# From Coordination to Integration

## A Systems Change Approach to Organizational Alignment to Achieve Health Outcomes in Chronic Disease

by Shelli Bischoff

## Introduction

Creating a more integrated organization[1] is a systems change process that leverages resources to achieve outcomes more efficiently and effectively. In public health, integration is about reframing how the work is done, across disease-specific or categorical programs. Public health integration is particularly important during a time marked by funding instability, administration changes, and the escalating burden of chronic disease. Creating a more integrated organization is a way to meet increased demands with decreased resources, and maintain stability and sustainability across categorical programs.

Organizational integration is much more than coordination or restructuring, however. It is a deliberate and fundamental shift in how people think about their work, their communities, and their partners. It is more than substituting one set of program silos for another—for example, from diabetes and heart disease to policy and community change.

Integration is refocusing on outcome and results, rather than activity and process. It is about optimizing human resources and funds, and prioritizing partners, projects, and target markets. Indeed, it requires comprehensive organizational alignment to move from coordination to integration.

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[1] "Organization" means an administrative or functional structure, an arrangement or structure of common items. It is used in this article as a generic term implying the unit that is being integrated, which may be a division, department, bureau, section, nonprofit organization, or coalition.

## Purpose

This article outlines a tested, systematic process for creating an integrated chronic disease organization. The process is informed by evidence-based principles and practices of organizational development. Organizational development is based on the premise that organizations are systems; therefore, integration is nothing short of systems change at the organizational level. As such, it holds intriguing lessons for implementing systems change strategies in the prevention and management of chronic disease.

The steps outlined in this article have been applied in several organizations of different sizes, levels, and stages of development, including state and local public health agencies, nonprofit organizations, and community healthy living coalitions. The approach is not prescriptive and should be adapted to the situation. It is, however, a systematic, relatively sequential, and comprehensive approach. Integration is like emulsification: you can't *sort of* emulsify, and you can't *sort of* integrate!

For those leaders who are committed to organizational improvement or are weary of jumping from one program to the next due to fickle funding, this article provides the steps for creating a more focused, efficient, and powerful organization. Most importantly, this is for those who are dedicated to getting results and making a difference for people who are at risk of, or suffer with, chronic diseases.

## Key Concepts

Integration is the creation of an "organizational" whole that is greater than the sum of the parts. Integration is different from increased coordination or the creation of teams with cross disease representation. Instead, it is an organization-wide, collective approach to addressing chronic disease prevention and management, as compared to a categorical, disease-specific, or program approach.

Integration is a mindset; it requires a paradigm shift from public health as distinct programmatic segments to public health as an integrated system addressing multiple conditions and root causes. As a shift in mindset, integration does not happen at a point in time or when an integrated plan is completed. The integrated plan is only a tool for creating a more integrated operation. Integration requires an organization's structure, systems, culture, competencies, and resources to be aligned to achieve health outcomes across all programs or categories. The purpose of integration is to optimize the collective whole and best utilize an organization's strengths.

Experience has shown the following prerequisites for successful integration efforts include:

**Leadership**   Integration is a systems change process; leadership is essential and a key component of any change effort. Leadership must set the direction and clearly articulate the vision of an integrated operation. Once the course is set, leadership must steadfastly move the team (both staff and partners) in the defined direction, despite seemingly unsurpassable obstacles. The process requires changes within typically entrenched bureaucracies. Leaders must advocate for the systems changes that will support a more integrated approach.

**Management**   In addition to leadership, the functions of management must be carried out. Integration means that staff and partners will be doing different

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*"Emulsify means combining two liquids that normally don't mix easily. The liquids are combined very slowly, usually drop by drop, while beating vigorously, which suspends drops of one liquid throughout the other."*

You can't *sort of* emulsify. It is either a beautiful vinaigrette or béarnaise, or it is a disaster.

Teams on top of silos do not make béarnaise.

work on different projects. The functions of management include coordinating, organizing, monitoring, and reporting. Skills in guidance, support, performance management, and project management ensure that those functions are carried out appropriately.

**Integrated data**  Creating a more integrated, effective operation requires deliberate decisions. Integration is a systematic process that represents deliberate choices based on analysis of integrated data. Public health agencies generally collect data by disease or by risk factor. It requires a certain expertise to coordinate and analyze the data in a way that informs organization-wide decision making and tells the integrated story.

**Alignment**  Systems change means that a change in one part of a system requires a corresponding adjustment to the other parts of the system. For organizational units, a change in strategy (the work you do) requires a reevaluation of staff skills and responsibilities, partnerships and external relations, financial management systems, and project management systems (how you do your work). In the most comprehensive sense, systems change may also require a new culture. Aligning systems, structures, and values with the change in strategy is challenging and often ignored. It is also the most important step in ensuring an integrated organization.

**Change management**  Systems change is just that—change. Change is not easy for some, and it is typically managed poorly. There are principles and practices of change management that can be useful tools to the integration process and implementation.

## The Integration Process

The integration process has three components: the integrated plan, organizational alignment, and change management.

### The Integrated Plan

Integration is not separate from the work of the organization. Integration efforts must start with clarity about "what organization-wide health outcomes are we seeking to achieve?" It is not about setting goals for integration; rather, it is setting goals for chronic disease prevention and management. Integration is a more effective way to achieve those goals, not a goal in and of itself. An organization-wide integrated plan defines health outcomes across diseases, across programs, and across categories. The extent and complexity of the planning process will vary depending on how clear an organization is about its identity.

In many cases, the integrated planning process is the first time that an organization collectively defines its goals and strategies, as well as purpose, impact, principles, position, role, and distinctive competence. Particularly in today's economic and public sector climate, it is essential to define how and why the chronic disease organization is relevant and indispensable, and thus deserving of attention in a resource competitive environment.

### *Analysis*

Public health places great value on data-driven decisions. A solid plan will be informed by integrated data. Data analysis, within the context of the conditions and situation, defines need and capacity. Strategic issues emerge from the analysis, and the analysis is the context for decisions.

How the data are organized and analyzed is an indicator of the organization's readiness for integration. Disease-specific data do not adequately inform the process. A useful analysis addresses the relationship among all diseases and the relationship between risk factors and diseases. It focuses on trend lines, rather than statistics at a point

> **There is an efficient and expedient three-step process to create the integrated plan:**
>
> 1) data gathering and situation analysis;
>
> 2) the strategic framework design; and
>
> 3) the integrated work plan definition.

in time. The analysis should also provide a snapshot of high-need areas, disparities, or geographic-specific issues.

The data are only useful when helping to answer these questions:

- What is the relationship among chronic diseases and risk factors, including, but not limited to, co-morbidity and co-mortalities?
- Where is the disparity, and what disparity can we impact?
- What are the underlying issues that impact multiple disease outcomes?

In one situation, analyzing data from an integrated perspective dramatically enhanced the organization's ability to define integrated goals. Perhaps more significantly, it was a catalyst for sophisticated and strategic dialogue among staff that resulted in breakthrough systems thinking.

## Framework

The strategic framework represents the organization's fundamental strategic decisions about who it is and why it is indispensable (this is different from why it exists—the difference between impact and mission). The framework defines the entity to be integrated. It also determines the
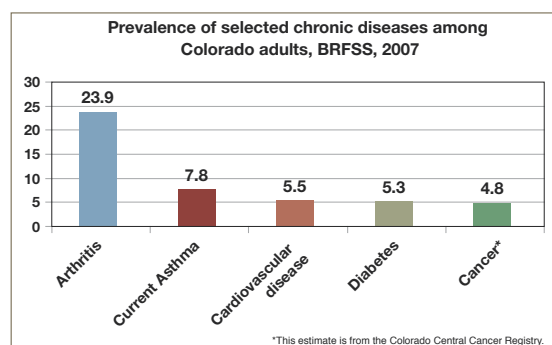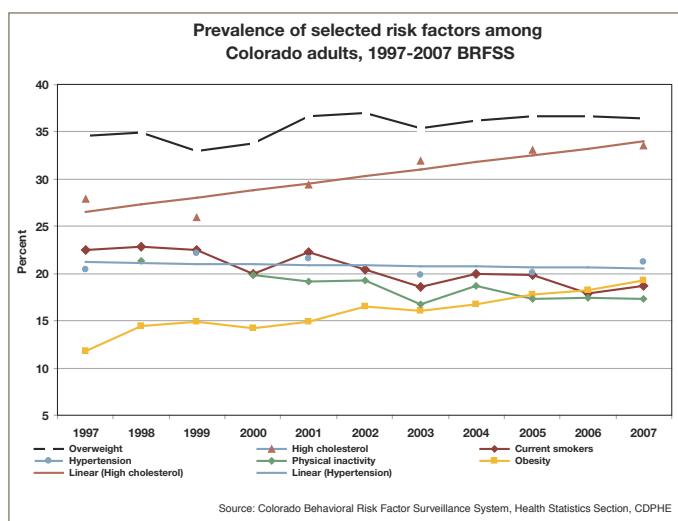
organization's imperatives: what *must* be accomplished based on the data and analysis. Organization-wide strategic goals derive from the imperatives.

The most important part of any planning process is goal setting. Strategy, objectives, and tactics derive from well-defined goals stated as outcomes. As outcomes, the goals define the win and state it in a way that everyone understands what that win is. The goal question is "what will you achieve in the prevention and management of chronic disease in the next five years?" Goals reflect deliberate, strategic choices and provide clear focus for an organization. A focused plan will have a slate of three to six goals. Goals tell the story of what you will achieve and why you are important.

## Integrated Work Plan

With integrated data, focused strategic direction, and a set of well-defined goals, the next step is the strategies and tactics—an integrated work plan. The purpose of the integrated work plan is to define the few strategies that will most expediently, effectively, and sustainably achieve goals. Strategies are not all things that could be done by each program; strategies are deliberate choices to best achieve the goals. In public health, strategies are often

## Sample of Integrated Data



Prevalence of selected risk factors among
Colorado adults, 1997-2007 BRFSS

Source: Colorado Behavioral Risk Factor Surveillance System, Health Statistics Section, CDPHE



Prevalence of selected chronic diseases among
Colorado adults, BRFSS, 2007

*This estimate is from the Colorado Central Cancer Registry.

## Organizational Alignment Components



Collective attitude, values and style, organizational personality, unwritten rules of behavior

Shape of an organization, defines functions, reporting relationships, lines of communication

STRATEGIES

Organizational description and purpose and what work is done

CULTURE

STRUCTURE

SYSTEMS

STAFFING

Procedures that facilitate practices, ensure consistency, accountability, integrity, and sustainability

The ability and availability of human resources to carry out core functions

defined by best practices. It is the organization's role to determine which strategies to apply, based on condition, capacity, and competing interests.

Once strategies are defined, the tasks are the activities to execute strategy. Tasks have specific deadlines and deliverables. With well-defined goals, strategies, and tasks, the organization is prepared to adopt a project management approach that focuses on deliverables and outcomes, rather than programs and process objectives.

## Organizational Alignment

Given that integration is a systems change approach and that the integrated plan redefines strategies (what and how you do your work), there must also be changes in other organizational components. The integrated plan sets off a dominoes effect. Alignment is how you adapt systems, structure, and human resources—including partnerships—to support the accomplishment of strategic goals. As changes are made throughout an organization, the culture also begins to shift. Alignment is a series of sequential steps that address the components of organizational development.

### Systems

Implementing a more integrated approach requires systems for managing projects and information. Managing projects is distinctly different from managing programs. Projects are made up of specific interdependent tasks that result in a deliverable. Projects, unlike programs, imply a specific start date and end date.
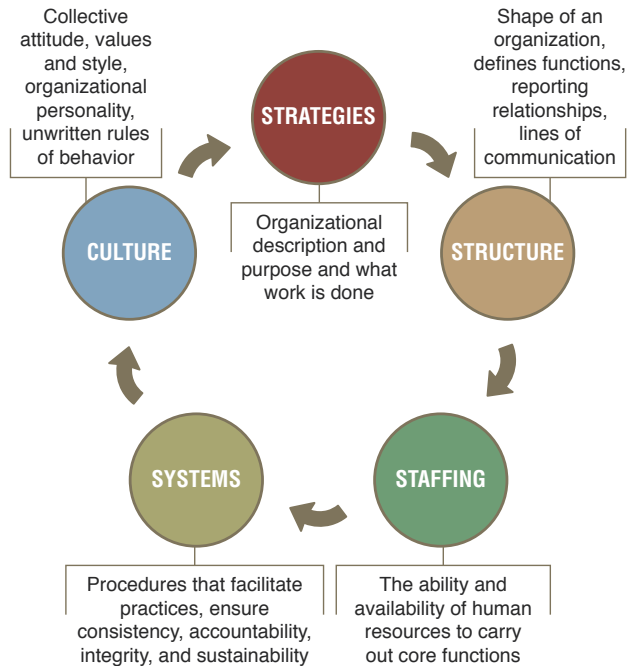
Project management provides the systems approach to coordinate, organize, and monitor progress toward outcome. As such, it shifts attention from process objectives to outcomes. It is an essential tool to define person hours to task and to best manage staff, partner, and financial resources. Staff may bring their skills and expertise to one project and then move to other projects where they add specific value. Staff flexibility is key to an integrated organization.

Integration also requires that data be managed and made accessible in a whole different way. Organizations will want integrated data on a regular basis from interfaced data systems. Data management systems need to provide current, accurate, and accessible data to support implementation. Data must provide useful information for those who may not be content experts. Relying on a (typically) overburdened and under-resourced surveillance unit is not a model that best supports integration. The system needs to track and provide the *few* key pieces of information (the dashboard) that are critical to the entire organization.

## Staffing

It is necessary to align staff functions and skills to achieve goals. Functions are defined by strategy. To carry out functions, a deliberate skill set is necessary. A comparison of skills needed versus skills available will point out surpluses and gaps. Gaps can be filled by retraining, contracting for a specific expertise, job redesign, or new hires. An integrated organization would hire a chronic disease manager rather than a disease-specific program manager, for example.

## Partners

Public health agencies have hundreds of partners. Those partners have a variety of relationships with the organization; they may be advisors, contractors, grantees, or stakeholders. Each type of relationship should be managed differently as they fulfill different purposes. Strategic partnerships are more deliberate partnerships in which each entity brings specific value toward mutual goals. The integrated work plan defines the strategic partnerships that are necessary to accomplish goals. This is a deliberate process of knowing your own needs and strengths and those of the potential partner. The partnerships are defined by the integrated plan, not by those stakeholders who are available or are most interested. To the extent that an integrated plan includes systems change strategies, new strategic partners may be necessary.

## Finances

Government funding has highly controlled financial reporting systems. Budgets usually have to be managed by program or grant source. However, an integrated plan requires an integrated budget, at least for management purposes. Just as it is necessary to create integrated data sets for analysis purposes, it is necessary to create integrated financial reports for management purposes. A comprehensive budget depicting the collective resources (and needs) of the organization is critical for integration. A comprehensive integrated budget allows leadership to allocate resources to achieve multiple programmatic objectives within the context of the whole.

## Structure

Organizational structure defines lines of communication, span of control, authority, and responsibility. It should also define how resources are leveraged to operate most efficiently. Nonintegrated organizations are typically structured by program, with fairly rigid demarcation between silos. Organizations can also be structured by customer group, geography, function, or product type. There is no one right way for all integrated organizations to be structured. The appropriate structure depends on goals, context, capacity, values, and the specific criteria for the organization's development.

Integration does not necessarily require restructuring. While restructuring might be useful, it is the last, not the first, step in the alignment process. Restructuring only complicates things until all the other systems are aligned. It moves people around without purpose, direction, or reason. Restructuring comes after roles, responsibilities, performance expectations, projects, and leadership and management roles are defined. Ideally, as the organization aligns around the work to be done, and everyone is focused on achieving health outcomes, the "right" structure emerges. At a minimum, organizational design is a deliberate set of decisions. Restructuring is a task for leadership, as it takes an understanding of the collective whole. It is inappropriate and ineffective for staff to be involved in restructuring decisions.

Another note about structure: there is a tendency to create teams to work on an integrated project. Integration is not creating teams overlaid on silos. Teams may foster coordination, but coordination is not integration. Simply adding teams onto silos is a way to avoid systems change. Under the best of circumstances, the matrix approach (teams/silos) is a very complex business model. With the constraints and obstacles presented by most public bureaucracies, it simply isn't efficient, productive, or sustainable.

## Change Management

Creating a comprehensive integrated plan and aligning the organization to operate more efficiently and effectively is a systems change. Systems change is time consuming and complex. In public agencies, it also typically requires a culture change. Change requires leadership, communication, and resilience. Change management skills are requisite.

Change management requires disciplined and steadfast leadership. It is leadership's responsibility to set the direction, communicate the direction in clear and unequivocal terms, and then ensure that people have the tools and resources to move in that direction. At every step of the way, people will doubt, question, and challenge, if not blatantly sabotage. Leadership must be clear about intentions, expectations, and consequences.

Communication is more than sharing information. Communication is a two-way process. Through change, people not only want to know what is going on and how changes impact them individually, they also want to ask questions and be heard. Constant, honest, and clear communication can't be emphasized enough.

Resilience is ". . . not about responding to a one-time crisis. It's not about rebounding from a setback. . . . It's about having the capacity to change before the case for change becomes desperately obvious."[2] An organization's resilience is that quality which enables it to adapt to the perpetually changing political environment.

Change management has five steps: 1. establish the need for change; 2. design a change that effectively answers that need; 3. identify the impacts of the planned change; 4. define the action steps; and 5. implement. Leadership and management skills are needed at every step.

It is also leadership and management's responsibility to define the change in small chunks. Systems change is overwhelming. It is helpful to take one piece at a time, succeed, declare victory, and move on to the next step. Most importantly, be realistic and be honest. Help people contribute in positive and appropriate ways. Generating and acknowledging short-term wins is a best practice in managing change.

## Integration—Does It Work?

Public agencies know that in order to survive they must rethink how they do their work. In fact, it is the same in the private sector. In a recently published book about process redesign, Michael Hammer states: "If you believe in the simple concept—that the way you organize your work makes all the difference in the world—there is an alternative to . . . fragmentation. Rather than a series of discrete steps, work becomes an end-to-end continuum. People no longer focus entirely on their own jobs with no notion of how their work affects their colleagues' ability to do their jobs or even the customer. Instead, they are thinking about the whole and not the parts, about outcomes instead of activities, about the collective rather than the individual. What are now individual fiefdoms meld seamlessly into a unified structure with

**Alignment**

**=**

**Organization-wide goals**

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**Integrated strategies**

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**Systems**

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**Staffing**

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**Partners**

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**Finance**

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**Structure**

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[2]  Gary Hamel and Liisa Välikangas, "The Quest for Resilience," *Harvard Business Review*, September 2003, 53.

one goal: customer satisfaction."[3] For the public health sector, the one goal is health outcomes.

Organizations that have used the process defined in this article report impressive benefits. Here are just a few examples.

## Leveraging Assets

Andrea Poniers, of The Center for Healthy Living and Chronic Disease Prevention, Colorado Department of Public Health and Environment, says this about their integration effort:

"Colorado remains committed to categorical health outcomes, but achieves them through an integrated structure based on function rather than funding sources. We're now in a much better position to share expertise, skills, experience, staffing, and even funding, all with the goal of advancing chronic disease prevention and management. Being able to view our Center as a whole, rather than as a loose collection of independent programs housed under one roof, allows our leadership and management teams to spot duplication, inefficiency, and—most importantly—untapped opportunity."

As a CDC pilot for integration, Colorado was eager to find a way to optimize their resources and work more efficiently and productively. Early on, the integration team, comprised of Center leadership and program managers, made a commitment to use the process to build a more fully aligned organization to support integration, rather than simply building an integrated work plan on systems that were less useful. A highlight of the Colorado process was their expertise in analyzing and presenting integrated data. The data led the way to deliberate decisions and a more focused approach. Steadfast leadership and dedication to the process has helped the Center build systems, staffing, and structures necessary to support integrated work.

[3] Michael Hammer and Lisa W. Hershman, *Faster Cheaper Better: The 9 Levers for Transforming How Work Gets Done* (New York: Crown Business, 2010), 11.

## Unifying Mission and Purpose

Jessica Wright, of the West Virginia Division of Health Promotion and Chronic Disease (WVDHPCD), says the integration process was about creating a "clear unifying mission and purpose." With that focus, she said, "We have a solid platform for which programs and people could come and go (attrition) without causing capacity deficits, a clearer focus on who partners should be, focus on what is important to achieve health outcomes, a better sense of how we need to contract, and a good sense of what and where we need to be visible."

WVDHPCD is a relatively small program in a predominantly rural and low-income state with dramatic chronic disease issues. Two in ten people have heart disease, and one in ten has diabetes. The catalyst for creating a more integrated operation was in order to leverage limited resources to make the biggest impact. After setting six organization-wide goals, they invited partners with expertise in diabetes and cardiovascular disease, since these programs were due to revise their current strategic plans. The partners validated the goals and agreed that the strategies were the same, albeit the metrics would be different (i.e., A1C vs. cholesterol). This afforded an opportunity to streamline subcontracting processes, combine advisory groups, share staff resources, and align staff strengths across disease goals.

## Results to Projects

Betsy Wood, of the Florida Bureau of Chronic Disease and Health Promotion, reports that "thanks to our work towards integration, we were able to identify five core goals and the return on investment for these core goals. It is (now) easier to explain to legislators, senior staff, and new employees what this Bureau does. The process allowed all programs within the Bureau to simplify and focus our message. All of our categorical work plans are being modified to clearly align with these goals. We are also implementing project management rather

than program management—projects with a beginning, an end, and clear outputs. This allows the Bureau to take advantage of our staff's individual talents and skills for well-defined, integrated projects. Staff now identify themselves as members of the Bureau of Chronic Disease Prevention and Health Promotion rather than identifying with individual CDC grants."

The Florida Bureau has a sophisticated program with a strong surveillance component. In a state bureaucracy that generally dismisses public health, the catalyst for integration was a desire for clearer identity and an enhanced ability to demonstrate return on investment (ROI). The management team, representing each disease-specific program, had fully embraced being more integrated. Like most, they started with a list of activities and created a matrix. They quickly realized that this was not true integration and were ready to move beyond coordination. In this case, the strategic framework was a key component to a more integrated operation. Once the group defined the five health outcomes, the focus was relatively easy, and they quickly came to realize opportunities for leverage and economies of scale. The framework provided the unifying themes and provided the basis for the consistent identity and message.

Staff did an excellent job of creating a Bureau-wide logic model from which all decisions flowed and which defined their value to the state.

## Conclusion

Creating a more integrated organization is a comprehensive systems change approach that leverages resources toward specific outcomes. It is a way to ensure a more efficient, effective, and efficacious operation to address the burdens of chronic disease.

Savvy and dedicated public health leaders are constantly seeking ways to make improvements, oftentimes within fairly rigid bureaucracies and highly prescribed funding requirements. Until recently, the idea of consolidated funding didn't seem possible. Today, it is probable. Those organizations that have already embraced integration are best prepared for funding changes. As one public health leader said, "We are so ready for the new requests for proposals that it's scary!" In another situation, an administrator is certain that their integration efforts will enable the organization to be successful in a highly competitive funding environment.

The integration process outlined in this article has helped public health organizations focus on a few organization-wide health outcomes, establish a clearer and more consistent identity, and better leverage scarce resources. A more integrated organization provides the foundation for stability and sustainability. Most importantly, integration may help to ensure the relevancy and indispensability of public health in the prevention and management of chronic disease.

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Shelli is the president and founder of two highly successful consulting practices, having served 500+ satisfied clients. In her 30-year career, she has consulted with more than 1,000 organizations in the United States, Canada, and the Philippines, representing a wide range of disciplines and missions including conservation, public health, community sustainability, education, and human services. Her strategic planning and positioning, nonprofit marketing and organizational analysis, and development expertise ensures tangible results for all her clients.

In addition to her monograph on the Integrated Strategy for Success and Sustainability, Shelli has published articles on fundraising, nonprofit marketing, and organizational development. As a highly sought-after speaker and trainer, Shelli consistently receives the highest ratings for her energetic, interactive, and provocative sessions.

Prior to the founding of Nonprofit Impact and its "sister" company Conservation Impact, Shelli developed technical assistance programs in federal agencies and nonprofit organizations. She started the Colorado Small Business Development Centers, created a million-dollar training institute at a local community college, and created a revenue generating-operation for a juvenile justice organization. Over the years, she has served on a diverse array of economic development, civics, and human services boards.

Since 1988, she has been an adjunct professor in a university undergraduate business program and master's-level nonprofit management program. In 2001, she received the Excellence in Teaching award. In 2004, she was invited to design and offer the first courses in nonprofit management and marketing at a New England college. Starting in 2012, Shelli will teach at the Colorado School for Public Health.

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