

Acknowledgements

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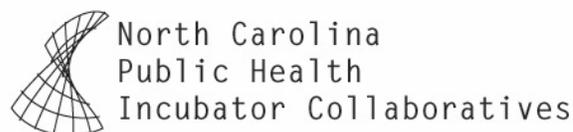
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Executive Summary

As part of the larger public health system, North Carolina's local public health agencies work to assess and protect the health of their communities. They work with key partners and stakeholders to prevent disease and promote environments and behaviors that will keep the public healthy. In addition to population level prevention and health promotion activities, many agencies provide direct patient health care services to fulfill unmet community needs.

Already an example of an innovative local public health department in North Carolina, the Cabarrus Health Alliance has been asked to explore the possibility of relocating to the new North Carolina Research Campus in Kannapolis to create the model health department of the 21st century. To help inform this vision, local, regional, and national practitioners, partners, and researchers provided input about what they expect from this new organization and its relationship to other agencies on campus and in their community. This document presents their combined vision to inform policymakers, funders, and builders about the needs of, and expectations for "The Model Public Health Agency."

Through collaborative action and innovation, the model public health agency will promote the highest level of individual and community health while promoting organizational learning and sharing of lessons learned. This organization will perform seven key functions:

- Convene stakeholders and partners
- Provide and/or assure preventive, protective, and direct health care services
- Implement health promotion programs and interventions
- Serve as the principal local public health information resource
- Create new solutions for public health practice
- Provide training to community stakeholders and staff
- Advocate at all levels for public health

Staff members of the Model Public Health Agency (MPHA) will convene local and regional partners to clarify roles and plan interventions, while maintaining strong working relationships with state-level representatives. As they explore new clinical, financial, programmatic, and administrative practices, the MPHA will share its results and stories to encourage learning and dissemination of effective strategies; on-site and virtual meeting capabilities of the MPHA will support these activities.

The MPHA will create not just a model agency, but a model healthy community that promotes healthy eating, provides opportunities for fitness, advocates for public health, and prepares for disasters, all with community buy-in and support. They will collaborate with other NC Research Campus employees to inform the design of buildings and programs that promote healthy lifestyles and promote work-site

wellness. In the broader community, staff will reach out to key community leaders in decision-making and implementation of culturally appropriate interventions. Those visiting the MPHA will experience an agency that supports client and community needs and exceeds expectations by providing wellness classes, on-site day care, and hands-on learning opportunities. The newest technology, including electronic medical records, web-based applications, and patient information kiosks will be used by staff and visitors to improve efficiency and access to relevant information. Staff members will have immediate access to the latest technologies, allowing them to provide critical information in response to routine and emergency community needs. Cross-functional teams of staff members will respond to users' needs, while continuing to maintain professional specializations that support important public health responsibilities, such as conducting community health assessments and environmental health inspections. Staff members will promote the use of effective practice and explore innovative processes for solving ongoing and new public health challenges.

The MPHA will continue to build on the success of the Cabarrus Health Alliance in exploring and sharing

organizational and programmatic lessons learned to improve the efficiency and effectiveness of public health practice. As new programs, practices, and collaborations are used to resolve public health concerns, the MPHA will report both successes and challenges to local, regional, state, and national partners. An on-site state-of-the-art marketing department will help with this dissemination, as well as in promoting the purpose and successes of day-to-day public health.

Part of this information sharing will occur through the training and education center that will be co-located with the Cabarrus Health Alliance facility – together creating the MPHA. The training and education center will provide opportunities for workforce development and hands-on classes in wellness and nutrition. The MPHA staff and educational partners will provide training and learning opportunities for visiting youth, on-site faculty, community members, and student interns. The physical space of the MPHA will contain computer labs, conference rooms, a teleconferencing center, along with other traditional educational environments, and will support observation and hands-on learning of all aspects of public health service delivery.

Public health agencies provide services that affect everyone, every day, every where. Many community members and decision-makers do not appreciate the vastness of public health's responsibilities and actions. Correcting these misconceptions, promoting public health successes, and heightening public awareness of the role of public health will be additional responsibilities of the MPHA. The MPHA will use its strong partnerships, its integral involvement in the NC Research Campus, and its dedicated on-site media center to promote public health and further its ongoing social, behavioral, and environmental change efforts.

A Vision for the Cabarrus Health Alliance as a “MODEL PUBLIC HEALTH AGENCY”

October 2006

“Achieving the Highest Level of Individual and Community Health through Collaborative Action and Innovation”¹

1. INTRODUCTION TO PUBLIC HEALTH

1. a. The mission of public health is to “[fulfill] society’s interest in assuring conditions in which people can be healthy.”² To undertake this mission, public health must work as an integrated network of professionals, stakeholders, and organizations. Collectively, these participants convene and coordinate community health efforts, address ongoing and emerging threats to the public’s health, inform policy change, protect the environment, and promote healthy lifestyles. Public health’s priority is to promote health and prevent disease at the population level, although some agencies also provide direct patient health care.

1. b. Governmental public health agencies are key members of this larger public health community. Professionals in these agencies serve as public health experts and, in some cases, providers of health care services. They also act as catalysts in bringing together other members of the public health community to form constructive collaborations and work as advocates to inform policy and decision-makers. To be effective, public health agencies must be staffed with a well-trained workforce able to access and assess up-to-date information about public health in their communities and sustain a strong and credible reputation with partners, community members, and policy makers.

2. THE MODEL PUBLIC HEALTH AGENCY (MPHA) OF THE 21ST CENTURY³

2. a. The Cabarrus Health Alliance (CHA) is working to plan and implement a Model Public Health Agency (MPHA) for North Carolina. The MPHA will both support individual and community health and promote organizational learning among public health agencies throughout the state and the nation. The CHA is the lead agency in the Southern Piedmont Partnership for Public Health (SPPPH), one of six regional “Public Health Incubators,” which are voluntary associations of local public health agencies that work together on shared public health priorities. The Cabarrus Health Alliance is also one of the original collaborators on planning the North Carolina Research Campus, a massive scientific and economic

¹ “Achieving the Highest Level of Individual and Community Health through Collaborative Action and Innovation,” is the current mission statement of the Cabarrus Health Alliance.

² Institute of Medicine (1998). *The Future of Public Health*. Washington DC: National Academy Press.

³ The original conception was to plan the “model health *department*.” However, discussion groups determined that excluding the word ‘department’ may help reshape the image of public health at the local level, and the project was named accordingly.

revitalization project that will be constructed at the former Cannon Mills plant in downtown Kannapolis, North Carolina.⁴

2. b. Planned MPHA activities will be based upon the nationally recognized standards and operational definitions documented by the National Association of County and City Health Officials (NACCHO) [see *Appendix A*]. The vision of the MPHA is also informed by the opinions of local and national public health practitioners and academics, solicited through an extensive information collection exercise. The MPHA will:

- Play a central role in convening public health stakeholders and partners
- Provide and/or assure preventive, protective, and direct health care services to all segments of the community
- Implement effective health behavior change programs and interventions
- Serve as the principal local public health information resource
- Create innovative solutions for public health practice challenges
- Provide training to members of the community, students, and the public health/health care workforce
- Advocate at all levels for understanding and support of public health

2. c. The MPHA will maintain a focus on customer service and performance improvement, using innovative technology, well prepared and equipped public health workers, and community and campus-wide collaboration. This nimble organization will be operationally and physically prepared to respond to current and emerging public health needs and threats. Its programs will respond to community needs and priorities and take an authoritative and participatory role in emergency preparedness and response. As issues emerge and additional responsibilities are undertaken at the local level (e.g., public health genomics, informatics, pandemic influenza planning and response), this agency will develop and evaluate related operations and share its work with public health researchers and practitioners across the state.

2. d. The MPHA will conduct research and promote “practice-based evidence⁵,” while maintaining the integrity of public health research by protecting participants from physical or emotional harm. The leadership and governance, as well as the infrastructure and environment connected to this agency, will be designed to enable and reinforce program efforts to improve and protect the health of the public. Throughout research, practice, and dissemination, the MPHA will remain focused on the strengths and needs of its community constituents.

⁴ For more information, visit <http://www.northcarolina.edu/content.php/pa/kannapolis.htm>

⁵ A term used in the expert discussion in referencing the following article: Green, LW, & Glasgow, RE. (2006). Evaluating the Relevance, Generalization, and Applicability of Research: Issues in External Validation and Translation Methodology. *Evaluation and the Health Professions*. 29 (1): 1-28. Practice-based evidence refers to evidence based on experiences from public health practice where programs are studied in typical implementation settings, versus optimal conditions established in controlled research settings (i.e., evidence-based practice).

3. ROLES AND RESPONSIBILITIES OF THE MPHA

I. *Play a central role in convening public health stakeholders and partners*

3.1. a. As a central element of a larger system, whose members will need to work together to assure conditions in which people can be healthy, the MPHA will proactively engage others in the community in collaborative decision-making and other joint activities to leverage their respective resources and expertise.

3.1. b. The MPHA will provide the following services in its role as a convener of public health partners and resources:

- Identify potential partners, cultivate relationships, and determine public health issues and needs where specific partners could be involved
- Maintain an internal culture where staff are alerted to opportunities for collaboration, communicating with the larger community in such a way that the MPHA immediately comes to mind as a partner or catalyst in undertaking collaborations
- Continually monitor health data and community conditions, to better understand and respond to current and emerging public health needs
- Involve community partners in understanding health needs and quality of life issues and in making decisions about how to address them
- Proactively engage diverse community groups in culturally appropriate public health interventions
- Clarify the complementary roles of the MPHA and other local social service agencies to promote overall good health
- Collaborate with emergency responders, community members and businesses to build the relationships, communications, and resources needed to assure that they are prepared for disasters and organized to respond to public health threats

3.1. c. The MPHA will work with partners from the North Carolina Research Campus and a number of local, regional, and state collaborators. Some important local partners and collaborative activities may include:

Partners	Collaborative Activities
Hospitals & Medical Care Providers (e.g., NorthEast Medical Center, Community Free Clinic, Cabarrus Family Medicine)	Share electronic medical records (EMR) information, provide complementary health care services, collaborate on prevention programs
Mental Health Providers (e.g., Piedmont Behavioral Healthcare, Daymark Recovery Services, NorthEast Psychiatric and Psychological Institute)	Partner on prevention programs, provide complementary services, and share appropriate patient information
Schools (e.g., Cabarrus County Schools, Kannapolis City Schools, Hispanic Learning Center)	Collaborate on school nurse programs and prevention programs
Health and Human Service Agencies (e.g., Cabarrus County DSS, Cabarrus County Transportation Service)	Partner on prevention programs, share customer case and billing/collections information

Partners	Collaborative Activities
Emergency Responders	Assist with infectious disease, bioterrorism, and natural disaster outbreak preparation and response
Insurance Companies	Explore possible funding sources, collaborate on prevention programs, share case and collections-related information
Colleges & Universities (e.g., Rowan-Cabarrus Community College, Cabarrus College of Health Sciences, Duke University, NC State, UNC-CH, UNC-C, UNC-G)	Collaborate to develop and deliver trainings and interventions, conduct research, establish internships and other student placements, study practice-based case studies, and conduct clinical trials
Faith-based Organizations (e.g., Cooperative Christian Ministry)	Partner on planning and implementation of prevention programs and the community assessment process
Local Media	Support public health advocacy, collaborate on prevention programs, outbreak alerts, and presentation material development
Elected Officials	Explore funding sources and opportunities, build support for public-health related legislation and advocacy
Local Businesses	Plan and implement work site wellness programs, support health care access programs and public health advocacy, explore possible funding sources, and support clinical trials
Volunteer Interest Groups & Non-Profit Organizations (e.g., Meals on Wheels, Habitat for Humanity, YMCA, United Way)	Collaborate on prevention programs, and provide capacity/surge capacity during outbreaks and disasters

3.1. d. The MPHA will have the opportunity to work with local organizations that are also part of the North Carolina Research Campus, including constituent health care providers, colleges, universities, and businesses. Collaboration on the NC Research Campus may include activities listed in the table above, as well as additional opportunities to define relationships and responsibilities among partners and help design campus facilities.

3.1. e. The MPHA will be central to the NC Research Campus and participate in decisions related to:

- Establishing research policy and procedures
- Development of research program priorities
- Application of public health best practices
- Development of training initiatives and curricula for residencies, internships, and fellowships
- Designing the physical layout of the NC Research Campus to promote “active living” and to foster informal communications and an experience of community among the MPHA and other campus partners

3.1. f. The MPHA regional partners will include other member health departments in the Southern Piedmont Partnership for Public Health (SPPPH). The MPHA will regularly share its lessons learned with all partners and continue in its role as a member of that partnership, whether through disseminating successful practices, providing access to a regional lab and training facilities, or collaborating to secure regional funding. As information and practices are disseminated through the SPPPH, they may be adopted by members of other public health incubators and by local health departments though out the state.

3.1. g. The MPHA will continue to function under the guidance of state laws and regulations. Communication links to the NC Division of Public Health (DPH) and Department of Environment and Natural Resources (DENR) will be in place to support innovation and dissemination of public health practices (e.g., quality improvement findings, IT systems implementations, research results, practice-based evidence) and other lessons learned. One opportunity for collaboration is the location of a regional lab at the MPHA to supplement the work of the state lab in Raleigh.

3.1. h. Overall, the MPHA will strive to establish formal mechanisms and a culture of partnership through sharing information and participating in collaborative initiatives, playing both leadership and supporting roles. The MPHA will continue to promote collaboration through formal mechanisms such as Healthy Cabarrus, a community group affiliated with Healthy Carolinians, whose members work together to improve the health of their community. The involvement of the Cabarrus Health Alliance in this group has been a key component in building support for public health, understanding community concerns, and determining who will do what to address these concerns. Healthy Cabarrus will provide input into the future work of the NC Research Campus and help the MPHA review how to involve the community in setting research and practice priorities.

2. *Provide and/or assure preventive, protective, and direct health care services to all segments of the community*

3.2. a. The Cabarrus Health Alliance currently provides clinical services (child health and pediatric clinic, family planning, maternal health services, home health, supplemental nutrition and education services - WIC, sickle cell testing and counseling), dental health services, laboratory services, and communicable disease services (testing, treatment, and counseling for sexually transmitted infections, HIV case management, tuberculosis screening, immunization services, and international travel vaccination and education). Clinical preventive and treatment services are provided to segments of the population that have limited or no access to private sector health care, due either to a lack of accepted health insurance, or to limited service availability elsewhere in the county. These services will continue to be provided, improved, and/or altered by the MPHA in response to changing and emerging community health needs.

3.2. b. To assure conditions in which people can be healthy, the Model Public Health Agency will also include key public health activities related to environmental health, disaster preparedness and response, and disease and outbreak surveillance (see section 3.4. c for more details).

3. *Implement health promotion programs and interventions*

3.3. a. As an important component to the effective practice of public health, the Model Public Health Agency will work with partners, staff, and researchers to understand, and

encourage healthy behaviors in all aspects of the MPHA⁶. Health promotion and education interventions implemented to alter unhealthy behaviors will focus on working with individuals, families, organizations, communities, and their environments, to address issues such as youth tobacco use, worksite wellness, physical inactivity, and access to dental, mental, and medical care.

3.3. b. A key role of the MPHA will be to promote healthy living and healthy communities. The MPHA will be central to local efforts by the city and county partners, local business, and other members of the NC Research Campus in their efforts to formally establish a healthy living environment and culture in Cabarrus County and to represent Cabarrus as a healthy living community to the rest of the state and nation. To assist with this, the MPHA staff will work to provide culturally appropriate information and education across the lifespan through on-site classes and outreach into the community, in many cases teaming up with other community partners. Programmatic examples include:

- **Fostering healthy eating** through collaboration with schools and extension services to provide culturally appropriate cooking classes, coordinating with local farmers and grocery stores to provide healthy, reasonably-priced foods, and promoting existing programs such as “winners circle,” at local restaurants, and Promotares, a program to deliver health communications to the Latino community through parish nurses
- **Promoting active lifestyles** by working with city and county planning and NC Research Campus architects to design spaces conducive to “active living,” working with schools to establish physical education and health as priority school activities, and partnering with senior citizen and recreation centers, such as the YMCA, to develop and promote engaging, convenient, age appropriate exercise programs (e.g., for pregnant mothers, young children, adolescents, parents, older adults)
- **Improving access to preventive messages** through providing regular instruction of local health care providers, working with health insurance companies to cover preventive health visits, implementing workplace prevention efforts, and developing social marketing efforts to encourage routine medical and dental visits
- **Supporting substance abuse and mental health programs** by partnering with the appropriate agencies to provide and/or assure access to programs related to depression awareness and screening, stress and coping mechanisms, and substance abuse

3.3. c. These services will be made available to all members of Cabarrus County. Many of these services, such as cooking classes, access to healthy food, exercise classes and facilities, healthy behavior classes, walking trails and public health library resources, can be helpful to everyone, regardless of socio-economic status. The MPHA will strive to provide state-of-the-art prevention services and facilities, and will include the communications

⁶ Though the Model Public Health Agency should strive to provide and support the infrastructure and education necessary to support healthy behaviors, it should not be an agency directly responsible for social, economic, and/or political change.

capability to make the programs known, to publicize their effectiveness, and to proactively engage community partners.

3.3. d. The MPHA will take particular care to reduce health disparities by making programs and services known and available to segments of the population exhibiting unhealthy behaviors and poor health outcomes. Critical to the success of these efforts will be partnerships with voluntary and nonprofit organizations, particularly faith-based organizations. To pursue such partnerships, the MPHA will seek out and establish ongoing relationships with influential community leaders and their organizations throughout Cabarrus County. The MPHA will work with them to identify high priority health issues, collaborate on the securing of funding, and provide technical support for interventions.

3.3. e. The MPHA will play a central role in promoting healthy lifestyles on the NC Research Campus in particular, by virtue of its physical proximity to others in this campus community. Example activities might include organizing a farmer's market to be located on the campus, inviting other campus employees to come to the MPHA cooking facility to learn how to prepare and enjoy healthy meals, and offering "brown bag lunches" at which MPHA staff members would share, in layman's terms, up-to-date findings on nutrition. The NC Research Campus community will be a powerful vehicle for the dissemination of healthy behaviors throughout the region, as members take what they have learned to their families and friends throughout the area.

3.3. f. The MPHA will also provide child care services on a sliding scale for MPHA staff, health agency visitors, and NC Research Campus staff. The service may initially accommodate about 75 children and could expand to serve up to 250 children. This service will include typical education, care, and play opportunities within a "healthy lifestyles" culture, providing a safe, happy, and constructive environment for children. This service will be a material benefit to MPHA staff and their clients, enhancing the efficiency of clinic services, encouraging more regular use of the MPHA by its customers, and fostering opportunities for interaction by MPHA staff and other campus employees and students. This service may also partner with others on the NC Research Campus to investigate practices related to encouraging healthy behaviors at a young age and other relevant public health questions.

4. *Serve as the principal local public health information resource*

3.4. a. The MPHA will include informed staff members who can provide health information when called upon by their public health partners and the larger community. To assure that MPHA staff members are continuously well-positioned to respond to requests for information, they will work in collaborative and cross-disciplinary teams, attend ongoing trainings, access information via the internet and campus resources, and receive daily updates on public health in the news.

3.4. b. All staff members will be responsible for knowing the general role of public health, how public health is organized in North Carolina, and how to access information on other social services agencies that provide complementary services. This information will be

conveyed to staff during new employee orientation and made available through resource information on the agency intranet. In addition, all staff will be aware of any current public health events, emergencies, or threats through reading email alerts and “spotlight” segments on the website.

3.4. c. Some staff members will be responsible for specific areas of additional expertise, in support of the following topic areas: 1) outbreak/disaster preparedness, 2) environmental health, 3) public health prevention and preventive health care, and 4) community assessments. The appropriate MPHA staff will be aware of the most current research findings and primary data collected by the agency, regularly participate in field planning and routine training, and be ready to exchange information with other members of the public health community at the local, state, and national levels. Below is a listing of example topic areas, specific topics of expertise, and potential roles for the MPHA as the principle public health information expert for the community:

Topic Areas	Example Topics	Example Roles
Outbreak/ disaster preparedness	Biostatistics, biological and chemical agents, crisis leadership, disaster planning and recovery, emerging and re-emerging diseases, epidemiology methods, forensic epidemiology, incident command systems, public health law, risk assessment	House regional epidemiologist and coordinate closely with PHRST team and the UNC School of Public Health/NCIPH North Carolina Center for Public Health Preparedness to train first responders on selected topics (e.g., mass immunizations), develop and practice outbreak/disaster plans, staff a disaster hotline to provide accurate and timely information to the community, develop best practice response materials and communication strategies for elected officials and the public, public speaking
Environmental Health	Food, lodging and institution sanitation (11 knowledge subsets), on-site wastewater (3 knowledge subsets), sanitation of child care centers, public swimming pools, tattooing, sanitation of residential care facilities (family foster homes) and rules governing the sanitation and safety of migrant housing, public health impact of environmental pollution and contamination (e.g., lead poison in children, pesticides and birth defects, air quality and asthma)	Oversee regulatory activities, provide training, proactive consultation with businesses, public speaking, collaboration with branches in DENR and the DPH about the response to public health issues that stem from the environment (e.g., lead poisoning, rabies, mosquito borne illness, asthma)
Public Health Promotion and Disease Prevention	Effective and promising prevention practices for chronic illness (e.g., heart disease/stroke, diabetes), sexually transmitted infections, and substance abuse, injury prevention, and preventive healthcare best practices	Secure funding, manage school, worksite, and faith-based intervention projects, provide technical assistance and health promotion materials (including assistance to city planning on “active living” community planning), coordinate joint prevention and promotion activities, public speaking, provide wellness classes
Community Assessments	Public health priorities, effective community collaboration, gathering and	Coordinate and collaborate with others in the public health community to collect, analyze,

Topic Areas	Example Topics	Example Roles
	reporting detailed information (e.g., prevalence of illnesses, demographics, access to healthcare)	report, and publicize information about the community's public health priorities
Patient/vital records	Vital records, security, HIPPA compliant patient information	Coordinate with community partners to institute electronic recordkeeping

3.4. d. A key role of the MPHA will be to work closely with local and regional media not only to gain assistance during times of crisis but to help gain financial, community, and political support for day-to-day public health activities. This role is discussed in more detail below.

5. Innovate, providing new solutions for public health practice

3.5. a. The MPHA will be a resource for the innovative practice of public health, exploring and sharing effective practices that respond quickly to challenges and opportunities. Fortunately, the Cabarrus Health Alliance, as it works to plan and implement the MPHA, is already well-positioned to fulfill this responsibility in several ways:

- As a public health (hospital) authority, the CHA is free of many of the bureaucratic constraints other local health departments must address. For example, staff hiring can be accomplished quickly, and outstanding performance can be recognized with bonuses and other incentives. The CHA is also better able to establish billing practices, and identify varied sources of funding due to its organizational structure.
- The Director of the CHA has a long history with both the organization and the community. His experience, vision, and relationships with other public health partners will help enable the MPHA to organize and coordinate new initiatives relatively quickly and in a way that benefits everyone.
- The CHA has an established culture and practice of continuous quality improvement. It has engaged with the Institute for Healthcare Improvement to streamline clinical services, and has enrolled staff in Continuous Quality Improvement (CQI) "Plan, Do, Study, Act" training, which helps improve services throughout the agency. Staff members are accustomed to looking for opportunities to improve public health practice.
- As the lead agency in the Southern Piedmont Partnership for Public Health (SPPPH), the CHA already works collaboratively to share experiences and resources and implement innovative capacity building and prevention initiatives. This experience will serve the CHA well as it evolves as the MPHA.
- The CHA has a long-standing commitment to customer service. A warm, friendly, caring, and respectful staff puts patients and other customers at ease when they seek preventive and health care services, and helps to overcome stigma and promote a positive image of public health.
- As one of the original collaborators on the NC Research Campus project, the CHA has a unique opportunity to promote public health activities and principles throughout the campus as the MPHA.

All of these conditions foster the ability to undertake innovative, effective joint initiatives.

3.5. b. To further innovation, the MPHA will establish a formal process to identify opportunities, plan and implement pilot efforts, evaluate their outcomes, rework initial efforts where necessary, end unsuccessful efforts, and disseminate lessons learned.

3.5. c. As a public health (hospital) authority, the MPHA will continue to engage in and disseminate innovative practices. The following are examples of potential activities:

- **explore public health “business” opportunities**, explore opportunities for staff incentives, and present the pros and cons of the public health authority model to other departments
- **continue to apply CQI activities to clinical and other health care services** to improve efficiency and customer care and disseminate lessons learned to other SPPPH departments
- **expand collaborative activities** with other SPPPH departments, continuing to bring staff together to identify and disseminate resources and lessons learned from their regional finance and grant writing work groups to improve on existing collaborations
- **initiate discussions with other NC Research Campus academic partners, urban planners, and businesses** about possible public health-related initiatives on the NC Research Campus (e.g., health childcare facilities, cooking classes, and campus design elements)
- **explore and evaluate distributed care models with central and satellite clinics**, introducing various staffing models, EMR information sharing with other health care providers, alternative transportation models, and periodic collaboration with medical specialists who could provide consultation and diagnosis using telemedicine and teledentistry technologies
- **introduce state-of-the-art public health facilities and evaluate changes** in client response and satisfaction, staff productivity, and intervention effectiveness compared to other public health agencies and the CHA before its transition to the MPHA
- **establish a state-of-the-art marketing and public relations capability**, leveraging the agency’s place in the NC Research Campus and its role as a MPHA to make public health more visible, to encourage greater funding, promote the North Carolina Research Campus, the city of Kannapolis and Cabarrus County as healthy communities, and encourage healthy behaviors; this capability will also support the dissemination of lessons learned and “practice-based evidence”
- **explore and evaluate program delivery options** (e.g., contracting out versus developing internal capacity, or both) to compare process and outcomes of existing and innovative practices

- **expand community outreach efforts** through cultivating relationships with voluntary and faith-based organizations to plan program interventions, allow community members to learn more about public health, and create volunteer opportunities with the MPHA

6. *Provide training to members of the community, students, and the public health/healthcare workforce*

3.6. a. With regard to health education on the North Carolina Research Campus and in the larger Kannapolis and Cabarrus County communities, the MPHA will focus on prevention activities and population health. The MPHA will seek funding to promote, evaluate, and disseminate practice-based evidence. The Cabarrus Health Alliance is already very active in its health education activities. As a MPHA existing activities will continue and perhaps expand. Technologies to provide distance learning alternatives will be introduced (e.g., facilities and collaborations to provide easy and inexpensive nutritional information online and on CD), and facilities and programs will be established for members of the campus community (e.g., worksite wellness programs, nutrition and cooking classes, physical activity programs). The MPHA may also enroll and form advocacy groups of campus members to disseminate prevention interventions to the larger community.

3.6. b. Further, to give other organizations on the NC Research Campus an opportunity to understand more about local public health practice, the MPHA will establish an exchange program/employee swap program with other NC Research Campus members. This cross-fertilization is intended to build bridges for research opportunities as well as provide a greater understanding of how other disciplines and professionals can contribute to building collaborative solutions.

3.6. c. The effective education and recruitment of students at various educational levels is key to strengthening the public health workforce. The MPHA will support or develop an educational outreach function that establishes formal relationships with the school on the NC Research Campus, area high schools, community colleges, universities, and medical schools to recruit students and provide structured on-site learning and practicum opportunities (e.g., internships and fellowships that include work plans, mentors, hands-on experience, and research opportunities). The objective of this function is to encourage greater awareness and interest in public health as a career, better prepare interested students to work in public health, and provide an additional staffing resource to the MPHA.

3.6. d. To serve the professional development of existing public health employees, the MPHA will team up with the University of North Carolina's School of Public Health. As the service and outreach arm of the School, the North Carolina Institute for Public Health (NCIPH) will establish a Public Health Academy site at the MPHA. "The Academy" will provide several services. It will act as a clearinghouse where public health employees in the Southern Piedmont region can go to identify training options, including certification trainings, technical offerings (e.g., training in basic computing skills, basic statistics, or GIS mapping), or learning

resources (e.g., library, internet sites with information about a specific topic). The Academy will also organize “schools” that provide curricula and courses for various public health disciplines (e.g., health directors, nursing, and environmental health professionals); and it would provide assistance for curriculum and course development. Some of these training opportunities will be provided on-site; the academy will also provide distance learning opportunities, including video conferencing, web-based courses, and DVD resident courses. These distance-based courses will target the needs of the regional health departments first, and could also be made available to others throughout the state and country.

7. *Advocate at all levels for understanding and support of public health*

3.7. a. As an advocate for public health, the MPHA will respond to key public relations issues facing public health locally and regionally, including the following:

- Public Health is essentially invisible to much of the public, because when it is working well people often do not notice that it is there.
- Public health is often narrowly defined as merely providing clinical services for disenfranchised groups.
- Clinical services provided by public health agencies may be seen as second-rate.
- The media rarely report on non-crisis public health activities, and thus fail to demonstrate the broad range of programs and services public health provides.
- Local health departments often do not have a trained staff member dedicated to using the media to promote ongoing public health efforts and events.

3.7. b. Public perceptions are important. Without adequate media attention to the array of services public health provides and assures, services that support everyone, everywhere, every day, public health will not receive adequate financial support, community response and sustained political will. Without these supports, the public health system, and its component governmental agencies, is often left with minimal resources to respond to ongoing and emerging community health needs and limited capacity to educate decision-makers and community members about public health hazards and challenges.

3.7. c. The MPHA health director will fulfill the role of advocate in the design and execution of MPHA programs, encouraging the agency to “speak with one voice,” developing and maintaining relationships with local, state, and national policymakers, and being actively engaged in the media activities of the MPHA. In his role as an advocate with policymakers, the health director, as well as appropriate staff members, will be recognized public health experts, understanding and explaining the public health system and local responsibilities, knowing the public health priorities of the community, being well versed in public health issues that are receiving local, regional, and national media coverage, and recognizing potential public health threats to the community. Beyond being the policymaker and media “go to” person regarding public health, this public health director will enhance public health’s visibility and support by proactively informing policymakers through personal communication, building community support, and hosting events that publicize public health.

3.7. d. To more systematically support the Director and others who have public information responsibilities, the MPHA will have, or have ready access to, media-related production and dissemination capabilities. These capabilities will support a number of possible roles and activities to make public health visible on a regular basis. Media related roles will include the following:

- **Develop and disseminate** promotional materials
- **Create and issue** news releases and reaction statements
- **Coordinate** public health events (e.g., a public walkathon to highlight obesity issues)
- **Distribute and maintain** public health information kiosks across the NC Research Campus, in public buildings, and other gathering places
- **Create and implement** an interactive on-line public health atlas with community assessment information available to the media and general public
- **Explore and replicate** media efforts proven successful elsewhere, such as the New York Turning Point Project with the Third Thursday Breakfast Broadcast on public health issues using local public cable services

3.7. e. An overarching goal of the MPHA is to enhance the visibility, and thus the effectiveness, of public health. Its location on the new NC Research Campus will position it to fulfill this goal by continuously informing the public about its new facility and its range of services. The MPHA will post news releases about collaborations with the various campus partners, develop and distribute videos, and post information and links on its website, and on partner sites, about joint, student-centric programs. Whenever the MPHA works jointly with others on the campus, introduces new campus-wide programs, builds new facilities on campus, or leverages its campus affiliations to initiate a larger community program, an opportunity exists to inform and influence members of the media, policy-makers, and the community at large.

3.7. f. The North Carolina Research Campus is focused on nutrition and healthy lifestyles, creating an environment where local and regional policymakers consider a healthy community to be an important economic development selling point. It follows that the key decision-makers in the Cabarrus County community and Southern Piedmont generally may be more than typically amenable and accessible to MPHA initiatives and messages. Assuming the Kannapolis and Cabarrus County leaders decide to leverage the presence of the new NC Research Campus to become and be known as model “healthy communities,” the MPHA will be central to the development of strategies to improve the health of the community and to market this image. The MPHA will also play an important role in promoting the NC Research Campus itself.

3.7. g. The MPHA will include a formal, ongoing evaluation of its advocacy materials and activities. This evaluation will include a continuous quality improvement (CQI) process to look for opportunities to improve their advocacy effort, and assist the MPHA in clarifying and disseminating lessons learned.

4. CONCLUSION ON ROLES AND RESPONSIBILITIES

4. a. The MPHA will be a model not just for the NC Research Campus and the Southern Piedmont, but for the state of North Carolina and public health departments nationwide. In addition to performing its duties as a local public health agency, it can be a true model for others throughout the country. In all of its functions and communications, the MPHA will keep this responsibility in mind, and constantly look to its experience for opportunities to help other local health departments in the region, in the state, and in the nation better serve their communities, now and in the future.

5. INFRASTRUCTURE NEEDS AND REQUIREMENTS

5. a. The functions listed above have various implications for infrastructure needs and capabilities. Below is the description of a possible physical layout of the MHPA and a table of space and information technology (IT) infrastructure requirements related to the specific roles and responsibilities planned for the MPHA.

5. b. The MPHA facility will consist of two primary facilities joined by a centralized reception and information area. The main facility will be the **public health alliance**, the service delivery unit that houses public health staff (health educators, environmental health staff, nurses, social workers, etc.) and the related clinical and public health services and programs they provide. The other will be an adjoining **training and education facility**. This facility will be staffed in-person by Cabarrus Health Alliance (CHA) staff and virtually or locally by their partners and faculty (such as NC-DPH consultants, NCIPH, YMCA, NC Research Campus faculty, extension service agents, community college staff, etc.).

5. c. The **public health alliance** facility will be configured in a manner that encourages maximum public use. The outpatient clinic will provide easy public access between the building and parking. The entrance and reception areas will be inviting and friendly, with kiosks to provide public health information and educational materials. Limited seating will be provided in the reception area, to encourage exploration of the information kiosks and other educational health related areas and materials. The round, easily-identifiable reception desk will be located in the middle of the area, providing access to a variety of services and information, including registration for new and scheduled appointments, training registrations, and directions to service areas.

5. d. Specific service areas of the **public health alliance** will be easily accessible from the core information area and clearly labeled with signs in English and Spanish. Service areas will have ample waiting space with kiosks providing educational information. These service areas will be co-located and interconnected, to facilitate the movement of patients, efficient workflow of staff from one area to the other and outstanding customer service.

5. e. The design of the **public health alliance** facility will be as open as possible while still assuring privacy for confidential discussions and clinical activities. Staff operational areas will take advantage of natural lighting and make minimal use of cubical office designs. Work

spaces will be large enough to allow for intern and training observation in all areas of the agency, as well as observation by others who wish to learn from the MPHA successes and challenges. The design will be similar to the concept of a teaching hospital that allows learners to shadow and be involved in day-to-day operations and discussions. Spaces may be large, to accommodate for these extra observers and hands-on teaching activities. In addition, meeting space will be available for small group “grand rounds” to discuss different cases, challenges, solutions, etc. These rooms will be well equipped with the technology necessary to communicate via videoconference, internet, or telephone with others throughout the world.

5. f. The **public health alliance** facility will include two additional service spaces, a childcare center and a wellness center. As noted above, the MPHA will include a daycare facility for the use of clients, MPHA staff, and other members of the NC Research Campus community. The facility will be modeled after the well-regarded daycare center such as that located at the SAS Institute in Cary, N.C (www.sas.com). Each classroom will have a bathroom, a child-height sink, a telephone, a computer, and at least one wall with large windows. The childcare center will also include a multipurpose room, a kitchen area, and a playground. The Wellness Center will be modeled after one such as the Duke University Center for Living (www.dukecenter.org) and will include both a workout facility for MPHA and campus employees, and meeting space to provide specialized training in custom exercise programs, stress management, and nutrition.

5. g. An on-site media center will provide state-of-the-art resources for creating health communications through video, radio, print, internet, etc. This center will have the equipment and technology to take health messages out to surrounding communities as well as providing media development services to other health departments throughout the state. As part of this media center, a health communications expert will be available to think innovatively about how to get out messages, as well as work with other program and departmental staff to build their capacity to market their work. The MPHA may partner with other campus facilities and/or utilize resources available through the city and/or county to support this effort.

5. h. In addition to internal access to other service delivery areas of the agency, environmental health will have access directly to the parking lot, to facilitate their fieldwork activities. They will also have technology such as tablet PCs, handhelds, and on-site printing for state-of-the-art environmental health field work. In collaboration with the DENR, the MPHA training facility may be used to train environmental health staff throughout the state and region. These specialists in training could use the services and facilities on the NC Research Campus to learn and practice required skills (e.g., conducting pool and restaurant inspections, ensuring proper well construction, and investigating on-site wastewater treatment).

5. i. Low cost transportation to and from the MPHA will be available for communities shown to have limited transportation options. The building will also be located on the outer edge of the NC Research Campus, with adequate parking, to reduce barriers for visitors who are driving.

5. j. Sidewalks from the city of Kannapolis and buildings on the NC Research Campus will be available for those who wish to walk or bike to the MPHA and its partner organizations.

These methods of transportation will be encouraged as part of an overall strategy to promote healthy living throughout the campus and Cabarrus County communities. North Carolina Research Campus members may also consider establishing a bike share opportunity, so that staff can borrow bikes from a rack and return them at other sites on campus.

5. k. Temporary housing will be available that offers a variety of options for visiting students, faculty, and public health workers. This housing may serve visiting interns, medical residents, researchers, etc., of the MPHA only or be part of a larger facility that houses any visitors to the larger NC Research Campus. This residential area will be within walking distance of the MPHA, will have some furnished housing, and will have access to the internet and the on-site wellness center.

5. l. Complementary facilities, including a grocery store and farmer's market and satellites of related human services agencies, will be located next to the MPHA building. The grocery store and farmer's market will operate through a partnership between the NC Research Campus, a grocery store chain, and local growers. The satellite agencies will provide complementary social services (e.g., child abuse, mental health, and substance abuse services) and will work with the MPHA to provide a full array of easy-to-access resources.

5. m. The **training and education facility** will be a learning resource and training center with scheduled events for staff and the public. For the public, most of the events will consist of hands-on experiences provided by MPHA staff, such as cooking, exercise, and "healthy lifestyles" classes. Continuing education, performance improvement, and job training for public health practitioners will be provided by staff and consultants from the NCIPH, AHEC, DPH, and other partners. The MPHA will also have access to and/or serve as a regional broadcast site for the Public Health Training and Information Network (PHTIN) as another tool for helping offer staff training.

5. n. To accommodate these uses, the training and education facility will include flexible classroom space, a youth-centered health learning center, a computer lab, a library, a training kitchen, and office space for training staff and consultants. The computer lab will be designed with enough space and flexibility to address the research needs of visiting faculty, the training needs of health educators, and basic computer skills training for staff.

A youth health education center will provide young student visitors with an opportunity to participate in hands-on activities where they learn about healthy lifestyles. It will include an exhibit and activities space and selected access to the wellness facility, computer lab, and library. The library will be a quiet environment with considerable external lighting, access to leading public health journals and periodicals, and internet access. It will be available to MPHA staff, clients, and NC Research Campus students and faculty.

Infrastructure Requirements of the MPHA

Space Requirements	Estimated # of Staff/visitors	Paragraph References	Comments
Meeting space			
Board room	25		Board room with telephone and videoconferencing and video display capabilities
Large conference room	200		Conference room to accommodate up to 200, participants, telephone, web-casting, video display capabilities, and videoconferencing to enable access by non-resident MPHA employees
4 small conference rooms with expanding walls	25 per room		These conference rooms should accommodate up to 25 participants each and include telephone, videoconferencing, video display capabilities. These rooms will have expandable/moving walls in order to increase capacity of the large or smaller rooms as needed.
Exercise meeting room	15		Meeting space for physical activity trainings
Office space			
<u>Administration</u>			
CEO	1 public health director	3.1.b, 3.1.e, 3.1.h, 3.7.c, 3.7.d, 3.7.e, 3.7.f, 3.7.g	Plays key role in relationship building, identifying opportunities to partner, promoting culture of partnering in MPHA, participation in discussion that address research policy and procedures and research program priorities on the campus; application of public health related best practices, development of training initiatives including residencies, internships, fellowships

Space Requirements	Estimated # of Staff/visitors	Paragraph References	Comments
Inform. Tech	1 manager/ 3 staff		
Finance	1 manager/ 7 staff		
Clerk to Board	1 staff		
Human Resources	1 manager/ 1 staff		Includes diversity function
Medical Director	1 manager	3.1.e	Participates in campus discussions that address research policy and procedures and research program priorities; applies public health best practices, develops training initiatives including residencies, internships, fellowships
Facility Services	1 staff		
Public Relations	1 PIO, 1 staff	3.1.b, 3.1.c, 3.1.d, 3.1.f, 3.3.c, 3.3.d, 3.3.e, 3.4.c, 3.7.c, 5.g	This is a new function, that includes a PIO and a graphics design/publications staff member, would coordinate with the health director (advocacy), QI (disseminate lessons learned), Health Initiatives (health promotion), & training (advertising); publicize public priorities of community; collaborate with local, regional, and state media re: PSA's, news releases, etc., coordinate with the NC Research Campus PIO, provide media access/services for Southern Partnership on key local and regional news items, coordinate Southern Piedmont Partnership legislative events, assist city & county efforts to promote city and county as healthy communities.
<u>Public health preparedness</u>	1 staff	3.1.b, 3.1.c, 3.4.c	Work with emergency responders, community members and business to build the partnerships, communications, and resources to assure that they are prepared

Space Requirements	Estimated # of Staff/visitors	Paragraph References	Comments
			for disasters and organized to respond to public health threats; key collaborators are PHRST team member and Southern Piedmont first responders, see 3.3c re: expert topic areas
Quality Improvement / Incubators/ Evaluation			
QI/Incubator	2 staff	2.b, 3.1.b, 3.1.f, 3.1.h, 3.4.c, 3.5.b, 3.5.c	Community assessments, regular updates of health priorities in the community, sharing lessons learned, providing Partnership access to a regional lab & training facilities or collaborating to secure regional funding w/ Southern Piedmont Partnership; continue to form staff working groups to establish best-practice options. The MPHA would consider involving Healthy Cabarrus in providing input into the future work of the NC Research Campus, and reviewing how the community is involved in priority setting and input.
Evaluation	1 staff	2.b, 3.5.c	New staff to conduct research re: outcome and process for operations and public health interventions, evaluate efficacy of telemedicine programs and new healthcare facilities (perhaps collaborate with Health Metrics or Institute for Health Improvement)
Clinical Services			
Dental Services	1 manager/ 14 staff		Some staff works in reception space, some share desktop space, include dental clinic and Smart Start
Lab/CD	1 manager/ 12 staff	3.1.c	8 staff CD/ 4 staff Lab, collaborate w/ hospitals, health care providers, electronic sharing of patient information
Regional Lab			New lab, Collaboration w/ state

Space Requirements	Estimated # of Staff/visitors	Paragraph References	Comments
			lab, modeled after state lab, staffed by state personnel
Patient Care	1 Nursing Director/ 1 manager/ 25 staff	3.1.c, 3.2.a, 3.3.f, 3.5.c	2 staff BCCP, 1 staff ADHD, 22 staff Maternity, Peds, FP, collaborate w/ hospitals, health care providers
Clinical Support	1 manager/ 41 staff	3.1.c, 3.2.a	11 staff WIC, 6 staff interpreters, 12 staff FCC/IHV/HCC, 12 staff medical records, collaborate w/ hospitals, health care providers
<u>Daycare Services</u>	1 manager/ 8 staff	3.3.f	This would be a service provided to MPHA staff, visitors, & campus staff, would be funded w/ a sliding scale model & grants, only need office space for manager, and bookkeeper, workspace for teachers in the classrooms
<u>Community Health</u>	1 Community Health Director	3.1.b, 3.1.c, 3.2.a, 3.3.a	Engaging diverse community groups in public health related, culturally-sensitive interventions, initiate, oversee complementary roles of the MPHA and other local social service agencies; initiate activities with insurance cos.
Home Health	1 manager/ 43 staff	3.2.a	Most staff are skilled nurses who provide home-based service, could share office/desktop/filing space
Environmental Health	1 manager/ 9 staff	3.2.b, 3.4.c	Expand beyond current regulatory role working with DENR divisions like Air and Water quality assisting in monitoring and dissemination of information
School Health	1 manager/ 39 staff	3.1.b, 3.1.c	Most staff are skilled nurses who provide school-based service, could share office/desktop/filing space; coordinate with county schools to establish formal evaluation process for QI & lessons-learned

Space Requirements	Estimated # of Staff/visitors	Paragraph References	Comments
Health Initiatives -1	1 manager/ 10 staff	3.1.c, 3.3.a	4 staff CVH/SIP, 3 staff Trail BET tobacco, 3 staff Healthy Cabarrus/grant writing, collaborate on grants w/ local colleges & extension services, develop prevention interventions w/ hospitals, health providers, faith-based organizations, insurance cos.
Health Initiatives - 2	1 manager/ 2 staff/ 1 contractor	2.b, 3.1.b, 3.3.a, 3.3.c, 3.3.d, 3.4.c, 3.5.c	New "Community Outreach" service to: initiate worksite wellness programs for campus organizations, coordinate a campus-based farmer's market, create a formal "volunteer services" program, establish retainer with NICPH Active Living by Design staff to assist in "active living" design/programs on the NC Research Campus, in Cabarrus, and w/ Southern Piedmont Partnership, 1 of the new staff would be a health disparities coordinator
Training			
Training staff	1 manager/ 1 staff	2.b, 3.6.a, 3.6.b, 3.6.c	New positions, staff training facility, coordinator and staff support (NICPH Public Health Academy liaison)
Contract trainers		3.1.c	Provide shared office, carrel space, contract for training w/ community colleges, etc.
Public Space <i>estimates based on FY2005 visits (does not incorporate growth over time)</i>			
Reception areas			
General lobby space	300 persons/ per day	5.c, 5.d	
Dental reception	50 patients + family members per day		
Communicable Disease reception	45 patients + family members per day		
Clinics/ Patient Care	70 patients +		

Space Requirements	Estimated # of Staff/visitors	Paragraph References	Comments
reception	family members per day		
WIC reception	125 patients + family members per day		
Environmental health reception	75 visitors per day		
<u>Wellness Center</u>		3.3.b, 3.3.c, 5.f	Wellness Center offers aerobics classes, steam room and sauna, whirlpool, heated pool, free weights, cardiovascular equipment, fitness training, modeled after the Duke U. Center for Living, the facility would be both an inviting workout facility for campus employees and a teaching center for selected populations who need help learning and adopting a safe, healthy exercise and prevention regimen, (e.g., develop and promote engaging, convenient, age appropriate exercise programs for pregnant mothers, young children, adolescents, parents, older adults, stress management for executives, etc.), act as a venue for prevention programs (e.g., nutrition classes) Fees would be sliding scale basis.
<u>Clinical/ Exam Space</u>		3.2.a, 5.e	Based on QI assessment of existing CHA clinical space and workflow, and benchmarking with regional healthcare organizations
Dental	50 patients per day	3.2.a, 5.e	
Communicable Disease	45 patients per day	3.2.a, 5.e	
Clinics/ Patient Care	70 patients per day	3.2.a, 5.e	
WIC	125 patients per	3.2.a, 5.e	

Space Requirements	Estimated # of Staff/visitors	Paragraph References	Comments
	day		
<u>Daycare facility</u>	Phased expansion from initial site at 75 children to a maximum of 250 children	3.3.f, 5.f	The design would be intended to enable ready, inexpensive expansion.
<u>Library</u>		3.3.c, 5.n	Would be available to MPHA staff and visitors with borrowing privileges including campus staff, would include selected public health publications, reference books, and several computers for internet access, may be located at the MPHA site or be part of a larger campus library located elsewhere but on campus.
Selected Storage Space			
Emergency response space		3.4.c	To hold disaster response supplies (e.g., masks, first aid, clothing, electronics)
Training production material		3.6.c, 3.6.d	Training manuals, manual materials, flip charts, notepads, etc.
Administrative supplies			General administrative supplies (e.g., paper, clips, pens)
Records storage		3.4.c	Vital records, administrative/financial records, medical records
Training Spaces			
Training Space		3.3.b, 3.6.d	Could be common space for all/selected campus organizations
Classrooms	Flexible classroom holds up to 100 students, breakout rooms hold up to 12		1 Large flexible classroom, with moveable walls, chairs, tables, podium, network access, video projection; 5 breakout rooms
Videoconferencing	holds up 75 students		1 proscenium space with whiteboards, and video projection
Training Kitchen		3.3.b, 5.m	Accommodate 20 students, 2

Space Requirements	Estimated # of Staff/visitors	Paragraph References	Comments
			per cook station
Computer Lab	Holds up to 25 students	5.n	Includes podium, 25 networked workstations, office software, and selected specialty software (e.g., Arcview)
CD/Video production			Office with appropriate desktop computer and production equipment
Lab space			
Public Health Lab			Built to be BSL-3 compatible. Basically, a lab with the proper air handling (single pass air, 100 % exhaust via HEPA filtration), sufficient utilities, redundant power, security, limited access, etc. could to be converted from BSL-2 to BSL-3. One room of a suite of lab rooms is designated to be converted and is designed and built according to the industry standards consult with NC state lab staff
IT networking/ server/ videoconferencing space			
<u>Media Center</u>		5.g	
<u>IT/ communications Requirements</u>			
Videoconferencing		3.5.c	Telemedicine options, virtual meetings and trainings
IP phone/video			
Wireless internet, networking capability throughout the MPHA facility		3.4.a, 3.4.b	
Webcams/IP video on computers of employees, especially physically remote employees (e.g., school nurses)			
Application server for EMR			
Standard Application Development tools (e.g., programming language, DBS)			
MPHA intranet		3.4.b	