



**NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS**
Promoting Health. Preventing Disease.

CHRONIC DISEASE PROGRAM INTEGRATION: What Health Departments Want to Know!

What does chronic disease program integration mean?

Simply described, chronic disease program integration is a process that brings together categorical programs to identify common goals and work jointly on objectives to achieve them. Program integration aligns and maximizes resources; puts in place a mechanism that promotes shared learning, collective thinking and mutual problem solving; limits duplication of efforts; and facilitates coordinated and cohesive approaches to increasing the impact on chronic disease rates

Program integration is not about adding more work, but about doing work differently. As a result, efforts to improve health outcomes are more effective, efficient and focused.

What happens to a chronic disease categorical program when a health department establishes a program integration initiative?

A major guiding principle of program integration is “Do no harm to categorical program integrity.” Therefore, throughout the integration process, it is important that a categorical program’s 1) identity be respected; 2) priorities are recognized; 3) successful interventions are preserved; and 4) responsibilities to funding sources are acknowledged. Integration efforts encourage cooperation, coordination, and collaboration among programs, without compromising categorical program goals.

How can our health department set the stage for chronic disease program integration?

At the outset, be able to clearly articulate and describe the benefits of a program integration initiative at administrative, management, and program levels. Program staff need to understand how the initiative will enhance their program work plans and assist with their jobs, without threatening program autonomy. Managers should assure that integration planning will involve all programs at all levels; resources and staff time will be dedicated to the initiative; agreements will be developed that establish clear roles and responsibilities for implementing and evaluating joint activities; and infrastructure will be maintained to support regular information sharing with all staff. Administrators need to communicate their support of program integration, and help create and support a culture that makes integration the norm.

Where can we find a program integration model?

There is no “one glove fits all approach” to chronic disease program integration, as every health department is unique. However, basic steps a department can take toward chronic disease program integration include 1) establish an integration team; 2) assess the risk factors addressed, populations served, current partnerships, and existing service delivery systems of each chronic disease program; 3) identify common elements and opportunities for integration and 4) use data to create, implement and evaluate an integrated plan or project. Using these steps can help provide a systematic approach to expanding possibilities and facilitating actions to reduce the burden of chronic disease.

For more information about program integration, visit the National Association of Chronic Disease Directors (NACDD) website: www.chronicdisease.org. or contact Lorrie Graaf, NACDD Program Integration Consultant at lgraaf@chronicdisease.org