Coordinated Chronic Disease

Jean O’Connor, JD, DrPH, FACHE
President, National Association of Chronic Disease Directors
Program areas contained within state chronic disease units

Source: 2016 NACDD Survey of States
A Coordinated Approach to Chronic Disease

Alignment of capacity, operations, and strategy to deliver large scale improvements in chronic disease prevention and population health impacts.
Why Coordination?

Alignment of capacity, operations, and strategy to deliver large scale improvements in chronic disease prevention and population health impacts.

- Leverage expertise and other resources
- Facilitate multi-sectoral partnership
- Maximize effectiveness and impact
CDC’s CCD Model

Preventing Chronic Disease

A Customizable Model for Chronic Disease Coordination: Lessons Learned From the Coordinated Chronic Disease Program

SPECIAL TOPIC — Volume 33 — March 31, 2016

Karen Vesper, MPH; Sonia Sjonger, MPH; Michelle Choufani, MPH

Abstract

In 2012, the Centers for Disease Control and Prevention provided funding and technical assistance to all states and territories to implement the Coordinated Chronic Disease Program, marking the first time that all state health departments had federal resources to coordinate chronic disease prevention and control programs. This article describes lessons learned from this initiative and identifies key elements of a customizable approach. We analyzed 80 programmatic documents from 35 states and conducted semistructured interviews with 7 chronic disease directors. Successful implementation necessitated: 1) focused agenda, 2) identification of functions, 3) comprehensive planning, 4) collaborative leadership and expertise, 5) managed resources, and 6) relational building. These elements supported successful adoption: 1) evidence-based interventions, 2) strategic use of staff, 3) consistent communication, and 4) strong program infrastructure. On the basis of these elements and activities, we propose a conceptual model that frames overarching concepts, skills, and strategies needed to coordinate state chronic disease prevention and control programs.

Introduction

Several factors drive the rationale for a coordinated approach to chronic disease prevention and control. Chronic diseases, which affect millions of Americans every year, are interrelated (1).

On this Page

- Abstract
- Introduction
- Methods
- Conceptual Model Elements
- Essential Activities
- Discussions
- Acknowledgments
- Author Information
- References
- Tables

* Top
CDC’s Recognized Purposes of a CCD Approach

Purpose

Work collaboratively with state and community partners to efficiently and effectively implement chronic disease prevention and health promotion strategies.

Goals

- Promote a focused Chronic Disease Prevention and Health Promotion agenda.
- Maximize efficient use of resources.
- Improve our support for and share our technical expertise with states and communities.
- Support chronic disease prevention and health promotion programs in every state.
- Improve population health.
Resources for EB Interventions

Welcome to the National Center for Chronic Disease Prevention and Health Promotion's (NCCDPHP) Collection of Online Resources & Inventory Database: Organized and Readily accessible (CORIDOR) Public health practitioners can use CORIDOR to support the planning, implementation, and evaluation of state and national chronic disease prevention and health promotion initiatives. The resources included are primarily practice-based and represent science and practice promoted by CDC and CDC funded partners to address chronic disease conditions and risk factors. Tools include model policies and programs, guides, toolkits, and other resources for a variety of audiences with a range of skills.

Receive alerts by e-mail when new information is available. To learn more about CORIDOR, including how to search and view resources, select Help. Learn more about the NCCDPHP.

Highlighted Resources
- Centers for Disease Control and Prevention Diabetes Prevention Recognition Program Standards and Operating Procedures
- Smart Food Choices: How to Implement Food Service Guidelines in Public Facilities
- A Practitioner’s Guide for Advancing Health Equity: Community Strategies for Preventing Chronic Disease
- Interventions Engaging Community Health Workers
- Community Water fluoridation Factsheet
Essential Leadership and Management Activities to CCD Approaches

1) Consistent communication and messaging;
2) evidence-based interventions;
3) supporting strong program infrastructure; and,
4) strategic use (engagement) of staff.
### Timeline for CCD in Georgia

<table>
<thead>
<tr>
<th>Date</th>
<th>Chronic Disease Prevention Section (CDPS) Activity</th>
<th>Prevention Research Center in St. Louis EBDM Training, Support, and Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall 2013</td>
<td>CDPS director hired to move CDPS toward coordinated chronic disease approach</td>
<td>CDPS enrolled into EBDM study</td>
</tr>
<tr>
<td>Spring 2014</td>
<td>CDPS re-organization launched to promote coordinated approach</td>
<td>BLDCS enrolled into EBDM study</td>
</tr>
<tr>
<td>June-July 2014</td>
<td></td>
<td>BLDCS enrolled into EBDM study</td>
</tr>
<tr>
<td>July 2014</td>
<td>Strategic Direction for Chronic Disease Prevention: 2014-2019 published by GDPH</td>
<td>BLDCS enrolled into EBDM study</td>
</tr>
<tr>
<td>August 18-21, 2014</td>
<td>Brownson EBDM 3½ day training in Atlanta, GA with CDPS staff and GDPH epidemiologists</td>
<td>August 2014 Brownson EBDM training provided by RB and other course faculty</td>
</tr>
<tr>
<td>September 2014</td>
<td>EBDM training attendees provided input for next steps selected by CDPS management team</td>
<td>PRC-StL provided Qualtrics survey for prioritization input on steps brainstormed at August 2014 training</td>
</tr>
<tr>
<td>October 2014</td>
<td>Staff meetings reorganized to incorporate EBDM and sharing of information across programs</td>
<td>Monthly collaborative calls of PRC-StL and CDPS started for encouragement, support</td>
</tr>
<tr>
<td>November 2014</td>
<td>CDPS launched statewide Chronic Disease Council advisory body of 24 leaders from diverse sectors</td>
<td>BLDCS enrolled into EBDM study</td>
</tr>
<tr>
<td>November 2014 and January 2015</td>
<td>Staff in each CDPS program created summary presentations for program review, revision, and communication to partners</td>
<td>Review of programs by coauthors LB, PA, RRJ</td>
</tr>
<tr>
<td>Jan 2014</td>
<td>Science and EBDM, including become a required goal area in all CDPS managers and program staff annual performance plans</td>
<td>BLDCS enrolled into EBDM study</td>
</tr>
<tr>
<td>January-May 2015</td>
<td>CDPS hired and on boarded 20 new CDPS staff, many with MPH degrees and PhDs</td>
<td>BLDCS enrolled into EBDM study</td>
</tr>
<tr>
<td>May 2015</td>
<td>CDPS annual meeting with local health district chronic disease managers</td>
<td>BLDCS enrolled into EBDM study</td>
</tr>
</tbody>
</table>
## Timeline for CCD in Georgia

**May 2015 to Dec 2016**  
Statewide health assessment and health improvement plan led by CDPS as part of GDPH’s accreditation preparations  
Using Data Sources for Public Health Practice supplementary 2-session webinar training provided to CDPS, other GDPH staff

**June 2015**  
CDPS website relaunch completed, with posting of chronic disease data and program information, logic models, evaluation plans and reports, and links to resources to enhance partner access to information for EB practice

**August 2015**  
State Technical Assistance and Review (STAR) site visit with the National Association of Chronic Disease Directors with feedback to identify strengths and ways CDPS could improve

**Fall 2015**  
CDPS leadership team developed a plan for how to institute STAR recommendations

**July 2015**  
Chronic Disease University monthly webinar series launched with JO’s EBDM overview  
RB and PA contributed slides to JO’s EBDM introductory overview to the series

**April-May 2016**  
Post-survey conducted by PA and ML with CDPS staff and partners

**May 2016**  
CDPS annual meeting with local health district chronic disease managers

**May-June 2016**  
CDPS leadership team held a retreat to identify continuing implementation actions  
11 post-interviews conducted by LB and PA

**August 2016**  
CDPS leadership team held a retreat to identify continuing implementation actions

**Winter 2016-Spring 2017**  
CDPS participated in a STAR follow-up site visit and identified follow up items, including staff survey; CDPS facilitated DPH enrollment in the Public Health Digital Library, providing all staff with journal access via the DPH intranet  
Quantitative data management, analyses by PA; qualitative coding, analyses by PA, ML

**May 2017**  
CDPS annual meeting with local health district chronic disease managers; A CDPS staff member wins the departmental award for excellence in science

**September 2017**  
All staff surveyed on organizational culture and opportunities for improvement; CDPS held an all staff strategic planning retreat to evaluate progress; CDPS leadership team held a retreat to identify continuing implementation actions
CCD Staff Model for Georgia
Discussion & Questions

Jean C. O’Connor, JD, DrPH, FACHE
Chief Policy Officer
Georgia Department of Public Health
2 Peachtree Street, NW, 16th Floor
Atlanta, Georgia 30303
Office: 404-656-2480
Mobile: 404-545-5274
Email: Jean.OConnor@dph.ga.gov