Understanding Narrative Writing

Date: June 5, 2018
Presented by: Susan Ramsey
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Susan Ramsey

- More than 25 years in public service for the State of Washington retired in 2013, served as the Director for the Office of Performance and Accountability with the Washington State Department of Health
- Past co-chair for the Standards and Accreditation Workgroup for the Public Health Improvement Partnership in Washington State representing the state and 35 local health departments
- National trainer and presenter for performance management, quality and strategic planning, and accreditation in more than 10 states and for ASTHO, PHAB, NNPHI, and RWJF
- Public Health Accreditation Board and Malcolm Baldrige site reviewer
- Member of the PHAB Evaluation and Quality Improvement Committee
- Washington State Reviewer and led the State Department of Health to become nationally accredited in 2013
- Owner and Managing Consultant of Pearls of Wisdom Consulting, LLC based in Olympia, WA
Learning Objectives

• Identify types of required documentation
• Review PHAB’s required forms
  • Format
  • Structure
  • Requirements
• Introduction to narrative descriptions of processes, procedures, activities
What You Will Need for This Webinar

- Six sheets of paper
- Or your computer
- Or a pad on easel

learning is NOT a spectator sport. so let's PLAY!

astho™
Reaccreditation Standards and Measures
Modified “Self-study” Model

- The Tell versus the Show: health departments will explain the “bigger picture” to understand:
  - Who they are, what they do, and how they do it
  - Written descriptions of what the health department currently does
    - Full picture rather than one or two examples
    - Opportunity for self-reflection
  - Some examples are required (Version 1.5)
- Plans updated and revised:
  - CHA, CHIP, SP, WDP, EOP, QI Plan
Standards and Measures

- Assure continued conformity with S&M Version 1.0
- Assure conformity with new requirements in S&M Version 1.5
- Focus on essential activities to meet the intent
- No new topics or requirements
- Increased emphasis in specific areas
- Inquire about improvements & advancements
- Measures reworded to describe the intended impact of meeting the measure
Increased Emphasis

- Collaboration and partnership
- Community involvement
- Leadership for community health development
- Mobilization of the community
- System-level actions
- Health equity
- Culture of quality improvement
Format

• Domains and Standards remain the same (Version 1.5)

• Revised:
  • Measures
    • Measures reworded to state the intended result rather than activity/product
    • Some grouped logically
    • Fewer measures (31)
  • Required Documentation
    • Narrative, some examples, and plans
  • Guidance
• **Version 1.5:**
  • Measure 1.1.1 Process for development of CHA
  • Measure 1.1.2 CHA
  • Measure 1.1.3 CHA accessible to others

• **Reaccreditation**
  • Measure 1.1 The CHA is continually updated to broaden and deepen the community’s understanding of public health issues and resources

Requirements:
  • 1.1.1 Collaborative process for enhancement of the CHA (description)
  • 1.1.2 CHA (document)
  • 1.1.3 Increasingly multidimensional and detailed description of health issues and/or community resources of the population or population group (2 examples)
  • 1.1.4 Availability of the CHA (description of 2 examples)
Documentation
Types of Documents

1. **Narrative descriptions of processes, procedures, activities** (use PHAB form)
2. Narrative descriptions of examples (use PHAB form)
3. Examples (e.g., communications)*
4. Adopted items (e.g., plan, protocol, report, template)*

* Use Coversheet
“Dated Within” Column

We must submit by September 30, 2019

• Within 2 years = After October 1, 2017
• Within 5 years = After October 1, 2014
• Current… = As of June 2019
• Future / Continuous Improvement = July 2019 and onward
Documentation Guidance: Narratives

• Reaccreditation documentation form MUST be used for all requirements that ask for a narrative
• A unique form for every requirement
  – Some coversheets
  – Most ask for the details in the Guidance
• Each form will ask: “Describe plans for advancement of your health department’s work in the area addressed by this requirement”
• When a form is filled out it, it must be no more than 5 pages long
# Documentation Form

**PHAB Reaccreditation Documentation Form**

**January 2017**

**Measure 1.1:** The community health assessment is continually updated to broaden and deepen the community’s understanding of public health issues and resources.

**Requirement 1:** Collaborative process for the enhancement of the community health assessment.

<table>
<thead>
<tr>
<th>Health Department Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Requirement Narrative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide a narrative description of the ongoing community collaborative process for continuous (at least annually) enhancement of the community health assessment. Ensure that the health assessment includes items (a) through (d) of the Guidance. Do not upload documentation of an example. Please be succinct and do not provide more narrative than necessary to describe conformity with this requirement.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Continued Advancement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe plans for advancement of the health department’s work in the particular area addressed by this Requirement.</td>
</tr>
<tr>
<td>MEASURE</td>
</tr>
<tr>
<td>---------</td>
</tr>
<tr>
<td>1.1</td>
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<td>1.2</td>
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<tr>
<td>1.3</td>
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<tr>
<td>1.4</td>
</tr>
</tbody>
</table>
Writing Narratives - Continued

Advancement Text Box

• Plans for Continuous Improvement on what we do as of June 2019
  • What are the department’s plans for improvement, if the health department does not meet all the requirements?
  • Don’t spend time on this now but keep it in mind

• Plan for this and consider who may need to have input or approval for your requirements
Writing Narratives
Requirement Narrative Elements

• Describes how the health department currently operates
  • Not what the health department did last year
  • Not how the health department plans to address this in the future
  • Not an opinion of how the health department thinks they are doing

• Should address each of the elements in the Guidance
  • If the health department does not meet the measure, they must still describe what is currently in place
Narrative Writing

• **Describe in the form of a story**
  • Describes the department as a whole, rather than one or two programs (unless a narrative is required to describe examples)

• **Succinct yet thorough**
  • No longer than five pages per requirement and many may be shorter
  • Address only what is required in the Guidance of the Standards and Measures.
  • More narrative and longer explanations are not necessarily clearer or more helpful
Your Story

- Site reviewers love a good story
  - Easy to understand, stick with us
  - Great way to get past looking at detailed rows and columns of numbers that really won’t make sense until you formulate the genesis of your story
What Does Every Good Story Have?

Beginning

Middle

End
The Beginning

• The beginning of a story gives the site visitor a common ground and shared experience from which to work

• Use it to frame the PHAB requirement

• Use it to tell the virtual site visitor what requirements you are trying to address, why it’s important, and what the main constructs are you’ll be writing about
The Middle

• Where most of the action occurs
• It’s here where you develop the shared information that will move your story forward
• These are your main ideas: What are issues you’ve grappled with? What evidence are you bringing to bear on them? These are the complicated ideas that you want to make sure the site visitor understands
• In developing the story, it helps me to focus on what the site visitor needs to know for us all to stay on the same page
The Middle (continued)

- Have you introduced each character (customer, stakeholder, partner) that is important in the story?
- Have you made it clear how these ideas and characters interconnect and relate to each other?
- Does your story move forward in a logical fashion?
- Have you answered the questions that will arise in the minds of your audience? (the site visitor)
The End

• Where you tie up loose ends
• What is the main idea/feeling/plan that you want the virtual site visitor to take home with them
Measure 9.1 – RD2 – handout #1

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Guidance</th>
<th>Document(s)</th>
<th>Dated Within</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Performance based health department</td>
<td>2. Describe how the expectation of being a performance based health department is supported by the department’s operations. The narrative must include: A description of how the organization of the health department is aligned to promote: 1. staff ownership of the performance management system, 2. effective assignment of responsibilities, 3. efficient flow of program and performance information, 4. collaboration on efforts across the department, and 5. transparent decision-making within the department concerning the department’s performance.</td>
<td>Narrative description</td>
<td>Describe the current operations that support a performance based department</td>
</tr>
</tbody>
</table>
Measure 9.1: The achievement of goals and objectives is monitored by the health department using a performance management system.

Requirement 2: Performance based health department

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<tbody>
<tr>
<td>Provide a narrative description of the current operations that support the expectation of being a performance based health department. Ensure that the narrative addresses how the organization of the health department is aligned to promote the (1) through (5) items listed in the Guidance. Do not upload documentation of an example. Please be succinct and do not provide more narrative than necessary to describe conformity with this requirement.</td>
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First Things First – Exercise #1

• Before getting started you need to brainstorm or free write. Doing this allows your brain to get geared toward creating a good narrative

• **Exercise #1:** For 10 minutes, brainstorm all the words and phrases you can think of related to Measure 9.1 RD2. Write them all down on a piece of paper

• Now that your brain is primed, start structuring those thoughts into a narrative. **Take another 5 minutes to circle or underline the main themes, words, sentences from the exercise.**
Set the Stage – Exercise #2

Define your agency’s performance management (PM) system (refer to handout #1)

- Defining your agency’s PM is the first step in making it real.
- This is the main character of your story.
- Look at the items you circled in the brainstorming session.
- Are there any recurring themes or words?
- What jumps out at you?
- Try and incorporate that into your PM system.
- **Spend 5 minutes to define your agency’s PM**
Agency’s PM System - Example

The framework guiding the health department’s PM system is the Turning Point PM Framework as revised by the Public Health Foundation in 2013. The framework has five components: establishing performance standards, determining performance measures, engaging in quality improvement, reporting progress, and visible leadership.
Begin with the Required Elements – Exercise #3

Required Element #1:
Describe how the agency is aligned to promote staff ownership of the PM system (refer to handout #1)

• Be as specific as you can when it comes to describing your agency alignment and staff ownership. The more specific, the better.
• Being too general will defocus your efforts.
• Use action words or phrases that are easily understandable.
• Try to refrain from fuzzy words or muddled concepts.
• Make it simple.
• **Take 10 minutes to describe how the agency is aligned to promote staff ownership of the PM system**
Exercise # 3 - Required Element #1: Example

The agency is aligned to promote staff ownership of the PM system. The agency has approximately 40 FTE. There are six divisions under the Health Commissioner: Administrative Services, Community Health Services, Environmental Health & Consumer Protection, Interdisciplinary Health Services, Senior Center Services, and the WIC program. Five of the six divisions are represented on the agency’s Quality Council, the exception being Senior Center Services. The smallness of the agency allows each division to be well represented by permanent and rotating members. In addition, the agency’s size makes it easy to collaborate on efforts across the agency and to have ready access to initiatives happening throughout the department.
Exercise #3 - Required Element #1: Example (cont.)

In order to assure staff ownership of the PM system and effective assignment of responsibilities staff is engaged on several fronts including:

- **Development of measures**
  - The Quality Council is charged with finalizing performance measures. The Council is made up of permanent and rotating members from each division providing input from all aspects of the agency
  - Input on possible measures is also requested from all staff either during staff meetings or via email

- **Tracking of measurements**
  - Program staff has primary responsibility for collecting and recording data using the PM tracking log and associated spreadsheets in Excel
  - Technical assistance is available as needed through members of the Quality Council
Exercise #3 - Required Element #1: Example (cont.)

Sharing of data

- Communication of PM and QI is essential for the efficient flow of program and performance information.
- Excel spreadsheets tracking data are available to all staff on our common network drive.
- Communication about the PM at agency is accomplished in many ways including:
  - Updates at regularly scheduled staff meetings
  - Staff meeting minutes
  - Reports from QI Project Team Leader or member to the Quality Council
  - Quality Council meeting minutes
  - Annual reports to the Board of Health
  - Agency Board of Health meeting minutes
  - Agency newsletter
Exercise #4 - Required Element #2

How does the agency create effective assignment of responsibilities? (refer to handout #1)

• Accountability is critical to making movement on any project. This description needs to be written with inclusion of who is assigned to do what and by when

• Take 10 minutes to describe how the agency creates effective assignments
Exercise #4 - Required element #2: Example

• The organization of the agency is aligned to promote effective assignment of responsibilities.
• Assigning specific staff to be responsible for tracking measures is required for each performance measure.
• PM is tracked using Excel. The PM tracking log contains various spreadsheets each representing a different program. Recorded on the tracking log are:
  • Source of the measure (SP, CHIP, Grant, etc.)
  • Performance measure
  • Target population
  • Numerator
  • Denominator
  • Performance standard (target or benchmark)
  • Data source
  • Responsible staff
  • Timeframes
  • Baseline
Exercise #5 - Required Element #3:

How does the agency create efficient flow of program and performance information? (refer to handout #1)

• Communication is key to the success of any good program.
• This description needs to be written with vivid words that conjure up feelings that site visitors can relate to.
• That personal touch will make it memorable.
• Take 10 minutes to describe how the agency creates efficient flow of program and performance information.
Exercise #5 - Required Element #3: Example

The organization of the agency is aligned to promote efficient flow of program and performance information. As a small agency, we have the ability to communicate easily and effectively program and performance information to staff through avenues listed above such as staff meetings, Quality Council, annual reports, and newsletter to name a few. The use of publications such as Snapshot, a snapshot of services and program updates sent to community partners three times yearly, is a communication avenue through which we can also share this information with partners.
Exercise #6 - Required Element #4:

How does the agency collaborate on efforts across the agency? (refer to handout #1)

- We can’t do all the work alone! Collaboration is key for creating a culture of continuous learning.
- This description needs to be written with describing **who** is doing the collaboration and on **what activities**

- **Take 10 minutes to describe how the agency creates efficient flow of program and performance information**
Exercise #6 - Required Element #4: Example

The organization of the agency is aligned to promote collaboration on efforts across the agency. As noted above, the agency has six main divisions. Although specific staff is assigned to individual performance measures, many categories of measures involve staff collaboration from more than one division. For example, the responsibility of measuring and tracking the percent of agency employees receiving the flu vaccination falls to a member of the front office staff. However, the Community Health Services staff, particularly the Public Health Nurses and Director work to encourage employees to receive the vaccine and provide it themselves at various convenient locations.
Meanwhile, the Health Educator spreads the message using social media. Improving the vaccination rates requires all of these departments to work together. Another example is tracking the number of residents with specific reportable communicable enteric disease and providing prevention and containment education within 3 business days. Although the data can be found easily on the electronic disease surveillance system, providing the prevention and containment education and possible follow-up communication and visit needs the collaboration of both Community Health Services and Environmental Health & Consumer Protection Services. Collaboration at the agency is particularly easy due to the close proximity of the departments, located in the same building.
Exercise #7 - Required Element #5:

How does the agency promote transparent decision-making within the agency concerning the agency’s performance? (refer to handout #1)

- No one likes being in the dark. Transparency opens the line of communication with customers, staff and partners.
- This description needs to be written to identify what tools are used to be transparent and with whom.
- Take 10 minutes to describe how the agency promotes transparent decision-making regarding the agency’s performance.
Exercise #7 - Required Element #5: Example

The organization of the agency is aligned to promote transparent decision-making within the agency concerning the agency’s performance. The mission of the agency is to provide community leadership to protect and promote the health of County residents. The mission of PM at the agency is to actively use performance data to improve the health of County residents by using performance measures and standards to establish performance targets and goals, to prioritize and allocate resources, to make needed changes in policy or program directions to meet goals, and to improve the quality of public health practice.
Exercise #7 - Required Element #5: Example (cont.)

Performance measurement data is reviewed by the Quality Council and analyzed to determine the need for quality improvement. The Quality Council meets at least quarterly. Collaboration occurs as data is also shared in division, department, and program meetings, with the agency Board of Health and other elected officials, and with community partners. The Strategic Plan objectives and the Community Health Improvement Plan indicators are also tracked on the PM tracking log to ensure transparent decision-making within the department concerning performance.
Exercise #8 - Assembling the Narrative

• Now that we have the pieces (or bones) down, we can assemble the bits into a flowing narrative
• To do this, you need to read your pieces again and edit them for grammar and content
• Once you have something you think is pretty good, read it aloud to your peers and see what they think
• String together your pieces into paragraphs
• In the end, you should have no more than 5 pages
• Good luck
The Narrative for 9.1 RD2 – page 1

Refer to handout #3

Susan Ramsey
It is fine to use the pillars of the turning point performance management framework in determining future work. Be careful that the plans do not appear to be a restatement of the framework but are specific to your own plans.

1. Performance Standards: establishment of organizational or sys targets, and goals to improve public health practices
   a. Performance standards, indicators and targets are used, achieved within designated time periods
   b. Priorities are related to the Strategic Plan
   c. Performance standards, indicators, and targets are communicated throughout the organization
   d. The Quality Council regularly reviews standards and targets
   e. Training is available to staff to use performance standards

2. Performance Measures – development, application, and use of performance measures to assess achievement of such standards
   a. Measures are clearly defined: qualitative measures have clearly defined units of measure
   b. Person responsible for collecting data (whether retrieving data from secondary data source or for facilitating the collection of primary data) is designated
   c. Data collection frequency and documentation methods are established
   d. Measures cover a mix of capacities, processes, and outcomes
3. Quality Improvement - establishment of a program or process to manage change and achieve quality improvement in public health policies, programs or infrastructure based on performance standards, measurements, and report
   a. Quality Council is responsible for decision-making based on performance reports
   b. Performance data is used to set priorities, implement QI projects, and improve performance
   c. Staff and leadership have the authority to make changes to improve performance
   d. QI training is available to leadership and staff
   e. QI is widely practiced at the Happy Town Health Department

4. Reporting Progress – documentation and reporting of progress in meeting standards and targets and sharing of such information through feedback
   a. Progress is documents related to performance standards and targets
   b. Information on progress is communicated to leaders, staff, Board of Health, and community partners
   c. Spreadsheet with data accessible to all staff at all times
   d. Training is available to staff

5. Visible Leadership – commitment of management to a culture of quality that aligns with performance management practices with the organization’s missions, takes into account customer feedback, and enables transparency between leadership and staff
   a. Leadership is committed to performance management and a quality culture
   b. Performance is actively managed in the following areas: health status, data and information systems, customer focus and satisfaction, and service delivery
   c. The Quality Council is responsible for integrating performance management efforts
   d. A process exists to align the components of the performance management system

**Required element 1:** The organization of the agency is aligned to promote staff ownership of the PM system. The agency has approximately 40 PTEs. There are six divisions under the Health Commissioner: Administrative Services, Community Health Services, Environmental Health & Consumer Protection, Interdisciplinary Health Services, Senior Center Services, and the WIC program. Five of the six divisions are represented on the agency’s Quality Council, the exception being Senior Center Services. The smallness of the agency allows each division to be well-represented by permanent and rotating members. In addition, the agency’s size makes it easy to collaborate on efforts across the agency and to have ready access to initiatives happening throughout the department.

In order to assure staff ownership of the PM system and effective assignment of responsibilities, staff is engaged on several fronts including:

- **Development of measures**
  - The Quality Council is charged with finalizing performance measures. The Council is made up of permanent and rotating members from each division providing input from all aspects of the agency.
  - Input on possible measures is also requested from all staff either during staff meetings or via email.

- **Tracking of measurements**
  - Program staff has primary responsibility for collecting and recording data using the PM tracking log and associated spreadsheets in Excel
  - Technical assistance is available as needed through members of the Quality Council.

- **Sharing of data**
  - Communication of PM and QI is essential for the efficient flow of program and performance information.
  - Excel spreadsheets tracking data are available to all staff on our common network drive.
  - Communication regarding PM is accomplished at the agency in a variety of ways including:
    - Updates at regularly scheduled staff meetings
    - Staff meeting minutes
    - Reports from QI Project Team Leader or member to the Quality Council

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**New York State of Opportunity**

**Department of Health**
The Narrative for 9.1 RD2 – page 3

Required element 2: The organization of the agency is aligned to promote effective assignment of responsibilities. Assigning specific staff to be responsible for tracking measures is required for each performance measure.

PM is tracked using Excel. The PM tracking log contains various spreadsheets each representing a different program. Recorded on the tracking log are:

- Source of the measure (SP, CHIP, Grant, etc.)
- Performance measure
- Target population
- Numerator
- Denominator
- Performance standard (target or benchmark)
- Data source
- Responsible staff
- Timeframes
- Baseline measurement
- Whether or not BI processes are needed
- Hypothesis more detailed Excel spreadsheets for which data is recorded as determined by our Performance Management Plan on a weekly, quarterly, and yearly basis by designated staff.

Required element 3: The organization of the agency is aligned to promote efficient flow of program and performance information. As a small agency, we have the ability to communicate easily and effectively by program and performance information to staff through avenues listed above such as staff meetings, Quality Council, annual reports, and newsletter to name a few. The use of publications such as Snapshots, a snapshot of services and program updates sent to community partners three times yearly, is a communication avenue through which we can share this information with partners.

Required element 4: The organization of the agency is aligned to promote collaboration efforts across the agency. As noted above, the agency has six main divisions. Although specific staff is assigned to individual performance measures, many categories of measures involve staff collaboration from more than one division. For example, the responsibility of measuring and tracking the percent of agency employees receiving the virus vaccine falls to a member of the front office staff. However, the Community Health Services staff, particularly the Public Health Nurses and Health Education, are assigned to encourage employees to receive the vaccine and provide it at various convenient locations. Meanwhile, the Health Education spreads the message using social media. Improving vaccination rates requires all of these departments to work together. Another example is tracking the number of residents with specific reportable communicable disease and providing prevention and containment education to that specific department and employees within 3 business days. Although the data can be found easily on the electronic disease surveillance system, providing the prevention and containment education and possible follow-up communication and visit needs the collaboration of both Community Health Services and Environmental Health & Consumer Protection Services. Collaboration at the agency is particularly easy due to the close proximity of the departments, located in the same building.

Required element 5: The organization of the agency is aligned to promote transparent decision-making within the agency concerning the agency’s performance. The mission of the agency is to provide community leadership to protect and promote the health of County residents. The mission of PM at the agency is to actively use performance data to improve the health of County residents by using performance measures and standards to establish performance targets and goals, to prioritize and

Susan Ramsey
This doesn’t answer Who gets what? Is this effective assignment of responsibility? This would be reopened for the health department to strengthen required element 2.

Susan Ramsey
This identifies what they “can” do versus what they “currently” do.

Susan Ramsey
This is providing narrative of examples versus a description narrative.
allocate resources, to make needed changes in policy or program directions to meet goals, and to improve the quality of public health practice.

Performance measurement data is reviewed by the Quality Council and analyzed to determine the need for quality improvement. The Quality Council meets at least quarterly. Collaboration occurs as data is also shared in division, department, and program meetings, with the agency Board of Health and other elected officials, and with community partners. The Strategic Plan objectives and the Community Health Improvement Plan indicators are also tracked on the PM tracking log to ensure transparent decision-making within the department concerning performance.

### Continued Advancement

Describe plans for advancement of the health department’s work in the particular area addressed by this Requirement.

The Happy Town Health Department is planning to continue advancing as a performance based health department through the continued guidance of the Turning Point Performance Management Framework. In the future, the health department plans to work on the following areas of performance management:

- Performance Standards – to improve communication of performance standards, indicators, and targets to community stakeholders and partners
- Performance Measurement – to attempt to assign financial resources to collection of performance measurement data
- Quality Improvement – implement efforts at performance improvement into employee evaluation
- Reporting Progress – to improve communication to the general public of the progress made meeting performance standards
- Visible Leadership – to align performance priorities with budget and assign financial resources to performance management functions

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Susan Ramsey

Weak statements. Continued Advancement should go back to the required elements and review each of those areas to describe plans for advancement in each required area.
Next Steps

- Share with peers
- Recruit reviewers
  - Does the story describe current operations?
  - Does the story highlight the great work of the health department?
  - Does the story meet ALL of the required elements?
- Edit for final version
Recap
1. Review the measure in its **entirety**
2. Write your **narrative as a story**
3. Brainstorm ideas, words, phrases related to measure topic
4. Set the stage – create a **beginning**
5. Identify **who** is doing **what** and **by when** – create a **middle**
6. Use vivid words that site visitors can relate to. That personal touch will make it memorable – create **more middle**
7. Include customers, partners and stakeholders – create **more middle**
8. Tie up loose ends – create an **end**
Questions?
Thank You

Contact Information:

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Susan Ramsey
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sramsey_1@comcast.net