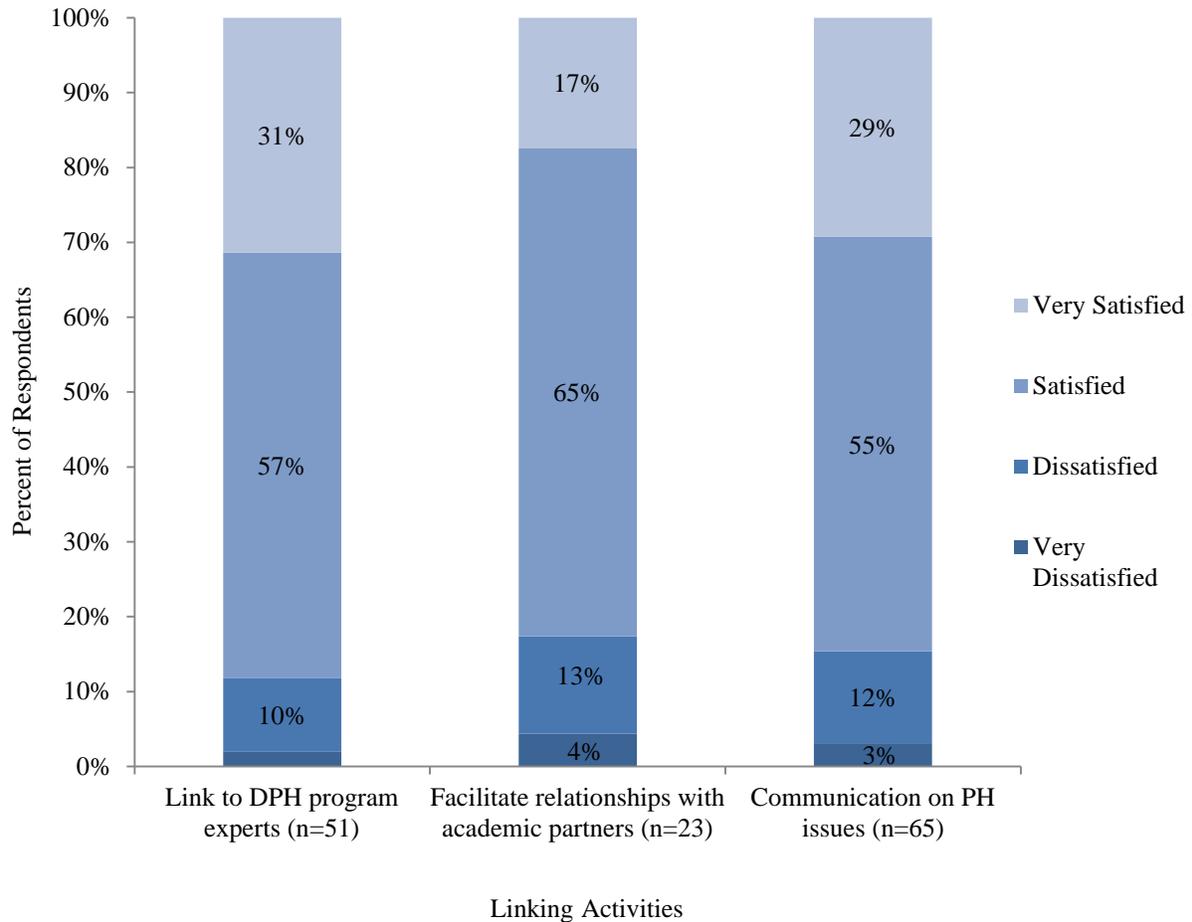
Bar segments not labeled had a 2% or less response rate.

Respondents were asked to rate their satisfaction with any technical assistance they received from Regional OPPA team members related to connecting health departments to resources and providing communication on state, regional, and local public health issues.

Regional OPPA Technical Assistance: Other

Figure 12. Satisfaction with Other Technical Assistance
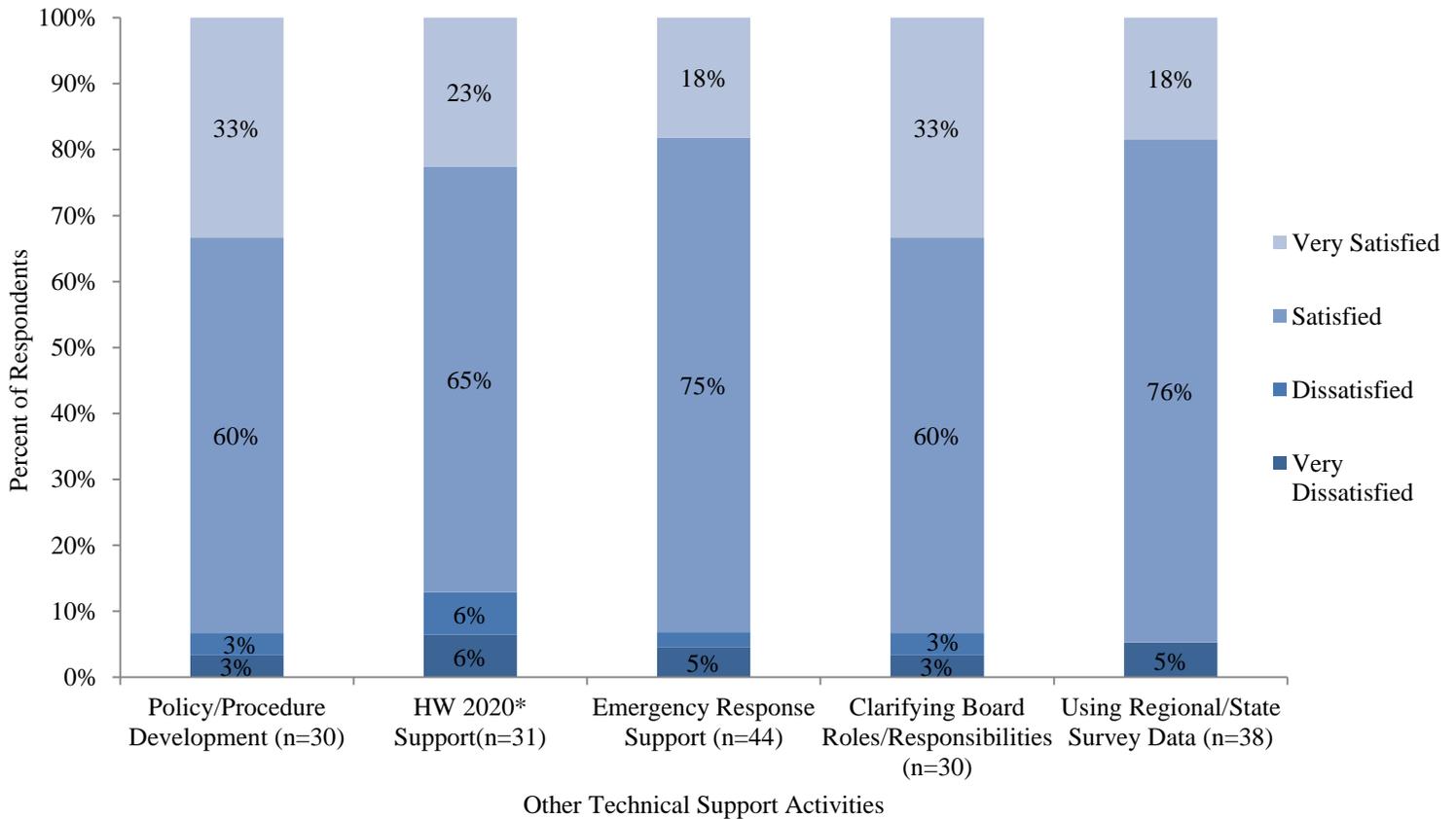
*HW2020= Healthiest Wisconsin 2020 State Health Plan
Bar segments not labeled had a 2% or less response rate.

Respondents were asked to rate their satisfaction with any other kind of technical assistance they received from Regional OPPA team members.

Regional OPPA Core Functions and Technical Assistance: Comments

Figure 13. Comments on Core Functions and Technical Assistance

Theme	Number of Responses	Representative Quote(s)
Awareness of Regional OPPA support	13	In most cases the regional team is not providing these services, hence the very low marks regarding satisfaction. If they ARE providing them, if we don't know about it at the local level then that is not good either.
Quality of Assistance	12	Our regional office is essential to our local health department re: supporting our work and providing a communication link.
Regional OPPA Availability	11	There has been a lot of staff turnover, which accounts for some of weaknesses. Just like all public health staff throughout the state regional OPPA staff have numerous demands and are understaffed.
State and Local Coordination	6	Request that regional and state support of accreditation is good but could be better if supported by experts working at the state level on topics and that span all local efforts. Having a core set of standard services offered by OPPA to LHDs throughout the state in each region would be helpful.
Regional OPPA Expertise	5	Don't use services since we are ahead of the state's timeline and expertise. We keep moving ahead since we have the internal expertise and also consult with other local health departments on how they do business across the state. It's not possible to train the state or regional staff in CHA, CHIP, strategic planning and accreditation in this short period of time.
State Procedures	3	The approval process for materials is a hindrance to the OPPA Team's ability to respond to local health department needs in a timely manner.
Other-No Theme Identified	4	Only real contact this last year with regional office has been strategic plan and 140 Review. No issues at this time. We have not asked for any help. [Interest in] technical support related to data evaluation and collation and how to report on data once it has been collated.

Division of Public Health (DPH) Communications

DPH Communications: Types of Information Desired

Figure 14. Preferred Types of Information to Regularly Receive from DPH (n=79)
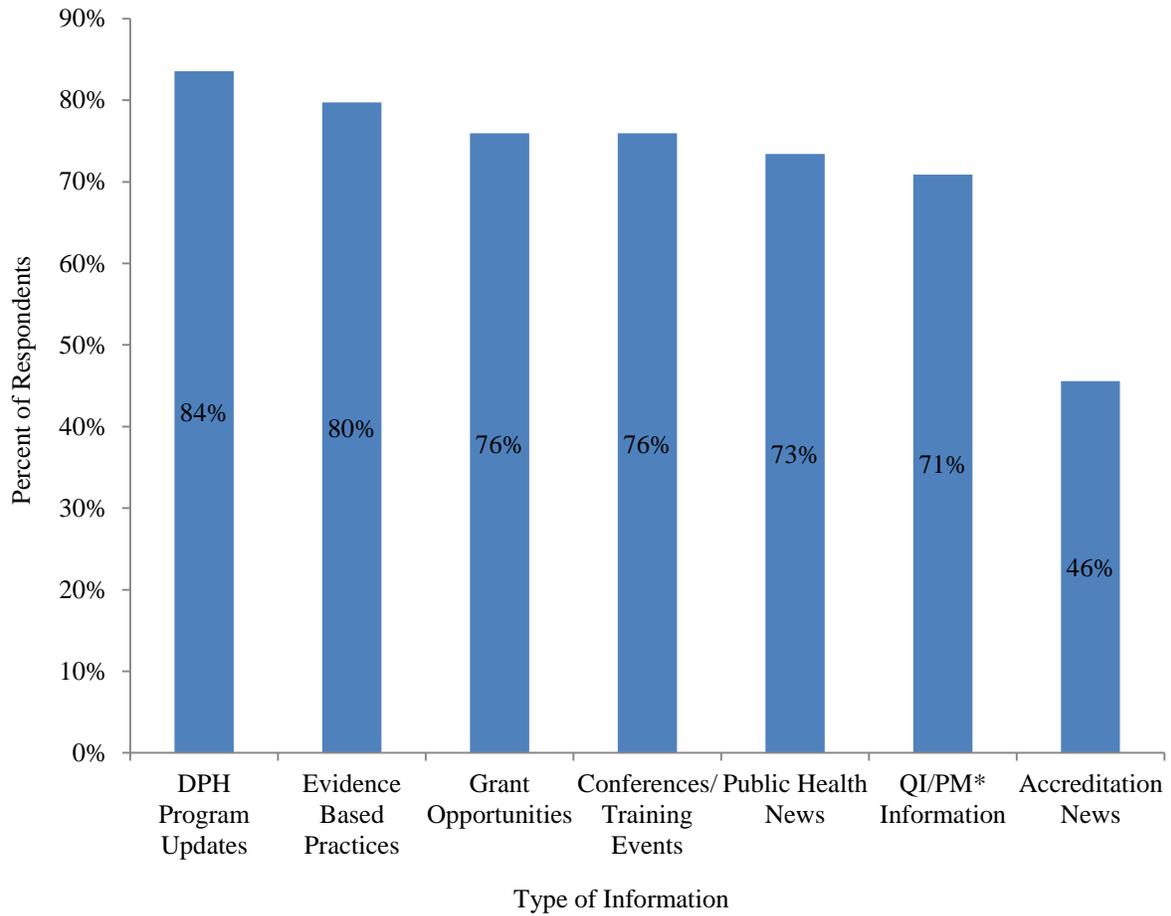
*QI= Quality Improvement; PM=Performance Management

Respondents were asked what kind of information they would like to regularly receive from the Division of Public Health (DPH). In addition to the results graphed above, respondents also indicated a desire to receive alerts, updates on policy, and information on emerging public health issues and statewide activities.

DPH Communications: Preferred Channels of Communication

Figure 15a. Most Preferred Method for Receiving General Information from DPH (n=73)
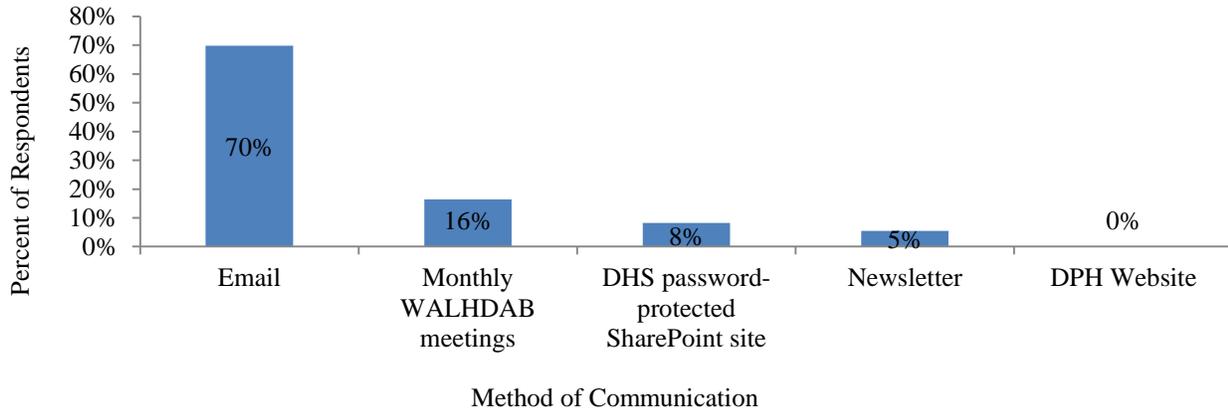
Figure 15b. Most Preferred Method for Receiving Emergency Information from DPH (n=74)
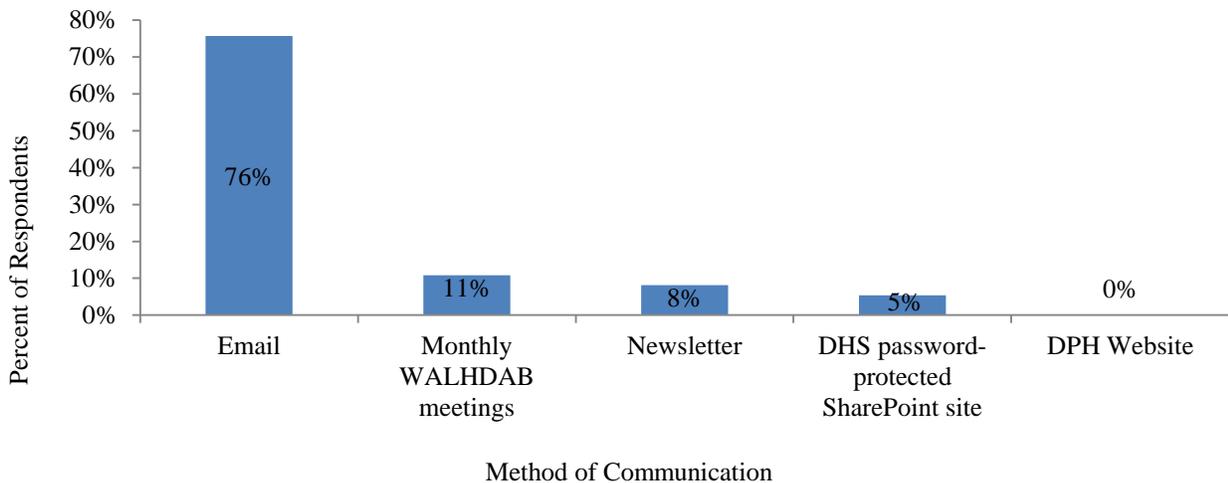
Email was the most preferred method for receiving both general and emergency information, followed by monthly WALHDAB meetings. While all methods were identified as having some degree of preference by respondents, these graphs depict the rankings of the *most* preferred methods to receive information only. Though telephone was not an option listed in the survey questions, written comments did articulate telephone being a communication method preferred, particularly to communicate emergency information.

DPH Communications: Emails

Figure 16a. Number of Emails Received Weekly from DPH (n=79)
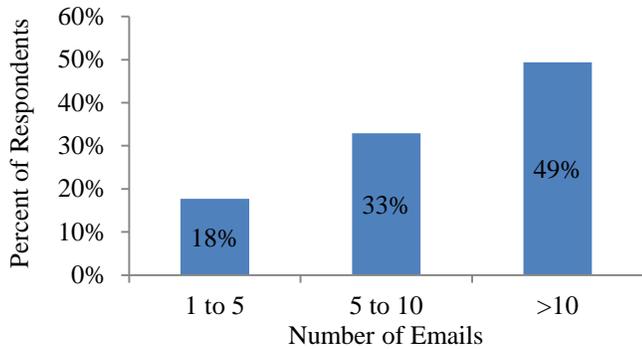
Figure 16c. Frequency of Duplicate Emails Received (n=57)
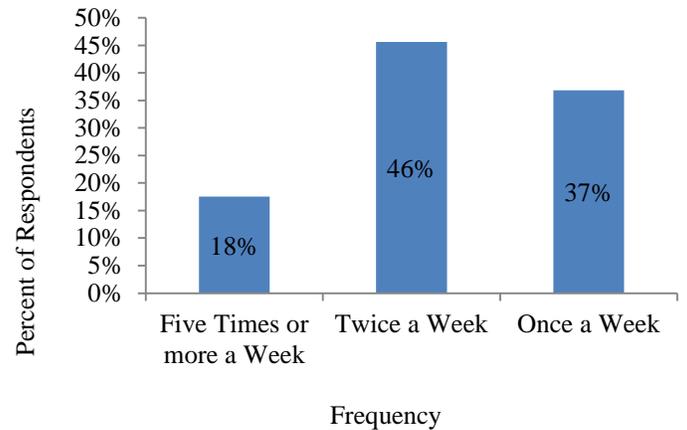
Figure 16b. Respondents Receiving Duplicate Emails (n=79)
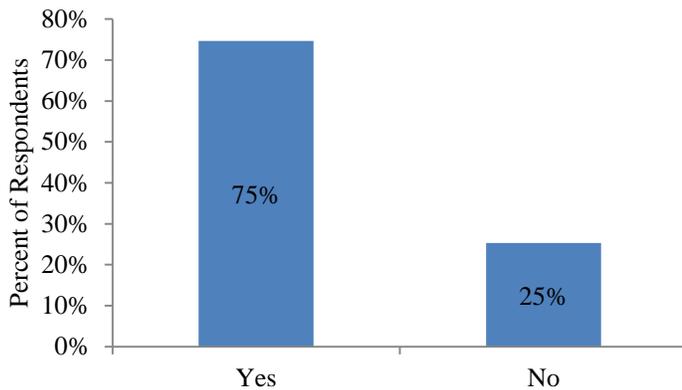
Figure 16d. Satisfaction with DPH Email Frequency (n=79)
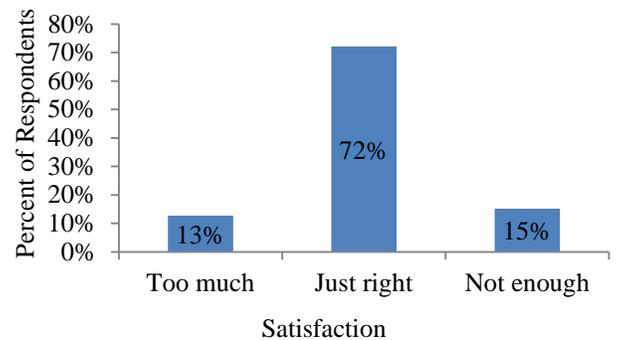
Almost half of the respondents reported receiving more than 10 emails each week from the Division of Public Health (DPH). Seventy-five percent of respondents reported they receive duplicate emails from DPH.

DPH Communications: Comments

Figure 17. Comments on DPH Communication

Theme	Responses	Representative Quote(s)
Duplicate Messages received	7	Most DPH programs are very specific and consistent in their communications. OPPA communications are more random and less specific and often duplicate those sent by DPH programs. I do not mind duplicate emails, I prefer to receive the information twice rather than not at all.
Information not reaching appropriate people	4	Email lists are not routinely checked with us to verify that the lists that DPH uses have the staff we want on the lists. Since the Tribal Health Director is the Tribe's Health Officer, I do not get some of the emails that may be sent to Health Officers
Unclear what information LHDs should be receiving	2	To know what information to receive, we need to know the regional OPPA team's intended role in information dissemination to ensure that we targeted, specific, unduplicated communications.
Timely Information Needed	2	Your clearance process for sharing of information makes it impossible to do anything in a timely manner. Most of us do a work around to keep things going and address the needs of our community. We can't wait for old news.
Additional Information Desired	2	I feel like we are in a vacuum and could benefit from learning what is happening in communities of similar size.
Other-No Theme Identified	4	We are more apt to check emails routinely as that is how we communicate within and outside the Health Department. We would see each email that arrives from DHS accordingly. In an emergency, a text message would be ideal--even if it is to check email for an important message. I receive well over 200 emails per day so it is difficult for me to filter out what needs to be followed up on right away. DHS/DPH only send emails once a week. Communication content--clear identification of content and expectations.

Consolidated Contracting

Figure 18. Comparison of 2015 to 2014 Contracting Process (n=79)
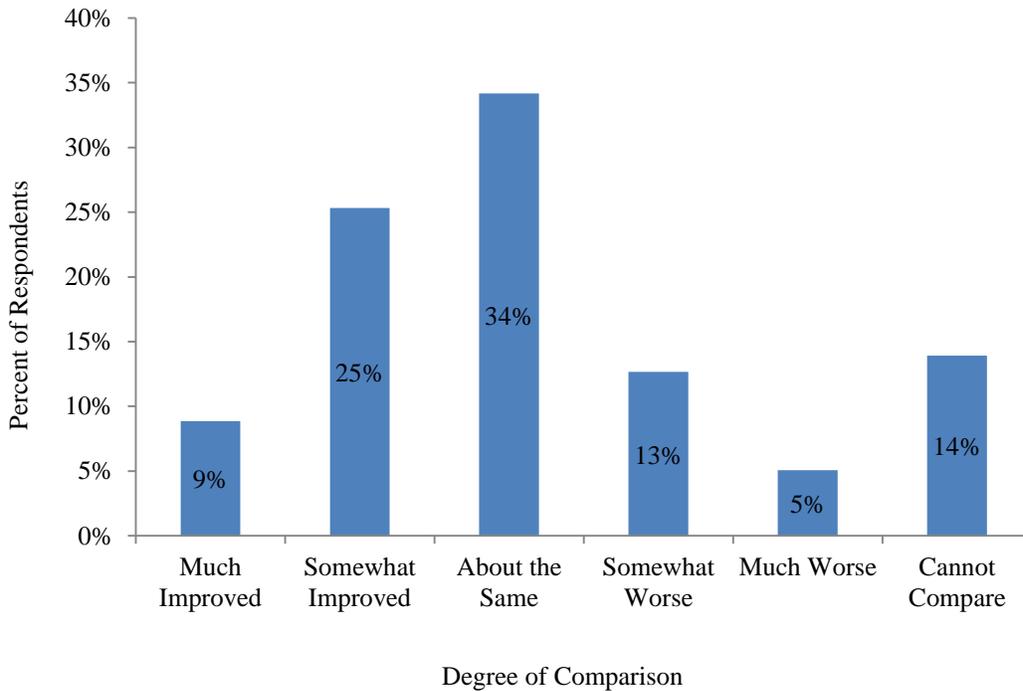
Respondents were asked to compare their experience with the 2015 contract process to that of the 2014 process. Thirty-four percent of respondents reported that the 2015 process was an improvement over that of 2014, and another 34 percent reported that it was about the same. Eighteen percent said that the 2015 process was worse than the 2014 process. An example of a respondent who may have selected the "Cannot Compare" option could be a Health Officer new to the role without experience with the 2014 contracting process.

Figure 19. Satisfaction with Consolidated Contracting Process
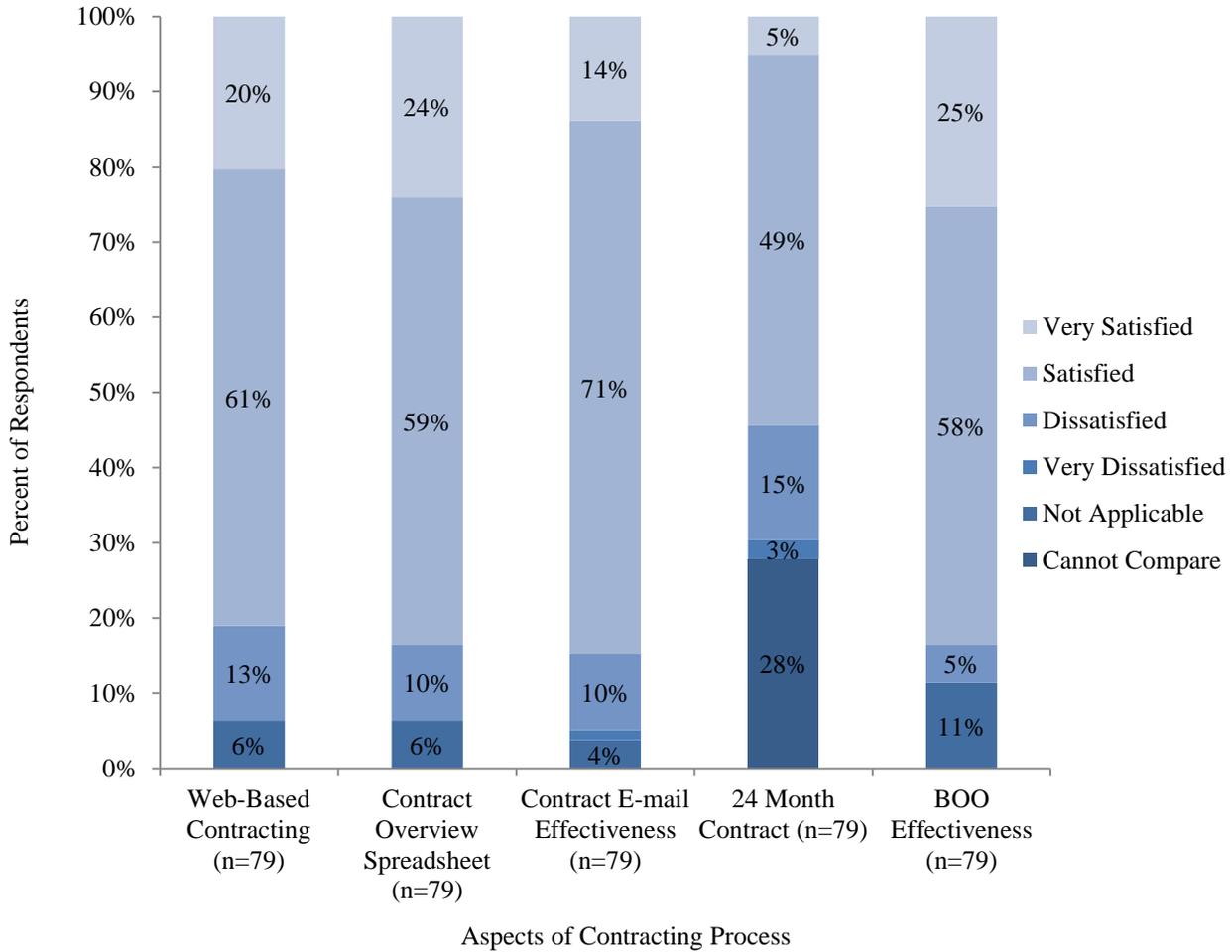
Bar segments not labeled had a 2% or less response rate.

Survey participants were asked to rate their satisfaction with each of the aspects of the contracting process.

Figure 20. Importance of All DPH Funding as Part of the Consolidated Contract (n=79)

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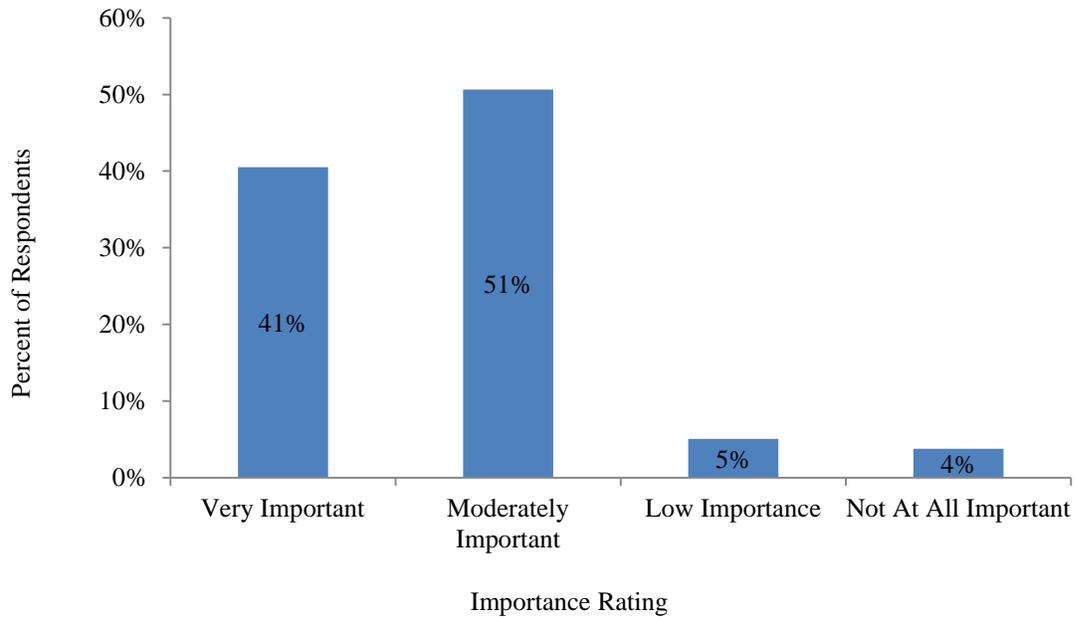
Participants were asked to how important it was to them that all DPH funding be included in one consolidated contract. Over 90% of respondents reported that the consolidated contract was either "Moderately" or "Very" important.

Consolidated Contracting: Comments

Figure 21. Comments on Consolidated Contracting

Theme	Number of Responses	Representative Quote(s)
Budget Requirement Tracking Difficulties	8	It is difficult to track what reports are due when and to which person the report should be sent. Although there is a grid with this information, it is difficult to follow and takes a significant amount of time to figure out for staff.
Contract Amendment Process Difficulties	4	Very confusing at times not knowing for sure which amendments have been signed, which ones have not and now with the change in the website format, even harder to find then before.
Clear and Concise Information Needed	2	It would be appreciated to keep information as clear and concise as possible especially for GAC/contracting emails. In addition, GAC/contracting emails may or may not pertain to you depending on whether the agency has the contract or amendment for that grant. Perhaps, the specific grant contracts could be identified in the beginning of the email
Timely Information Needed	2	Program information came out at different times, so I continually needed to check the DHS website. Very few reminders and not consistent communication among DPH programs.
Other-No Theme Identified	6	Only problem I have with contract sent via email is the contract can get in the huge list of emails I received on a daily basis.
		Our county prefers a 12 month contracting process.
		I think the process was hard to follow as to whether everything was completed. [Staff] was very helpful although I felt like I should have been able to track things without contacting [them] so frequently. All the spreadsheets were not complete and the items changed.
		Curious as to the role of GAC in the future.
		Overall the process is still somewhat confusing but I have not had any issues with getting questions answered and contract staff have been very responsive.
		The CARS system is difficult to work with unless you have an accounting background. I liked it better with 3-year contracts with every grant on the same contract cycle and carryover.

Appendix: Survey Instrument

Wisconsin Division of Public Health
Office of Practice and Policy Alignment - Bureau of Operations
2015 Local and Tribal Health Department Satisfaction Survey

One response per agency will be accepted. Please note that your response must be completed from a single computer in order to produce only one response for your agency.
The data will be analyzed at the regional level.

1. Please identify your agency below. (Drop-down list of local and tribal agencies provided).

2. For local health departments, please identify your agency level.
   - o I
   - o II
   - o III
   - o Not Applicable: We are a Tribal Health Agency

3. Identify the region in which your local or tribal health department resides. Regional OPPA Staff identified in parentheses.
   - o Northeastern (Chris Culotta, Beth Scheelk, Janet Lloyd, Mary Watts)
   - o Northern (Angela Nimsgern, Jim Lawrence, Jackie Bremer, Jamie LaBrasca)
   - o Southeastern (Curtis Marshall, Deborah Pasha James, Eloise Russ)
   - o Southern (Dave Pluymers, Sheri Siemers, Michelle Bailey)
   - o Western (Tim Ringhand, Christa Cupp, Sara Baars, Tammy Schneider)

Regional Office of Practice and Policy Alignment (OPPA)* Questions
*The Regional OPPA team has also been known as the Regional Assessment, policy Development, Assurance and Response (RADAR) team.

4. How many staff hours did it take your local health department to complete the 140 Review process, including organizing and uploading evidence, responding to reviewer questions and participating in the on-site visit?
   - o <40
   - o 40-56
   - o 57-72
   - o 73-88
   - o 89-104
   - o 105-120
   - o 121-136
   - o 137-152
   - o 153-168
   - o 169-184
   - o 185-200
   - o Not Applicable: We are a Tribal Health Agency
   - o Not Applicable: We have not yet completed the 140 Review Process

5. How satisfied are you with the Regional Office of Policy and Practice Alignment (OPPA) Teams' performance of Core Function 1 activities?

Core Function 1: Assure consistent and accountable public health services in local government.

	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Not Applicable
Implement the DHS 140 Review process.	○	○	○	○	○
Respond to questions, concerns, and complaints related to required public health services, public health nursing practice, programs and policies, board, staffing, state statutes and administrative rules in an appropriate, consistent and timely manner.	○	○	○	○	○
Conduct the 2013 local health department financial and staffing survey to collect statutorily required data on local health department operations, finances and staffing.	○	○	○	○	○

6. How satisfied are you with the Regional Office of Policy and Practice Alignment (OPPA) Teams' performance of Core Function 2 activities?

Core Function 2: Provide leadership in the development of public health system capacity.

	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Not Applicable
Support local health departments and tribes in completing Community Health Assessments (CHA) and Community Health Improvement Processes and Plans (CHIPP) in alignment with Healthiest Wisconsin 2020.	○	○	○	○	○
Provide leadership and support for public health performance management and quality improvement.	○	○	○	○	○
Provide leadership and support for local and tribal strategic planning process.	○	○	○	○	○
Provide leadership and support for local and tribal health departments moving towards accreditation.	○	○	○	○	○
Provide training, orientation and/or other support for public health workforce development.	○	○	○	○	○
Support collaboration, shared services or mergers among public health system partners as part of system efficiency.	○	○	○	○	○

7. How satisfied are you with the Regional Office of Policy and Practice Alignment (OPPA) Teams' performance of Core Function 3 activities?

Core Function 3: Link the work of the Department of Health Services and local, tribal, and state public health system partners.

	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Not Applicable
Communicate Division of Public Health policies, initiatives and priorities.	○	○	○	○	○
Communicate the perspective and concerns of local and tribal health departments to internal DPH programs and bureaus.	○	○	○	○	○
Provide representation on statewide committees on public health practice and policy.	○	○	○	○	○

8. How satisfied are you with the Regional Office of Policy and Practice Alignment (OPPA) Teams' performance of Core Function 4?

Core Function 4: Monitor, analyze, plan and facilitate response to regional issues, conditions, events and emergencies.

	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Not Applicable
Monitor, link and/or mobilize regional assets and data.	○	○	○	○	○
Participate in/support of collaborative teams focusing on regional/local population health needs.	○	○	○	○	○
Support DPH programs in response to local, regional and statewide public health emergencies/events.	○	○	○	○	○

9. Please enter any additional comments regarding the Regional Office of Practice and Policy Alignment (OPPA) Teams' progress toward the four Core Function outcomes.

10. Please rank the effectiveness of the Regional Office of Policy and Practice Alignment (OPPA) technical assistance from Very Satisfied to Very Dissatisfied for all of the following areas FOR WHICH YOU RECEIVED TECHNICAL ASSISTANCE (AGENCY SPECIFIC SUPPORT) in the last year.
An option is available if you DID NOT receive technical assistance from the Regional OPPA staff in the last year.*

	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	We did not receive technical assistance in this area
CHA/CHIP-process planning	○	○	○	○	○
CHA/CHIP-data support	○	○	○	○	○
CHA/CHIP-meeting support	○	○	○	○	○
CHA/CHIP-plan development	○	○	○	○	○
Development of policies and/or procedures compliant with statute or rule requirements	○	○	○	○	○
Accreditation support - Pre-letter of intent phase	○	○	○	○	○
Accreditation support - Post-letter of intent through PHAB site visit phase	○	○	○	○	○
Accreditation support - Ongoing support	○	○	○	○	○
Performance management support	○	○	○	○	○
Quality improvement project and processes support	○	○	○	○	○
Strategic plan development	○	○	○	○	○
Facilitation of a regional community of practice	○	○	○	○	○
Link to DPH program experts to facilitate technical assistance	○	○	○	○	○
Facilitate relationships with academic partners	○	○	○	○	○
Clarifying board of health roles/responsibilities	○	○	○	○	○
Using regional or state survey data	○	○	○	○	○
Communication on state, regional and local public health issues	○	○	○	○	○
Healthiest Wisconsin 2020 support	○	○	○	○	○
Public health emergency response support	○	○	○	○	○

11. If you received technical assistance from the Regional Office of Practice and Policy Alignment (OPPA) staff last year in an area not listed above or have other comments related to the work of the Regional OPPA team, please note it below.

Regional Office of Practice and Policy Alignment (OPPA)-DPH Communication Questions

12. What type of general public health practice information would you like to receive from the Regional Office of Policy and Practice Alignment (OPPA) team?
   Please choose as many as apply.
   - ☐ Public Health News
   - ☐ Grant Opportunities
   - ☐ Upcoming Conferences and Training Events
   - ☐ DPH Program Updates
   - ☐ Evidence Based Practices
   - ☐ Quality Improvement/Performance Management Information
   - ☐ Public Health Accreditation News
   - ☐ Other, please specify

13. How do you MOST like to receive GENERAL public health practice information and updates from the Regional Office of Policy and Practice Alignment (OPPA) team and other Bureaus within DPH?
   Please rank the following items from 1-5, with 1 being the least preferred and 5 being the most preferred method of communication.

	1	2	3	4	5
DPH Website	○	○	○	○	○
Email	○	○	○	○	○
DHS password-protected SharePoint site	○	○	○	○	○
Monthly WALHDAB meetings	○	○	○	○	○
Newsletter	○	○	○	○	○

14. How do you MOST like to receive EMERGENCY public health practice information and updates from the Regional Office of Policy and Practice Alignment (OPPA) team and other Bureaus within DPH?*

    Please rank the following items from 1-5, with 1 being the least preferred and 5 being the most preferred method of communication.

	1	2	3	4	5
DPH Website	○	○	○	○	○
Email	○	○	○	○	○
DHS password-protected SharePoint site	○	○	○	○	○
Monthly WALHDAB meetings	○	○	○	○	○
Newsletter	○	○	○	○	○

15. How many emails per week do you estimate you receive from DPH?
    o   1-5
    o   5-10
    o   >10

16. Do you receive duplicates of the same emails?
    o   Yes
    o   No

17. If yes, how frequently?
    o   Once a Week
    o   Twice a Week
    o   Five Times or more a Week

18. What is your opinion regarding the frequency of DPH email communications?
    o   Too much
    o   Just right
    o   Not enough

19. If you would prefer to receive information from the Regional Office of Practice and Policy Alignment (OPPA) team and other DPH Bureaus through a method not identified or have other communication related comments, please note it below.

Bureau of Operations (BOO) – Consolidated Contracting Questions

20. How would you rate the 2015 contracting process as compared to the 2014 contracting process?
    - o Much Improved
    - o Somewhat Improved
    - o About the Same
    - o Somewhat Worse
    - o Much Worse
    - o Cannot Compare

21. How satisfied are you with the change from the 12-month consolidated contract to the 24-month consolidated contracting structure?
    - o Very Satisfied
    - o Satisfied
    - o Dissatisfied
    - o Very Dissatisfied
    - o Cannot Compare

22. How important do you feel it is to have all DPH funding included as a part of the consolidated contract?
    - o Very Important
    - o Moderately Important
    - o Low Importance
    - o Not At All Important

23. How satisfied are you with the distribution of the base contract and subsequent contract amendments on the web-based contracting information internet site?
    - o Very Satisfied
    - o Satisfied
    - o Dissatisfied
    - o Very Dissatisfied
    - o Not Applicable

24. How satisfied are you with the information available on the Consolidated Contract Overview spreadsheets?
    - o Very Satisfied
    - o Satisfied
    - o Dissatisfied
    - o Very Dissatisfied
    - o Not Applicable

25. How satisfied are you with the consolidated contracting email communications that were issued throughout the course of the last year?
  o Very Satisfied
  o Satisfied
  o Dissatisfied
  o Very Dissatisfied
  o Not Applicable

26. How satisfied are you with the assistance provided by DPH Bureau of Operations staff in response to contracting questions?
  o Very Satisfied
  o Satisfied
  o Dissatisfied
  o Very Dissatisfied
  o Not Applicable

27. Please enter any specific comments or suggestions for improvement that you may have in relation to the overall Division of Public Health consolidated contracting process.

(End of survey tool.)