

Guiding Principles of a Program Integration Work Plan¹ **Program Integration Demonstration Project**

(This document was shared with the 4 pilot states in August, 2008 as they developed their integrated work plans.)

Design an Integrated Work Plan that is focused on health outcomes

1. Develop a logic model to guide the overall program integration process and desired outcomes.
2. Focus on health outcomes in setting goals.
3. Set long-term goals (5+ year) with consideration given to health disparities and social determinants of health with emphasis on:
 - a. preventing chronic disease risk factors;
 - b. early detection and control of risk factors;
 - c. identification and appropriate treatment of chronic disease; and
 - d. preventing recurrent events and complications
4. Set intermediate-term (3 year) objectives with consideration to:
 - a. promoting policy and environmental change to support healthy lifestyle behaviors;
 - b. facilitating policy and systems change to assure quality care and increase access to health care coverage for employees and families;
 - c. increasing awareness of chronic disease among the public, decision makers, and health care professionals.
5. Identify both categorical and cross-cutting interventions and infrastructure-related outputs (annual objectives) that may lead to achieving the health outcomes and improving performance in the areas of:
 - a. organizational structure;
 - b. data systems;
 - c. evaluation ;
 - d. communication and media strategies;
 - e. business practices; and
 - f. worksites, schools, homes, health care and other community settings.
 - g. social and physical environment
 - h. policy change

Timeline for Development of Work Plan

1. Complete Integrated Work Plan draft by October 31, 2008.
2. Complete negotiations for the Program Integration Demonstration Project by November 30, 2008.
3. Submit Integrated Work Plan to secure funding for Diabetes, Tobacco, BRFSS and Healthy Communities Collaborative FOA, which is due December, 2008, as well as all other competitive and continuation funding announcements for the duration of the pilot.
4. Begin implementation of the Integrated Work Plan January 1, 2009.

Please consider the following when developing your states Integrated Work Plan

Do no harm to categorical program integrity

Respect congressional intent - Federal and any required match dollars from each program should be used on a combination of integrated and categorical activities that address that program's needs in accordance with program requirements or legislative authority.

- a. Maintain fidelity/integrity of each categorical program
- b. Identify and address the core requirements of Heart Disease and Stroke, BRFSS, Tobacco, Diabetes, Comprehensive Cancer, Nutrition, Physical Activity, and Obesity.

Be guided by efficiency-oriented processes

1. Strive to eliminate duplicative processes for similar strategies/activities that may involve the same people, programs, settings, or populations.
2. Consider mutual funding or shared personnel for strategies and activities that intersect more than one program.
3. Integrate systems (i.e., data, epidemiology, evaluation) where appropriate.
4. Use common language/terms across programs.
5. Develop common and consistent messages as appropriate to the needs of your program.
6. Explore ways to combine or leverage program efforts to benefit a broader purpose such as a more comprehensive worksite program or shared data collection.

Evaluate integration outputs and health outcomes

1. Recognize what's realistic in 3 years – focus on intermediate indicators.
2. Maximize the use of the data your state already collects and then assess gaps in data collection. Strive to minimize amount of new data.
3. Participate in the design and implementation of a 4-state pilot evaluation plan.
4. Utilize qualitative and quantitative methods to describe and assess the efforts to achieve the health outcomes.

Engage stakeholders

1. Involve representation from categorical programs in developing the integrated work plan
2. Engage other internal partners as applicable, i.e., additional programs for potential integration, decision-makers, state agencies with a stake in integration activities
3. Engage external partners in the development of the integrated work plan.

Mobilize and Engage Leadership

1. Engage management and leadership at all program levels to incorporate program integration as the norm in doing business for program planning and business processes.
2. Engage charismatic and influential public health officials from the state and local level to serve as champions and advocates for an integrated approach to addressing and improving chronic disease outcomes.

¹ Slonim AB, Callaghan C, Daily L, Leonard BA, Wheeler FC, Gollmar CW, Young WF. Recommendations for integration of chronic disease programs: are your programs linked? *Prev Chronic Dis* [serial online] 2007 Apr [cited 7/24/2008]. Available from: http://www.cdc.gov/pcd/issues/2007/apr/06_0163.htm.