

Activity Details / Narrative

General Process Notes

- The process may be triggered by funding opportunities; performance reviews; laws, executive orders, directives, regulations, policies and other procedures; results of a disease status and burden assessment.
- Funding sources include foundations, government agencies, donations, fees, community resources.
- Tasks may run in parallel rather than sequentially.

1. Conduct Strategic Planning

- **Input: BP of Disease Status & Burden Assessment** will help define level of need & program design.
- As part of the design inputs, the CD Program will conduct strategic planning to determine the program elements needed as well as the quality and financial data required for both process and outcome evaluations.

2. Develop New or Modify Existing CD Program

- **Input: BP Policy, Standards & Regulations.**
- The CD Program and community partners develop goals, objectives and desired outcomes for the programs and services implemented.
- Existing programs and services are reviewed to determine if they can be modified to meet the need.

2. Develop New or Modify Existing CD Program (cont.)

- Metrics for the outcomes are defined so programs and services can be evaluated for level of success. Design data collection infrastructure needed.
- Developing a new program or service typically involves many rounds of testing and refinement before widespread adoption.

3. Obtain Funding and Other Resources

- Identify funding and other resources available for the Chronic Disease Program.
- Categorize existing funding resources to see which might be accessed for the chronic disease or risk factor of concern.
- Develop and submit program proposals to funding entities through DHSS administrative process until funding is obtained.

4. Funding Adequate?

- Determine if the funding acquired is adequate to create and maintain the program and services.
- If inadequate funding, identify likely new sources of funding and timeframes of availability. Repeat funding acquisition step or modify program design to better fit current funding priorities.
- If adequate funding, work with Admin to set up a budget.

5. Institute Data Management

- **Input: BP of Data Management.** Technical specifications of collection and management are implemented.

6. Need Partners?

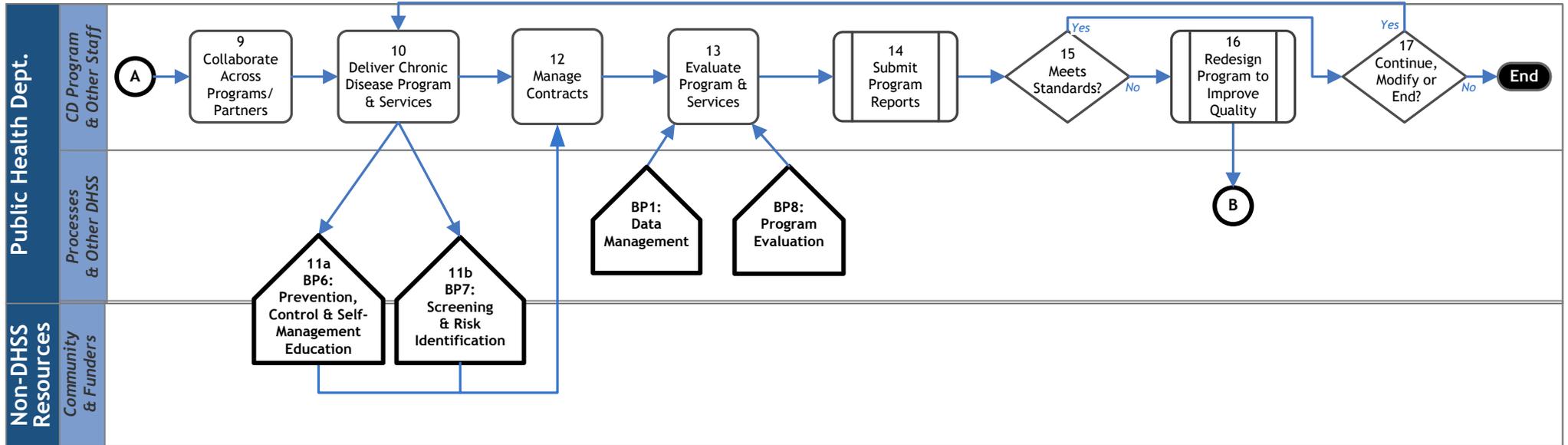
- Determine whether the CD Program requires the involvement of partners to provide educational or screening services.

7. BP of Partner Mobilization

- The CD Program engages (contractual or not) partners as needed.

8. Train Providers, Partners and Staff

- Match training curriculum for CD Program to the needs of services provided.
- Conduct training with the adopted curriculum.



Activity Details / Narrative	<p>10. Collaborate Across Programs/Partners</p> <ul style="list-style-type: none"> The CD Programs at DHSS collaborate to share best practices and implement delivery efficiencies of outreach and services including costs, media, facilities, staff, equipment, etc. 	<p>12. Manage Contracts</p> <ul style="list-style-type: none"> DHSS staff provide training in program requirements and community outreach services as well as reimbursement. 	<p>16. Redesign Program to Improve Quality</p> <ul style="list-style-type: none"> CD Program staff reviews evaluation report to determine redesign needs. CD Program staff steps back to appropriate task (usually input from advisory group) to implement program redesign.
	<p>11. Deliver Chronic Disease Program & Services</p> <ul style="list-style-type: none"> The CD Program provides an efficient, cost effective infrastructure for delivering CD Programs/services to the community/population. The CD Program coordinates efforts of partners and individuals in the community, and at DHSS. The CD Program ensures ongoing collection of data for input to metrics previously defined for measuring the success of outcomes. Comprised of 1 or more of the following business processes: <p>11a. BP Prevention, Control & Self Management Education</p> <ul style="list-style-type: none"> Program staff collaborate with partners to provide chronic disease education on prevention and control methods and evidence-based self-management practices for chronic diseases. <p>11b. BP Screening & Risk Identification</p> <ul style="list-style-type: none"> Program staff contract with providers to screen people in a targeted population for the presence of a chronic disease and also to identify those persons at higher than normal risk for the chronic disease. 	<p>13. Evaluate Program & Services</p> <ul style="list-style-type: none"> The program and services are evaluated using the data collected and metrics previously defined for measuring the success of processes and outcomes. Ongoing QA... Inputs: BP of Data Management and BP of Program Evaluation <p>14. Submit Program Reports</p> <ul style="list-style-type: none"> The CD Program submits interim/annual progress and budget reports to funding entity, providers, legislature, governor, etc. <p>15. Meets Standards?</p> <ul style="list-style-type: none"> Do both process and outcome evaluations of the CD Program meet the defined level of success? Are deliverables on time and within budget? 	<p>17. Continue, Modify, End?</p> <ul style="list-style-type: none"> Based upon the funding parameters and timelines determine whether program continues with only minor changes, is substantially modified or is ended.