MCH EPI Conference

WORKSHOP - IMPACT AND VALUE TELLING YOUR PROGRAM'S STORY

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HOLLIE CLARK: In January of 1989, there was no such thing as a back-to-sleep program. Ann was never told to put her infant son to sleep on his back or keep plush toys out of his bed. Ann's pregnancy was difficult from the beginning. At 19 weeks she began having contractions and was on bed rest until her 36th week. After seven trips to the ER to stop her contractions, Evan finally would wait no longer.

At 36 weeks, he entered the world as a small baby, five pounds and 14 ounces. Despite the rough start, Ann and her husband were determined to do everything right. One night when Evan was just 17 days old, he had little interest in nursing. So Ann and her husband, David, put Evan to bed knowing he would wake them in a few hours. He didn't. At 7:00 a.m. they found Evan cool and lethargic in his crib. They called the nurses at the hospital and were assured as long as he was wetting his diapers there was no cause for alarm.

After a few hours of continually trying to feed Evan, his condition worsened. Ann and her husband rushed Evan to the doctor's office but were sent immediately to the local Children's Hospital's emergency room. Evan had experienced irreversible brain damage. The doctor labeled Evan's death a case of interrupted SIDS, the term used when a healthy baby dies in his sleep.

The next years were filled with carrying for Evan's every need. Sometimes Evans would stop breathing due to the damage to his vagus nerve and Ann would perform CPR.

Then one day, when he was four, he stopped breathing while having lunch with his mom and his baby brother Sean. This time Ann was not able to bring Evan back.

Why does SIDS still occur? The National Back To Sleep Campaign launched in 1994 has been credited with cutting the SIDS rate in half. In recent years, the death of babies to SIDS has decreased significantly. SIDS is now rare. There's roughly one death for every 2,000 live births, but research suggests that the real SIDS rate may in fact be significantly higher than the official numbers indicate. Why?

Spotting SIDS is difficult. It's hard to know exactly how and why babies die or why the largest rates occur in infants between two and four months old. The condition can be diagnosed only when a death has been carefully investigated.

The process is expensive and many counties don't have the resources to conduct such thorough investigations. A passion for prevention: Today Ann works with Northside Hospital's Parents Partner for Premies Program. Her job is to provide support to parents of fragile and high risk babies.

She tries to give parents the support that was not available to her when she lost Evan. Ann knows that even more important than support after a tragedy is prevention.

Eventually researchers have to develop a diagnostic test to identify the babies most at risk for SIDS. Reaching the goal of preventing and eliminating SIDS will take a lot more research, better data from new moms, and more accurate information from death scene investigations.

These data in part provided by the National Surveillance System called PRAMS pregnancy risk assessment and monitoring system which gathers data from pregnant women and new moms. If you're pregnant or new mom and receive a call to participate in PRAMS, please respond. The information you provide may one day help prevent other families from losing a child.

ANN PRICE: Okay. Thank you, Hollie. Now take a minute and rate that presentation. Is everybody done? Just so you know, that's not this Ann. But this is actually Evan Moros, he's the son of a friend of mine who is named Ann. But it's not me, just in case you're wondering. Let me have a show of hands on the first presentation, how many folks gave it a rating of 15 to 20? Just raise your hand high so I can see you. How many folks gave it a rating of, let's say, five to 10. Okay. More of those. Zero to five? Okay. So somewhere in that middle range.

What about the second presentation? 15 to 20. Raise your hand. A lot more. Look around the room. 10 to 15. Zero to five.

Okay. Let's talk about your groups for a minute and think about that second story. And this is where I feel the need to come down to your level. Usually when we give these presentations it's in a much smaller room. So I'll see what I can do about interact with you.

Think about that second story as compared to the first one. What were your thoughts about that? And then look at your group, the group that you were in and think about the stories that appealed to the group, if you were a hospital administrator, if you were the media, that kind of thing.

I'll come down and see if I can't get some comments. It was on a minute ago. Is it on? It's not on? It is on? Can you guys hear me?

UNKNOWN SPEAKER: No. He's raising his hand but there's nobody home. It was working a minute ago. (No audio).

UNKNOWN SPEAKER: The second story was a lot more emotional than the first one. [Inaudible].

ANN PRICE: An emotional story and you felt like --

ANN PRICE: Very good. So we have an emotional component. And these days it's really hard to sell newspapers, right? Especially in the age of the media. The Internet, rather, everybody gets their information on the Internet these days. But maybe it could have been a little more helpful if it was more targeted to a particular group.

How about our favorite politicians, what about you guys? What do you think of those stories?

UNKNOWN SPEAKER: Well, I think you're in the first.

ANN PRICE: What do you think of those two stories? Are you wowed by the first story?

UNKNOWN SPEAKER: The first story basically, I mean the politician is basically what is your passion about, and then how would you get your constituents to go out and vote on a cause because you see how the relationships or the -- it's the race for the presidential, you really have to get out there and put your cause out there.

But then what is that politician's passion for? If he has a passion for this cause, then he would do everything he need to go out and get Legislature to pass this. If not, then it just seem like a whole bunch of facts and numbers and stuff like that. And it will just be sitting on his desk

.

ANN PRICE: And there you go, the key into getting a legislator's attention is what's on the radar screen now. In other words, what are voters interested in, right? What's going to get me reelected. And then also they don't necessarily have time to wade through facts and figures. So let me hop up here.

Okay. So basically here's our question for you all. What cause would you join? Which cause would you join? Would you join the cause that while presenting quality data, maybe this data point, data point, data point. We contend that no one ever marched on data because of a surveillance report. People march on Washington because they believe.

Now, success stories seem to be the buzzword. Everybody wants a success story. I've again getting lots of requests to present -- administration, what's that going to do, how is our funding going to be changed or cut or are we going to survive? How do we get attention when we have everybody else who is trying to get attention. So everybody wants a success story.

So today we're going to talk about success stories. We're going to define them. What is a success story. What is it not. I want to talk a little bit about how a success story fits in your overall evaluation plan. We want to talk about different types of success stories, formats, when you would use these different types. And also want to give you a little practice in writing your own success story.

Now, my presentation today comes from a little book that my friend Renee Lovinghouse the lead evaluator in the Division of Oral Health, she and I write this little book you should have a downloaded copy of. Impact and Value. And basically what we're going to do today is cover some of the highlights that we talk about in the work group.

I don't think it will ever make the New Year's times bestseller list. We probably will never receive a Pullitzer prize but it's easy to read and hopefully you'll find it pretty useful.

So getting back to our story idea. How many of us heard this story when our mom and dad put us to bed. 89 percent of evil wishes hate princes. 71 percent of princes have been turned into toads. There are only 43 princes left in our state. We need to stop evil witches from turning princes into toads.

All right. All joking aside, I would say that we are wired for story telling from an early age. And it's important to not only have important data and accurate data, it's also important to have heart appeal. And like this one person said out here, a combination of both. We want both the data and the storytelling. That's important.

And at this point I always like to say to folks, when you decided to enter this field, this field of public health, was it your dream to write a humongous report that would sit on a shelf? To present a beautiful poster, and I just saw a beautiful poster, I walked through the poster sessions. Great. Visually pleasing. Nice data, that outside this room had no impact. They do. That's not what I'm saying, don't get me wrong. Or was it your dream to make a difference in whatever your field was?

My guess, if you're like me, you wanted to make a difference, right? You wanted to make a difference in the world. Otherwise we'd all be doing something else and making a lot more money.

Let me just get a show of hands. How many epidemiologists do I have in the room. Just raise your hand. Quite a few. How many project officers? A few here and there. Program folks at the state level? I know there's lots of you.

Who else am I missing? Shout it out. Data managers? Data managers. Okay. Any health Com people? Darn, I was going to do let you do this presentation.

All right. Okay. Let's get into the meat of this. So what is the success story besides this thing that everybody's talking about? All right. When we define a success story, we meaning my friend and Renee and I define a success story we define it as a simple description of one point in time that describes a program's progress or achievements. Ideally, there should be some lessons learned. Something we can learn from each other.

We believe, and not everybody would agree with this, that success stories are most effective when there's some kind of ask. When at the end of the story you as the reader know what you're supposed to do, right?

We also talk about that with different levels of evidence you can use success stories over time throughout the life of the program. We're going to talk about that. That you can show value, the value of your program over time.

Now, success stories come in lots of shapes and sizes, probably the most popular is the one-pager. And we're going to talk about that, too.

All right. What is a success story? What a success story is not. No offense to all the Epi folks in the room, all the data nerds like me. I'm one of you. It's not a surveillance report. It's not that first story, ideally. Full of quality data that it is, that's not necessarily a success story.

At the same time, it's not a complete evaluation picture. It's not everything there is to know. If you run into a program and you ask them about -- I'm an evaluator, by the way, that's what I do. I'm a community psychologist, but what I do is evaluation.

But if a program, if that's all they do is tell success stories, they're probably maybe not telling the complete picture of what's going on in the program, right? Because they're inherently biassed. We don't choose failure stories. We choose success stories, right? So we kind of need to be aware of that.

All right. Why do you want one? Why did they ask me to do almost a three hour workshop for you all today? Well, like we said before, we're in a hard time economically. We're in a challenging time. A change of administration.

We need visibility. Right? We're all trying to get our programs visible. Hey, pick me, look at me, look at what we're doing. It's important.

We need to do evaluation. We need to show that we're good stewards and success stories are one of many ways to talk about evaluation. We need to help advocate for our programs or help our partners advocate for us.

How often have you been in your desk, how often has it happened that the phone rings and a partner or maybe a funder of some type wants information from you yesterday? Certainly happened all the time when I was working in a big consulting house all the time.

More than that, though, it garners support for your program. Remember, when we talked about the numbers, the less likely people are to participate in telephone surveys, to participate in data collection. We need folks to know that it's important.

What else can you do with success stories? Well, publicize early success is one thing. As we all know being in the public health world it takes a long time to show impact. To show that your program is really making progress. It's not so simple as a Congressman would like to believe that we funded you yesterday. Where is the 50 percent drop in prevalence, right? It's more complicated.

So we need to be able to show success over time. Just like that second story, success stories put a face to the numbers. I guarantee you when you go home this afternoon you'll probably be seeing that picture of Evan when you think about SIDS, right? Providing a face to the numbers. Not that we're trying to say that surveillance numbers aren't important. They're very important. But we need to talk about them in a compelling way.

Getting back to the whole idea of showing progress over time. As I said before, it takes a while to show progress. We really can write success stories over the life of a program. And then, finally, letting our target population know we exist. So you can probably think of a lot more uses for success stories sitting where you are.

But I think, most importantly, it ignites passion for your cause. Like we said, nobody every marched on Washington probably because of a surveillance report. And igniting passion is what we want to do.

So here's our little toolbox. What else can we say about success stories? We can say that success stories can be used to present an overall picture of what's going on, an overall evaluation plan, as well as talk about specific things that are happening within the program. And that it should be complementary to a very good surveillance program.

Another thing that we like to talk about is triangulation of data. You have your surveillance data. That's all very important. You have data maybe from focus groups. You have data from different ways. Success stories help kind of bring that all together, triangulation of data.

Let me stop there and see if there's any questions before I go into the different types of success stories. We're going to do a little bit of terminology and then we'll get into letting you work on your stories. If you have a question come up to your mic or raise your hand and I'll come find you.

Any questions? All right. Let's move on. Let's talk about types of success stories. How many folks are in kind of brand new funded programs or you're just kind of getting started?

This would be you. Success stories, when they're in the beginning phases of a program, we call them upstream stories. And upstream a program is just getting started.

As you probably already know or finding out now it may take a year or two, just to get yourself organized to get your partners together, to get the stakeholders at the table, to have your states summit, develop your state plan, have your burden document, all of those kinds of things take a tremendous amount of time.

And at this point you may get discouraged. You may even have some pressure on you, because you neither achieved planned outcomes. You haven't substantiated or rejected your logic model.

You're just getting started. What can you do? An upstream success story can be used to describe the program. Highlight partnerships. Document any policy changes that have happened, if you're so lucky, and illustrate who the program is serving.

Think about it. Some of the most challenging work for you in the initial stage of your program is just getting all the partners to the table. Getting all the partners to the table without punching each other. Getting a state plan together without the state being sued can be a tremendous success story.

All of those things you want to talk about. Success stories at this point may emphasize national and state level data because you may not have program level data. You might not even have state level data at this point, and that's okay. It may be more anecdotal at this point.

What I want you to remember about upstream stories is kind of my analogy of principles. I don't know how many have worked in the school systems like I have, but principles are funny little beings. If a school down the street has a program that's very successful, the guy three miles down wants the same program. Right? Because he wants to show that he's successful.

People are like that with programs. They want to join a winning team. That's how you attract partners. That's how you attract stakeholders. That's how you attract your target population. Everybody wants to be part of a winning team. So advertising early success is an important part of an upstream program.

Let's talk about midstream. You're in the middle phase of your program. Your program is kind of up and running. Hopefully you have all your stakeholders at the table or maybe a few holes here and there. But for the most part people are there.

You want your partners to know about your progress. You want folks to know what you're doing. You still haven't achieved long-term outcomes yet. But you should have some promising stories and examples of early changes.

You may have anecdotal life on the street change kind of stories. Your success story may spotlight community changes and growth of the program, as well as growth in partners. We now have all the hospital administration on our side, for example. National and/or state level data may still constitute the bulk of what you have. But you should have preliminary program data and it should show that you're trying to make progress. Process data we like to call it in the evaluation world, who we're serving, how many, what do they look like.

All of this process data can help tell the midstream success story. Typically success stories in the midstream have both data and the anecdotal stories. Downstream stories. Wow, that's where we all want to be. It's the mature phase of the program. You can actually show that life on the street has changed. You've demonstrated impacts.

You have the data to show it, and you need to communicate that. Your success story should illustrate how things have changed for the people you program serves. You're not eliminating surveillance data, rather the goal is to explain surveillance data to the general audience.

For example, what does it mean to say that 30 percent of your state's most at-risk population has received your prevention program? What does that mean? The goal is to catch the attention of your audience and leave them wanting more information.

You want them to be involved, to do something.

Let me stop there. Questions about upstream, midstream, downstream stories? Thoughts?

Can you come to the microphone? It would save me a few steps.

UNKNOWN SPEAKER: I'm really new to PRAMS, but I'm an evaluator, and I hear you talk to some other folks this morning, it occurs to me that -- I just jotted down what would be some potential process for performance measures for [Inaudible] and I hear you talk about program impact. And surveillance is not an intervention. The gentleman earlier described the products which would be -- I'm nervous.

ANN PRICE: That's okay. I'll trade places with you.

UNKNOWN SPEAKER: The products I imagine you could translate into performance measures. But could you sort of throw out some ideas that you think might be performance measures that are appropriate for PRAMS?

ANN PRICE: You know --

UNKNOWN SPEAKER: It's not an intervention. I hear folks talking the numbers, the process, et cetera. Talking about response rates, things like that.

ANN PRICE: When I say process evaluation, is that -- I'm not talking about necessarily performance measures or what you have to do as far as your cooperative -- do you have cooperative agreements? Not for your cooperative agreements. I'm really talking about process. Who we served. We served 60 percent of our target population for this

or we reached of 80 percent of women, we were able to -- we were able to reach 80 percent of women through the PRAMS survey, or those kinds of -- it's like who we're reaching who we're serving when I'm talking about process.

UNKNOWN SPEAKER: This is kind of what your response --

ANN PRICE: It could be. But I can imagine there would be other -- depends on -- because you all have different areas of focus, right? Some folks are interested in SIDS, for example. Some are interested in post partum depression. So the --

UNKNOWN SPEAKER: Maybe independent priorities –

ANN PRICE: And every state would have their different priorities, certainly, right?

UNKNOWN SPEAKER: Yeah.

ANN PRICE: So that would be a great question for you all. Hopefully you're within like I said with partners in crime and you can all talk about we're in an upstream, we're brand new, what are some things we should talk about.

For some folks, like I said, just getting stakeholders in the room is just huge. We're not talking cooperative agreement. We're not talking about recipient activities. Just what are the basic things we're supposed to do. I'm not sure if that was helpful at all.

There was a hand back here. I don't know if somebody had something they could add to that.

UNKNOWN SPEAKER: I was going to say –

ANN PRICE: Can you step up -- sorry.

UNKNOWN SPEAKER: Like you were saying, kind of the impacts that we have on the street, well PRAMS doesn't have impact on life on the street. Maybe our data was given to someone who –

ANN PRICE: Exactly.

UNKNOWN SPEAKER: So just in terms of what we do with SIDS or something like that, we don't at a point –

ANN PRICE: Right. But people use your data to make a difference. Example, in your packet -- and thank you for that. In your packet is a story, a story that we're working on for New York. And it's about what they did with their PRAMS data. For the first time there's actually guidelines for folks, for dental hygienists and dentists in the state of New York, because typically they don't want to deal with pregnant women who have tremendous oral health needs.

And as we know, and more and more we know this, that oral health is related to all the other chronic diseases, right? So for the first time New York took their PRAMS data, and with some significant partners, wrote guidelines around dentists and hygienists working with pregnant women. You think that's oral health. But that's the first time it's being done in the country. That's what you're talking about. We're PRAMS, we don't do intervention. But people do use your data in very important ways.

It gets back to the puppy on the newspaper. So how can we help folks understand why what we do is important.

UNKNOWN SPEAKER: Strikes me as some of our success stories for our programs in our state health departments and such might be within the pages of the returned PRAMS surveys. For instance, momma says I quit smoking before my previous pregnancy and both me and my husband quit and she was writing all this down to us. However, we promised the mom to not share that information.

But as a teaser sent that out to the leader of our tobacco program and I said and I have all these statistical numbers and I can give you alot with that. That's when they wanted to step back, probably because of the difference they saw between the first slide of the presentation and the second example.

They don't want pages filled with numbers. So maybe that's something you can help us with. [Inaudible] of our programs.

ANN PRICE: Right. I like what you said about the stories in between the questions. It is those questions. Have you quit smoking lately? Do you put your infant to sleep on their back. Those kinds of questions. Those are the stories. And maybe that's the challenge for us today is to talk about how can we partner with other folks to use our data effectively? Maybe that's the story.

And maybe we're going to get into it right now. So I think that's all helpful. Let's keep having a conversation. So these are all formats that we talk about in the book. And the first one we want to talk about is the elevator story. Believe it or not, I'm an introvert. I'm

the Meyers Brigg. I'm really an introvert, the kind of person when I get into the elevator, I'm in a social situation and somebody says hi, how's it going, I'm like great, thanks.

Think about the most important person in your world as far as your job goes. Maybe the director of your health department. Maybe you're a big wig and it's the government. The governor, I mean, or the lieutenant governor. If you're in chronic disease at the CDC, maybe it's Janet Collins.

Imagine that person walking in the elevator with you and they say hi so and so, they actually know your name. Wow, wouldn't that be awesome, they say how is it going. I go fine wow it's really cold here in Georgia today. Or something else. Things are going really well. We have all our grantees on board. We just got together and did this terrific health summit. We've outlined indicators for the entire state that we're going to be working on. We have a great strategic plan. I'd like to get you a copy. I'll drop that by the end of the day.

What we normally do versus what we could possibly do with those opportunities. Those are elevator stories. I'm actually going to give you a chance to practice that. So be thinking.

Paragraph spotlight. It's exactly that. It's just a brief paragraph you might use that on your web page or landing page or some kind of little blog to tell a little bit about what's going on.

You kind of take your elevator story and blow it up a little bit. The one pager is what we typically talk about. We typically teach in these kinds of workshops. It's developing a

one-page spotlight of one point in time in your program. And then the two pager, obviously, is a little more blown up, to a full brief, to a published article maybe in a partner presentation, for example.

Those are all success story ideas. Let me do a time check. All right. So what I would like to do, then, is talk a little bit more about the elevator story. Then I'm going to give you a chance to actually practice your moment of opportunity. So let's see, isn't that cute? I have to give Renee credit for all the handy dandy little cartoons, because I don't know about you all, but graduate school sucked all of the creativity right out of me.

Okay. So we're in that situation I just told you about. You're an introvert like me. You're nervous. Your big wig comes in. For me I suppose it might be a very important client, I don't know.

Okay. So this would be my response to the how's it going question. We just held an exciting summit with 150 stakeholders from across the entire state. We have a state oral health plan that was developed with a diverse group of stakeholders. The plan has been in active implementation for a year, and we're excited because we're a supportive group for oral health -- this is an oral health example -- oral health has grown a lot this year and we believe we'll accomplish great things for all the citizens in our state, I can get you a copy of the state plan, if you would like.

Now, hopefully you have the ability to get all of that out. Hopefully their office is on the 26th floor and who cares if yours is on the third. You ride all the way to the top. So some things to highlight in that example. Summit.

I mentioned an activity right away. You don't say something general like: We have a lot going on right now. Or are we all guilty of this one, man we are so overworked and so understaffed.

You say something specific, a specific accomplishment right away. Across the entire state. You've just made the point that your group has stakeholders from the entire state. Not just one small area. Very important to those big wig types.

What this says is that this program has something to be noticed. You need to pay attention to us. Active implementation. We're doing something right now. We've grown this year. We're doing something. We didn't talk about something that happened a year ago. We're doing something right now. We're accomplishing great things. We're achieving something. We're not just meeting.

We want to affect all citizens of the state, not just a small group. Again, what this says is pay attention to this program. I can get the ask.

Renee and I joke we need to rename that the tell, because we don't want to give them the opportunity to say no, right? What we're really saying is I'm going to bring you a copy of the state plan today.

So those are some things to think about with your elevator story. We suggest it be timely. Think about things that have happened in the program in the last six months or in between questions that you were talking about, what were some things that you want to highlight, what's going on. Emphasize the active, all of those things. Think about that.

What I want you to do is take the next 10 minutes and I'm going to wander around and help you. I want you to work on your elevator story. And one more thing before we get going with that, what we usually say is it needs to be kind of rehearsed but not so rehearsed that it sounds very stilted, that you've memorized this, because I'm a very nervous person and I've just memorized this in case I see you. It needs to be conversational. We talk about actually doing this as a staff activity, that you literally brainstorm as a staff your success stories and practice them, so that everybody from your administrative assistant on up and everywhere in between can actively participate and tell the program story.

And that you have that on the agenda. So what I want you to do is take the next 10 minutes to work on your 10-second elevator story. Remember, mention a specific activity right away. Don't say we have a lot of things going on. Demonstrate something that the program needs to be noticed for, something that happened recently, not years ago. Talk about achievements. You don't want to sound like we're just taking up space.

And remember the ask. Right? I'm going to bring you that information, I'm going to bring you that story, bring you the summit, that kind of thing.

Take 10 minutes, because this is the active part. We want you to walk out the door with something in your hand you have to work on back at the office. Take ten minutes, work on your elevator story. I'll ask some people to share their story to see if we can't get feedback.

Don't forget the ask, because really the elevator story is really what we've called -- psychologists will say it will get a foot in the door, you're trying to get a foot in the door. Sharing success. Awesome.

UNKNOWN SPEAKER: I'm from [Inaudible], and we don't have elevators in our building. (Laughter).

I'm doing great. I returned from the perinatal [Inaudible] they obtained lots of information from the survey and, in fact, I have it in my purse. (Laughter) There you go.
(Applause)

ANN PRICE: Awesome. I wouldn't change a thing. It sounded conversational. It didn't sound like [Inaudible], and, by the way, here's one right here.

You don't even have to ask. Just put it in their hot little hand. Then what you want to do is schedule a next meeting because you have the foot in the door, you want the report in their hand and you want to sit down in a face to face because you want to ask them for dollars to help collect for the three new ways. That's the goal.

Anybody want to share a success story? We probably have one more. Somebody be brave. Here's your opportunity to practice. Otherwise you'll be looking in the elevator da da da.

[Inaudible] I'm going to pick on somebody. Are you ready?

UNKNOWN SPEAKER: No.

ANN PRICE: All right. Okay.

UNKNOWN SPEAKER: I'm Deborah from Wyoming and we do have a few elevators. Not very many. But if I were in the elevator with Dr. [Inaudible] who is our director, and he asked me how things were going. He's very conversational. So he helps me out. I've just been to a national meeting in Atlanta called PRAMS, and I got some great whys for getting more [Inaudible] across the state. We presented a poster on marketing materials and partnership with [Inaudible] tribes, and we hope these strategies will increase our response rates and [Inaudible] would you like me to bring some of our marketing products this afternoon, and then we'll talk about it.

ANN PRICE: Very good. The only thing I would have her say, I don't remember -- we call it the ask but we call it the tell. I'll bring it to this afternoon. Then when you bring it to them this afternoon, you say could I schedule -- I'd like to schedule an appointment with you to talk about this further. So it's the foot in the door [Inaudible] taking an opportunity. So remember what we're suggesting is that you do this as a stock program. Make it part of your agenda every few months to collect success stories. This is part of project management. Talk about this, practice the success stories, so that everybody can be a part of the process, right? So that everybody's helping -- everybody is being a success, visible.

I think it's time for a break. Break until 3:00. We'll see you back then.