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NCIPH Vision
Transforming public health across North Carolina and beyond.
We have some exciting accomplishments to share with you in this report. The North Carolina Institute for Public Health (NCIPH) has evolved into a stronger organization with a renewed commitment to improving public health. We are better positioned than ever to fulfill our mission of transforming the practice of public health for all.

We chose a bridge as the theme for our report for two reasons. First, we often describe the Institute as a bridge connecting the School with public health practitioners in communities across North Carolina and beyond. NCIPH provides a bridge to bring insights and questions from communities into the classrooms and research labs of the School, while at the same time providing opportunities for faculty, staff and students to work alongside public health practitioners developing solutions to public health issues. This two-way bridge, with ideas and solutions flowing in both directions, helps to improve both the science and practice of public health.

Bridges also serve to connect places. In this sense, we are thinking of a bridge between the past and the future. We frequently remind both our academic and practice partners that change is a critical part of responding to public health needs. The Institute is not exempt from the need to adapt to changes in our world. The past 18 months have brought significant transformation to NCIPH. We have completed a strategic visioning process that bridges to our past and provides direction for the future. We have redefined our mission: Deliver training, conduct research and provide technical assistance to transform the practice of public health for all.

In this report, you will see examples of how we fulfill that mission. We highlight trainings, research and technical assistance that help governmental and other organizations to create healthier communities.

This report includes the funding resources and reflects on the accomplishments over the past year and a half. We recognize our success is the result of strong partnerships and support from many organizations, for which we are grateful.

We are excited about our accomplishments but there is much still to be done to improve public health. We invite you to join us as we work to bridge to a healthier future.
Our School’s mission states our commitment to serve North Carolina and beyond through education of citizens and health professionals, outreach, engagement and applying solutions to North Carolina’s health threats and problems. The NCIPH is a critical effector arm through which those activities occur. It is the most visible School presence in North Carolina and one to which we are committed deeply and fully, just as we are committed to improving the health of North Carolinians. I am proud of the important work done by our team at the NCIPH and for our many partners in North Carolina, especially those in public health across the state.

It was my pleasure to facilitate a strategic planning process for the Institute that involved the entire senior leadership team. The process we embarked on led to a clear and concise strategic context for the future and included strategies and tactics which have helped to transform the organization to more effectively deal with the challenges ahead. We also were able to position the Institute to be more innovative and entrepreneurial in its thinking.

The North Carolina Institute for Public Health is an excellent partner for the North Carolina Division of Public Health as we continue the important work of improving and protecting the health of all people in our state. The faculty and staff do indeed provide a useful two-way bridge between the excellent UNC Gillings School of Public Health and the many dedicated practitioners and officials throughout the state.
On June 28, 2012, the U.S. Supreme Court voted 5-4 to uphold the Affordable Care Act, the nation’s most comprehensive healthcare overhaul in decades. Within hours, the Southeastern Regional Center of The Network for Public Health Law prepared a summary of the decision as well as an analysis of potential impact of the Act’s public health provisions. The summary was posted on American Public Health Association’s (APHA) Website. APHA also sponsored a Webinar during which attorneys associated with the center discussed the effects of the decision on public health policies and practice. More than 3,200 people participated.

“The Affordable Care Act’s public health provisions had the potential to provide a number of opportunities for public health practice if the Court upheld the law,” said Gene Matthews, JD, former chief counsel for the Centers for Disease Control and Prevention and now director of the center. “The key was in understanding how to proceed so the law’s intended benefits could be realized as soon as possible. That’s one example of how we support and inform public health officials around the country.”

Officials in public health as well as local, state and national government have come to rely on the expert legal analysis and technical assistance that the Southeastern Regional Center has provided for the past 2½ years. The center is a collaboration between NCIPH and the North Carolina office of the National Health Law Program, one of the nation’s oldest national health law support centers. The Southeastern Regional Center is one of five regional centers supported by the Robert Wood Johnson Foundation. RWJF recently renewed its support through 2015.

The Southeastern Regional Center is a national resource for the Network on legal issues related to accreditation, health reform, maternal and child health, and structure and organization of local health agencies. In its first 2½ years, center attorneys responded to more than 260 requests for technical assistance, mostly from state and local health practitioners seeking clarity and guidance on legal issues around a specific topic. Among them: collaboration between a local health department and hospital to conduct a community health needs assessment; a specific public-health related provision of the Affordable Care Act; a legal intervention to reduce drug overdose mortality; merging two local health departments into a single entity; and the current status of Medicaid and managed care in a particular state.

The Center also has convened national meetings of public health leaders to discuss emerging public health law issues, including changes in the organization and governance of local public health agencies and restrictions on public health lobbying and advocacy.

“We hear from people all around the country about the value of the technical assistance and other resources that the Network provides which helps answer legal questions essential to their work in public health,” said Milissa Markiewicz, MPH, NCIPH research associate and project manager at the center. “More and more, public health law is being seen as an...
Measuring Disaster Recovery

Even before hurricane winds have even died down, help is on the way to communities devastated by disaster. But how effective are those recovery efforts? And when is recovery complete?

An NCIPH-led project that is part of the UNC Coastal Hazards Center, a U.S. Department of Homeland Security Center of Excellence, is developing ways to measure recovery through healthy community indicators. The project, which started Dec. 1, 2012, is led by Jennifer Horney, PhD, MPH, research assistant professor of epidemiology and manager of the NCIPH Research and Evaluation unit.

“Federal, state and local agencies all have programs to help communities recover from disasters, especially those caused by weather,” said Horney. “But we don’t have validated ways of measuring the effectiveness of the efforts and knowing when a community has ‘recovered.’ This project will provide the tools officials need to measure the impact of their actions.”

The project is developing a checklist of about 90 indicators of recovery, based on the National Preparedness Goal. Researchers are using this checklist as they prepare a case study of two communities that have undergone recovery from a recent disaster. They also will chart interdependencies—for example, some recovery efforts may rely on restoration of utilities or roads. They also are developing a tool to help state and local public health practitioners apply recovery indicators.

In addition to the US Department of Homeland Security, partners in the project are the Federal Emergency Management Agency and state and local emergency managers, planners and community stakeholders.
In October 2011, Pender County Director of Nursing Shirley Steele was having regrets about signing up for a NCIPH class on management and supervision. She knew that being in Chapel Hill for a week would throw her behind at work. But once she got to the class, her perspective changed.

“Oh my gosh,” she says, 1 1/2 years later. “I learned so much! It’s one of the best things I’ve ever done. Everybody here at the health department benefitted from what I learned. I kept the book right by my desk for a year. We just sent our nursing supervisor to a class and she loved it, too.”

Steele said the class broadened her understanding of health department budgeting and the state personnel act. “Even though you work at the health department, you rarely get the whole picture, and this helped me understand how it all fits together.”

And although she had been a supervisor for years, the class gave her insights that have helped her be an even better manager, she says.

For example, “We talked about age gaps, and how employees of different generations look at things differently,” she says. “That helped us all understand each other better.”

NCIPH partners with the North Carolina Division of Public Health (NC DPH) to provide training and continuing education for public health staff across the state. During the 18 months covered by this report, NCIPH and NC DPH partnered to deliver more than 12 different training courses to more than 1,000 local health department staff members.

Management and supervision is just one class. Others cover topics like pediatric nutrition training for WIC staff, enhanced training for public health nurses conducting physical assessments, and additional education in nutrition assessment and counseling skills for public health nutritionists dealing with women before conception and during pregnancy and lactation.
Support for these training programs comes from many different offices and groups within the NC Division of Public Health. They include:

- The Office of Public Health Nursing and Professional Development
- Children and Youth Branch
- Nutritional Services Branch
- Communicable Diseases Branch
- Immunization Branch

Training programs under these partnerships range from face-to-face statewide conferences or regional meetings, blended learning programs that take place over weeks/months and involve both face-to-face and distance learning components, as well as purely online programs. Some programs, such as those that provide skill building, also have practicum components where participants have the opportunity to engage in hands-on learning opportunities under the supervision of experienced mentors.

“It was definitely worth the time,” says Steele. “It was especially helpful to meet my counterparts in other health departments across the state. We learned so much from each other.”

**ASHLEY SIMMONS**

**PREPAREDNESS COORDINATOR, BURKE COUNTY HEALTH DEPARTMENT**

Ashley participated in the pilot program for the PC Tool Kit and had this to say:

“‘The NC Preparedness Coordinator’s Tool Kit will enable Preparedness Coordinator’s and their health department’s to have a greater understanding of how to effectively plan for public health emergencies. I think the toolkit will be a valuable asset in closing the gaps identified by the (CDC’s Public Health Emergency Preparedness) Capabilities.”
For more than a decade, Active Living By Design (ALBD) has helped people live healthier lives by influencing the design of the places we live, work and play to encourage us to move more and eat healthier.

The majority of ALBD’s work is with the nationwide initiative, Healthy Kids, Healthy Communities (HKHC), sponsored by the Robert Wood Johnson Foundation. From walking routes to schools in Portland, Ore., to a greenway in economically compromised communities south of Palm Springs, Fla., 49 partnerships supported by ALBD are making a difference in the health and futures of people throughout the country, including two communities close to home.

In North Carolina, about 30 percent of children in Nash and Edgecombe counties are obese or overweight before kindergarten. The Down east Partnership for Children—an HKHC grantee—is improving access to healthy foods and play spaces for children as young as two years old by changing policies and environments in childcare centers and throughout the community. And in Moore and Montgomery counties, one out of five children ages 5-17 lives in poverty. The HKHC partnership, led by FirstHealth of the Carolinas, works directly with leaders and decision makers in five rural towns. Results include policies requiring healthy foods at town-supported events, addition of healthy beverage options in local corner stores, and more kids biking to school.

ALBD is making a difference in North Carolina through other initiatives, too. For example, when the N.C. Department of Transportation (NC DOT) began updating its statewide pedestrian and bicycle plan, officials wanted to include an analysis of the impact of biking and walking on health. ALBD was hired to ensure health was a prominent part of the plan.

“Physical inactivity rates are high in North Carolina,” said Philip Bors, MPH, ALBD senior project officer. “Since the 1960s, for example, fewer and fewer kids have been walking or riding their bicycles to school. At the same time, obesity rates have been increasing. The causes of obesity are multi-
factorial—but we do know that increasing activity helps control weight.”

Communities that are economically disadvantaged and those in rural areas have the highest rates of inactivity. The updated state plan, called WalkBikeNC, will take a comprehensive approach to creating an environment that encourages more walking and biking.

As part of its assessment, ALBD reached out to health, planning and development officials across the state.

“The focus groups and interviews we did added perspective to the information we got from the literature review,” Bors said.

The state's updated plan is expected to be available in the second half of 2013.

Another way ALBD is supporting healthy lifestyles in North Carolina is through improved access to healthy locally-grown foods. The Blue Cross and Blue Shield of North Carolina Foundation (BCBSNCF) supports the Healthy Food Systems project, which provides grants to communities and groups across the state looking for ways to improve local food systems and access to healthy foods. ALBD provides support for grantees, including a learning network through which participants can share ideas, best practices and lessons learned.

“These projects are supporting efforts across the state to improve access to fresh, healthy, locally-grown foods,” said Joanne Lee, MPH, RD, ALBD senior project officer. “They’re providing models that can be adapted by other communities.”

For example, in Asheville, the Appalachian Sustainable Agriculture Project is supporting a “farm to school” program to provide more fresh, healthy foods at school. They’re expanding their efforts now to get grocery stores and other institutional outlets in the community to buy more local produce.

Similarly, the Feast Down East initiative, also known as the Southeastern NC Food Systems Program, has several programs to promote healthy local foods, including a “Farm-to-Chef” program that links local farmers and restauateurs. They also are working to get institutions to offer more locally grown foods. The idea is to support local agricultural economy while providing healthier foods for people.

Lee lauds BCBSNCF for supporting such a wide range of local food projects. “They understand that success can and should look different in different communities,” she said. “What we’ll see are significant, sustainable changes in local food initiatives, which will benefit both public health and the local and state economies.”

ALBD is teaming up with the John Rex Endowment to improve health of children and families in Wake County, NC. The private foundation based in Raleigh is developing a program that would provide funding and technical assistance for municipalities that want to improve children’s health by making it easier to eat better and get more physical activity. Grants will support projects like farmers’ markets, community gardens, walking and biking paths, and ensure health is addressed in municipal policies and long range plans. ALBD is helping to plan the initiative by assessing data, conducting focus groups and identifying evidence-based practices from its network of funders and partnerships across the country.

ALBD’s participation came about by chance. ALBD director Sarah Strunk, MHA, and John Rex Endowment program director Kate Shirah, MPH, were both guest speakers in a Health Behavior class. Strunk shared a case study document that ALBD had developed about lessons learned from their work with funders and community coalitions throughout the state. At the time, the John Rex Endowment was revising its strategic plan. An exploratory conversation followed by several meetings helped launch a new partnership to address the foundation’s Healthy Weight funding area.

According to Shirah, “Collaborating with ALBD has allowed us to take a fresh look at how we can leverage assets across Wake County to bring about long lasting change that supports children and their families in living healthy lives.”

Added Strunk, “Good networking can help set the stage. Investing time in honest conversations to ensure values and visions are aligned is essential for longer term success. We’re thrilled that the John Rex Endowment shares this commitment.”
GRANTS and CONTRACTS AWARDED

July 1, 2011 through December 31, 2012

2012 NC Public Health Association Annual Education Conference, North Carolina Public Health Association

2012 North Carolina State Health Director’s Conference, North Carolina Department of Health and Human Services Division of Public Health

2013 North Carolina State Health Director’s Conference, North Carolina Department of Health and Human Services Division of Public Health

Accreditation Contract, North Carolina Department of Health and Human Services Division of Public Health

Accreditation, North Carolina Association of Local Health Directors

African Network of Influenza Surveillance Epidemiology (ANISE), Council of State and Territorial Epidemiologists

Albemarle Regional Health Services Community Health Assessment Opinion Survey, Albemarle Regional Health Services

ARRA-Southern Piedmont Beacon Community Project, Southern Piedmont Community Care Plan

ASTHO Management Academy, Association of State and Territorial Health Officials

BCBSNC Learning Network and Technical Assistance for Food System Planning and Implementation Grantees

Blue Cross Blue Shield Consultant Agreement, Blue Cross and Blue Shield of Minnesota

Board of Health Contract, North Carolina Department of Health and Human Services Division of Public Health

Child Health Administrative Contract, North Carolina Department of Health and Human Services Division of Public Health

Community Health Assessment/Port Towns Technical Assistance, Kaiser Foundation Health Plan of the Mid-Atlantic States

Davidson County Community Health Assessment, Thomasville Medical Center

Davidson County Community Health Assessment, Wake Forest Baptist Health- Lexington Medical Center

Davidson County Community Health Assessment, Davidson County Health Department

Designing a needs-based and sustainable development program for State, Tribal, Local, and Territorial Health Officials, National Association of County and City Health Officials

DPH Integration Project Evaluation, North Carolina Department of Health and Human Services Division of Public Health

Evaluation of Quality Improvement Training Initiatives, Robert Wood Johnson Foundation

Evaluation of National Public Health Infrastructure Improvement, National Network of Public Health Institutes

Exploring new methods and measures to assess the impact of the economic recession on public health outcomes, Robert Wood Johnson Foundation
Fit Community-Year 5, **North Carolina Department of Health and Human Services Division of Public Health**  
Florida Writing Project, **Florida Department of Health**  
Gaston County Community Health Opinion Survey Technical Assistance, **Gaston County Health Department**  
Health Component—NCDOT Comprehensive Bicycle and Pedestrian Master Plan, **Alta Planning Design**  
Healthy Kids, Healthy Communities National Program Office - Year 5 TAD, **Robert Wood Johnson Foundation**  
Immunization Contract, **North Carolina Department of Health and Human Services Division of Public Health**  
Implementing a Regional Collaborating Center for Public Health, **Robert Wood Johnson Foundation**  
Incubator Contract, **North Carolina Department of Health and Human Services Division of Public Health**  
Management Academy, **The Association of State and Territorial Health Officials**  
Maternal and Child Health Distance Learning, **Maternal and Child Health Bureau**  
Center for Public Health Quality Evaluation, **NC Public Health Foundation**

**Funding SOURCES**

Total funding from all sources for the period of July 1, 2011 to June 30, 2012 was $8,665,058.

- Contracts & Grants $5,990,228
- Trust $1,217,258
- State Funds $646,185
- Receipts $624,890
- F & A $178,339
- Other $8,158

North Carolina Electronic Disease Surveillance System (EDSS) Contract, **North Carolina Department of Health and Human Services Division of Public Health**

Nebraska Management Academy on the Road, **Nebraska Department of Social Services**

North Carolina Occupational Safety and Health Education Research Center, Continuing Education, **National Institute for Occupational Safety and Health, Continuing Education**

North Carolina Public Health Preparedness Systems Research Center, **Centers for Disease Control**

NC National Public Health Improvement Initiative Evaluation, **North Carolina Department of Health and Human Services Division of Public Health**
Partnership for Public Health Law Evaluation, American Public Health Association
Pediatric Nutrition Contract, North Carolina Department of Health and Human Services Division of Public Health
PHMC Faculty Mentor, University of Washington
Practice Application Qualitative Analysis and Literature Review, University of Kentucky Research Foundation
Provision of Technical Support Services for Module 6 on Disaster Response for the 2011-2013 Cohort, Universidad del Valle de Guatemala
Public Health Informatics Academy, Task Force for Global Health
Public Health Management Certificate Mentor, University of Washington
Public Health Training and Information Network, North Carolina Department of Health and Human Services Division of Public Health
Responder Workforce Needs Assessment, SciMetrika
Senior Consultant Contract, North Carolina Department of Health and Human Services Division of Public Health
Southeast Public Health Training Center, Bureau of Health Professions
Sustainability Plan Development for the Crim Fitness Foundation, Crim Fitness Foundation
Training for the South Carolina Emergency Systems for Advance Registration of Volunteer Health Professionals, University of South Carolina
University of North Carolina at Chapel Hill Preparedness and Emergency Response Learning Center, Centers for Disease Control and Prevention
What about the children? A working symposium on children of incarcerated parents, Our Children’s Place
Disseminating practice based evidence is important to NCIPH. Our staff have published more than 25 peer-reviewed articles and delivered over 75 conference presentations during 2011-2012. Publication and presentation allows the findings to be shared with other professionals and across disciplines, and builds our understanding of public health and ways to improve lives.

A full list of journal publications and conference presentations may be found on the NCIPH website.

Here are some examples of important published and presented initiatives.

**American Journal of Preventive Medicine**

**November 2012 supplement**, titled “Evaluation of Active Living by Design (ALBD).”

This supplement provides an evaluation of ALBD’s five-year grant program, providing analysis and commentary that will help communities across the nation provide healthier living environments. As the supplement introduction states, “The ALBD grant program provided valuable lessons for communities, technical assistance organizations, and funders. Community partnerships experienced success in a variety of settings and their collaborative approaches encouraged multiple organizations, including funders, to participate in improving conditions for active living. Strong local leadership was a key to success and community partnerships benefited considerably from peer-to-peer learning.” The supplement includes an assessment of the 5P Community Action Model (preparation, promotions, programs, policy, and physical projects) cross-site analysis and results from a number of grantee communities. The supplement was developed in partnership with Transtria LLC, a St. Louis-based public health research and consulting company with a vision of uniting people, places and policies to revolutionize public health.
“Design and implementation of a uniform Center-wide evaluation strategy using the Kirkpatrick Model” is an oral presentation developed by NCIPH researchers Lauren Bradley, MHS; Rachel Wilfert, MD, MPH; Tanya Montoya, MPH; Karl Umble, PhD, MPH; and Lorraine Alexander, DrPH, examined the design and implementation of a uniform center-wide evaluation strategy using the Kirkpatrick Model, a four-level evaluation model for judging learning processes. A project team within NCIPH’s training and technical assistance group developed a comprehensive, theory-driven evaluation strategy that allowed them to move beyond measures of participant satisfaction and knowledge gain to collect more robust evaluation data for measuring both impact on individual learner behavior and organizational results. The idea was to provide more robust evaluation of training programs offered under the CDC-funded Preparedness and Emergency Response Learning Center (UNC PERLC). The presentation showed APHA participants how the project team structured the analysis, providing ideas and a model for similar analysis of other learning programs.