

*North Carolina Public Health Incubator
Collaboratives*

*Fiscal Year 2008
Stakeholder Evaluation Report*

December 2008



UNC
GILLINGS SCHOOL OF
GLOBAL PUBLIC HEALTH



BACKGROUND

The NC Public Health Incubator Collaboratives (NC PHICs, or “Incubators”) 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, and Northeastern) have been formed, representing 81 counties. This report includes information collected from an on-line survey of Incubator members administered in June 2008 and from Incubator project reports (for projects funded from July 2007 to June 2008) submitted by Incubator coordinators and staff. For more information about the NC PHICs, visit: www.sph.unc.edu/nciph/incubator. The North Carolina Institute for Public Health (NCIPH), the NC PHIC Administrator, facilitates Incubator activities and manages the program.

EVALUATION METHODOLOGY

Design

The purpose of the evaluation was to examine the experiences of the six Incubators according to the following two questions: 1) Are Incubators providing value to member health departments through specific projects at a regional level?; and 2) Is the NCIPH meeting Incubator partnership needs for support and facilitation?. Evaluation results will be used to inform the Incubator process in the future (e.g., program changes, strategic planning sessions, technical assistance).

Data Collection Methods and Participants

The evaluation involved two components: an on-line survey administered to Incubator members (health directors, coordinators, and Division of Public Health representatives) and a review of mid-year and final progress reports submitted by Incubator Coordinators in an on-line reporting system. 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. For most questions, respondents were asked to rate their level of agreement on a scale from 1 – Not at all agree to 6 – Strongly agree.

Data Analysis

Data from the on-line survey were organized by evaluation question 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 open-ended survey items. Progress reports were reviewed in detail and analyzed according to the three main types of program activities as represented in the NC PHIC logic model (Appendix A: Incubator Functioning, Intervention Projects, and Capacity Projects).

RESULTS

Response Rates

The overall response rate for the on-line survey was 85%, with 88% of health director partners responding (Table 1).

Table 1. Survey Response Rates.

Participant Group	Response Rate	
	n	%
Overall Incubator Membership (n=79)	67	85% ^a
- Health Directors (n=67)	59	88%
- Incubator Coordinators (n=6)	6	100%
- Division of Public Health (n=6)	2	33%

^a Incubator Partnership response rates ranged from 77% to 100%

Incubator Functioning

Each of the following sections - staffing, administrative, funding and networking – provides information related to Incubator Functioning. Staffing information comes from progress reports; whereas the other information comes from the annual survey.

Staffing- Table 2 provides a summary of staffing and specific project areas for Fiscal Year 2008. Variation in staffing levels exists across the Partnerships. Most staff are funded through grants.

Table 2. NCPHIC Staffing and Project Information Summary.

Staffing Categories	Description	Total
# of Full Time Staff	3 partnerships: NW, NE, and C each have 1 coordinator. NE has 22, nearly all of whom are funded through grants.	25
# of Part Time Staff	4 partnerships: NE, SC, C, W	7
# of Interns	NE, SC, C, NW, SP	8
# of Consultants	2 partnerships: NW, W	3

Administrative – Survey respondents were asked to rate their level of agreement with five statements related to the administrative functions of their Incubator (Table 3). Seventy-one percent or more of all Incubator members mostly or strongly agreed with these statements. When asked to provide any additional comments related to administrative aspects of their incubator, eight individuals wrote in positive comments indicating that administration works well, there is appropriate representation, progress is being made on projects, and smaller health departments are able to obtain resources. A few administrative challenges were identified, such as the need for more structure and streamlined processes across their incubator.

Table 3. Administrative Statements Regarding Incubators.

Administrative Statements**	Mean	% Rating 5 or 6
Current structure effectively meets need (63)	4.9	73%
Appropriately distributes resources among members (61)	5.1	75%
Clear about roles and responsibilities (63)	5.2	84%
Partners can manage conflict (61)	5.0	71%
I have a say in decisions (63)	5.3	81%

** 1 - Completely disagree to 6 - Completely agree.

Funding – Survey respondents were asked to rate the extent to which their Incubator provides funding that meets the need of their agency, community, and region’s population (Table 4). Between 63% and 67% of respondents mostly or strongly agreed that their Incubator met such needs. Fifty-six percent of respondents mostly or strongly agreed that their Incubator is effectively identifying additional funding sources to meet regional needs. Qualitative feedback regarding funding was provided by two individuals who indicated that there was insufficient core funding to meet the needs of their Incubator. Several other respondents indicated that they write grants to obtain additional funding with one respondent warning,

Chasing grants is always a tricky business and we need to be careful that we do not get led down a funding path that we don’t want to go down.

Table 4. Funding Statements Regarding Incubators.**

Provides funding that meets the need of my:	Mean	% Rating 5 or 6
Agency (63)	4.7	67%
Community (62)	4.6	63%
Region's Population (63)	4.8	67%
My Incubator is effectively identifying additional funding sources to meet regional needs (62)	4.5	56%

** 1 - Completely disagree to 6 - Completely agree.

Networking – Survey respondents rated the extent to which their Incubator helped to improve networking with their peers and staff (Table 5). Eighty six percent of respondents mostly or strongly agreed that it helped improve their ability to network with peers within their region and sixty percent mostly or strongly agreed that their Incubator has enhanced networking opportunities for health agency staff. One survey respondent described the benefit of such networking,

I am so pleased to be involved with the incubator collaborative. It has been rewarding to see the increased communication and collaboration among our health departments at the director level and at the staff level. I am confident that Incubators will continue to prove themselves as our individual Incubators grow and mature.

Only 37% of participants provided such ratings for improving networking with peers in other regions, indicating an opportunity for future development.

Table 5. Networking Statements Regarding Incubators.**

Networking	Mean	% Rating 5 or 6
Helped improve my ability to network with peers within my region (63)	5.3	86%
Helped improve my ability to network with peers in other regions (63)	4.0	37%
Enhances networking opportunities for my health agency staff (62)	4.7	60%

** 1 - Completely disagree to 6 - Completely agree.

Respondents rated the extent to which other health directors have been an important resource for their agency in five areas (Table 6). A large majority of respondents indicated that they agreed

that other health directors served as a resource for identifying innovative solutions, gaining access to best practices, and gaining additional resources. According to one respondent:

The Incubator provides an opportunity to work with other Health Directors on a project instead of just attending meetings together. This helps us develop better working relationships that could be helpful in emergencies as well as non-emergent issues.

A smaller percentage of respondents reported that other health directors served as a resource for improving public health preparedness and enhancing the political influence of their agency, though these are not specific goals of the NC PHIC.

Table 6. Extent to Which Other Health Directors Serve as a Resource.**

To what extent have other directors in your region been an important resource to you/your agency for:	Mean	% Rating 5 or 6
Gaining access to best practices (64)	4.9	70%
Identifying innovative solutions (60)	4.8	73%
Gaining additional resources (60)	4.6	65%
Improving public health preparedness (56)	4.1	43%
Enhancing political influence of your agency (62)	4.0	45%

** 1 – Not at all to 6 – To a great extent.

Projects

Seventy-one percent of survey respondents mostly or completely agreed that their Incubator projects have made satisfactory progress towards achieving goals and objectives. Additionally, a majority (76%) of survey respondents 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; working on standardized policies and procedures and gaining access to best practices; access to resources; regionalization; and innovation. One health director described the benefit of gaining access to resources:

Identifying innovative ways to address old public health issues confronting our region while sharing limited funds/resources to accomplish the task.

Other Incubator benefits described include:

All projects our department has been involved in have been a huge asset. However, I think the regional collaboration, networking, and alliance generated as a result of the Incubator Collaborative will have long term positive results.

It helps stimulate us to try new things and pull us out of the mundane of daily health department activities.

In this report, projects are categorized as Intervention Projects or Capacity Projects. Intervention Projects are those that address health outcomes; whereas Capacity Projects address improvements to the functioning of agencies. Results of each are presented separately below.

Intervention Projects

During Fiscal Year 2008 there were nine Intervention projects underway at four of the Incubator Partnerships. [Note: two Incubators did not conduct Intervention projects.] Seven of those projects were in the implementation phase: Diabetes Sentinel, Touch No Tobacco, HIV/Health in Motion, and Heart Disease and Stroke in the NE Partnership; Project SPARROW in the South Central Partnership; and Cultural Diversity and Health Disparities, and Access to Primary Care in the Northwest Partnership. Two projects were in the planning stage: Senior Health Initiative in the Western Partnership; and the HPV project in the South Central Partnership.

The Intervention projects used the following methods to improve the health status of individuals: recruitment of role models/lay health advisors; training; education sessions; support groups; assessing the health status of individuals; assessing health programs for target populations; promoting health policies in churches, schools, and businesses; and developing coalitions. Table 7 presents project outputs for all of the intervention categories.

Table 7. Total Outputs by Intervention Category.

Total	Intervention Category	Intervention Topic	Partnerships
1,103	Role Models Recruited/Deployed (e.g., Lay Health Advisors/Student Mentors)	Diabetes, Tobacco, Stroke and Heart Disease	NE, SC
1,402	Individuals Trained – primarily Role	HIV, Diabetes, Tobacco, Stroke	NE, SC

Total	Intervention Category	Intervention Topic	Partnerships
	Models	and Heart Disease	
10,889	Individuals Attending Information/Education Sessions/Workshops	Same as above	NE, SC
1	Support Group with 10 Individuals	People living with HIV/AIDS	NE
4,341	Individuals' Health Assessed	BMI, physical activity, nutrition, HIV/Syphilis test, A1c	NE, SC
29	Programs Assessed	School Systems for tobacco use, senior program	NE, W
79	Institutions with Policies Passed	Businesses, churches, physical activity, nutrition, tobacco, etc.	NE, SC
5	Coalitions/Workgroups Developed	ECHAP; Senior; Finance Work Group, Dental Work Group, Grant Work Group	NE, SP, W

Capacity Projects

During Fiscal Year 2008 there were a total of 20 Capacity Projects across the six Incubator Partnerships. Table 8 provides a list of these projects by Partnership.

Table 8. Capacity Projects by Partnership.

Partnership	Projects
Central	3 – Health Education and Social Marketing, Development of a Practice Based Research Agenda, Workforce Development
Northeastern	4 – Common Billing Initiative, LEAN QI Initiative, GIS Portal, Health Disparities Advisory Council
Northwest	4 – Best Billing, Organizational Efficiencies, WIC Works Well, Workforce Development
S. Central	2 – Environmental Health Automation, Health Care Access Expansion
S. Piedmont	4 – Clinic Efficiencies, Dental Clinic Efficiencies, Grant Writing, Health Information Exchange, HIS Adoption
Western	3 – Environmental Health Recruiting, Environmental Health Automation, Handheld

The Capacity projects used a variety of methods to improve the infrastructure and practices of individual agencies and Partnerships: workforce development trainings; clinic, program, and workforce assessments; recruitment and retention initiatives; collaboration and consultation with content experts from public and private institutions as well as academia; conduct of forums; pursuit and awarding of nearly \$2,000,000 in grant funding; development of resources and improved practices shared within and across Incubators; combined software and hardware

purchases leading to approximately \$300,000 in cost savings. Table 8 presents project outputs for all of the capacity categories.

Table 9. Total Outputs by Capacity Project Category

Total	Capacity Category	Description	Partnerships
\$1,902,335	Additional Grant/Contract Funding Dollars	\$1,235,344 grant funds; \$342,091 contract funds, and \$325,000 grant funds dedicated to joint projects	C, NE, SC SP
187	Hardware Purchases	Tablets, printers, CDP mobile, laptop	NE, SC, NW, W
133	Software Purchases/Fees	Microsoft, GIS, CDPims, CDP license fees	C, NE, NW, SC, W
\$302,300	Amount of Cost Savings from Collective Services and Purchases	Software licenses and hardware \$275,000; EH technology software training, intern, Dental Work Group	NE, NW, SP, W
601	Workforce Development Training Participants	Environmental Health, Dental Health, Business processes, Cultural competency	C, NE, NW SP, W
6	Recruitment Initiatives	EH internships, dual-role staff members, application for fellowships, PH summer camp, exploring possible changes in return-to-work legislation, marketing display	C, NW, SP, W
9	Retention Initiatives	Conducting employee retention assessments, developing county HR policy inventories, HR staff conferencing, and HR policy changes, training, promotions	C, NE, NW SP, W
16	Assessments Conducted	Clinic assessments, program, EH staffing and computer hardware/software, workforce development, data prioritization	All
15	Resources Developed	Manual for Billing Coding, Reference documents for PH information, Templates (human resources, policies and procedures), automated EH data collection system (35 counties), Food & Lodging, Septic & Wells trainings	NE, NW, SC, SP
19	Improved Practices	Training, EH practices, dental practices, HIS practices	NE, SC, SP, W
34	Number of Content Experts Consulted	Academia (8), Private (9), Public (17)	All
2	Forums Conducted	Employee Clinic and Worksite Wellness, Joint Leadership Conference	NE, SC
205	Forum Participants	Same as above	NE, SC

North Carolina Institute for Public Health (NCIPH) Services

Survey respondents rated NCIPH staff on services they provided to Incubators during FY 2007-2008. Eighty six percent of respondents indicated that they mostly or strongly agreed that NCIPH staff met their Incubator’s needs for support and facilitation. Respondents rated NCIPH staff effectiveness to perform specific program administration functions (Table 10). Seventy-three percent or more of respondents rated NCIPH staff as very or extremely effective for all ten areas. One respondent indicated:

I believe that the NCIPH can support and facilitate the continuation and progress of the Incubator concept and their individual initiatives and those initiatives yet to be developed. They also can serve as the liaison that prevents dominance of projects or opinions of individuals or groups of individuals. Their presence, knowledgeable input and savvy has brought this to the “table” on multiple occasions.

In terms of availability, another respondent wrote:

They are there when we need them for whatever support we need.

Table 10. Ratings of NCIPH Effectiveness**

Please rate the effectiveness of NCIPH staff in the following areas:	Mean	% Rating 5 or 6
Logistical support (52)	5.4	85%
Public relations (53)	5.3	83%
Facilitation of strategic planning sessions (53)	5.4	85%
Provision of transitional support (38)	5.2	82%
Assistance with proposal development (50)	5.2	84%
Overseeing financial and operational status reporting (49)	4.9	73%
Facilitating access to training (49)	5.1	73%
Coordination of Incubator Advisory Committee (48)	5.5	90%
Provision of additional consultation and TA (55)	5.3	87%
Project coordination for selective Incubator projects (52)	5.3	85%

** 1 – Not at all Effective to 6 – Very effective.

While overall ratings for NCIPH staff were high, one respondent noted that:

Things were much better about the legislative support this year. However as constructive suggestions let me add: More meetings need to be held and further advocacy coordinated in order to assure maximum participation. Also more information on the progress of what turned out to be several bills, one of which was not publicized at all, should have been forthcoming.

Another respondent requested more decision-making freedom:

Let the Health Departments decide on initiatives and handle the choices. When they [NCIPH staff] are involved projects turn into more research and the objectives change.

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. Progress reports were submitted using a new on-line reporting system and some Coordinators/staff members may not have completed reports accurately due to misinterpreting indicators. Survey limitations include: 1) some participants may not have been completely forthcoming with their opinions of the NC PHICs because of concerns of confidentiality given the fact that evaluation team members are also NCIPH staff members though every effort is made to assure anonymity of respondents; and 2) health directors were the only agency staff surveyed, thus their opinions may not represent the opinions of the agencies they serve nor of other staff who work within the health department or partnership.

CONCLUSIONS

The NC Public Health Incubator Collaborative program has now completed its fourth year of legislatively mandated funding. In NC, 81 of the 100 counties participate in Incubators. Evaluation results overall indicate that the NC PHIC is providing value to member health departments through providing funding, resources, and networking opportunities related to specific regional projects. Results also indicate that NCIPH staff are meeting Incubator partnership needs for support and facilitation.

When comparing FY 2007 and FY 2008 evaluation results, there were increases in the top two ratings (mostly agree and strongly agree) for nearly all indicators, demonstrating that Incubator partners were even more satisfied with the Incubator Collaborative program in FY 2008. The indicators that changed the most are:

- Incubator health directors have helped health directors identify innovative solutions (73% - up from 55%)
- Incubator projects have made satisfactory progress towards achieving goals and objectives (71% - up from 55%)
- NCIPH staff are meeting their Incubator partnership's needs for support and facilitation (86% - up from 72%)
- Regional projects benefit local health agencies (76% - up from 64%)

Areas for Improvement

Fifty-six percent of Incubator Collaborative Partnership members mostly or strongly agreed that Incubators effectively identify additional funding sources to meet regional needs. This demonstrates the need for Incubator partners to continue to identify additional funding sources.

More than one-third of Incubator Collaborative Partnership members mostly or strongly agreed that Incubators helped improve their ability to network with peers in other regions (37% - up from 28%). While ratings increased from last year, there is still a need to expand opportunities for collaboration/networking across partnerships. Partnership staff may want to consider presenting resources, tools, and findings from innovative projects at Board meetings of other Incubators as well as continue to post updates and newly developed resources on the Incubator website.

When results by Incubator were examined, there was variation in ratings with one or two partnerships consistently providing lower ratings for nearly all indicators. NCIPH staff may want to consider reviewing survey results with Partnership members at strategic planning meetings to identify ways to address identified challenges. The NCIPH is dedicated to continuous improvement of the NC PHIC program and to responsiveness to the Incubators' concerns.

Areas for improvement identified in the FY 2006-2007 Evaluation included a need to locate additional public and private funding sources as well an interest for increased networking with peers in other Incubators. In response to these two areas, NCIPH facilitated several changes to the program, such as improving communication strategies to galvanize project coordination, holding quarterly Incubator meetings to increase idea sharing and to decrease duplication of efforts, as well as redesigning the Incubator website.

For more information, contact NCIPH Evaluation Services Research Associate Molly Cannon at mcannon@email.unc.edu or 919-966-9974 or Director Mary Davis at mvdavis@email.unc.edu or 919-843-5558. For a complete description of the NCLHDA process and participants, please visit the program website at: <http://nciph.sph.unc.edu/incubator/>.

INPUTS

Legislative Funding + Governance Structure within Incubators + Fiduciary Agents Identified + Health Directors and LHD Staff + NCIPH facilitation

INCUBATOR FUNCTIONING
Execution of Incubator Projects
Education & Marketing and Promotional Materials
Fiscal Resources
Administrative Processes
Evaluation of Incubator Projects

CAPACITY PROJECTS
Workforce/Human Resources
Information Exchange
Coalitions
Health Department Efficiencies & Best Practice Adoption
Capital Purchases

INTERVENTION PROJECTS
Intervention Focus (e.g., Disease/Topic)

- Individual Level
- Interpersonal Level
- Community Level
- Organizational (School, Workplace) Level
- Population Level

IF Activity Reporting

- Description of Incubators
 - # of Incubators, counties
 - #/Type of Staff (perm, consul, interns)
- #/type of promotional materials
- # of grant proposals
- Amount requested in proposals
- # of collective services purchased

Capacity Activity Reporting

- # of program assessments
- #/type of trainings/ participants
- # of internships/practice
- #/ type of recruitment and retention activities
- #/type of content experts engaged
- #/type of practitioner forums
- #/type/source of new Funding opportunities
- #/ type of coalition members
- #/ type of organizational & program assessments
- #/ type of new materials developed to streamline processes
- #/ type of improved practices developed and shared
- # and type of IT equipment purchase
- # software applications/licenses purchased

Intervention Activity Reporting by Health Outcome

Individual Level

- # of people reached in education sessions
- # of people screened/tested

Interpersonal Level

- # of role model programs/participants
- # of training sessions/participants
- # of social support activities

Community Level

- #/ types of coalitions developed/members
- # of new ideas/programs diffused
- #/ types of program assessments

Organizational (School, Workplace) Level

- # of teachers/employees trained and topics
- # and type of curricula developed

Population Level

- #/ types of policies passed
- Media campaigns – number, type and reach

IF Indicators

Annual Survey:

- % of HDs who agree that regional projects benefit local health agencies
- % of HDs who agree resources are appropriately distributed
- % of HDs who think the current incubator structure effectively meets member agency needs
- % of health directors who agree that Incubator initiatives are providing funding for programs that meet the needs of my region's population
- % of HDs that believe that incubator projects have made satisfactory progress towards achieving goals and objectives

NCIPH Evaluation Contract:

- # of evaluation activities conducted
- Cost savings from economies of scale
- Cost savings from improved efficiencies

Capacity Indicators

- Training evaluation results
- # of policies developed and shared/adapted
- # of other counties using improved practices & reach
- Perception of improved service delivery

Intervention Indicators

- Results of Intervention Evaluations
- Perception of improved service delivery
- # of other counties using intervention & reach

OUTCOMES

Increase level and effectiveness of services delivered; Increase the shared resources across LHDs; Increase equity of service delivery to incubator populations; Foster innovative projects; Increase opportunities for HDs to solve common problems; Improved health outcomes across North Carolina