

Example of MOA

**MEMORANDUM OF AGREEMENT (MOA)
BETWEEN
THE NORTH CAROLINA DIVISION OF PUBLIC HEALTH
AND
THE NORTH CAROLINA DIVISION OF AGING AND ADULT SERVICES**

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

The administrator for DPH will be _____. The administrator for DAAS will be _____.

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

Project Description for the SENIOR GRANT “North Carolina Roadmap for Healthy Aging”

The original MOA included a short project summary here.

Explanation of need for partnership:

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

1. Both divisions have limited resources. This relationship can improve capacity, time efficiency, and increase cost effectiveness.
2. Creating a sustainable partnership will result in increased opportunities for funding.
3. DAAS has significant expertise, strong relationships and credibility in the area of aging programming. These strengths can promote the depth and breadth of DPH programming.
4. DPH spans several disciplines and has a life span perspective. However, there is a shift in demographics with a greater number of adults over age of 65 and a greater emphasis on adult health. This partnership will improve the reach and efficacy of health promotion initiatives for older adults.

Listing of what each agency will do

DPH will offer:

1. Service as the fiduciary agency with the NACDD and contract for the services of the Coordinator with the University of North Carolina at Chapel Hill Institute on Aging.

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

DAAS will offer:

1. Staff participation in regular steering committee and subcommittee meetings for the SENIOR grant and other new initiatives.
2. Expertise on issues specific to older adults.
3. Expertise in outreach efforts specific to older adults.
4. Access to older adults through an extensive grassroots network in rural and urban areas of the state.
5. Linkages and credibility with older adult service providers and Area Agencies on Aging.
6. Expertise in dissemination of older adult programs.
7. Motivation to raise public health awareness of aging.
8. Collaboration to develop new resources, tools and funding for health promotion and disease prevention and control among the aging population.
9. Infrastructure and expertise in building Livable and Senior-Friendly Communities which promote Healthy Aging as a key component.
10. Access to advocacy, advisory and policy groups and tools such as Senior Tar Heel Legislature, Governor's Advisory Council on Aging, NC Coalition on Aging and State Aging Plan.

For the Roadmap project, both divisions have pledged time and staff to meet the objectives outlined in the grant. This collaboration will be sustained in future projects by formalizing support and backing from management from both Divisions. To facilitate long term adoption of aging issues, this partnership will encourage and support employee's from both divisions to include goals focused on health promotion outcomes for older adults in their yearly work plans. The Chronic Disease Quality Team which meets monthly and is comprised of DPH staff and management may serve as a venue to bring together partners in DPH and DAAS for ongoing communication and collaboration.

Division Directors (or designees) will meet on an annual basis to review the Agreement and associated achievements, issues, and plans.

This MOA shall begin on or about February 1, 2007 and terminate on January 31, 2010.