

**CDC Program Integration
Demonstration Pilot -
Wisconsin**

**Chronic Disease
Prevention and Control
Conference
February 2009**

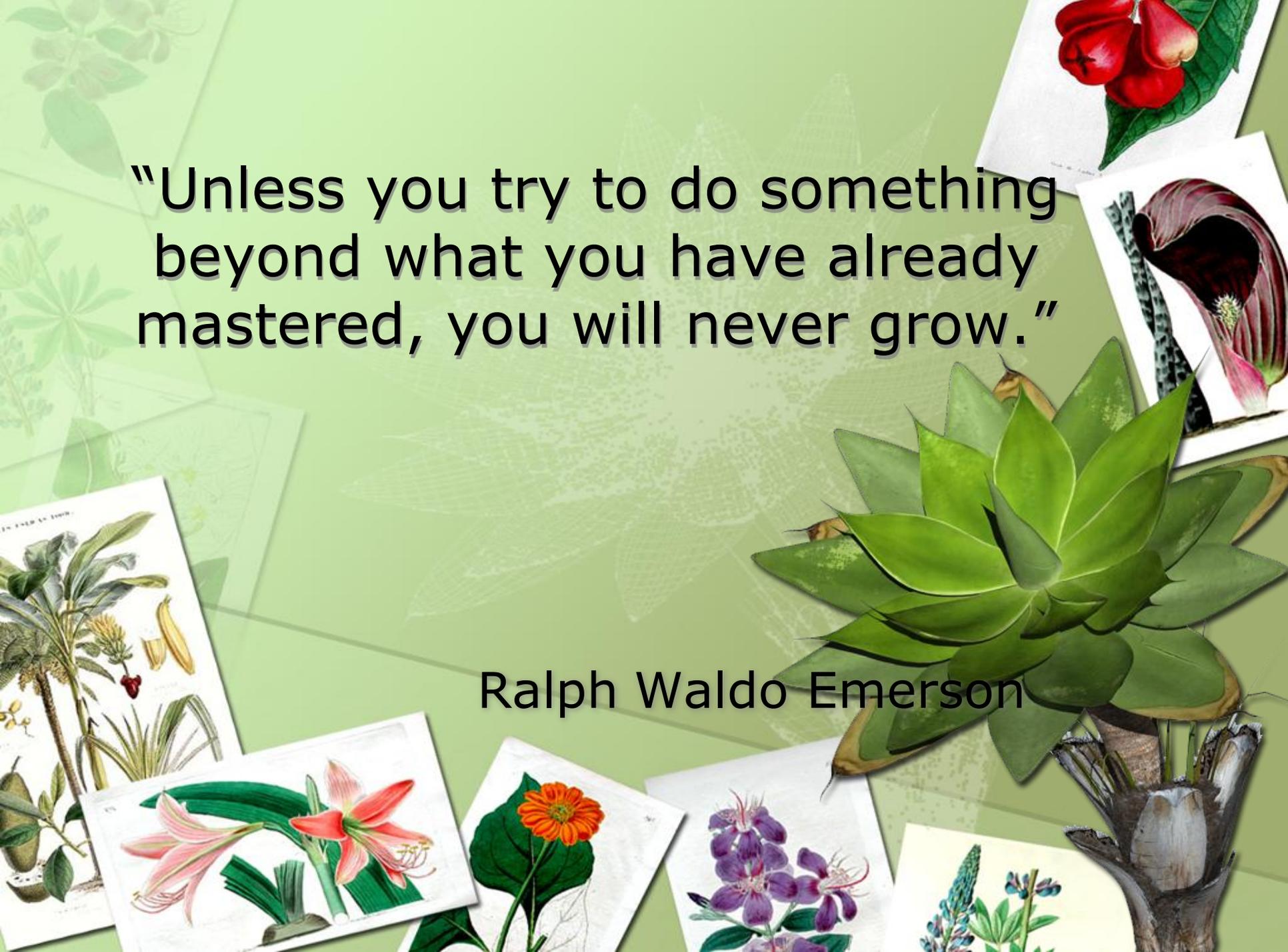


Why Integrate?

- Many chronic diseases share common root causes (e.g., health behaviors such as tobacco use, poor diet, lack of physical activity, and alcohol use)
- Having one chronic condition may put an individual at greater risk for developing another

“Unless you try to do something beyond what you have already mastered, you will never grow.”

Ralph Waldo Emerson



Underlying Principles

- Do no harm to categorical programs
- Create an organizational culture where program integration is the norm
- Avoid creating an all encompassing buzzword (e.g., “preparedness” in early 2000s)

Work Plan Development

The background features a collage of botanical illustrations and photographs. In the top right, there are red flowers. Below them, a yellow flower is visible. To the right, a purple flower is shown. In the bottom right corner, there is a green succulent-like plant. On the left side, there are various other botanical drawings, including what appears to be a palm tree and other leafy plants. The entire scene is set against a light green background with a faint grid pattern.

A STAR Is Born...

- Recommendations from NACDD STAR (State Technical Assistance Review) team visit used as basis for integrated work plan
- Weekly meetings with representatives from all programs to flesh out work plan

Six Key Elements

- Epidemiology and Surveillance
- Partnerships
- Interventions
- Program Integration
- Evaluation
- Program Management and Administration



Goal #3: Interventions - CDPCP identifies specific targets for change, chooses the best channels to effect such changes and selects appropriate strategies for doing so

Background - The TPCP and NPAO Program uses a local coalition model to support the implementation of policy and environmental changes. TPCP has 42 coalitions funded through 2009 and the NPAO program will be providing funds to support ~15 local coalitions in 2009. In an effort to build local coalition capacity for policy and environmental change work we identified that many of the skills needed crossed coalitions (policy change, media, advocacy, facilitation, etc) and that in smaller communities the same people served on multiple coalitions. The TPCP surveyed coalitions and asked about possible benefits and risks of creating a broader coalition to address multiple health issues. Overall, the coalitions were supportive but had many questions about how this would work. From this, it was determined to learn from some existing models through a pilot project.

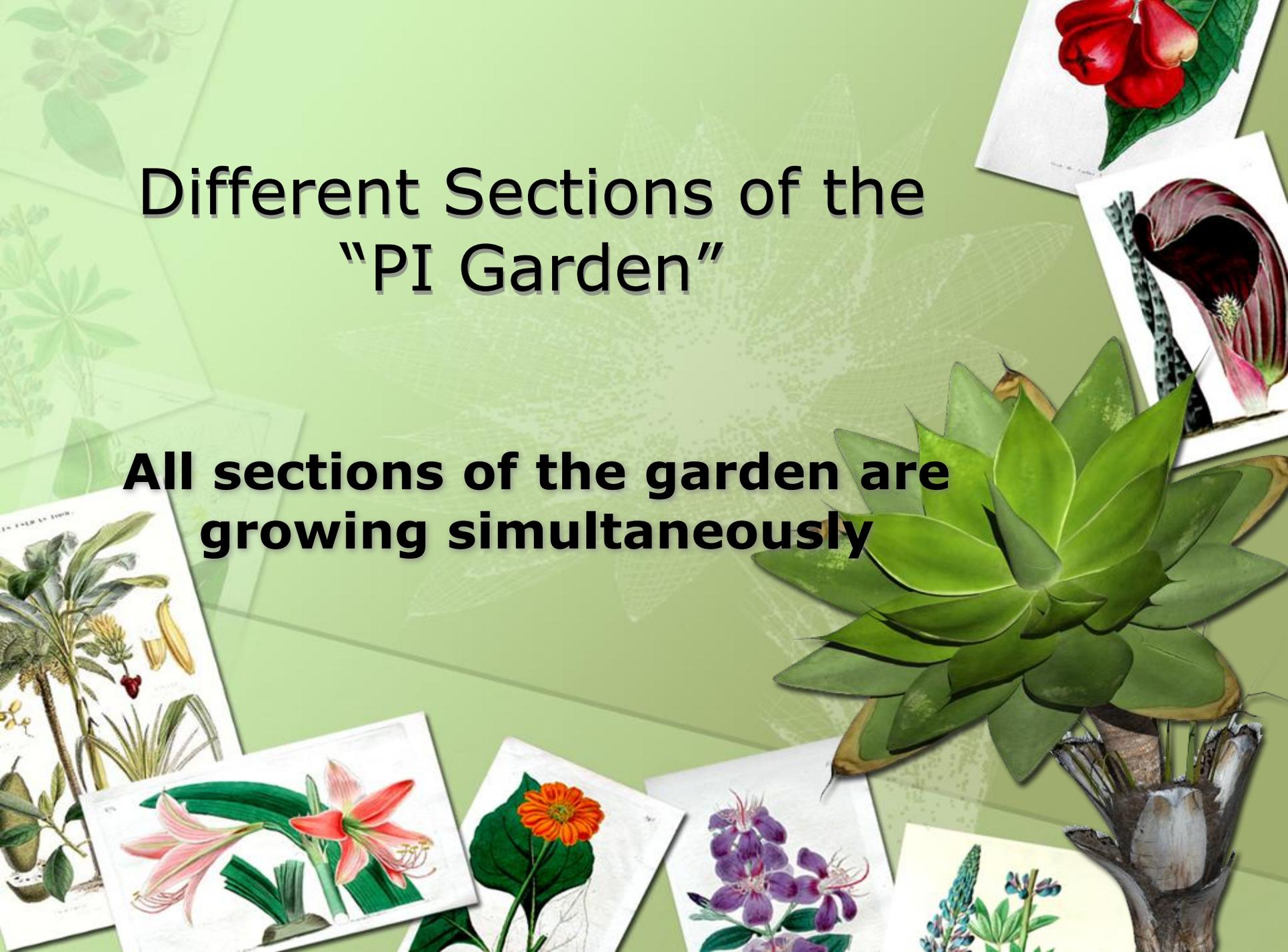
Lessons Learned - New initiative

Evaluation - New initiative, baseline will be gathered from pilots and an evaluation plan developed.

Objective and Strategies	Lead Staff/ Program	Key Partners	2009				Evaluation Indicators
			Quarter 1	Quarter 2	Quarter 3	Quarter 4	
<p>3.2 By December 31, 2009, the BCHIP will pilot a Healthy Lifestyle coalition concept to identify models that mobilize communities to address tobacco consumption, poor nutrition and lack of physical activity through environmental and policy change.</p> <p>Strategies Establish selection criteria, develop the boundary statement and deliverables for Healthy Lifestyle Coalition pilots Select 3-5 pilot communities Develop an evaluation plan for the pilot Provide training and technical assistance to coalitions related to coalition capacity building (e.g. asset mapping), policy change skill building, media advocacy, development of a unified work plan and others based on coalition need Facilitate networking and sharing amongst pilot sites Gather and analyze data and information to learn how each model worked, barriers faced and how there were addressed, strengths, opportunities, and lessons learned Share finding with internal and external stakeholders</p>	<p>Nutrition, Physical Activity and Obesity Program Director (Pesik)</p> <p>Tobacco Prevention Program Director (Stauffer0)</p> <p>BCHIP Director (Uttech)</p> <p>Health Communities Coordinator</p>	<p>Selected local public health departments/ coalitions</p> <p>Healthy WI Leadership Institute</p> <p>Local Coalition Support Team</p>	X	X	X	X	<p>Pilots selected</p> <p>Evaluation Plan Developed</p> <p>Trainings attended and session evaluation results</p> <p>Report of project findings disseminated</p>

Different Sections of the "PI Garden"

**All sections of the garden are
growing simultaneously**



Flower Section of the Garden

- First Process Level
 - Achieve the CDC PI Demonstration Pilot Requirements
 - Develop and implement an integrated chronic disease work plan
 - Improve business processes
 - Conduct process and outcome evaluation during “growing time” pilot period (2009-2011)

Vegetable Section of the Garden

- Second (Another) Process Level
 - DPH PI Work Group
 - Held a Retreat
 - Prioritized and began to implement the STAR Recommendations
 - Involves management from unit supervisors, section chiefs, bureau directors, Deputy Administrator, Administrator, Department Secretary

Herb Section of the Garden

- Third (Yet Another) Process Level
 - Engage management to help create an organizational culture where program integration is the norm
 - Secretary of DHS during STAR interview
 - “Set up a regular PI dialogue with the Department”
 - “PI lifts up the organization”

Challenges

- Communication
- Keeping it all straight (e.g., many different levels of integration, numerous national initiatives)
- Turf issues (actually not as bad as expected)
- Reluctance to a change in way of doing business

Early Successes

- Buy in from upper level management and program leads
 - In a survey after a PI retreat, 24/25 (96%) of participants felt they understood their role and could communicate the concept to others
- Creation of Ad Hoc Subcommittees to address various areas of the work plan

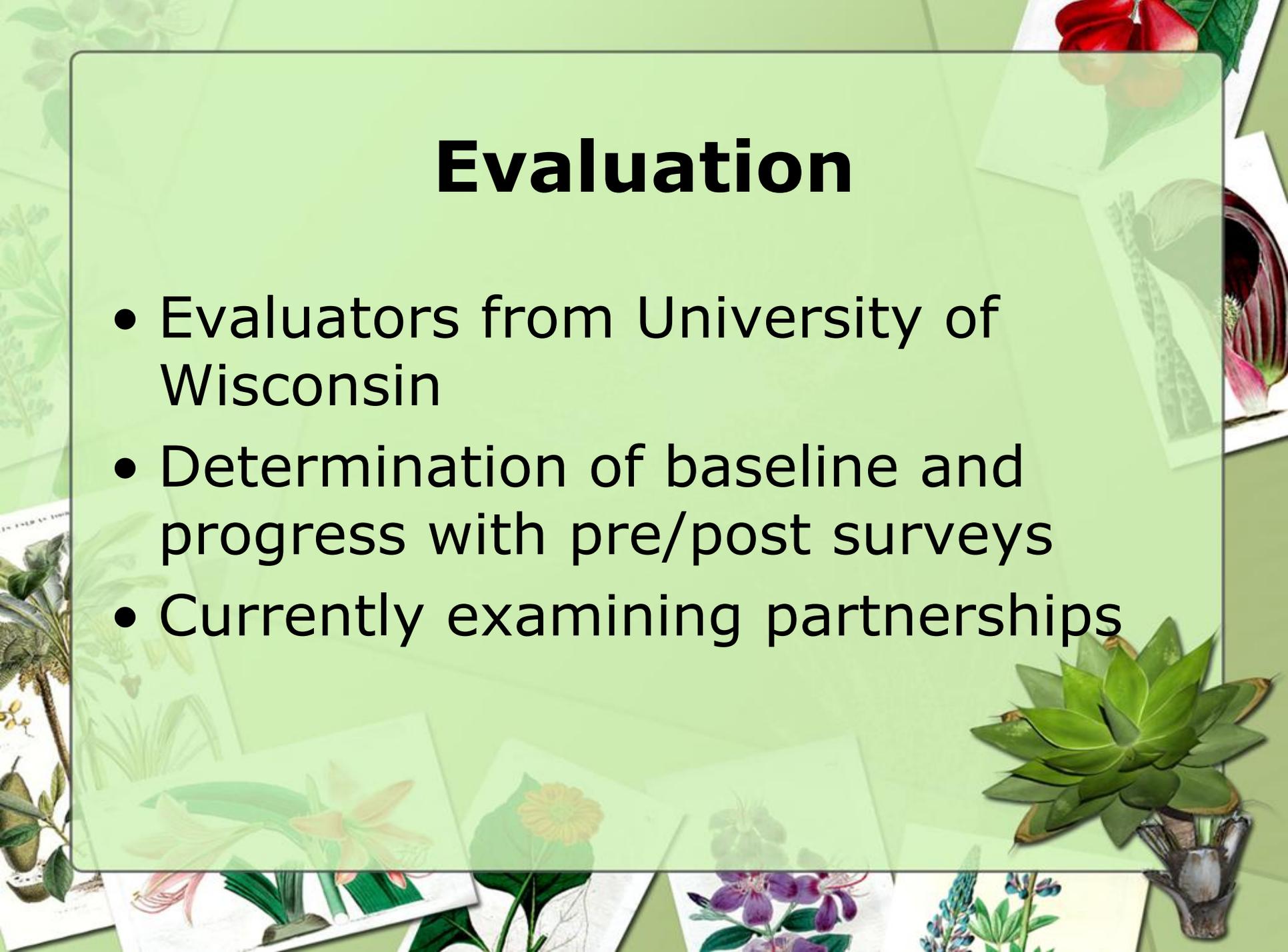
Ad Hoc Subcommittees

- Epidemiology and Surveillance
- Partnerships
- Interventions
- Program Integration



Evaluation

- Evaluators from University of Wisconsin
- Determination of baseline and progress with pre/post surveys
- Currently examining partnerships



Discussion

