



**2022 – 2028**

# Practice Strategic Plan

**EQUITY  
DRIVEN**

**LOCAL  
TO GLOBAL**

**COMMUNITY  
CENTERED**



GILLINGS SCHOOL OF  
GLOBAL PUBLIC HEALTH



# Executive Summary



## OUR 6-YEAR PLAN FOR PRACTICE IMPACT

The Gillings School's six-year practice strategic plan provides a roadmap for action.

- We envision that **practice at Gillings is anchored in equity** and respectful bi-directional partnerships supported over time.
- **We elevate practice as equal with research and academics** — not as measured by funding, but in terms of key aspects of Gillings structure and culture — *to help make N.C. the healthiest state in the nation and to advance health globally.*
- **Key goals** are that we: partner with, and learn from, communities and organizations; engage communities in their priorities; and move Gillings research into practice as we pursue the overall aim to help all people achieve optimal health.

### STRATEGIES TO ACHIEVE OUR GOALS:

- 1 Strengthen Gillings' practice leadership and infrastructure** so we can harness our capacity to make a difference in health equity outcomes in N.C. and with global partners;
- 2 Implement key initiatives** with high potential for impact;
- 3 Fund practice** from a variety of sources;
- 4 Further incentivize practice** to enable more interested faculty, staff and students to engage; and
- 5 Measure our contributions** to solving health problems, and communicate annually Gillings' practice impact with meaningful data, analysis and stories that illuminate the difference we make.



By implementing this plan, the Gillings School will be in an excellent position to capture resources from new federal public health investments and maximize benefits for communities as we make a meaningful difference in health equity and outcomes. 🏠

# Gillings Practice Vision 2028

Gillings elevates practice as equal with research and teaching to help make North Carolina the healthiest state in the nation and to advance health globally.

- Community centered
- Equity driven
- Local to global

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PROGRESS TRACKER AT  
[GO.UNC.EDU/PRACTICE-PLAN](https://go.unc.edu/practice-plan)

## STRATEGIES

## GOALS 2028

1

### IMPROVE THE STRUCTURE AND ALIGN ROLES OF PRACTICE

- 1A. Establish clear leadership for practice (*associate dean for practice at 50% time*).
- 1B. Expand NC Institute for Public Health's role to be the key platform for organized practice efforts.

CLEARLY IDENTIFIED AND SUFFICIENTLY RESOURCED ENTITY RESPONSIBLE FOR CATALYZING FACULTY, STUDENT AND STAFF ENGAGEMENT AT THE INTERSECTION OF RESEARCH, ACADEMICS AND PRACTICE.

2

### PRIORITIZE AND IMPLEMENT KEY RECOMMENDED PRACTICE INITIATIVES

- 2A. Create/sustain public health partnership hub(s) with defined communities in N.C.
- 2B. Develop/sustain coordinated resilience/response capacity to PH emergencies.
- 2C. Advocate for academic health departments across N.C.
- 2D. Create a public health collaborative to address complex problems.

IMPLEMENT KEY PRACTICE INITIATIVES AS AN AVENUE TO HELP GILLINGS ACTUALIZE OUR VISION FOR PRACTICE AND MAKE A MEASURABLE DIFFERENCE IN IMPROVING HEALTH EQUITY AND HEALTH OUTCOMES.

3

### FUND PRACTICE FROM A VARIETY OF SOURCES

- 3A. Coordinate a Resource Development Workgroup to develop a phased funding strategy to implement the strategic plan.
- 3B. Diversify funding.
- 3C. Assess feasibility of systematically tracking practice expenditures.

STRATEGIC PLAN FOR PRACTICE WILL BE FULLY FUNDED WITH A DIVERSIFIED MIX OF FEDERAL, STATE, LOCAL GOVERNMENTAL INVESTMENTS, PRIVATE SUPPORT AND GRANTS AND CONTRACTS.

4

### INCENTIVIZE PRACTICE TO ENABLE MORE FACULTY, STAFF AND STUDENTS TO ENGAGE

- 4A. Expand and sustain all forms of incentives.
- 4B. Reduce barriers.

EXPANDED AND IMPROVED SET OF INCENTIVES WILL BE FULLY OPERATIONAL IN SUPPORTING FACULTY AND STAFF ENGAGEMENT WITH PUBLIC HEALTH PRACTICE PARTNERS.

5

### MEASURE CONTRIBUTIONS AND COMMUNICATE OUR STORY

- 5A. Clearly define measures to track practice activities and impact.
- 5B. Develop a process for collecting, analyzing and reviewing measures and data on practice.
- 5C. Create a dynamic reporting platform and communication plan.

DEVELOP INFRASTRUCTURE TO SYSTEMATICALLY COLLECT, ANALYZE, REVIEW, REPORT, COMMUNICATE AND USE DATA ON PRACTICE ACTIVITIES AND IMPACT ON IMPROVING THE PUBLIC'S HEALTH.

# Practice Strategic Plan 2028

**BACKGROUND.** In the wake of the pandemic, the nation is making the largest investments in public health and the public health workforce in generations. Gillings is already recognized nationally for its strengths in practice, but in this time of opportunity, we could elevate our role as a transformational leader and partner in the national push to strengthen public health infrastructure and eliminate health inequities. To achieve these far-reaching practice goals requires an ambitious plan and key investments that could reenergize Gillings stakeholders to act on the practice imperative — to see it as much a part of our strength as our exceptional research portfolio and academic programs.



OCT 2021



Conducted  
landscape  
scan



Attended  
practice  
flash talks



Participated  
in “fireside  
chats”



Held 9  
engagement  
sessions



Practice  
plan  
approved

JULY 2022

**OUR PLANNING PROCESS.** Starting in October 2021, the Gillings Practice Task Force, comprised of faculty, staff, students and alumni from across the school, convened with the aim of articulating a bold future vision for Gillings practice and to develop goals and strategies to achieve that vision. This initiative is part of larger schoolwide strategic planning efforts at Gillings.

Specifically, the Task Force was asked to **define, organize and operationalize practice to achieve a 21st century vision of practice at Gillings.** The Task Force pursued a highly engaged process, including:

- **conducting a landscape scan;**
- **attending flash talks** by 14 practice leaders from across Gillings;
- **participating in “fireside chats” with William Roper, MD, MPH,** former dean of the Gillings School and **Paul Halverson, DrPH,** Gillings alumnus and dean of Indiana University’s School of Public Health;
- and **holding nine engagement sessions** with Gillings faculty, staff, students, preceptors, alumni and friends, together with many one-on-one interviews with key stakeholders.

Task Force co-leads used these inputs to develop drafts of our practice vision, goals and strategies, interacting with over 175 people across faculty, staff, students, alumni and friends to do so.

The Gillings School’s Dean’s Council and other key stakeholders provided feedback on the draft plan in spring/summer 2022, after which the Task Force prioritized recommendations based on urgency, feasibility, cost and potential impact. Priorities also will depend on real time opportunities. The Task Force originally identified two additional cross-cutting strategies (removing administrative barriers; strengthening practice experiences for students and across academic programs). These will be considered later by the school’s strategic planning committee. A practice implementation committee has been convened to help guide and implement the plan. That group may use the RE-AIM Implementation Framework as we move forward. Note: We appointed a new associate dean for practice as of September 2022, a necessary first step to making headway on our vision. [📄](#)

# Future Vision for Practice

**BACKGROUND.** Achieving health equity and optimal health for all — across North Carolina and around the world — is a foundational commitment expressed in the Gillings mission. We make this commitment tangible through public health practice. The Gillings School's Practice Task Force anchored our recommendations with this commitment, testing our priorities with the questions: Will these recommendations help us improve the public's health? Health equity? The vision we embrace to help Gillings actualize these commitments is shown on page 2.

We envision that practice at Gillings is anchored in equity and respectful bi-directional partnerships supported over time. We also elevate practice as equal with research and academics — not as measured by funding, but in terms of key aspects of our structure and culture, as indicated by strategies described in the plan — *to help make N.C. the healthiest state in the nation and to advance health globally.* We commit to the following principles in pursuit of this vision.



## GILLINGS PUBLIC HEALTH PRACTICE IS:



**Rooted in commitments to social justice, eliminating health inequities and achieving optimal health for all.** We engage in priority issues that our partners<sup>1</sup> identify as necessary to improve the public's health and that leverage key Gillings strengths in research, practice and our training programs.



**Multi-sectorial, multi-directional and focused on systems-level change in urban, rural and low to moderate income communities, counties and countries.** We engage governmental public health and systems with both direct and indirect links to improving health, including health care systems, housing, food, transportation, urban planning, rural development, education, employment and legal systems, leveraging our key strengths across research, academics and practice to do so.



**Implemented in a variety of ways along the local to global continuum,** including: sustained, high-intensity engagement in communities; shorter-term technical assistance and project-focused work; research in the service of practice; and service to health departments. All feature opportunities for students, staff and faculty to learn and contribute. Our investments are based in deep, trusting, responsive, bi- and multi-directional relationships and draw on Gillings' strengths, including strengths in data science and evaluation. 

<sup>1</sup> These include, but are not limited to, communities, organizations, front-line public health workers, those in the health sectors, Tribal and other national government entities, and business and industry.

## THE GILLINGS COMMUNITY:

- **Engages** communities, organizations, health systems, governments and other partners with humility by listening and learning, sharing leadership and by bringing our teaching and research resources, people networks and convening capacity in service to needs identified by our partners.
- **Embraces** our leadership role of the university's public health work.
- **Applies** principles/practices of public health in our internal work, communications and worksite.

**All Gillings students** should have a foundation in public health practice to build their capacity to engage directly or indirectly with practice, regardless of their future professional path.

**Gillings researchers and practitioners** develop and disseminate findings and recommendations in ways relevant to practice.



# Defining “Public Health Practice”

A broadly understood definition for practice can help us prioritize our work and investments; measure our efforts; and demonstrate impact. Heretofore, practice and service definitions have overlapped, with several definitions in circulation. Our new operational definition can be used for data collection and reporting purposes. We recommend using only the first sentence of the definition below for general communication purposes.

## PRIOR DEFINITION

The development, implementation and/or leadership of policies, programs, interventions or other activities to benefit public health and make use of public health training or expertise.

## UPDATED DEFINITION

**The application of our public health training and expertise to inform, assess, develop, implement, evaluate and/or lead policies, programs and interventions.**

It focuses on, but is not limited to, strengthening capacity, developing the workforce and other activities *done with communities and organizations to improve the public's health*. Practice efforts are characterized by a strong commitment to developing and sustaining trusted, bi-directional relationships and to achieving health equity.

## 1 IMPROVE THE STRUCTURE AND ALIGN ROLES OF PRACTICE

**BACKGROUND.** Many faculty, staff and students across Gillings engage deeply in practice, yet, our decentralized approaches make it challenging to determine who is doing what and how we collectively leverage resources. To help resolve these challenges, we need a clearly identified lead entity with resources and capacity to foster practice activities in departments and across the school.

**GOAL.** By 2028, The Gillings School will have a clearly identified and sufficiently resourced entity *responsible for catalyzing faculty, student and staff engagement at the intersection of research, academics and practice* in a culture that values and facilitates partnerships with local to global communities to improve health and address health inequities.

### STRATEGY 1A: ESTABLISH CLEAR LEADERSHIP FOR PRACTICE.

- Appoint an associate dean for practice, initially at 50% time. This role would have a faculty appointment; report to the dean; and oversee the NC Institute for Public Health (NCIPH). Duties of the associate dean would include:
  - » **Lead and connect.** Lead practice strategy for the Gillings School; align, catalyze and identify resources for practice across departments and units; provide strategic leadership for NCIPH (in partnership with NCIPH director), key internal and external committees (Practice Coordinating Committee; Practice Advisory Committee, Workforce Development Workgroup; a resource development workgroup); and connect with other Gillings leaders.
  - » **Develop multi-sectoral and multi-directional partnerships.** Build relationships and strengthen existing ones with traditional and non-traditional partners. Leverage collaboration externally and between schools within UNC-Chapel Hill.
  - » **Support Gillings people in practice efforts,** including linking people to funding opportunities.
  - » **Generate resources,** including proposal development.

- » **Solve problems,** working with other Gillings leaders to address administrative impediments.
- » **Assess and communicate.** Lead tracking/reporting of practice measures; communicate impact.
- Appoint a director of NCIPH (100% FTE) to manage operations and plan implementation.
- Provide staffing capacity and operational funds over time and as resources are generated to ensure ability to achieve Practice Strategic Plan goals.

### STRATEGY 1B: EXPAND NCIPH'S ROLE TO BE THE KEY PLATFORM FOR ORGANIZED PRACTICE EFFORTS AT GILLINGS.

This includes responsibility for: (a) implementing salient aspects of the Practice Strategic Plan; (b) providing internal capacity for practice, whereby faculty/staff who need support for practice efforts (e.g., developing contracts) could subcontract for NCIPH services; and (c) serving as an information and triage portal for practice opportunities or a no-wrong door for external partners seeking collaboration with the school; and (d) providing workforce training across the state. Assess the possibility of renaming NCIPH (including costs of such a change) to telegraph this expanded scope (the Gillings Institute for Public Health Practice may be one example).

*“We need a clearly identified lead entity with resources and capacity to foster practice activities in departments and across the school.”*

## 2 PRIORITIZE AND IMPLEMENT KEY RECOMMENDED PRACTICE INITIATIVES

**BACKGROUND.** We share the following initiatives, ranked in priority order based on **urgency, feasibility and potential impact**, as a *menu of options to be explored with collaborators and funders* during the implementation phase of the plan. Priorities also will depend on real time opportunities. The

associate dean for practice and NCIPH director will use a staged approach to implementation.

**GOAL.** Implement innovative, defined practice initiatives to help Gillings actualize our vision for practice and make a measurable difference in improving health equity and health outcomes.

### STRATEGY 2A: CREATE/SUSTAIN PUBLIC HEALTH PARTNERSHIP HUB(S) MARKED BY HIGH INTENSITY ENGAGEMENT WITH DEFINED COMMUNITIES OVER TIME.

- Via health departments, solicit community groups with strong interest in partnering with us to address community priorities with the aim of developing one or more hubs based on key criteria: the partner's strong interest; location in a medically-underserved area; strong equity emphasis; potential for local/global emphasis; and a good match for Gillings research, practice and academics strengths. Collaborate deeply and over time, involving many of the groups, organizations and domains that impact vital conditions of health; make a measurable difference in health outcomes and equity through these efforts.
- Elevate data modernization/integration, data science, measurement and evaluation and departmental domain areas as key Gillings strengths and as urgent public health needs.
- Align with the Gillings Global aim to develop hub(s) with a global emphasis.

### STRATEGY 2B: DEVELOP A COORDINATED RESILIENCE AND RESPONSE CAPACITY FOR PUBLIC HEALTH EMERGENCIES.

We build on existing resources for this purpose with the goal of being able to rapidly surge the school's resources and expertise. Seek NC DHHS and federal funding to identify roles across Gillings and mobilize to ensure we are prepared to respond to public health crises.

### STRATEGY 2C: ADVOCATE FOR SYSTEMATIC DEVELOPMENT/ONGOING SUPPORT FOR ACADEMIC HEALTH DEPARTMENTS ACROSS N.C.

Academic health departments are partnerships between a school or program of public health and a local

health department (LHD) or other entity that provides mutual benefits that strengthen agency and school (See Erwin, et al, 2016). A robust example of this model at Gillings is the work of Associate Professor of Nutrition's Carmen Samuel Hodge with N.C.'s Granville/Vance Health Department. The aim for this priority would be to advocate development of a network in which all public health schools/programs across N.C., DHHS and the NC Association of Local Health Directors strengthen public health capacity in N.C. Future collaboration may evolve to include academic health departments outside of the state.

### STRATEGY 2D: PUBLIC HEALTH COLLABORATIVE: ADDRESSING COMPLEX PROBLEMS

Stakeholders we engaged with during planning emphasized benefits of partnering with Gillings, including our ability to: (1) bring latest research, including Gillings research, to bear on their work; (2) synthesize that work to make a case for policies, programs and resources; and (3) convene leaders, practitioners and community members, across professions, who together make an impact on health. As such, this effort would:

- Respond to community requests ranging from research-based message framing and policy formation to serving as a trusted resource for developing the evidence base regarding highly sensitive and politicized problems, such as cancer clusters or water quality.
- Offer workshops/lectures, based on ongoing needs assessments, to showcase leaders and develop practice skills of Gillings people.
- Support students by raising funds for practica and graduate practice assistants.
- Stay connected with the NC General Assembly through a biannual open house and with regular updates and briefings featuring latest N.C.-focused practice and research.

### 3 FUND PRACTICE FROM A VARIETY OF SOURCES

**BACKGROUND.** Funding to support practice comes from state funding, grants, contracts, philanthropy, tuition, business and payers. It supports NCIPH, individual faculty, staff and student practice efforts and experiential education. Additional support will be needed for the Gillings Practice Plan. We should align efforts to pursue new federal, state and philanthropic funding available in the wake of the pandemic.

**GOAL.** By 2028, the Strategic Plan for Practice will be fully funded with a diversified mix of federal, state, local governmental investments, private support and grants and contracts to enhance practice activities for faculty, staff, students and partners including communities and local health departments.

#### STRATEGY 3A: COORDINATE A WORKGROUP TO DEVELOP A PHASED FUNDING STRATEGY.

This would (a) identify the core capacities needed to launch the strategic plan and (b) identify and pursue additional resources.

#### STRATEGY 3B: DIVERSIFY FUNDING.

Explore opportunities with NC DHHS, N.C. health funding foundations, N.C. businesses and Gillings Advancement; seek funding opportunities from CDC, HRSA, ASTHO, NACCHO and others; and explore funding collaborations with N.C. private schools/universities.

#### STRATEGY 3C: ASSESS FEASIBILITY OF SYSTEMATICALLY TRACKING PRACTICE EXPENDITURES.

This will help us understand whether and how current investments are making an impact.

*“We should align efforts to pursue new federal, state and philanthropic funding available in the wake of the pandemic.”*



## 4 INCENTIVIZE PRACTICE TO ENABLE MORE FACULTY, STAFF AND STUDENTS TO ENGAGE

**BACKGROUND.** Incentives for faculty, staff and students to engage in practice, over and above the intrinsic rewards of making a difference, signal the Gillings School's commitment to communities locally, nationally and globally. Such engagement could and should promote multi-directional knowledge transfer with the goal of generating evidence-informed practice and/or practice-engaged research.

**GOAL.** By 2028, an expanded set of incentives will support faculty and staff engagement with public health practice partners. Incentives will promote and sustain mutually beneficial partnerships in public health practice and practice-based research to address health inequities and public health challenges.

### STRATEGY 4A: EXPAND/SUSTAIN INCENTIVES FOR FACULTY AND PRACTICE PARTNERS.

Incentives can take the form of practice-focused Gillings Innovation Labs (GILS); academic promotion using metrics that go beyond grants and publications; capacity enhancements such as practice trainings and workshops; and training and technical assistance for those seeking to engage in public health practice — see 2D on p. 7 (Public Health Collaborative: Addressing Complex Problems).

### STRATEGY 4B: REDUCE BARRIERS TO PRACTICE-BASED RESEARCH AND ENGAGEMENT.

Approaches to be used: create protocols for navigating administrative systems; streamline Institutional Review Board (IRB) requirements; recognize practice-based journals and conferences; develop transdisciplinary opportunities to disseminate scholarship; and encourage faculty to plan for how to use research findings in practice setting, where feasible. Research without immediate practice relevance will continue, of course, to be vital to Gillings and lead to future practice changes. But this plan supports immediate practice-based research in new and significant ways.



*“An expanded set of incentives will support faculty and staff engagement with public health practice partners.”*

## 5 MEASURE OUR CONTRIBUTIONS AND COMMUNICATE OUR STORY

**BACKGROUND.** Multiple mechanisms, housed in different Gillings units, track student, staff and faculty practice activities. However, we still need to address challenges with the current approach to measuring practice to assess our outcomes and to tell the story of practice impact.

**GOAL.** By 2028, with support from the Gillings Evaluation team, we will have: infrastructure to collect, analyze and review data on practice activities and impact systematically; a reporting platform and communication plan to describe how practice activities contribute to improving the public's health; and a practice of using this information to foster collaboration and drive internal strategic decision-making.

### STRATEGY 5A: CLEARLY DEFINE MEASURES TO TRACK PRACTICE ACTIVITIES AND IMPACT.

This is to ensure consistent measurement across activities and enable aggregation of data to better tell the story of practice.

### STRATEGY 5B: DEVELOP A PROCESS FOR COLLECTING, ANALYZING AND REVIEWING MEASURES AND DATA ON PRACTICE ACTIVITIES AND IMPACT.

This process is currently in motion via the Gillings Evaluation team.

### STRATEGY 5C: CREATE A DYNAMIC REPORTING PLATFORM AND COMMUNICATION PLAN.

This will describe the school's contribution to improving the public's health through our practice activities. This information will help tell the story of practice externally and will foster collaboration.

*“We need to measure practice to assess our outcomes and to tell the story of practice impact.”*



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