

***North Carolina Public Health Incubator  
Collaboratives***

***August 2005 – July 2007  
Stakeholder Evaluation Report***

***December 2007***



*North Carolina Institute for Public Health*

## **ACKNOWLEDGEMENTS**

This evaluation of the August 2005 – July 2007 North Carolina Public Health Incubator Collaboratives program was conducted by evaluation staff, Molly Cannon, MPH and Mary Davis, DrPH, MSPH, at the North Carolina Institute for Public Health (NCIPH), the service and outreach arm of the School of Public Health at the University of North Carolina at Chapel Hill. This is the same organization that administers the Incubator process, thus the evaluation process should be considered an “internal evaluation.”

Dr. John Graham, NCIPH Deputy Director for Outreach and Consultation; Lisa Macon Harrison, MPH, Program Officer; and Erin Ridings, Program Associate, provided valuable ideas on the overall evaluation design, questions to ask, interpretation of the results, and specific stories to highlight in this report.

## **BACKGROUND**

The NC Public Health Incubator Collaboratives (NCPHICs) are teams of local health departments voluntarily working together to address pressing local public health issues using innovative approaches. Six NC PHICs (Western, Northwest, Central, South Central, Southern Piedmont, Northeastern) have been formed representing 82 counties. NC PHICs started their third round of legislative funding in August 2007. This report includes information collected from an on-line survey of Incubator members administered in June 2007 and from Incubator project reports (for projects funded from August 2005 – July 2007) submitted by Incubator coordinators. For more information about the NC PHICs, visit:

[www.sph.unc.edu/nciph/incubator](http://www.sph.unc.edu/nciph/incubator). NCIPH, is the PHIC Administrator, facilitating Incubator activities and managing the program.

## **EVALUATION METHODOLOGY**

### *Design*

The purpose of the evaluation was to examine the experiences of the six Incubator Collaboratives according to the following two questions: 1) Are Incubators providing value to member health departments; and 2) Is the NCIPH meeting Incubator partnership needs for support and

facilitation. The evaluation involved two components: an on-line survey administered to Incubator members and a review of final progress reports submitted by Incubators. The on-line survey asked about participants' experiences with several aspects of the NC PHICs, including: administration; funding; networking; project implementation; and support received by the NCIPH. Evaluation results will be used to inform the Incubator Collaboratives process in the future (e.g., program changes, strategic planning sessions, technical assistance).

### ***Data Collection Methods and Participants***

Table 1 presents survey response rates. The on-line data collection procedures and instrument were submitted to the Public Health-Nursing Institutional Review Board at UNC and determined to be program evaluation and thus not in need of IRB approval. Incubator partnerships were also requested to complete project progress reports for all projects conducted during the two year period. NCIPH Evaluation Services, in consultation with PHIC Administration staff, created a standard progress report template. Four of the six partnerships submitted progress reports in time for inclusion in this report. Data collection activities occurred from June to November 2007.

*Table 1. Survey Response Rates.*

Participant Group	Response Rate
Overall Incubator Membership	86% (n=71) <sup>a</sup>
- Health Directors	83% (n=54)
- Incubator Managers	100% (n=6)
- DPH	100% (n=6)
- Other	5 respondents

<sup>a</sup> Incubator Partnership response rates ranged from 67% to 100%

### ***Data Analysis***

Data from the on-line survey were organized by evaluation question and survey questions to summarize key findings. Data are presented as means which were calculated for continuous variables; and/or top two ratings (i.e., percent of respondents that rated a given indicator a 5 or 6); and lists of responses were prepared for all qualitative survey items. Progress reports were

reviewed in detail and coded according to the six main outcomes identified in the PHIC logic model: 1) Increase Level and Effectiveness of Services Delivered; 2) Increase Shared Resources Across Local Health Departments; 3) Increase Equity of Service Delivery to Incubator Populations; 4) Foster Innovative Projects; 5) Increase Opportunities to Solve Common Problems; and 6) Improved Health Outcomes.

## **RESULTS**

### ***Overview of Survey Results***

Selected summary survey results are included in the body of this report. Additional results are presented in Appendix A. Key areas that Incubator partnerships addressed include: workforce development, best practices, organizational efficiencies, health specific interventions, financial reimbursement, and access to care. Overall, the majority (62%) of health director that responded to the survey mostly or strongly agreed that regional projects benefit local health agencies. When asked what the greatest benefit of the Incubator Collaboratives was to their health department, health directors noted the following: collaboration on projects; opportunities to network; access to resources; the ability to leverage funds; and helping to understand public health problems. One health director described multiple benefits,

*Smaller counties such as ours have benefited greatly from the shared knowledge gained. It has broadened our horizons and way of thinking...it has helped us improve our business processes and customer service. It makes us also feel proud to be part of the 'bigger public health picture.'*

Approximately 55% of health directors mostly or completely agreed that their Incubator projects have made satisfactory progress towards achieving goals and objectives. As one health director indicated,

*Our incubator has achieved the goals and objectives set forth for our projects mostly because of funding and the strong desire and need to work collaboratively ...because the group defines projects that are of interest and need to our region.*

The majority of Incubator Collaborative health directors mostly or strongly agreed that:

- Incubator Administrative structure effectively meets member agency needs (70%)
- Incubators appropriately distribute resources among member health agencies (78%)

- Incubators effectively identify additional funding sources to meet regional needs (63%)
- Incubator participation has helped improve their ability to network with peers in their region (69%) and has enhanced networking opportunities for health agency staff (56%)
- NCIPH staff are meeting their Incubator partnership’s needs for support and facilitation (75%)

***Summary of Projects According to the Six NC PHIC Outcomes***

*1) Increase Level and Effectiveness of Services Delivered*

One of the outcomes of the NC PHICs is to increase the level and effectiveness of services delivered to the Incubator population. Several Incubator projects work toward this outcome, including projects that increase staff capacity and improve organizational efficiencies. Incubators are addressing staff capacity through enhanced environmental health specialist recruitment efforts and provision of additional/enhanced training in the following areas:

- New employee orientation training
- Grant writing training and technical assistance
- Web-based Environmental Health training
- Accreditation training and creation of a guide entitled, “Best Practices for Complying with Public Health Accreditation Standards to Orient New Employees”
- Training on the Use of Environmental Health Hand Held Technology

Some NC PHICs have researched and implemented organizational efficiencies. These organizational efficiencies have led to the following changes in the health department:

- Reduction in the number of routine labs and patient education distributed in family planning clinics
- Improved scheduling by using “Open Access” scheduling in dental clinics

***Box 1: Northwest Partnership Example of Increased Level and Effectiveness of Services Delivered***

Through a HealthMETRICS study commissioned by the Incubator, it was found that Family Planning Clinics in all eight Incubator counties were using different protocols for initial visits of women seeking oral contraceptives and Depo-Provera injections. In many cases, the number of routine labs conducted and patient education materials distributed exceeded the state’s

recommendations, costing the health department financial and human resources. Based on study results, the Incubator formed a Family Planning Workgroup that identified recommendations for how to institute organizational efficiencies. Recommendations included: reduction in number of routine labs, reduction in patient education materials distributed, and the use of new patient history forms. Recommendations have been disseminated to all health departments in the Incubator and are in varying stages of implementation. The Southern Piedmont Incubator has also decided to adopt some of the recommendations. According to Incubator coordinator, Candice DuVernois, such organizational efficiencies could not have been achieved by a single health department,

*The sharing of information and the energy created by the project across the counties could not have happened if a single health department went through the assessment alone. The comparison of labs and patient education material across the counties was remarkable. It gave the others much needed perspective when considering what labs/materials to reduce.*

## 2) Increase Shared Resources across Local Health Departments

NC PHICs share financial, material, and human resources to accomplish project goals. During the project period, the six incubators submitted and received grants from numerous agencies (e.g., Kate B. Reynolds, Health and Wellness Trust). An incubator coordinator described the value of partnering with other counties in submitting grants,

*The expanse of this national project would be difficult for any individual health department to focus on. As a collaborative project, we share workload, challenge each other, brainstorm, and learn together, and ultimately will benefit from the knowledge and expertise brought to the table by each member.*

Participation in Incubator projects has helped the health departments leverage funds and “get more bang for the buck” particularly when the grant activities reach all of the health departments within an Incubator. For some of the smaller health departments, many of the grants would not have been submitted had it not been for the Incubator,

*Five new grants were written primarily in our most under resourced counties – work that likely would not have been accomplished without this project.*

Regardless, there is still a need for more funding to address needs, particularly since the Incubator program is expanding,

*With the maturation of several regional Incubators and the numbers increasing, the funding level has not kept up with the growth of the Incubator system. We need a*

*separate pot of money for incubator administrative costs and a separate pot of money for innovative new projects. We have leveraged many funding sources and have many independently funded projects. We desperately need the \$2 million in additional incubator funding, and we need to carve out one million for incubator administrative infrastructure and two million for innovative projects.*

***Box 2: Southern Piedmont Partnership Example of Increase Shared Resources across Local Health Departments***

Gaston County Health Department, a member of the Southern Piedmont Incubator Collaborative wanted to address the fact that there was no formal employee orientation process that would ensure employees had the tools and resources they needed to be “successful” in their assigned duties. With assistance from the North Carolina Institute for Public Health, the Health Department developed a standardized orientation plan and materials that could be used at all local health departments in the state. As part of this initiative, Gaston County Health Department staff trained 60 individuals from ten Southern Piedmont Partnership counties how to use these orientation materials. Several other partnerships have already adopted the orientation materials developed by the Southern Piedmont Partnership. More information about the orientation is available on-line at: [http://nciph.sph.unc.edu/incubator/south\\_pied/tools.htm](http://nciph.sph.unc.edu/incubator/south_pied/tools.htm).

According to Program Coordinator, Cappie Stanley, this initiative has been of great value,

*There was tremendous interest in this project and the evaluations of the training clearly indicated the value of the work to those who participated. The adaptation of the curriculum by several counties in an indication of the need for such a project. Staff feedback from the pilot at Gaston County Health Department has rated the product/process very highly.*

***3) Increase Equity of Service Delivery to Incubator Populations***

Incubator Collaboratives are also working toward increasing the equity of service delivery to their populations through addressing high rates of uninsured patients, raising awareness of health disparities, and addressing health disparities through various grant initiatives. Examples of these projects include:

- Working with small businesses to provide health insurance for their employees
- Creation and dissemination of a video addressing social justice and health disparities
- Diabetes Sentinel Project

As one Incubator member said about the video addressing social justice and health disparities,

*The video addresses many concerns about access to health care that are difficult to put into words. The film footage speaks volumes about the struggles of people in poverty and/or people with racial or ethnic discrimination...The video would likely not have been*

*completed if not for the Incubator.*

#### *4) Foster Innovative Projects*

NC PHICs were designed to foster the creation of innovative solutions to public health problems. In that light, several of the Incubators are developing and implementing truly innovative public health solutions to pressing issues. Examples of these projects include:

- Health Department of the 21<sup>st</sup> Century
- Health Record Information System
- Recruiting Local Businesses to Provide Insurance for Employees
- Use of Hand Held Technology by Environmental Health Specialists

While most Incubator projects plan to be successful, the innovative nature of some projects lends itself to trial and error before success. As evidenced by one of the coordinators,

*Working together we still have not attained our goals completely. Working alone individual counties would not have even attempted such a project. We are after all an “an Incubator” and if every project succeeded just as planned on the first attempt, we would not need incubators!*

#### ***Box 3: Western Partnership Example of Foster Innovative Projects***

Based on a Regional Health Assessment conducted by the Western Partnership and the Mountain Area Health Education Center (MAHEC), the Partnership learned that 10 of the 15 fastest aging counties in North Carolina are located in the Western North Carolina. Expanding on this assessment, the Incubator next undertook an extensive survey of the elderly population within the Incubator to learn about their priority health issues.

This year the Incubator is studying the primary and secondary data collected and comparing the needs identified with the local resources available. By the end of the fiscal year they will have selected a “best practice” intervention model for public health and will fund a pilot program in one or two counties in the second year of the biennial budget.

“With many health departments getting out of the Home Health business, we are losing our primary program link with the elderly population” according to George Bond, Western Incubator Coordinator. The pilot initiative will attempt to answer the question of what is the most appropriate role for public health to play in addressing the health needs of our rapidly aging population.

According to Bond, being a member of the Partnership, “Allows for the creation of a “Virtual Western Public Health District” to address regional needs without any county having to give up

any autonomy. We get many of the benefits of a District without having to deal with any of the potentially thorny issues of governance and structure”, said Bond.

### *5) Increase Opportunities to Solve Common Problems*

In the June 2007 survey, approximately 63% of health directors agreed that their Incubator is effectively identifying additional funding sources to meet regional needs. Some of the projects Incubators are working on that address common problems include:

- Conducting a Regional Health Assessment
- Improving Public Health marketing
- Developing and disseminating policies and procedures for ways to increase revenues and decrease expenditures
- Researching and adopting best practices for personnel policies and dental clinic scheduling
- Creating and disseminating an on-line HIPAA (Health Insurance Portability and Accountability Act) training module

An Incubator member described how one of their projects addresses regional needs,

*Allows opportunities for agencies to implement eligibility, bad debt, and collection policies that are consistent across county lines. This creates an opportunity to “educate” clients of strict adherence to system requirements and enforce rules and regulations.*

### *6) Improved Health Outcomes*

The overarching goal of many of the Incubator projects is to improve health outcomes. There are several projects specifically addressing health problems such as the Diabetes Sentinel Project; Community Obesity Project; Fall Prevention mini-grants; Community Health Grants; and the Teen Tobacco Prevention Initiative. Each of these projects has an evaluation component to collect data that will measure program impact. For specific information related to the Northeast Partnerships’ Teen Tobacco Prevention Initiative, visit:

<http://fammed.unc.edu/TPEP/reports/FINAL%202006-07%20Annual%20Teen%20Report.pdf>

## **LIMITATIONS**

The following are limitations of the findings presented in this report. All data sources are self-reports of participants’ experiences with the NC PHIC program. Self-reports may have been

challenged by recall bias, as the evaluation included activities that occurred as early as August 2005. Additional survey limitations include: 1) some participants may not have been completely forthcoming with their opinions of the NC PHICs because of concerns of confidentiality the fact that evaluation team members are also NCIPH staff members; and 2) health directors were the only agency staff surveyed; thus their opinions may not represent the opinions of the agencies they serve. Additional progress report limitations include: 1) evaluators did not have completed reports for all partnerships; 2) incubators did not report on consistent indicators; and 3) several coordinators were hired during this project period and thus may not have had the full history of these projects.

## CONCLUSIONS

NC Public Health Incubator Collaboratives are providing value to member health departments and are considered to be innovative, as described by one health director, “I think the Incubator Collaboratives have been one of the most innovative ideas that NC Public Health has had in decades”. However, additional administrative funding is needed to help the institutionalize Incubators and facilitate more innovative projects.

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