

MEMORANDUM OF AGREEMENT
between
THE NORTH CAROLINA DIVISION OF PUBLIC HEALTH,
THE NORTH CAROLINA DIVISION OF AGING AND ADULT SERVICES,
and
THE UNIVERSITY OF NORTH CAROLINA INSTITUTE ON AGING

This Memorandum of Agreement (MOA) is entered by and between the Division of Public Health (hereinafter referred to as DPH) and the Division of Aging and Adult Services (hereinafter referred to as DAAS), and the University of North Carolina Institute on Aging (hereinafter referred to as IOA) for the purpose of clearly defining partner roles and responsibilities in the current development and implementation of projects and future collaborations between these entities. This MOA is subject to the provisions of all applicable Federal and State laws, regulations, policies, and standards.

The administrator for DPH will be Sharon Rhyne, Health Promotion Manager, Chronic Disease and Injury Section, 1915 Mail Service Center, Raleigh, NC 27699-1915, phone – 919-707-5205. The administrator for the DAAS will be Audrey Edmisten, Nutrition Program Consultant, 2101 Mail Service Center, Raleigh, NC 27699-2101, phone – 919- 733-0440, ext 238. The administrator for IOA will be Mary Altpeter, Senior Research Scientist, Director of Healthy Aging Initiatives, 720 Martin Luther King Jr. Blvd, CB #1030, Chapel Hill, NC 27599-1030, phone – 919-966-9444.

This MOA may be terminated by either party upon at least 30 days written notice or immediately upon notice for cause. This MOA may be amended, if mutually agreed upon, to change scope and terms of the MOA. Such changes shall be incorporated as a written amendment to this MOA.

I. Structure

The partnership is comprised of the following lead organizations:

- North Carolina Division of Public Health, Chronic Disease and Injury Section
- North Carolina Division of Aging and Adult Services
- University of North Carolina Institute on Aging

The development of a sustainable collaboration between DPH, DAAS, and IOA will ensure a coordinated and systemic effort to address healthy aging in the state of North Carolina. The strengths and expertise of each entity will result in improved coordination of efforts to address health issues for older adults and will maximize resources. These three units have previously collaborated on several successful projects. The working relationships among these three organizations are being formalized in this MOA to ensure sustainability for future endeavors.

The partnership will operate under the auspices of a lead team comprised of one or more representatives from each of the three partnering organizations. The partnership will communicate regularly to discuss and work together on evidence-based healthy aging initiatives.

II. Goals

DPH, DAAS, and IOA have the following common goals with respect to health promotion for older adults:

1. Promoting self-management and prevention
2. Increasing capacity of health departments and aging service providers to build skill sets and offer services
3. Raising public, aging service provider and health care provider awareness of healthy aging issues
4. Addressing health disparities
5. Promoting the implementation of evidence-based health promotion policies and programs
6. Developing and implementing strong evaluation plans

DPH, DAAS, and IOA have identified the following reasons to build this partnership into a sustainable, long term relationship:

1. All three entities have limited resources. This partnership can improve capacity and time efficiency, and increase cost effectiveness.
2. Creating a sustainable partnership will result in increased opportunities to seek funding.
3. DAAS has significant expertise, strong relationships and credibility in the area of aging programming. These strengths can expand the depth and breadth of DPH programming.
4. DPH spans several disciplines and has a life span perspective. However, with an upcoming shift in demographics, such that the state will have an ever increasing number of adults over the age of 65, there will need to be a greater emphasis on adult health. This partnership will improve the reach and efficacy of health promotion initiatives for older adults.
5. IOA has significant expertise in the planning, implementation and evaluation of evidence-based health promotion programs; strong linkages to national level initiatives and resources; and a network of partnerships at the local, state, and national levels. These strengths can help support the interagency health promotion programming coordinated by DPH and DAAS.

III. Responsibilities

The main purpose of the partnership is effective collaboration. Partner organizations agree to:

- Hold quarterly lead team meetings comprised of representatives from the participating organizations.
- Share in decision-making through consensus regarding issues that impact the partners and the partnership.
- Develop, review, and approve joint healthy aging projects and publications that would benefit from the partnership.
- Embed consistent, meaningful input from each partner into one another's strategic plans and other organizational planning processes, as appropriate.

As resources and staff capacity allow, partner organizations may provide technical and evaluation assistance to partners including, but not exclusive to, the following:

- Providing training and resource materials, educational materials, and handouts.
- Providing technical support for implementation of evidence-based models.
- Assuring access to staff knowledgeable in use of evidence-based models, databases, state and local aging adult related statistics, current aging adult care and research and local, state and national resources.

DPH will offer:

1. Service as a fiduciary agency with funders and contract for the services of other partner organizations.
2. Staff participation in regular partnership meetings.
3. Access to data sets to adequately describe health conditions and risks of older adults on a state, regional or county basis in North Carolina.
4. Personnel to analyze data into state and regional trends.
5. Expertise to develop ways to better utilize or improve existing data/survey systems to develop ongoing ways to gather data on older adults in North Carolina.
6. Linkages and credibility with local health departments and Healthy Carolinian partnerships.
7. Infrastructure and expertise in public and provider education and promotion of self-management of disease.
8. Infrastructure and expertise in raising awareness/education of public, state and private agencies.
9. Information and expertise in best practices for health promotion, and disease prevention and control.
10. Experience in policy, environmental and systems change.
11. Collaboration to develop new resources, tools and funding for health promotion and disease prevention and control among the aging population.
12. Integration of data, programs and recommendations for older adult populations into existing chronic disease and prevention program strategies, plans and actions.

DAAS will offer:

1. Service as a fiduciary agency with funders and contract for the services of other partner organizations
2. Staff participation in regular partnership meetings.
3. Expertise in issues specific to older adults.
4. Expertise in outreach efforts specific to older adults.
5. Access to older adults through an extensive grassroots network in rural and urban areas of the state.
6. Linkages and credibility with older adult service providers and Area Agencies on Aging.
7. Expertise in dissemination of older adult programming.
8. Motivation to raise public health awareness of aging.

9. Collaboration to develop new resources, tools and funding for health promotion and disease prevention and control among the aging population.
10. Infrastructure and expertise in building Livable and Senior-Friendly Communities which promote Healthy Aging as a key component.
11. Access to advocacy, advisory and policy groups and tools such as Senior Tar Heel Legislature, Governor's Advisory Council on Aging, NC Coalition on Aging and State Aging Plan.

IOA will offer:

1. Compensated service for fiduciary management of contracts for the services of other partner organizations
2. Linkages of state level initiatives to national level initiatives and resources, such as those from the Federal Centers for Disease Control and Prevention and the Administration on Aging.
3. Expertise in evidence-based healthy aging program recommendations.
4. Alerts for national funding opportunities focused on aging adults and assistance with strategic planning to obtain funding.
5. Knowledge in effective program planning, design, and evaluation.
6. Global perspective on emerging areas of interest in healthy aging.

IV. Responsibilities When Engaged in Joint Projects

Related to data from joint projects, all partners are to:

- Receive routine data updates and reports.
- Maintain and safeguard the confidentiality of data or information that is written, photographed, or electronically recorded, generated and/or acquired per HIPAA guidelines.
- Develop and implement strong evaluation plans.
- Assure the protection of human subjects through application and review by an existing Institutional Review Board (IRB).
- Follow established procedures and policies as well as all IRB requirements for use and manipulation of data.
- Participate in lead team discussions regarding data analysis and report/manuscript development.

Related to compliance during joint projects, all partners are to:

- Agree to comply with any restrictions regarding the use of collectively obtained grant funds and/or any special terms and conditions set forth by funding agencies. Partners will notify one another of any such conditions as soon as the information becomes available.

Related to ownership of joint projects, all partners agree that:

- Partnering organizations agree to assess joint or individual ownership of materials, publications, and data that are produced in any jointly funded projects according to the roles and responsibilities delineated in those projects.

- Aggregate data will be accessible to all partners at all times.
- Publication, dissemination, and other usage of collaborative materials and data shall be at the discretion of the lead team.

This MOA shall begin on February 1, 2009 and end on January 31, 2012.

Division of Public Health, Chronic Disease and Injury Section
North Carolina Department of Health and Human Services

Witness

BY: _____

TITLE: _____

DATE: _____

Division of Aging and Adult Services
North Carolina Department of Health and Human Services

Witness

BY: _____

TITLE: _____

DATE: _____

Institute on Aging
University of North Carolina at Chapel Hill

Witness

BY: _____

TITLE: _____

DATE: _____