As noted in the interim FY 2011-12 report, the purpose of Incubators is to foster innovative collaboration across local health department staff and to broaden resource sharing across rural areas of our state. The Incubator Collaboratives program is distinct in that the public health issues and related interventions/projects derive from discussions at the individual incubator collaborative and at the Incubator Steering Committee levels. In other words, this is a more “bottoms up” approach. In response to earlier, dramatic cuts in incubator appropriations, projects are no longer funded for individual incubator collaboratives through Incubator appropriations. Instead, a small number of statewide issues and related projects are identified and undertaken on behalf of health departments statewide. In line with the original approach to project identification, these project ideas flow up from local health departments and other organizations to the Incubator Steering Committee for review and selection. Projects undertaken by the individual incubator collaboratives are funded with in-kind support and from external funding sources.

Incubator Collaboratives Statewide and Shared Projects

An ongoing statewide project is known as the “aligning and streamlining” project. The aligning and streamlining project is a quality improvement initiative intended to assure continued accountability, while at the same time reducing the time dedicated by staff in local health departments to required audits and program reviews. LHD staffs from all the incubator collaboratives and from the Division of Public Health are now participating in the project. The overall goal of the project is to redesign, integrate, and align quality-related activities in NC Public Health (including agreement addenda, consolidated agreements and related program monitoring; accreditation; CHA and SOTCH; and quality improvement activities) in order to improve the efficiency and effectiveness of these efforts. The focus has been on activities by Partnership Directors of Nursing and QI/QA Coordinators and their staffs, DPH consultants (including SOTCH and CHA), the NC Accreditation Program (NC IPH), and the NC Center for PH Quality. The aligning and streamlining steering committee, including representatives from the Incubator Collaboratives and from the programs in the Division of Public Health meets regularly.

To date, June 2012, assessment data has been collected through the crosswalk of program monitoring tools and accreditation requirements, surveys of Directors of Nursing and QI/QA Coordinators, and through an extensive class project conducted by UNC SPH graduate students; the data were shared with the full project steering committee and used to launch an initial intervention, “Efficient Use Of Administrative Data for Program Audits”. By late fall 2011, the charter of the new project was approved, and Joy Reed, primary sponsor, had convened a committee comprised of personnel from each branch of DPH that conducts audits.
A pilot program for both Administrative and Program monitoring was concluded recently. Dare, Surry, and Wake counties were the pilot counties. The purpose of the pilot was to reduce redundancy in the collection of administrative data, to reduce preparation time for local health department staff, and to reduce the staff involved. Administrative audit tools were revised to supplement the existing collection of administrative data with the collection of administrative data typically collected by program auditors. This data was then stored in a central repository and made available to program auditors prior to their audits. Two debriefings are underway, one with staff in the pilot counties and another with the DPH consultants. These debriefings are intended to identify lessons learned and to inform next steps.

This project is expected to have a major impact on the efficiency of program audits in all LHDs by fall of 2012. Follow-on projects are currently being considered by the Aligning and Streamlining Steering Committee.

The Affordable Care Act (AFA), through changes in the IRS code, require non-profit hospitals to conduct a Community Health Needs Assessment (CHNA) every three years. Among other things, the legislation requires these hospitals to “take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health.” Clearly, North Carolina’s health department leadership and frontline staff is the most expert in their county’s health status. In addition, North Carolina’s local health departments have been required by state law and by accreditation standards to conduct similar assessments for many years. The local health departments conduct their assessments every four years.

Health directors for all the incubator collaboratives health departments are aware of the AFA legislation and of the potential for collaboration between their health departments and their community hospitals. With this in mind, a number of health directors have surfaced this opportunity during incubator board discussions and proposed that they leverage their history of regional initiatives in their incubators to promote collaborations between local health departments and their hospitals. One initiative is currently underway in the Western Partnership. Hospitals and Health Departments in Western North Carolina (WNC) are currently collaborating to develop and implement a regional process to meet county-level and hospital community health assessment (CHA) requirements while leveraging resources, and strengthening partnerships. This process will result in local and hospital CHA products and action plans that help guide the allocation of community benefit dollars to address needs locally and in the WNC region. This project is being driven and resourced by the hospitals and health departments of the western region of North Carolina and supported by WNC Health Network and the WNC Partnership for Public Health. The Partnership plans to complete its assessment in the Fall of 2012.

The South Central Partnership held a CHNA conference in late March, 2012. The conference brought together health directors, their CHA personnel, and hospital personnel to discuss ways to join forces to meet the requirements of CHAs and CHNAs. Sessions included updates on national, state, and local perspectives of the new law, and provided presentations and opportunities for discussion about of local collaborations that are already underway. The conference also included an analyses of and discussion about current public health assessment data for the participating counties to inform the development of local and regional health
improvement plans. Additional sessions also demonstrated several community assessment tools and technologies. While this was a regional conference, the materials and discussion notes from the conference have been made available to health directors in all the incubator collaboratives via the Incubator website.

Along with many other primary care providers, North Carolina local health departments are widely interested in the adoption of an electronic health record system to collect, report, and share digital patient information. In part, this interest stems from the Federal HITECH act which has allocated stimulus funds to provide “meaningful use” incentives. These incentives are significant and can be used to fund electronic health record adoption. However, to qualify for these funds, providers must satisfy a number of complex criteria. In addition to applying for and demonstrating compliance, providers at local health departments are required to document compliance; such documentation is a time-consuming and complex exercise. With this in mind members of the Incubator Steering Committee designated the development of a “funding model” as a priority incubator project. The “funding model” project would: 1) review language of the final rule for “meaningful use” criteria, 2) develop “meaningful use” notes that pertain specifically to public health providers, and 3) identify the information that public health departments must collect to document compliance, all with the intention of creating a spreadsheet that will enable local health departments to calculate what the incentives would be for their providers. On behalf of the Incubator Steering Committee, the NCIPH has completed the funding model and presented it to the Steering Committee. Subsequently the funding model was reviewed by the NC Regional Extension Center. Edits have been made to the model based on REC consultants’ feedback. The model is now available to the state’s REC to calculate incentives on behalf of local health departments and their providers.

The Incubator Steering Committee, during its February meeting, approved a new project designed to inventory information about state and federal public health reporting requirements. The plan was to identify the data fields required to generate required federal and state reports from local health departments. This information would then be used to evaluate the degree to which typical electronic medical records and their standard collection of data can be expected to satisfy these public health reporting requirements.

Screen-shots have been collected by Division of Public Health staff that indicates reporting needs for various public health programs. An inventory spreadsheet was formatted, and an MPH graduate student reviewed these screen-shots and other data requirements sources to inventory reporting requirements and complete the spreadsheet. This listing of data fields has been completed. As a follow up and with support for selected REC consultants, a comparison of these requirements will then be made with data typically captured by primary care electronic medical records.

These two electronic health record projects are part of the larger effort to enable the sharing of digital patient information between the local health departments, hospitals, and private practices. To share digital patient information enables the coordination of clinical services, avoiding redundant procedures, reducing patient imaging, and assuring safe medication. In aggregate form, this shared information will enable health departments and hospitals to put together much more timely and comprehensive public health community assessments.
Finally, the incubator collaboratives/health director regions identified lead agencies among their respective members and put together successful Community Transformation Grant proposals. This Fall CDC granted substantial funds to North Carolina, and the Division of Public Health asked for non-competitive proposals to respond to the Community Transformation Grant announcement. A number of incubator collaboratives hope to leverage these funds, according to a predetermined set of strategic prevention priorities, to address a range of Healthy People 2020 priorities that have surfaced during prior assessments and incubator planning discussions.

Nine of the Northeastern Partnership counties and other non-Partnership counties will focus on the following categories or Strategic Directions, 1) Tobacco-Free Living—Increase smoke-free regulations of local government buildings and of indoor public places—local ordinances, 2) Active Living—Increase the number of community organizations that promote joint use/community use of facilities—joint use agreements, 3) Healthy Living—Increase the number of communities that support farmers’ markets, mobile markets, and farm stands—farmers’ markets, and 4) High Impact evidence-based clinical and other preventive services—Increase the number of health care providers’ quality improvement systems for clinical practice management of high blood pressure and high cholesterol, weight management, and tobacco cessation.

The Northwest Partnership received Community Transformation Grant funding to increase tobacco free regulations of local government buildings and indoor and outdoor public places; increase smoke free housing policies in affordable multi-unit housing and other private sector market-based housing; increase the number of community organizations that promote joint use/community use of facilities; increase the number of communities that support farmers markets, mobile markets and farm stands; and increase the number of healthcare providers’ quality improvement systems for clinical practice management of high blood pressure, high cholesterol, weight management and tobacco cessation.

Finally, the counties of the Western Partnership will also be working to increase smoke free regulation of local government buildings and of indoor public places. Partnership leaders will train and encourage Commissioner action to reduce smoking in indoor public places, will increase the Partnership’s ability to work effectively with the media, and will promote the NC Quitline. To address an ongoing concern with obesity, these counties will also increase the number of community organizations that support joint use/community use of facilities that promote Active Living.

At present the different incubators have identified planning facilitators, are recruiting coordinators and communications staff, and engaging in initial work planning. They expect to have work plans completed by the end of September 2012.

An important statewide initiative is the development of a common set of talking points that local health department health directors and selected staff can use to inform policymakers about the roles that local health departments play in their communities, the value of public health, and the support that local health departments need to remain effective. To this end, the “talking points” Task Force of the NC Association of Local Health Directors approached the Incubator Steering Committee about the development of these talking point. Their request was approved.
The Talking Points project included an extensive literature review of other public health communications literature, of general messaging literature, of local public health roles, impact, with particular emphasis on return on investment, and resource requirements. Then successive drafts of communications materials were prepared for discussion by the task force and review by various key informants. The final materials have been prepared and are undergoing final review.

The Talking Points project deliverable is a “toolkit” that provides local health directors and their staff with 1) a printed, one-page handout and a brochure that will be made available to local health directors for distribution to their policy makers, 2) a Word one-pager and “framework” document that can be printed by LHDs as needed and made available to their policy makers, 3) a background that provides supporting information, backing up the one-pager and brochure, 4) a “Return On Investment” document, that lays out how public health saves money and promotes economic growth, and 5) a “message map” that provides guidance to the local health directors on the “key point” messages that they should focus on in their presentations.

**Partnership Projects**

In addition to the statewide projects and those where materials and experiences are shared, the six partnerships of the NC Public Health Incubator Collaboratives (Central, Northeastern, Northwest, South Central, Southern Piedmont, and Western) continue to undertake their own projects and make a positive impact on the public’s health in North Carolina. These projects are supported primarily either through in-kind efforts and from grants and contracts. Below is a summary of highlighted projects and their progress from each of the six partnerships during fiscal 2011-2012:

The **Central Partnership for Public Health** (CPPH) continues to focus on three important projects: 1) the statewide PH PBRN 2) Public Health Practice-Based Research and Public Health Systems & Services Research Seminar Series, and 3) publications on the Practice-Based Research Network.

Public Health Practice-Based Research Network: The Practice-Based Research Network has been a collaboration among health departments of the Central Partnership and faculty and staff at the UNC-CH Gillings School of Global Public Health to better coordinate the practice needs of local public health and academic research. The Central Partnership has worked on transitioning the PH PBRN from a regional initiative to a statewide initiative. The North Carolina Public Health Association has agreed to be the "parent organization" for the continuation of this effort. An academic/practice research workgroup has been created consisting of researchers from UNC-Chapel Hill, UNC-Asheville, UNC-Greensboro, and East Carolina University. Practitioners in the workgroup include local and state public health staff. A vote is expected in September 2012 to make the workgroup a formal section of NCPHA.

2. Public Health Practice-Based Research and Public Health Systems & Services Research Seminar Series: During Fall 2011, the North Carolina Public Health Practice-Based Research Network hosted Research Making a Difference, a 5-part seminar series held at the Carolina Inn, Chapel Hill. Each 2-hour session began with lunch and networking, followed by the research presentation and discussion. Speakers and their topics included:
• Tim Carey, MD, MPH: *Practice-based Research: Principles and Challenges*
• Alice Ammerman, DrPH, RD: *Practice-tested Evidence to Translate Research into Action in Public Health*
• Mary V. Davis, DrPH, MSPH: *Observational Designs: The Key to Understanding Performance Improvement and Accreditation*
• Pia MacDonald, PhD, MPH: *Translating Evidence into Action: Enhancing the Impact of CDC Public Health Emergency Preparedness-Funded Workforce Infrastructure in North Carolina*

The goal of the series was to provide an educational opportunity to UNC graduate students consisting of a Public Health Systems and Services seminar series featuring researchers funded to conduct PHSSR at UNC and around the US.

Objectives to be achieved by the end of the series included an increase in student awareness and understanding of the field of practice-based research in public health and the promotion of graduate students interest in public health systems, service delivery and research with leaders in the field.

Over the 5 seminars there were 56 unique participants, and 32 individuals who attended 2 or more seminars. Students represented 10 different UNC departments within and outside of the School of Public Health: Environmental Sciences and Engineering, Epidemiology, Health Behavior and Health Education, Health Policy and Management, Maternal and Child Health, Medical Anthropology, Nursing, Nutrition, Public Health Leadership and Social Work.

3. Publications on the Practice-Based Research Network: Members of the Central Partnership continue to author articles on the Practice-Based Research Network research projects for presentation at national meetings and publication in journals.


The **Northeastern North Carolina Partnership for Public Health** (NENCPPH), now over a decade in existence, continues to strengthen existing projects, build infrastructure, and address health disparities that exist in its region. The Northeastern Partnership conducted a strategic planning meeting in October 2011 to review past accomplishments and determine the best course of action for moving forward in order to meet the specified goals. Each member has been requested to identify his/her county(ies)’s top priority needs identified in the most recent community health assessment, as well as local health department operational/internal needs. The partnership has hired a graduate school intern who is currently developing a regional health assessment to prioritize the needs as a region, and work groups will be formed to discuss intervention options. The board is also working on ways to increase capacity to provide better health care services in the region, and to better inform the public and legislators about the role of public health and its accomplishments.
The partnership continued to focus on two major projects: 1) the Heart Disease & Stroke Initiative and 2) the Regional Health Disparities Program.

1. Heart Disease/Stroke Prevention (HDSP): FY12 marked the fifth year of the five year Centers for Disease Control and Prevention grant from the State HDSP Branch to the NENCPPH region for this project. The grant supports one Regional HDSP Coordinator as well as funds for trainings, support for the Eastern NC Stroke Network, and a media campaign. The Northeastern HDSP Coordinator works closely with the Eastern HDSP Coordinator to address policy level changes, provide trainings and materials related to HDSP, hold quarterly meetings to share ideas and learn new information, and maintain the Eastern North Carolina Stroke Network website (www.encsn.org).

During this period, the Northeastern and Eastern HDSP Regional Coordinators served on the planning committee for NC’s five year Cardiovascular State Plan which was presented to the Justus-Warren Heart Disease and Stroke Prevention Task Force in January 2012. Northeastern and Eastern Regional Coordinators also served on the planning committee for the Eastern Regional Stroke Conference that was held in May 2012, and provided a number of scholarships. Two health care providers in Northeastern NC received scholarships from the Northeastern NCHDSP program to attend the UNC-CH Stroke Knowledge Program in October 2011 designed for hospital based stroke nurses. Also in October, the Northeastern NCHDSP program funded an Advanced Stroke Life Support class at Albemarle Regional Hospital in Elizabeth City/Pasquotank County which included participants from four neighboring counties including EMS partners. ENCSN Rehab work group members began collaborating to offer a Young Stroke Event in Eastern NC. In November, Eastern and Northeastern Regional Coordinators partnered with Genentech (makers of tPA) and Pitt County Memorial Hospital (Regional Primary Stroke Center) to offer a conference focused on EMS-ED stroke care collaboration. Working collaboratively with partners, HDSP staff will implement or play a lead role in the implementation of a range of statewide initiatives to optimize care for people with cardiovascular (CV) risk factors, as well as people with CV disease. These initiatives focus on improving systems, educating health care professionals, and providing resources needed to provide the highest quality of care.

The hypertension radio ad that was supported by the Northeastern and Eastern NCHDSP programs concluded in September 2011. The radio ad’s message was about the fact that there are no symptoms of high blood pressure, what’s considered normal blood pressure (under 120/80), the need to know your numbers, and the relationship between high blood pressure and stroke risks. The message was designed to target African American men and was played on radio stations identified as reaching that risk group in nineteen (19) Northeastern NC counties from April – September 2011. Additional supplemental funds were received in April 2012 which will support another hypertension radio campaign from May 2012 thru October which will target counties with high CVD rates. In addition to the previous ad, others will address high blood pressure, high cholesterol, and too much sodium. A billboard campaign was also initiated in the two counties with the highest CVD burden rates to address signs and symptoms: Edgecombe for stroke, and Washington for heart attacks. The campaign will run from February through August 2012.
During the first six months of the fiscal year, the NCHDSP program continued to develop its new Blood Pressure Measurement Mini-Course. This course is focused on improving the accurate measure of blood pressure in accordance with evidence-based guidelines. A blood pressure mini-course was organized locally in January for health care staff in Northeastern NC. Additional blood pressure mini-courses are planned for FY13. In FY13, more program focus will be on policy, environmental, and systems level change for the ABCS of Heart Disease and Stroke Prevention with an emphasis on blood pressure and cholesterol control, including reduced sodium intake, in work sites and health care settings.

2. Health Disparities: This Closing the Gap grant from the NC Office of Minority Health and Health Disparities focused on increasing awareness of health disparities and developing solutions with local Disparity Gap Coordinators’ (in-kind contribution) support and collaboration, facilitating focus groups, conducting trainings related to cultural competency, organizing a leadership conference (“Bringing communities Together, Connecting the Pieces… Addressing Health Disparities” was held in June 2011), creating a regional health network, and working with youth at churches to implement a diabetes prevention/management program. A Regional Health Disparities Coordinator and part-time supervision was supported by the grant, as were training and office supplies. The Regional Health Disparities Coordinator completed the community focus groups, assisted Gap Coordinators to review and revise county action plans, as needed, and conducted quarterly meetings with the Gap Coordinators to allow for the exchange of ideas. Due to a change in legislation, funding for this program was discontinued.

3. In addition, the NENCPPH continues its participation in Quality Improvement/LEAN Projects. The health department members assess and improve their patient flow systems or other areas of health service delivery or support needing improvement. At least three member LHDs have participated in the NC Center for Public Health Quality QI 101, and most of the other member health departments are enrolled in current or future waves of the QI 101 courses.

The Northwest Partnership for Public Health (NWPPH) continues to focus on the following projects: 1) working toward Meaningful Use and EMRs through AHEC and the Office of Rural Health. 2) providing billing staff support through focus groups and regular meetings 3) continuation of billing for Diabetes programs, and 4) Exploring centralized billing options for the region.

Meaningful Use Compliance: Northwest Partnership staff continues to coordinate with the Northwest AHEC/Regional Extension Center to plan for the implementation of Electronic Health Records as the local health departments move toward compliance with the Meaningful Use mandate. Staff has developed a checklist/timeline for the NWPPH counties to use as they move toward meaningful use compliance. In addition, Northwest Partnership is working with the Office of Rural Health to determine funding and EHR options for this region.

Billing Focus Group: Northwest Partnership staff continues to hold monthly meetings for support and billing staff of the NWPPH health departments. The topics addressed include meaningful use, accounts receivable, and AGED reports.
Billing Implementation: Northwest Partnership staff provides continued assistance to NWPPH local health department as they implement billing for Diabetes Programs to work toward self-sustainability for the program when grant funding is exhausted.

Centralized Billing: The Northwest Partnership is meeting with representatives from Novant Health to explore centralized billing options for its region.

The **South Central Partnership** (SCPPH) is focusing on two new areas this year: 1) Information Technology related to EHRs and 2) Collaboration between LHDS and regional medical centers on Community Health Assessments and Community Health Needs Assessments.

Information Technology: The partnership held a 2-day information meeting, *Pathways to Electronic Health Records*, in November 2011, for the purpose of learning about the various options that may be available to implement the transition to EHRs. Sessions included presentations on the following:

- NC HIE EMR, Keith Scott, NC HIE
- INSIGHT Demonstration, Tracy Lockard, Cabarrus Health Alliance, and Zach Zettler, NetSmart
- HIS Update, Joy Reed, NC DPH
- HIE Demonstration, Keith Scott, NC HIE

A total of forty individuals participated in the 2-day event. Twenty-eight LHD health directors and other personnel represented twelve of the thirteen South Central LHDs.

Collaboration between LHDS and regional medical centers on Community Health Assessments and Community Health Needs Assessments—See details above.

The **Southern Piedmont Partnership** (SPPPH) continues to focus on the following projects: 1) Dental Task Force Project 1, 2) Dental Task Force Project 2, and 3) systems engineering and local public health.

The Dental Task Force Project 1: The first Dental Task Force project, the Dental Clinic Efficiency Study, was funded by the Blue Cross Blue Shield Foundation of North Carolina. This project involved the completion of a dental clinic efficiency study initiated in 5 counties in 2008-2009 using incubator dollars. This year funds were awarded to the Cabarrus Health Alliance to complete the final phase of the study. The results of this study will be shared with all SPPPH counties and all interested dental clinics from NC's local health departments. Beginning February 2011, Cabarrus Health Alliance participated in a Phase IV Dental Efficiency Study program. This project has been completed and the implementation of the recommendations has resulted in a 20% increase in production at the Cabarrus Health Alliance Dental Clinic and a template for a local health department provider productivity compensation model. This project concluded successfully. The Cabarrus Health Alliance implemented a productivity based compensation system for all four of its dentists during the past year, with the dentists and the health department
both expressing satisfaction with this change, which resulted from Phase IV of the Dental Efficiency Study. The Dental Task Force continues to meet by conference call or in face-to-face meetings every month to collaborate on best practices and problem solving around issues faced by local health department dental clinics.

Dental Task Force Project 2: The Dental Task Force group of the Southern Piedmont Partnership for Public Health Incubator collaborated to develop a peer review process. The purpose of this project is to assist local health department dental clinics in ensuring appropriate policy, procedures, and processes are in place to meet regulatory requirements and to develop and share best practices. Four health departments (Alexander, Cleveland, Stanly and Union) were selected in December 2011 to participate in the Peer Review Process, using the Dental Program Assessment Tool developed by the Task Force. Each participating county will complete the review process site visit by May 2012. The review process will be evaluated after the completion of this phase of the project. If the initial reviews are determined to be effective, the peer review process will be extended to other SPPPH health departments and perhaps eventually to other North Carolina health departments. The peer review site visits were completed in the four pilot counties. The final report will be ready for the SPPPH Board in the fall. The project caught the attention of the liability insurance carrier for NC’s local health departments as a possible statewide measure to prevent malpractice claims. The president of the company accompanied the peer review team on one of the site visits to evaluate how the peer review process might be applied to other regions of the state.

Systems engineering and local public health: In a joint effort with the Southern Piedmont Partnership for Public Health (SPPPH), the North Carolina Preparedness and Emergency Response Research Center (NCPERRC) research team from North Carolina State University (NCSU) and the University of North Carolina at Chapel Hill (UNC) has developed 6 three-dimensional computer simulation models representing diverse mass vaccination clinic configurations. The overall goal of this project is to improve clinic planning and operations.

These models were created through close collaboration in 2010 and 2011 between the staff from 6 health departments (Cabarrus, Catawba, Cleveland, Lincoln, Mecklenburg and Union counties) and the NCPERRC research team. In the Fall of 2011 some of the SPPPH counties used the simulation models to plan seasonal flu clinics. The computer simulation models helped SPPPH health departments to:

• gain insight into the performance of different clinic configurations with respect to metrics such as the number vaccinated per hour, patient waiting time and staffing required

• facilitate sharing information, exploring new ways of doing things and identifying best practices,

• provide tools to assist with planning and operating future vaccination or mass care clinics.
Mecklenburg and Stanly counties shared their innovative practices for improving clinic efficiency at the Summer Regional Meeting on August 29, 2011, held at Cabarrus Health Alliance. The clinic simulation animation was shown by each of the six participating counties as the clinic was described by a local health department representative. The simulation identified key areas needing modification to result in a smooth flow process. For example, the clinic registration process was consistently identified as a bottleneck suggesting that some of the resources dedicated to vaccination might be more helpful earlier in the process. In general, clinics that enabled their clients to fill out the registration forms in advance performed better. Another insight gained from the models was that clinics were more efficient when staff were cross-trained to enable staff to move to a different assignment depending on the changing needs over the hours of clinic operation. This project was featured as a case study in a nursing textbook and a poster presentation at the 2011 NCPHA conference held in Charlotte. The NCPERRC research team observed several of the seasonal flu clinics in order to further enhance the models and planning tools. For the remainder of 2012, the NCPERRC team will work with the SPPPH counties to use the models to: (1) evaluate the 6 clinic configurations under extreme conditions in order to help plan for a possible surge in case of a large outbreak; and (2) assist with preparations for the next seasonal flu clinics. The final tools and lessons learned from this project will be shared with the SPPPH and health departments nationwide.

After the initial phase of the project, most SPPPH local health departments changed their delivery systems for flu vaccine, abandoning the mass vaccination clinic model in favor of vaccination by appointment. In some cases health departments discontinued community vaccination clinics and focused on the provision of flu vaccine to clients enrolled in other clinical service programs. The study investigators reported out the results of their work to the SPPPH health directors. The health directors recommended the investigators try out their modeling system with preparedness exercises or rabies clinics.

The Western Partnership is proud to be entering its third year of self sustained operation with a $1200/health department annual dues structure for our 15 health departments that supports a limited but effective regional collaborative program. In 2011-12 the Partnership continued its general focus on the following goals reaffirmed in the May 2012 two day spring planning workshop: (1) Adolescent Health/Substance Abuse (2) Obesity prevention and treatment in both kids and adults, and (3) Dissemination of Best Practices.

1. Adolescent Health/Substance Abuse Prevention: This is an ongoing program in the Western Partnership which until 2012 has been unfunded and progress therefore has been limited. This spring funds were made available through the Community Transformation Grants process to address multiple health promotion goals including smoke free regulation. The Incubator Coordinator pulled Health Educator staffs from each of the 8 western counties and facilitated the writing of the Region l grant. Region ll had more adequate resources and Buncombe led the grant writing process for Region ll. Strategy 1, Direction 1 of the RFA was a mandatory component of all applications and the Western Partnership will therefore be working to increase smoke free regulation of local government buildings and of indoor public places. Partnership
leaders will train and encourage Board of Commissioner action to reduce smoking in indoor public places and we will increase the ability of our counties to work effectively with the media, and we will continue to promote the NC Quitline.

2. Obesity Prevention: The Community Transformation Grant outlined above will also for the first time give the west funding to address obesity with significant public health programming. Strategic Direction 2A of the CTG will fund the west to make real progress in increasing the number of community organizations that support joint use/community use of facilities that promote Active Living. Work is already well underway with local schools, but the partnership recognizes that there is much untapped potential among faith based organizations. Our counties will also be focusing on Healthy Eating with particular attention to convenience stores and their current excessive stocks of unhealthy prepared foods while healthier options remain quite limited. Partners will inventory stores, learn about their needs and business models, and seek ways to encourage the stocking of healthier food options while maintaining a retail profit. The Western Partnership is also working closely with the WNC Healthy Kids project which focuses on obesity across the region. Work continues with them specifically to promote the “5-2-1-almost none” program.

3. Best Practices Dissemination: Tom Bridges in Henderson County has developed school health nursing software designed to run on laptops, and is already using it in Henderson County. In September 2011, Henderson County School Nursing Supervisor, Sheila Devine, presented the program to all the Health Directors and invited guests of the Western Incubator. Several counties within the Incubator are now actively pursuing the use of the new software in their own health departments. For its innovation the Henderson County Health Department was selected as a 2011 Outstanding County Program Award winner in the Human Services category for their “Electronic School Nurse”. This final product and its recognition sprang from funding four and five years ago for a project to write software for school nurses to run on hand heal devices. The Incubator money ran out but Henderson County continued the project using local funds and the final product actually runs on laptops instead of the originally planned Dell Axiom hand held devices. Without Incubator funding and promotion, this end product would likely never have seen the light of day, now it is available through public domain to any health department in NC.

We are particularly proud of our tradition of two day spring planning spring workshops now in their fifth year. This year we focused on Collaborative Leadership and our workshop was attended in its totality by our new state Health Director, Dr. Laura Gerald.