

Domain 2: Public Health Infrastructure Development

This section summarizes graduates' influences on public health programs, organizations, systems, and policies as a result of having participated in SEPHLI.

Summary of Findings

The ultimate rationale for SEPHLI is that the skilled leaders and networks that it develops will improve programs, organizations, programs, systems, and policies. We asked graduates: "Can you think of a program change that you directly or indirectly influenced, or are currently influencing, and that SEPHLI influenced in some way?" We asked the same question for organizational, systems, and policy changes.

- 61% of respondents reported having influenced a program change
- 60% reported having influenced an organizational change
- 55% reported having influenced a systems change
- 30% reported having influenced a policy (law) change

We then asked graduates to pick one change and (a) describe in some detail the change, (b) explain how SEPHLI contributed to it, and (c) tell us why they view the change as important.

Thirty-nine percent of respondents who described change efforts in response to this question said that these descriptions were their required SEPHLI projects, while 61% of those descriptions were not their projects. This indicates that many scholars are putting their SEPHLI training into practice after completing the program.

Almost two-thirds (64%) of graduates continued to work on their projects after graduating from SEPHLI. Many of the stories below are from the scholars' required projects, while others are from subsequent work that the scholars took on.

Program Changes

Twenty-one respondents described program changes including:

- New or expanded services
- Developing standard practices within programs

SEPHLI contributed to these changes in several ways:

- Teaching graduates more about "teamwork," "collaborative partnerships," and obtaining "community and stakeholder input" into the development of new initiatives.
- Providing participants with the opportunity to gain other concepts and skills, such as media communications, which helped them lead a change effort.
- Increasing graduates' self-awareness and encouraging them to delegate more, or by enabling them to accomplish a significant leadership project during the program, leading to program changes.

For example:

Through the local university, the findings on my SEPHLI workforce development project were published and then used to obtain a grant for a new Allied health associate and certificate program that will provide help to a shortage of laboratory personnel. I serve on the consultant board for this degree program. I have learned [with contributions from SEPHLI] that I should not just depend on myself to accomplish projects. Working as a team pulls in expertise from areas in which I am not familiar providing my project a better outcome. I have established partnerships with the local university and with the Department of Health and Human Resources commissioner's office to tap into resources that I thought were previously unavailable to me. It helps me to reach my goals.

Organizational Changes

Forty-four respondents described organizational changes of several types:

- Restructuring positions or job responsibilities
- Leading strategic planning efforts
- Instituting new or revised standard practices or procedures

Some stated that the organizational changes they had led or stimulated have improved efficiency, increased collaboration and communication, and improved services. SEPHLI helped them make these changes in several ways:

- Providing self-awareness of leadership strengths and weaknesses that should be taken into account in the revised organizational structure
- Improving concepts or skills needed to lead restructuring or other changes, such as in team building, team leadership, communication, planning and evaluation, conflict resolution, and crisis management
- Increasing courage to speak about the need for changes, write up proposals, 'market the concept' to leadership, and take leadership in implementing the changes
- Providing "broader public health vision" that will inform shape a new organizational structure

Some of the results flowed directly out of the required SEPHLI leadership projects. For example:

I recently implemented an organizational change in the way we process referrals and meet the needs of our families. Rather than immediately making my own decision regarding the changes, I was able to form a workgroup who helped me develop the idea and the new process. SEPHLI stressed the importance of team collaboration, involving others and helping them to feel as if their contributions make a difference. This change was important for me because it I was able to function more as a leader than a manager.

System Changes: Partnerships and New Patterns of Relationships between Organizations or Units

For this study, a system is defined as “multiple organizations working together.” Systems changes observed included new or expanded partnerships to address specific goals, and general changes in the relationships between organizations. Twenty-five graduates described such changes. Graduates frequently stated that SEPHLI had helped them make a systems change by increasing their understanding of collaboration and communication. Several also reported changes emerging directly from SEPHLI leadership projects.

For example:

[My city] has the highest teen pregnancy rate in the Commonwealth. We have applied for a grant to start a new Teen Resource Center to address this issue. This new initiative required partnering with numerous other agencies and communicating the need and the vision. We will not know until October if our program is funded, but I have heard through the informal communication channels that it will be funded. SEPHLI was helpful in that it reinforced and taught communication and collaboration skills and the 360 was helpful in terms of gaining insight regarding other ways of approaching challenging situations. The grant request was for \$400,000.

Policy Changes

Five respondents described influencing policy at the state level, three at the local level and two at the national level in areas such as milk regulation, injury prevention, immunization, telecommunications, program licensure, animal control, preparedness and school health. SEPHLI had helped them through project work, learning to collaborate, and through other diverse skills gained.

Working in a more collaborative effort with my injury prevention partners during and prior to legislative sessions. I have a better grasp on what data is needed and what information is needed to move legislation in the direction that would best for the public safety and public health. For many years I have led the charge to keep our Mandatory Motorcycle Helmet Law from being modified or repealed completely. I now have a network that is watching all aspects of actions that might cause our law to change and [am] able to share this information with those who know the importance of wearing helmets and the fact that lives are saved when helmets are worn. ... Next legislative session will be interesting I feel, however using the instruments I gained at SEPHLI I will be prepared for whatever comes. I also feel I can show leadership in this arena as I work with my "partners" in this continuing endeavor to save lives.

Other Project Results

Other graduates reported other kinds of results from SEPHLI projects, including improved relationships, training tools (e.g. manual, DVD), holding educational outreach sessions, implementing projects, developing new methods and practices (e.g. GIS), and conducting evaluations.

Financial Benefits of SEPHLI

SEPHLI stakeholders asked us to find out if financial benefits were associated with any of the organizational, program, systems or policy changes that scholars described. Graduates were asked on the survey: "If applicable, tell us about (and if possible, estimate the amount of) any financial benefits that this change that you described above brought to public health (e.g. new grants, reduced costs)."

Many scholars reported gains from grants and state allocations to their programs, and described how SEPHLI helped them receive this funding. Some of these amounts were in the hundreds of thousands of dollars, while two were in the millions. Others reported ways that SEPHLI helped them save money for their organizations, and one mentioned in-kind support from a partner organization.

Graduates related the financial outcomes that they described - direct funding, cost savings, and in-kind support - to several components of the SEPHLI program, including:

- Learning concepts of partnership, collaboration and teamwork
- Learning concepts on media and communications, which sharpened grants they wrote and advocacy with legislatures
- SEPHLI project work

It appears from the comments that SEPHLI helped the graduates achieve these gains through improving their skills and/or providing the opportunity to work on an applied project. One caveat must be stated: it is difficult to know with certainty if graduates would have achieved these financial benefits even if they had not participated in the program, or to measure SEPHLI's relative contribution to the financial results. For these reasons, placing a specific dollar value on SEPHLI effects remains difficult.

One graduate stated that SEPHLI's media training pieces were "very helpful" in securing extraordinarily large amounts of funding for AIDS programming:

My role as Division Director was to seek new funds, which I did during ... SEPHLI and would have done this regardless of SEPHLI. During ... SEPHLI, we received a grant from CDC of \$955,000 for expanding HIV testing to new partners (Hospital Emergency Departments), and I actively co-led a statewide SC HIV/AIDS Care Crisis Task Force that combined media advocacy and communications to obtain \$4 million of new state funds for our AIDS Drug Assistance Program (ADAP). The SEPHLI work on media communications was very helpful to me in crafting messages and dealing with tough reporters, including the New York Times. Note: for our ADAP, we received \$4 million of state funds in FY07, \$3 million recurring [in FY 2008] and \$1M non-recurring, and another \$2.9M of one time funds this June [2008] for FY09.... This is significant since many other public programs, like Immunizations, did not get any increased funds for FY09 - and this speaks to the work of the Task Force during 2007 and our on-going partners in the legislature....SEPHLI helped me during the tough year of our ADAP funding shortage and my role in responding to media and advocating for state funds. Clear and concise messaging, thinking of telling stories vs. presentations ... were some key concepts and skills I learned at SEPHLI which I stuck in my mind as I prepared for interviews, press conferences, etc.

As another example:

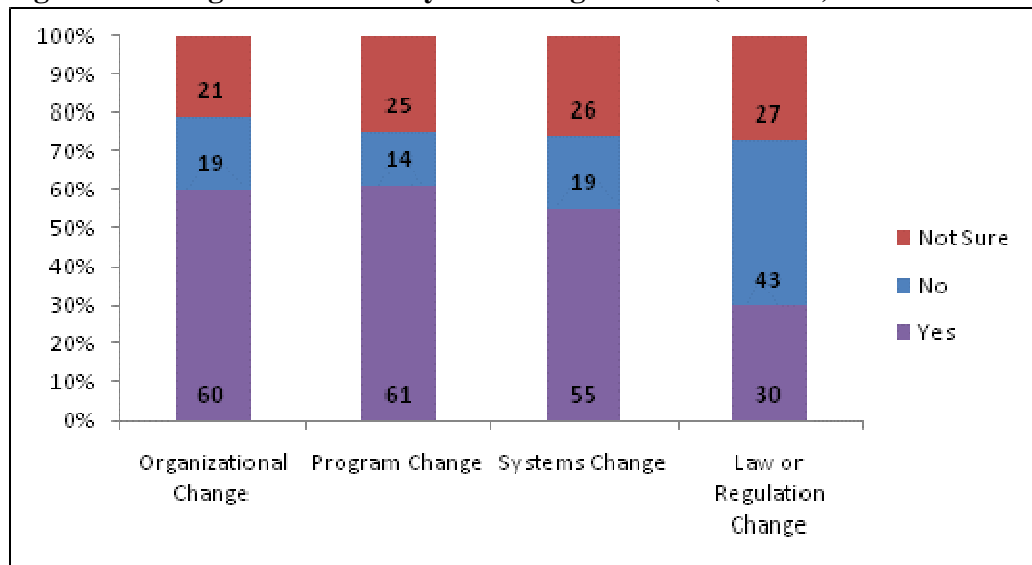
Program change ... institution of Medical Reserve Corps groups in the region to assist with medical surge capacity. I studied the concept, and wrote the original federal grant application for five counties in my region. SEPHLI contributed to the change in that the teamwork concept was, and continues to be, very important in implementing MRC units within the region... We received a grant of \$150,000 (\$50,000 per year for 3 years) to establish 5 MRC units. Funding came through the Office of the Surgeon General. Each unit has had the opportunity to apply for additional grants in subsequent years. Most applied for \$10,000 grants in year 4, and some applied for an additional \$5,000 in year 5. These grants are provided through NACCHO.

The ultimate rationale for SEPHLI is that the skilled leaders and networks that it develops will improve programs, organizations, programs, systems, and policies.

Graduates were asked to reflect on whether they "could think of a program change that you directly or indirectly influenced, or are currently influencing, and that SEPHLI contributed to in some way." The same question about organizations, programs, systems, and policies was asked. The response options were: "Yes," "No," and "Not sure."

In response, 61% responded that they had influenced a program change, 60% an organizational change, 55% a systems change, and 30% a policy or legal change to which SEPHLI had contributed in some way (Figure 11).

Figure 5: Changes Influenced by SEPHLI graduates (Percent)



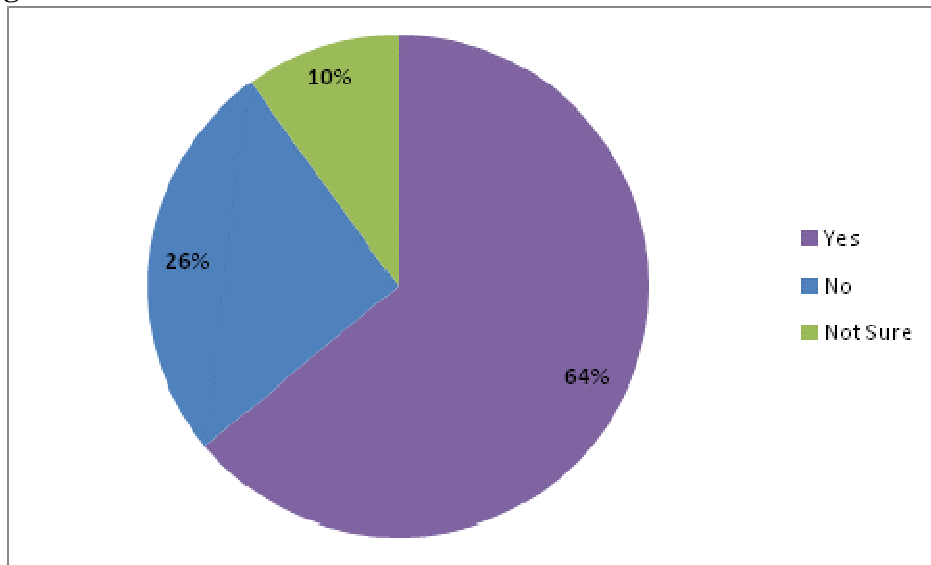
Immediately following, each respondent was asked to pick one change and to describe in some detail the change made, explain how SEPHLI contributed to it, and explain why the respondent views the change as important. Graduates provided more than one hundred examples (n=106). This section summarizes these responses.

There are three caveats before proceeding: First, it was often hard to identify the level of a change, as program changes can lead to organizational changes or systems changes, and vice versa. The evaluators made the best call possible about what level or levels were represented in the response.

Second, 39% of respondents who described a program, organizational, systems, or policy change effort in response to this particular survey question, said that these descriptions were their required SEPHLI individual projects, while 61% of those descriptions were not their projects. The fact that many of these reported changes were from subsequent efforts, and not their initial project, indicates that many scholars are putting their SEPHLI training into practice in various situations after completing the program. As will become apparent, many of the stories below are from the scholars' required projects, while others are from other subsequent work that the scholars took on.

Third, all graduates were asked to report on the survey whether they had continued to work on their leadership projects after graduation. Almost two-thirds (64%) of graduates continued to work on their projects after graduating from SEPHLI (Figure 12).

Figure 6: Did SEPHLI graduates continue to work on individual leadership projects after graduation?



Question 2.1 What kinds of program changes were influenced by SEPHLI graduates?

Graduates reported several kinds of program changes, including:

- New programs or expanded services
- Standard practices within specific programs

They also reported that SEPHLI contributed to these changes in several ways:

- One described forming a long-term partnership with the North Carolina Institute for Public Health through SEPHLI, which has been followed by a series of other collaborations on other training programs.
- Several graduates explained that SEPHLI had helped them accomplish these changes by giving them concepts related to collaboration, which they labeled “teamwork,” “collaborative partnerships,” and obtaining “community and stakeholder input” into the development of new initiatives.
- Others described gaining new concepts and skills, such as in media communications, that aided a program change.
- Others explained that SEPHLI had helped them accomplish a program change through improving their self-awareness and encouraging them to delegate more, or by enabling them to accomplish a significant leadership project that bore fruit.

New Programs or Expanded Services

A workforce development coordinator in a state department of public health, who was part of the first SEPHLI class, explained that a major SEPHLI benefit for her and her state was that SEPHLI helped her state health department form a long-term partnership with the North Carolina Institute for Public Health (which runs SEPHLI). SEPHLI forged a relationship with the NCIPH and was the first in a series of collaborations with staff from various units in the NCIPH including the Southeast Public Health Training Center and the North Carolina Center for Public Health Preparedness. The coordinator became SEPHLI’s major liaison and scholar recruiter in this state, and then as coordinator of all workforce development for the state, continued to work with these NCIPH programs that address the southeastern region. The coordinator described one recent example of such a collaboration, in which she hired a program facilitator from the NCIPH’s Preparedness Center to assist with an important program:

Over the past couple of years, I have worked closely with our Acting Health Officer to develop and offer our first Local Health Officer Summit in August 2007. This response from our health officers was overwhelmingly positive and we achieved a great participation rate. [SEPHLI’s influence in this was in] maintaining partnerships with UNC-SPH through SEPHLI and Southeast Public Health Training Center and the North Carolina Center for Public Health Preparedness. As a result of the Summit, we set up a private portal for our health officers to use, for resources and discussion. I believe we

enhanced communication and relationships with our health officers as a result of the Summit. We are planning a second summit for late 2008 or Spring 2009.

The next three examples show how collaboration and teamwork concepts helped scholars expand programs, and how SEPHLI improved several long-term collaborations or expansions in local organizational networks in the process. (We have already discussed that finding when we discussed how SEPHLI directly and indirectly expanded networks). A regional epidemiologist described this outcome, aided by teamwork concepts learned in SEPHLI:

Program change ... institution of Medical Reserve Corps [MRC] groups in the region to assist with medical surge capacity. I studied the concept, and wrote the original federal grant application for five counties in my region. SEPHLI contributed to the change in that the teamwork concept was, and continues to be, very important in implementing MRC units within the region. We collaborate and hold trainings of our volunteers together, I am responsible for conducting many of these trainings or finding a collaborative partner to deliver the needed trainings, and we also meet to discover additional ways in which our volunteers can be utilized to keep them interested and involved, i.e. health fairs, influenza vaccination clinics, etc. This change is extremely important because we are in a primarily rural region where many of our volunteers wear numerous hats; therefore, volunteer medical workers are at a premium. In the event of a public health emergency, we realize that we will not have adequate staff to support the community's needs, and the only way we can hope to do so is through volunteers who will step forward to help out as needed.

A local health director who became public health services director at a local health department cited this outcome, aided by SEPHLI collaborative leadership concepts:

Initiation of Primary Care at Local Health Department. Due to access to care issues and the need to provide continuity of care and a medical home for traditionally served clients, the Health Department researched, promoted, and funded the initiation of primary care in ...[its] clinics. These have been well received by women and children served at the Health Department and we are now expanding to serve the male members of the household so that we can provide family-centered care. My participation in SEPHLI helped to value the importance of getting community and stakeholder input in the development of a new program, in developing a realistic business plan, and in being flexible in implementing major program changes with staff.

A microbiology supervisor in a state health department cited this impressive outcome, again rooted in collaboration and teamwork concepts learned at SEPHLI:

Through the local university, the findings on my SEPHLI workforce development project were published and then used to obtain a grant for a new Allied health associate and certificate program that will provide help to a shortage of laboratory personnel. I serve on the consultant board for this degree program. I have learned [with contributions from SEPHLI] that I should not just depend on myself to accomplish projects. Working as a team pulls in expertise from areas in which I am not familiar providing my project a

better outcome. I have established partnerships with the local university and with the Department of Health and Human Resources commissioner's office to tap into resources that I thought were previously unavailable to me. It helps me to reach my goals.

A graduate who was the director of Women, Infants, and Children nutrition services at a state level cited this outcome, and explained that SEPHLI had much earlier encouraged her to learn more about communication:

I participated in a joint workgroup with the WIC Program and USDA to design/develop/implement a new nutrition services initiative, VENA (Value Enhanced Nutrition Assessment). This change was being made to improve the quality of nutrition assessment that WIC participants received nation-wide. The undertaking was multifaceted, and it took us several years to finish the project. Currently we are in the process of training and changing systems (both MIS and service delivery) to change the way that we interact with WIC participants. As an added benefit, we have also incorporated Motivational Interviewing and Emotion-based Nutrition Education to better serve our participants. Now, interviewing and education are more participant-based, rather than a rote recital of nutrition principles and stale handouts. I am now working on a multi-state WIC computer system development which will serve as a model for other states (including VENA). This change, whose primary role was to improve the way that WIC interacts with participants at the individual level, will work its way up so that this underlying philosophy will be incorporated as we plan a new computer system to support it. Learning about styles of leadership has helped me understand myself, as well as others that I must interact with to achieve this goal. Having my eyes opened at SEPHLI about media led me to learning more about communication at all levels.

A nursing supervisor in a local health department described this outcome, aided by SEPHLI partnership concepts:

The project that I was involved in with SEPHLI was the development of a Teen Health Clinic involving cross disciplinary staff and several community partnerships. It took several years and a small planning grant from [the American Academy of Pediatrics] to get the project up and running, with a promise that "extra resources" would not be asked for. Presently the Teen Health Clinic is an integral part of Women's Reproductive Health. It has led to a 30% increase in the number of teens in Family Planning clinics, a 60% increase in utilization by African American teens, and great buy-in from the community. SEPHLI helped me by providing a framework to address community partnerships, use systems thinking and advocacy to get to this point.

Another scholar, personal health services manager and nursing director for a local public health department, described how her SEPHLI project had been successful and aided by self-awareness gained from SEPHLI:

My [SEPHLI] project was to get a mobile children's dental unit up and running. We had received grant funds to purchase the unit and it was my responsibility to operate it. I worked with an internal team to start the program and since dental care was new to us, it

took many people to work out the bugs. The team included a supervisor, deputy health director, fiscal staff, IT staff, etc. The unit has been functioning 2 years and is self sufficient financially. Children are receiving dental care at 7 schools in two counties. I believe one of my biggest learning experiences from SEPHLI and my personality profile was that I needed to delegate more. I had to relinquish control of the project to "the team," and stick to management oversight and not daily supervision.

Another graduate had been a local health department program director and cited this SEPHLI contribution:

In a previous role as TB Program Director, our underwent strategic planning, restructuring, cross training, changes in funding due to a program cost analysis, and an integration of research efforts. The result, over time, was decreased staff turnover, turnover due to employees receiving promotions or better positions rather than leaving due to dissatisfaction, and improved program outcomes. The skills I developed/enhanced through my experience at SEPHLI assisted me in leading the TB team through this transformation.

A final example described how networking with scholars from other states helped a graduate increase organizational focus on a specific program area, diabetes education:

SEPHLI helped me to develop the idea (change the mindset) within the organization that diabetes education is an area that we can and should get into, is appropriate for our mission, and is sorely lacking in our community. It helped by networking with other states that provide care and shared their resources. What made me want to attend SEPHLI in the first place was the "futuring" that it advertised as part of the program. It is frustrating that we are not making as much progress as I would like, but our organization is program/budget driven, not health objective/outcome driven.

Standard Program Practices

A director of a statewide program explained how both concepts and classmates from SEPHLI were helpful in developing a significant new standard orientation and training effort:

The change was standardizing the statewide programs I direct. I put together a committee of recognized leaders and created a vision and mission statement. Working through this committee, regional input was sought and incorporated into the changes. The final product was statewide mandatory orientation for all staff working in my program with required annual updates. SEPHLI gave me many tools and resources to refer to when working through this process. I actually called several of my SEPHLI classmates to talk about similar changes that I knew they had implemented. It is vital that as a director and a program that we have a goal. All the staff needed to be included on some level during the decision-making process. The standardization has reduced stress in staff and allowed me to develop statewide goals.

Question 2.2 What kinds of organizational changes were influenced by SEPHLI graduates?

Sixty percent of graduates said that they have directly or indirectly influenced an organizational change that SEPHLI contributed to in some way; 18% said that they had not and the remaining 22% were not sure if they had.

Scholars reported changing organizations in the following major ways:

- Restructuring positions or job responsibilities
- Strategic planning
- Instituting new or revised standard practices or procedures
- Generating new positions or other increased funding at the organizational level.

As scholars discussed their examples, they described organizational changes that have led to improved efficiency, increased collaboration and communication, improved services, and enhanced communication.

They reported that SEPHLI had helped them in several ways that were similar to the ways SEPHLI had helped scholars make the program changes above:

- Providing self-awareness of leadership strengths and weaknesses that should be taken into account in the revised organizational structure
- Improving concepts or skills needed to lead restructuring or other changes, such as in team building, team leadership, communication, planning and evaluation, conflict resolution, and crisis management when staff push back
- Improving courage to speak about the need for changes, write up proposals, ‘market the concept’ to leadership, and take leadership in implementing the changes
- Providing “broader public health vision” that will shape a new organizational structure
- Some of the results flowed directly out of the required SEPHLI leadership projects.

Organizational Restructuring and Transitions

Several scholars described organizational restructuring efforts that SEPHLI had helped them undertake. The scholars reported several benefits of these changes that provided their rationale, or that had already been experienced by the organization, including:

- Improving “efficiency” or “stream-lining” to save money
- Improving communication and collaboration between divisions or staff groups
- Responding more effectively to changes in epidemics (HIV-AIDS specifically was mentioned), client needs, and administrative requirements
- Improving management and leadership of staff

Four mentioned several program benefits helping them lead restructuring efforts that will or have already improved efficiencies. One graduate who was director of public health nursing at the state level explained:

[We undertook a] reorganization of nursing management. [We] went from 2 Directors of Nursing and 2 separate staffs to 1 Regional Director of Nursing and blended staff. [SEPHLI helped in that I] utilized self-assessment skills to determine [my] own strengths and weaknesses [and the] nursing leadership positions needed to complement those identified; [I] utilized team building and leadership skills; and, ultimately crisis management skills. The change was very important as the Region has suffered budget restraints and [we] needed to streamline [the] organization to address financial short-falls. However, Nursing made many changes/concessions that other areas of the organization were not asked to make (hence, the crisis management skills). [This] reduced costs - sacrificed nursing positions - ultimately saving the Region approximately \$500,000.

Another graduate who coordinated health education, grants, and special projects in a local health department explained:

In process [currently] is a strategic planning process for potentially reorganizing how the local Health Department is structured to deal with HIV/AIDS. Programs that are currently located in 5 different divisions will be looked at with an eye to increasing communication, efficiency and collaboration. SEPHLI helped in making me aware of my own skills, and of giving me a broader public health "vision" that will help shape the process and the end product. The communication skills will be especially important as this will raise "turf" issues. [This is important because] we cannot continue to do things as before - the disease is changing, the client needs are becoming more medical in nature, and we have new responsibilities as a department in administering resources.

Another graduate who was chief state epidemiologist described this result:

As Section Chief I merged two branches into one in the divisional organizational chart and used concepts learned in SEPHLI to implement this change. I had to market this concept to my leadership with strong mission, goals and objective statements for 3-5 years. We have already realized major economies and efficiencies in the Section, yet have also weathered some push-back from the rank and file. The change was important because it was necessary to position our data-rich environment for the 21st century. We are moving surveillance, workforce development and informatics systems forward.

Another scholar was director of clinical services for a state health department described this outcome:

I am currently chairing a workgroup that is evaluating the cost-effectiveness of the pharmacy operation that supports a prescription drug assistance program. We are nearing the conclusion of our work that will involve recommendations offering options for how to either reorganize the unit to make it more efficient in supporting the larger

program, or outsourcing the operation and maintaining customer services. The workgroup considered operational issues, programmatic requirements, customer needs and staff satisfaction among others. This was all conducted in an environment plagued by difficult personnel issues. My SEPHLI experience helped me lead this group using skills in systems thinking, effective listening, and leading in a way to stay above the "fray." The organizational and operational changes that will result from the workgroup's recommendations are important because it will allow the agency to either reorganize or eliminate an operation that has historically not performed to expectations, and has adversely affected the staff within the program and those who have responsibilities that overlap with it. The workgroup's recommendations will help to increase staff productivity and program efficiency.

One division director in a state health department mentioned restructuring staff reporting relationships – reducing span of control - in order to improve staff coaching and management:

The 360 self-awareness assessment made me focus more on individual staff encouragement and development. This is supported by our agency's employee evaluation system where a section is to be addressed for the upcoming performance period on what the staff [member] should focus on to grow and develop professionally. My problems in attending to this prior to SEPHLI were that I had too many direct reports (more than 10), and too little time to do good management. As a result of 360 and personal coaching, I led a team to develop a new structure/organization chart for my Division that would reduce the number of direct reports to the Division Director to no more than 6. In addition, some staff took on more supervision /management responsibilities and received additional pay for these new duties, e.g. they were given more growth and development opportunities. These changes are important to create a better structure to allow the Division Director more time for needed management development and 'delegate' more opportunities for other capable staff.

Another nurse consultant in a local health department simply emphasized how the program had given her new concepts in systems thinking and the courage needed to speak for, write about, and lead the change:

[I led a] change in how staff were organized within lines of supervision and the qualifications of the supervisors. [SEPHLI helped me with] systems thinking, courage to say a change is needed, write up justifications, [and] take leadership in implementing [the change].

A state-level program director described how SEPHLI assisted with a leadership transition:

The SEPHLI readings and presentations that were relevant to my leadership position related to attending to staff development, mentoring and leading in a time of change. I retired from my position in April 2008 and 2 senior managers in my Division retired in 2007. This meant significant transitional needs and supporting existing capable staff in the Division to carry out functions in a smooth, confident and quality manner. The 360 assessment process, the readings on qualities of a leader and decision making were all

useful in assembling a team of senior staff to develop a strategic planning process for a period while a search for a new Division Director occurred. I agreed to work on a part time consultant basis to help with the work tasks, train the new Director and advise interim Director on how to tackle various problems/tasks. This was important for staff morale and continuity.

Finally, another graduate stated how SEPHLI is helping with a major study that may lead to restructuring:

There is currently a study being conducted to change the state funding distribution for local health departments. I am co-chairing this committee with one of the local health department health officers. SEPHLI was instrumental in improving my facilitation and leadership skills. Facilitating this group of local and state representatives as they wrestle with funding issues requires a great deal of patience and skill to help assure productive dialogue. SEPHLI also helped improve my data collection/research ability. I am helping gather current local health financial data for use in decision making/forecasting with this project. This project has far reaching implications for future funding, performance and structure of local health in West Virginia. My participation in SEPHLI helped me understand the importance of committee participation in such far reaching decision making. We are constantly striving to provide a forum where all possibilities are honored and considered with the outcome being that the final decision is a product shaped by all contributions.

Organizational Planning

Other respondents described how SEPHLI had assisted them with organizational planning efforts. Several discussed how SEPHLI had taught them concepts and skills that had helped them lead strategic planning efforts within entire organizations or offices within them. For example, a local health director noted:

Upon being appointed as Director of a local health district, one of my first major projects was strategic planning with the entire management team. Everyone participated and contributed to a new Mission Statement, Vision, Core Values, Goals and Objectives for the health district. I employed some leadership techniques and team building skills that I had learned through SEPHLI. This change (new Strategic Plan) was important because the entire team had ownership and buy-in.

A graduate who was a program coordinator in a local health department noted:

My SEPHLI project was to co-facilitate an agency-wide strategic planning initiative. This was hugely successful and for the first time ever we as an organization have a usable document that we created that guides and directs organizational decisions.

Another graduate who is a professor at a university explained:

Where I currently work, we will be establishing a School of Public Health soon and I feel a lot of what I learned with SEPHLI is aiding in our mission statement, vision, commitment, and leadership styles. I feel more confident in my thoughts, recommendations, and discussions as a result of SEPHLI. I better understand how to resolve conflicts due to SEPHLI.

Another scholar who is director of a state office of environmental health services described this change:

At the time I was enrolled in SEPHLI, my office was developing a strategic plan. The Environmental Health Office had never had a strategic plan before. Through involvement in SEPHLI, leadership and communication skill development influenced how the planning process was conducted with the employees of Environmental Health. This change was important since completion of the plan helped us set priorities to improve our services and programs.

Other graduates described ways in which SEPHLI had influenced their general approaches to planning initiatives and services within their organizations. One graduate, a state deputy commissioner for health regulation, noted a general shift toward responsiveness to stakeholders in planning as a result of SEPHLI concepts:

The change being made is in the entire thinking process of the program area, to make it more responsive to customer needs, and more inclusive of all stakeholders. This change is needed to eliminate criticism that the program has received regarding its business practices. SEPHLI contributed by providing skills for organizational thinking. The change is important because what I'm asking the program to do is the right thing to do. We should have been doing this all along.

Another state director of community services described gaining from SEPHLI a commitment to continuous evaluation in existing services as well as in planning new ones:

Evaluation, both formal and informal, is now a more integral part of new initiatives as well as business as usual. Before beginning new projects and quarterly with existing programs, we ask tough questions about why we are working as we are. SEPHLI speakers and assignments consistently stressed the need to evaluate and re-evaluate goals and objectives as well as processes and outcomes. While I was technically capable of conducting evaluation, I had missed the bigger picture about when and why it was needed. We've become more efficient and productive in reaching our objectives.

A third graduate, who is director of data analysis in a state department of health, described new approaches to both planning and implementing work that arose from a number of SEPHLI concepts and skills:

The department where I work has several different levels of activities: start-up, turnaround, or sustaining. In each area, we focus on performance, accountability and results from a systems view. We engage our folks in identifying work activities and strategies and focusing on meeting the needs of our agency, other users of our data, and the public. SEPHLI contributed in identifying a model for the way in which we work, through ... creating mission and vision statements, focusing on identifying and assessing skills needed to complete the work, involving personal accountability, using teams, including time to review our work so that any revisions to work processes or activities occur, and then celebrating when major activities are accomplished. I believe this approach has engaged our staff in their work, helped pace the work, helped provide needed the technical skills and knowledge, provided inclusion of their values, and helped provide a focus on what is needed.

Yet another respondent, a state level health and human resources specialist, described how learning about the value of collaboration through SEPHLI team learning had led him or her to adopt a new approach to collaborative planning and services across the entire organization:

My working on a multi-disciplinary, cross-state team [in SEPHLI] offered insight into the need for all programs within my state bureau for public health to collaborate better. As a result, in January 2008 I started the process of bringing all office directors together to develop a Memorandum of Understanding that will allow areas of agreement in public awareness, resource sharing, professional development, data collection and sharing, and family accessibility and service provision. This endeavor has implications of improving services to families: Because health behavior is the key to improving most of our health status indicators, we need to make the most of every encounter with families so we can educate them about behaviors and refer them for assistance as needed. Families would have a chance to access all the services they are eligible for, helping the entire family instead of just one member. [Our state's] residents often do not access services because of a sense of pride; collaboration allows for building relationships with trust which offer support in understanding and meeting families' basic needs by all service providers. More families could be served as a result of each program cutting costs through sharing resources; partnerships disperse the work of outreach and decrease the time and financial burden for all partners involved while also helping each program reach their goals.

SEPHLI scholar Heather Stewart Esch explains her project, which involved leading strategic planning efforts with the Cabarrus Health Alliance, where Stewart Esch is a Program Coordinator.



Standard Organizational Practices

Other graduates described changing various kinds of standard policies, procedures, and practices in their organizations. Many of these changes were the result of required SEPHLI projects as well as concepts that SEPHLI taught, such as collaboration (in developing a procedure), and using feedback and individual development plans in performance reviews.

For example, a program manager in a state agency noted:

I recently implemented an organizational change in the way we process referrals and meet the needs of our families. Rather than immediately making my own decision regarding the changes, I was able to form a workgroup who helped me develop the idea and the new process. SEPHLI stressed the importance of team collaboration, involving others and helping them to feel as if their contributions make a difference. This change was important for me because it I was able to function more as a leader than a manager.

A human resources director for a state department of public health explained:

My SEPHLI project led to a change in the way our organization does performance reviews. Before our performance reviews (PR) only had the element of supervisory feedback. The new PR has a place for employee feedback and also a place for an individual development plan. Employees are much more active during the review process. The change is important because as public health employees are becoming harder to find, it is imperative that they have a voice in the process to help in retention rates.

A program director for a local health department described this outcome of her SEPHLI project:

I developed a Community Services Orientation Manual. I did this with the foresight that my SEPHLI training would eventually assist me in taking on more of a leadership position in time. I was correct in that assumption; I am now the Community Services Program Director and we still use/update the orientation manual on a monthly basis. Our Community Services staff is in the unique position of not having a clearly defined day to day routine to get the job done. This position requires initiative and the ability to see the end result, and be able to come up with a creative process to achieve that result. For that reason, orientation has been difficult and many employees stated they felt ill prepared to do their job. The orientation manual was created specifically to address some gray areas specific to the job. It has become a standard reference guide for any new employee and continuously is adapted to address any current issues. Our employees have stated they feel more equipped to handle the position thus creating more successful, confident, long-term employees.

A graduate who is currently the performance management training and development director for a state agency explained this benefit:

For my SEPHLI project, I developed a competency model for the regional preparedness directors in our agency. Using the skills and processes from that experience, I'm now

developing a competency model for the regional Outbreak Response Teams. We currently have no standardized model, assessments, or position descriptions for the teams.... A position in the Office of Performance Management was created that included competency model and workforce development. I was selected for the position based on the knowledge & skills that I developed as a result of SEPHLI. I'm focusing my efforts on the regional Outbreak Response Teams for now, but once it is completed, it will be incorporated into performance management measures across the Health Services deputy area, which, I guess can be considered an organizational change. Long-term, we hope to standardize the process and apply it to other disciplines.

A communicable disease director for a local public health department observed:

The project I did for SEPHLI was an orientation checklist for new employees. This has helped a lot in orientation and in being sure that all programs are covered in detail so that the employee knows what is expected of them and where to go for answers. This has increased job satisfaction among new employees, and hopefully will retain them longer in Public Health.

An assistant director of a local public health department explained this benefit:

Our organization was able to implement a much improved New Staff Orientation Program. The negotiation skills and personality trait understanding that I gained through SEPHLI allowed me (as the project facilitator/leader) to sidestep potential conflicts and ultimately guide the team through a change process that has greatly improved our retention rates and employee morale. Hard to put an exact \$\$\$ amount on the results; however, there is obvious cost savings associated with lower employee turnover rates.

This section has shown many ways that SEPHLI has contributed to a variety of organizational changes. The next section examines SEPHLI's contributions to systems changes.

Question 2.3 What kinds of systems changes were influenced by SEPHLI graduates?

For the purpose of this study, a system is defined as multiple organizations working together. Systems changes observed in this study included new or expanded partnerships to address specific goals, and general changes in the relationships between organizations.

Twenty-five graduates described such changes. Not surprisingly, graduates frequently stated that SEPHLI had helped them make a systems change by increasing their understanding of collaboration and communication concepts. Several also reported changes emerging directly from SEPHLI leadership projects.

Changes to Existing Systems

One section chief working in public health on the state-level wrote about addressing the need for a state-wide trauma system:

Currently working on the implementation of a state-wide trauma system. The SEPHLI program assisted in the recognition of areas of the state that may experience difficulties in achieving accreditation of a trauma center.

Collaborations or partnerships to address a specific goal

Many respondents described having influenced partnerships to address specific goals. For example, a division manager who applied new understandings from SEPHLI to restructure responsibilities and streamline processes wrote:

Our County has decided to consolidate IT operations, moving them away from the Health Department. The collaboration and communication component of this move was an area I recognized from my SEPHLI training that needed strengthening and attention during the process. I was able to convey that message to the leadership of the County and they have incorporated that as a primary objective of the consolidation effort. I believe this is an important piece in the overall success of the implementation strategy.

One graduate who works in animal control in a local health department described using their SEPHLI project to bring together invested parties in the community:

We had often talked about increasing collaboration with the veterinary community by providing public health forums where we could share animal control information and field any concerns they had with our program. The forum was the primary goal of our SEPHLI project, and we completed it with great success. We were also able to secure CEU's for participants and a donated meal. Surprisingly, we were able to duplicate this feat again this year - even without the "pressure" to meet a project deadline. We can't provide our services without good communication with the veterinarians in our area. This has opened up an avenue where we are giving back to them, honoring them, and

creating value for our view of them and all they assist us with in our daily activities. I'm sure we all know how much it means to know you are appreciated. This forum yields an annual time of sharing and thanks to a group that is often overlooked by the public for their part in public health.

A local health director described how particular skills and learning tools from SEPHLI influenced her subsequent partnerships:

[My city] has the highest teen pregnancy rate in the [state]. We have applied for a grant to start a new Teen Resource Center to address this issue. This new initiative required partnering with numerous other agencies and communicating the need and the vision. We will not know until October if our program is funded, but I have heard through the informal communication channels that it will be funded. SEPHLI was helpful in that it reinforced and taught communication and collaboration skills and the 360 was helpful in terms of gaining insight regarding other ways of approaching challenging situations.

A trainer working in state-level public health added that SEPHLI reinforced the importance of collaborative efforts:

We used a multi-agency collaborative approach to developing and delivering our annual Community Based Emergency Response Seminars. SEPHLI contributed to it because we frequently talked about the importance of collaborative efforts and gaining buy-in from throughout our communities/agencies. The change was important because we needed to include various agencies and perspectives to develop the best possible outcome for this training event and better prepare us for effective interaction during and after a disaster. We received in-kind support from other agencies that covered the cost for printing materials for our training event with an approximate savings of \$5,000.

Another SEPHLI graduate attributes their collaboration success to skills learned in the program:

Participation in regional (interstate) and national Public Health Preparedness response coordination and policy development. I serve on the executive committees for Region IV Unified Planning Coalition for ESF-8 Health and Medical Services and for the ASTHO Public Health Preparedness Directors. Through collaboration among the Region IV states, the Preparedness Directors and ESF-8 leaders are able, at the regional level, to establish positive working relationships, protocols for joint planning during disaster response, and to organize mutual assistance. At the national level, collaboration on policy and preparedness program issues gives the Preparedness Directors and the states a voice in the rapidly changing federal policies, programs and plans. SEPHLI contributed to the development of collaboration, leadership and communication skills that are essential for state Public Health Preparedness Directors, especially as they engage in addressing regional and national issues.

Systems restructuring

Several graduates described reorganizing responsibilities among community partners to better meet community and organizational needs.

A manager within an academic setting described reorganizing responsibilities in workforce development:

I am currently involved in major systems/organizational change in the Commonwealth of VA, in the workforce development system. We have moved federal grant reporting, Board staffing, program management functions from the Office of the Governor to the VA Community College System. As the manager of the staff who perform these functions, I have drawn from the skills and knowledge obtained thru SEPHLI. The changes have been legislative, administrative, policy, system, governance-related and have involved state, federal and local government officials. The changes are extremely critical to the efficient and effective service to job-seekers and employers.

Additionally, an employee of a local public health department describes transitioning mental health services from a local school to the health department:

I was intimately involved with the transition of a local school mental health program from the mental health system to our health department. I believe my leadership skills, sharpened through SEPHLI, assisted with a smooth transition. The cooperative initiative between the local school system, mental health, and our department allowed the program to continue through us (a government entity) at a time when mental health reform would have necessitated privatization. Since we already had 2 positions who were licensed therapists in other programs, we were able to coordinate the three programs. After one year of having the school mental health program, we are very pleased.

Question 2.4 What kinds of policy changes were influenced by SEPHLI graduates?

Change on a policy level takes the form of new legislation or regulations. Some graduates wrote that creating, enacting or enforcing public health policy may be outside of the scope of work for most SEPHLI participants, but others worked on policy changes. SEPHLI had helped them through SEPHLI project work, learning to collaborate, and through other diverse skills gained.

One state-level epidemiologist who used the SEPHLI project to advance policy explained:

I was [appointed] by my supervisor to take a part on the issues of "Raw Milk Sale Rules in Tennessee"- like investigation of any possible outbreaks or illegal sales. That came after I won the ... scholars choice SEPHLI award [for my project] and SEPHLI focused on my final project on the raw milk sales laws. Participating in this issue is very important for Tennessee as many beneficiary groups want to loosen the [laws] concerning with the raw milk sales in the state.

A state-level division director wrote of experiences collaborating with partners to influence policy:

Working in a more collaborative effort with my injury prevention partners during and prior to legislative sessions. I have a better grasp on what data is needed and what information is needed to move legislation in the direction that would best for the public safety and public health. For many years I have led the charge to keep our Mandatory Motorcycle Helmet Law from being modified or repealed completely. I now have a network that is watching all aspects of actions that might cause our law to change and able to share this information with those who know the importance of wearing helmets and the fact that lives are saved when helmets are worn. I do have a more difficult challenge coming I fear, our Governor stated that maybe we should have a month of not wearing helmets to improve tourism in an interview recently (although he did admit that helmets save lives). Next legislative session will be interesting I feel, however using the instruments I gained at SEPHLI I will be prepared for whatever comes. I also feel I can show leadership in this arena as I work with my "partners" in this continuing endeavor to save lives.

A state-level program manager wrote about how SEPHLI informed contributions to updating legislation:

I am working with the West Virginia Board of Registration to update their Registration Act to address some deficiencies. I believe my SEPHLI training is assisting me in organizing the review and confirming the mission of the Registration Board. I believe the law changes will strengthen the trust of the public related to the Sanitarian field.

Another state-level program manager indicated that SEPHLI provided a wider perspective on all the key people invested in policy changes:

My office was charged with developing Sex Offender Program Licensure regulations by the legislature. My SEPHLI experiences enabled me to see ALL the stakeholders, including Division of Corrections.

A director of a hospital or health care system used the SEPHLI project to meet a community need through policy:

My SEPHLI project was to develop, implement and get approval for a new county animal control ordinance. Our county had a number of dog bites and we became very concerned about vicious dogs. I felt it was my responsibility as the health director to protect our community. The project was successful and the ordinance was approved. We held community forums to educate the whole community and we placed signs all over the county to ask citizens to report vicious dogs. I felt this was a real accomplishment to help the community.

A local health promotion consultant collaborated with other community institutions to negotiate a public health measure in the schools:

Policy change, i.e., working with the local School Board to limit access to sodas sold in vending machines on high school grounds during the school day. I'm used to collaboration, but I used finer-tuned negotiation skills [from SEPHLI] to achieve a partial success. Obviously, limited access to soda during the school day means that students would have fewer opportunities to drink empty calories and suffer the nutritional consequences, including overweight.

Section 2.5 Additional Projects Completed by Graduates

Other graduates reported project outcomes that did not directly relate to an organizational, program, systems or policy change. These projects entailed project implementation, improved relationships, developing training tools, educational outreach, standard practices, evaluation efforts and new proposals. Some of these SEPHLI project outcomes are described here.

Program Implementation

A public health preparedness official noted a project involving:

Deployment of the CHEMPACK Project statewide in South Carolina

Improved Relationships

This example, from a local health department's Director of Community Affairs, demonstrates how measurement and evaluation tools developed as part of a SEPHLI project improved the channels of communication between community partners:

My project involved improving communication between health department leadership and community services staff. Two pre-intervention surveys were developed, administered, and analyzed. Two pre-intervention surveys were developed, administered, and analyzed. Communication between Community Services staff and Local Health Department leadership improved; project interventions are the most likely reason for this improvement. Although this project was needed, I would not have done it without SEPHLI.

Training Tools

This example, from a regional nursing director, discusses the development of orientation training tools:

Worked with a group of 3 other Nursing Leaders from my state. Developed a DVD for orientation to Public Health Nursing - improved access by making information immediately available, providing consistent components for staff development and implemented state-wide. Of course, leadership skills and teamwork skills, enhanced by SEPHLI, were instrumental in completing the project.

One public health emergency planner gave information about materials he/she developed to be used by environmental health staff in other states as well:

My [SEPHLI] project was the development of an OEHS [Office of Environmental Health and Safety] response manual, modeled after one developed by California. This project was completed and expanded to include a resource manual of materials that went hand in hand with the response manual. The entire package of materials were provided to every state and local environmental health staff, local health administrators, state EOC [Emergency Operations Center] response staff, and others through CDC grant funding. This manual was provided to NCEH [National Center for Environmental Health] folks who used it as an example of the materials that can be developed for environmental health staff at the Environmental Health Emergency Response Training held in Louisville KY in 2007. As a result of that meeting, manuals were requested from and provided to several states, counties, etc. including Puerto Rico.

Educational Outreach

The following three examples describe several of the ways that SEPHLI graduates have used the skills and understanding gained in SEPHLI to educate members of their community on various health topics:

I worked with the media to do a series of articles for the newspaper on public health areas of interest. The response to the articles was very good. The lessons from my SEPHLI program were to treat everyone as our customer, seek support from all areas of the community and promote the positives of the work we do.

My SEPHLI project involved educating law enforcement, health care workers, attorneys for government agencies and health care organizations, and judges regarding public health preparedness issues. We have continued to work on this by cooperating with these groups to present educational programs and coordinate efforts to establish a judicial "bench book" for public health issues.

I held bicycle safety schools in each of my county's preschool classes, and provided bicycle helmets to each student. I collaborated with the local Board of Education, school principals, and preschool teachers to arrange this training. I recruited presenters to speak to the children concerning various aspects of bicycle safety. Speakers included the state police (rules of the road), a local bicycle store owner (inspecting your bike for safe operation), and a local paramedic (safe practices to protect you from injury - bike helmets, etc.). The collaboration was made easier by what I learned through SEPHLI.

Standard Practices

One graduate, a data analysis director, spoke of using a SEPHLI project to standardize health care in her state:

My project involved applying established community health care access standards to West Virginia communities and using GIS capabilities to identify communities that met/did not meet these standards. This project was expanded to apply to all WV communities after I completed SEPHLI. This project was accepted for presentation at the American Public Health Association meeting.

Another graduate cited a SEPHLI presenter in assisting with their efforts to develop a communication plan:

My project was to develop a crisis communication plan for the department. The plan has been used both internally and externally. We refine the plan each six months. The instruction by Vincent Covello was extremely helpful.

Evaluation

The next three examples are from graduates who used their projects to assess current health needs and disease indicators:

My project was to gather local public health workforce data. I have presented this data many times at conferences/meetings. The data has also been used many times to help in the decision making process. For example, when considering training options, various folks have reviewed the responses contained in the report prior to finalizing plans for training.

My project assessed the Sexually Transmitted diseases in WV. From this project WV has taken the lead with viral STDs (especially hepatitis B) long before CDC made it a grant expectation.

My project was on assessing readiness for accreditation of a local health department. Our state is now in the process of beginning to explore this as well.

Proposals

One graduate who currently works as an epidemiologist for a state public health department wrote:

The project developed a roadmap for improved food safety by involving multiple stakeholders in the "farm to fork" supply chain of food in the US. Relationships developed in this project have withstood the test of time and I continue to work with partners in this area.

Another graduate, a director of a state program, explained:

My project became a proposal for salary changes for health care providers. I did a workforce survey and showed the disparities existing in salaries for these employees within and outside the system. SEPHLI contributed to helping me organize the information and pointed me in the right direction toward accomplishing the goal.

Question 2.6 What kinds of financial benefits were associated with change and projects?

SEPHLI stakeholders asked the evaluation team to find out if financial benefits resulted from any of the organizational, program, systems or policy changes that scholars described. Graduates were asked on the survey: “If applicable, tell us about (and if possible, estimate the amount of) any financial benefits that this change that you described above brought to public health (e.g. new grants, reduced costs).”

Many scholars reported gains from grants and state allocations to their programs, and described how SEPHLI helped them receive this funding. Some of these amounts were in the hundreds of thousands of dollars, while two were in the millions. Others reported ways that SEPHLI helped them save money for their organizations, and one mentioned in-kind support from a partner organization.

Graduates related the financial outcomes that they described - direct funding, cost savings, and in-kind support – to several components of the SEPHLI program, including:

- learning concepts of partnership, collaboration and teamwork
- learning concepts on media and communications, which sharpened grants they wrote and advocacy with legislatures
- SEPHLI project work.

It appears from the comments that SEPHLI helped the graduates achieve these gains through improving their skills and/or providing the opportunity to work on an applied project. One caveat must be stated: it is difficult to know with certainty if graduates would have achieved these financial benefits even if they had not participated in the program, or to measure SEPHLI’s relative contribution to the financial results. For these reasons, placing a specific dollar value on SEPHLI effects remains difficult.

Direct Funding

One graduate stated that SEPHLI’s media training pieces were “very helpful” in securing extraordinarily large amounts of funding for AIDS programming:

My role as Division Director was to seek new funds, which I did during the time of SEPHLI and would have done this regardless of SEPHLI. During my participation in SEPHLI, we received a grant from CDC of \$955,000 for expanding HIV testing to new

partners (Hospital Emergency Departments), and I actively co-lead a statewide SC HIV/AIDS Care Crisis Task Force that combined media advocacy and communications to obtain \$4 million of new state funds for our AIDS Drug Assistance Program (ADAP). The SEPHLI work on media communications was very helpful to me in crafting messages and dealing with tough reporters, including the New York Times. Note: for our ADAP, we received \$4 million of state funds in FY07, \$3 million recurring [in FY 2008] and \$1M non-recurring, and another \$2.9M of one time funds this June [2008] for FY09.... This is significant since many other public programs, like Immunizations, did not get any increased funds for FY09 - and this speaks to the work of the Task Force during 2007 and our on-going partners in the legislature.

This scholar was asked for clarification on the role of SEPHLI in these events. The scholar responded that SEPHLI had been most influential with the ADAP funding, which was the focus of the scholar's leadership project:

SEPHLI helped me during the tough year of our ADAP funding shortage and my role in responding to media and advocating for state funds. Clear and concise messaging, thinking of telling stories vs. presentations ... were some key concepts and skills I learned at SEPHLI which I stuck in my mind as I prepared for interviews, press conferences, etc.

Another scholar linked his work in SEPHLI to increases in AIDS funding for a local health department:

My SEPHLI project was the application for a Ryan White Part A grant which has to date brought more than \$7 million dollars into the region. In my new role regarding grants I have successfully written a grant for \$2.5 million over 5 years for a new initiative.

The following are some of the other examples of specific funding that scholars linked at least partly to SEPHLI. A local health department director explained:

My project for SEPHLI has evolved into a department at the health department. Strategic planning has become an important component. We've received grants totaling about \$400,000 to support the healthy lifestyles department that evolved out of my SEPHLI project.

A social worker in local public health department reported this outcome:

SEPHLI provided me with skills to work on community partnerships, it provided me with more insight into my supervision of staff and ability to work with media. I was very active in working on a partnership with a local school district to employ social work staff that worked for our agency and was able to replicate the project to 3 other school districts and when funding became an issue the schools hired the staff as their own staff. In working with the project school districts received grants for 3 year time frames and contracted with our agency to provide the social work staff. Funding was approximately \$500,000 per year.

Another health director in a small city:

[My city] has the highest teen pregnancy rate in [the state]. We have applied for a grant to start a new Teen Resource Center to address this issue. This new initiative required partnering with numerous other agencies and communicating the need and the vision. We will not know until October if our program is funded, but I have heard through the informal communication channels that it will be funded. SEPHLI was helpful in that it reinforced and taught communication and collaboration skills and the 360 was helpful in terms of gaining insight regarding other ways of approaching challenging situations. The grant request was for \$400,000.

An administrator in a local health department reported this result stemming from a SEPHLI project:

We established a GIS Program based on the plan [project] I prepared for SEPHLI. A Fellow from CDC's Public Health Prevention Service (2003-05) launched the program, but over the past three years we have not been able to secure another CDC Fellow. This year we will hire a Data Analyst who will include GIS mapping and analyses among his/her responsibilities. This is important because GIS is a powerful tool for public health analyses, planning, and evaluation. It has helped us secure grants, make policy presentations, and develop strong program plans. We received \$200,000 (2004) and \$300,000 (2008) in Teen Pregnancy Prevention Initiative funding, in part, because our application used GIS maps to show our program site was in the geographic area where the largest number of teen mothers reside.

An epidemiologist working at a regional level noted how SEPHLI's teamwork concepts helped with this change:

Program change ... institution of Medical Reserve Corps groups in the region to assist with medical surge capacity. I studied the concept, and wrote the original federal grant application for five counties in my region. SEPHLI contributed to the change in that the teamwork concept was, and continues to be, very important in implementing MRC units within the region... We received a grant of \$150,000 (\$50,000 per year for 3 years) to establish 5 MRC units. Funding came through the Office of the Surgeon General. Each unit has had the opportunity to apply for additional grants in subsequent years. Most applied for \$10,000 grants in year 4, and some applied for an additional \$5,000 in year 5. These grants are provided through NACCHO.

Another graduate who was a local health director during the program described this outcome:

[SEPHLI helped with a] Program change: Initiation of Primary Care at Local Health Department. Due to access to care issues and the need to provide continuity of care and a medical home for traditionally served clients, the Health Department researched, promoted, and funded the initiation of primary care in ... [its] clinics. These have been well received by women and children served at the Health Department and we are now expanding to serve the male members of the household so that we can provide family-centered care. My participation in SEPHLI helped to value the importance of getting

community and stakeholder input in the development of a new program, in developing a realistic business plan, and in being flexible in implementing major program changes with staff. We have received financial support from the County Commissioners to start the [new primary care] service and have drawn down \$88,000 per year in Community Health grants to sustain and expand the primary care program.

A leader in a state laboratory reported this outcome from a SEPHLI project:

Through the local university, the findings on my SEPHLI workforce development project were published and then used to obtain a grant for a new Allied health associate and certificate program that will provide help to a shortage of laboratory personnel. I serve on the consultant board for this degree program.

A health education supervisor in a local health department stated this outcome:

Increase in funding to support a screening program which was my SEPHLI project. Obtained the organization's first time funding from Susan G. Komen to expand community educational and outreach surrounding breast health education.

A director of community health planning for a local health department during the program who is now a health director explained:

Communication and coalition building modules from SEPHLI have been extremely useful to me, both the texts and the guest speakers/faculty.... [We have implemented] population based approaches to prevention with our evolving community-based health improvement council. In order for our very small population based health staff to make a difference the coalition offers a multiplier effect. We have an enormous clinic based staff by comparison and will be missing true primary prevention efforts without this. [We received a] new grant from NACCHO/CDC for \$16K to address environmental health issues i.e. air, water and urban sprawl.

Cost-Savings

In addition to new grant funding, some respondents explained how SEPHLI had saved money through improving efficiency. A director of maternal and child health services at a state health department explained this example:

[We undertook a] reorganization of nursing management. [We] went from 2 Directors of Nursing and 2 separate staffs to 1 Regional Director of Nursing and blended staff. [SEPHLI helped in that I] utilized self-assessment skills to determine [my] own strengths and weaknesses [and the] nursing leadership positions needed to complement those identified; [I] utilized team building and leadership skills; and, ultimately crisis management skills. The change was very important as the Region has suffered budget restraints and [we] needed to streamline [the] organization to address financial short-falls. However, Nursing made many changes/concessions that other areas of the organization were not asked to make (hence, the crisis management skills). [This]

reduced costs - sacrificed nursing positions - ultimately saving the Region approximately \$500,000.

An assistant health director in a local department noted this improvement, helped by SEPHLI skills and assessments:

Our organization was able to implement a much improved New Staff Orientation Program. The negotiation skills and personality trait understanding that I gained through SEPHLI allowed me (as the project facilitator/leader) to sidestep potential conflicts and ultimately guide the team through a change process that has greatly improved our retention rates and employee morale. Hard to put an exact \$\$\$ amount on the results; however, there is obvious cost savings associated with lower employee turnover rates.

Two important efficiency gains that the data did not clearly link to SEPHLI gains are worth representing here because of their value. A maternal and child health director in a state department of health reported this improvement:

It was my suggestion to use social counselors who had low case numbers to take on more duties in primary care health departments. I had to be the one to suggest the idea and get other stakeholders on board with it. The actual jobs were delegated out, but I have to follow up that everyone is staying on task. The change was important as a cost cutter for our health departments and also better utilization of staff with idle time. The primary care sites are overworked and needed the help. I would estimate that our regional health department is probably saving about 2 Full-time salaries of a social counselor. (Approximately \$50,000 [each]).

A laboratory director in a state department of health described this example of cost savings:

[Since SEPHLI] I'm more confident in my leadership decisions and less sensitive to personal criticism. I reorganized the organizational structure of our state public health laboratory. The changes were significant and based on physically grouping like-functions together and identifying a single section supervisor for each functional group. I abandoned the sacred practice of hiring retiring employees back into their old jobs as hourly employees, and instead promoted from within or recruited from the outside. I outsourced our internal IT jobs to another bureau within our agency that had the primary responsibility and expertise for IT operations. I closed two laboratory sections because they were not cost effective and were not performing public health laboratory core functions. I expanded our internal and external partnerships. I lead an interagency assessment of the state public health laboratory system within our state. Since becoming the director of our state public health laboratory we have financially operated in the black annually, and have surplus funds (\$300K-\$500K annually) that can be used elsewhere within our state public health department.

In-Kind Support

A regional trainer for a state department of public health described this in-kind support:

We used a multi-agency collaborative approach to developing and delivering our annual Community Based Emergency Response Seminars. SEPHLI contributed to it because we frequently talked about the importance of collaborative efforts and gaining buy-in from throughout our communities/agencies. The change was important because we needed to include various agencies and perspectives to develop the best possible outcome for this training event and better prepare us for effective interaction during and after a disaster. We received in-kind support from other agencies that covered the cost for printing materials for our training event with an approximate savings of \$5,000.

Thus far this report has summarized ways in which SEPHLI helped individual leaders grow, and in turn, contributed to improved programs, organizations, systems, and policies. Not all graduates reported that SEPHLI had a strong impact on their leadership or results, however. The next section deals with barriers that some scholars encountered.