


Institute 2010
October 4-6, 2010

**Linking the Business Case for
Chronic Disease Program and
Policy Sustainability**

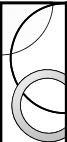
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Course Objectives

Upon completion of the course,
participants will be able to:

- ✓ Articulate ways to link a business case to sustainability plan.
- ✓ Identify the components necessary for building the financial and non-financial business case for chronic disease programs and policies.
- ✓ Create an issue brief demonstrating program or policy value for a specific constituency.
- ✓ Understand how to effectively engage constituents with the business case.
- ✓ Draft a plan for establishing a sustainable program or policy.



Objectives: October 4, 2010

By the end of today's session,
participants will be able to:

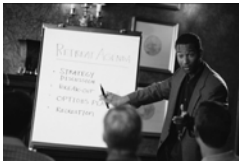
- ✓ Understand overview of course content and locate participant materials.
- ✓ Meet other participants.
- ✓ Define "Sustainability Framework."
- ✓ Create a Sustainability Plan.


Introductions

- Name
- Organization
- Program Area (diabetes or tobacco)
- What do you hope to gain from attending this course?

Agenda: October 4, 2010

Topic
Welcome and Course Review
Introductions
Break
Program and Policy Sustainability
Small Group Work – Create a Sustainability Plan
Day 1 Wrap-up





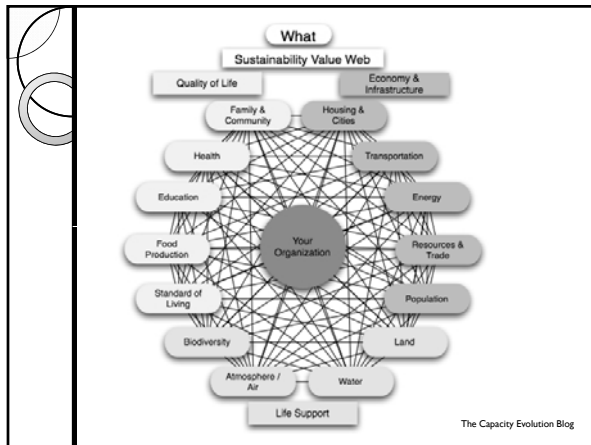
15 minutes

BREAK

What is Sustainability?

“The large number of and great variability across definitions that have been offered to describe the sustainability process suggests that sustainability is a complex and multidimensional concept”

Sustainability Literature Review,
Altarum Institute, 2009
US DHHS Office on Women's Health



What do you think?

- How do you define sustainability?
- What terminology or language do you use?



What is Sustainability?

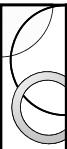
- Confirmation
- Continuation
- Durability
- Incorporation
- **Institutionalization**
- Level of use
- Maintenance
- Routinization
- Stabilization
- **Sustainability**
- Sustained use



What is Sustainability?

- **Institutionalization**
 - Integration of a new program into an organization or into business as usual
- **Sustainability**
 - Continued ability of an innovation (infrastructure, program, or policy) to meet the needs of its stakeholders or meet the continual needs of stakeholders. (Adaptive)
 - Often used in the context of continuing programs in a community setting

Johnson et al. Building capacity and sustainable prevention innovations: a sustainability planning model. *Eval Prog Planning* (2004) 27:135-149.



Sustainability Goals

- Make a program or policy critical to the success of an organization or community... make it a 'must-have'.
- Make the program or policy so well integrated that is it not impacted by changes in leadership, management, politicians, or financial changes.
- Scaling?

Think System Change

- **Policy** interventions may be a law, ordinance, resolution, mandate, regulation, or rule (both formal and informal) either legislative or organizational (i.e. worksites, schools).
- **Systems** interventions are changes that impact all elements of an organization, institution, or system.
- **Environmental** interventions involve physical or material changes to the economic, social, or physical environment.

Strategic vs. Sustainability Planning

- **Strategic planning** is often in a broader context to determine direction and recommendations for action.
- **Sustainability planning** is strategic planning at a focused level around a specific outcome or intervention.

Sustainability Action Steps



Building & Sustaining Community Capacity; Influencing Factors
Johnson et al, 2004; Beery et al, 2005



- ### Sustainability Factors
- Infrastructure & Capacity
 - Sustainable Innovation Attributes
 - Additional Community Capacity
 - Influencing Factors

- ### Sustainability Factors: Infrastructure & Capacity
- Innovative champions & leadership
 - Administrative structure & formal linkages
 - Resources
 - Expertise
 - Policies and procedures

**Sustainability Factors:
Infrastructure & Capacity**


Innovative champions & leadership

- Proactive with internal & external constituents
- Formal and informal
- Diversify champions within & across stakeholders
- Plan strategically
 - Cultivate leaders & champions
 - Strengthen, maintain, and renew

**Sustainability Factors:
Infrastructure & Capacity**

Administrative structure & formal linkages

- Operations management
- Fiscal management
- Communication strategies
 - Intra-organizational
 - Inter-organizational
- Business operations to facilitate collaboration



**Sustainability Factors:
Infrastructure & Capacity**

Resources

- Staffing
- Technology
- Space
- Information access
- Funding streams: available, needed
- Develop strategies for continuous resources
 - Grants, taxes, fee-for-service, integrate with existing programs



**Sustainability Factors:
Infrastructure & Capacity**

Expertise

- Leadership
- Innovators: Design
- Marketing
- Operations: Implement
- Evaluate
- Flexible funding acquisition
- Community



**Sustainability Factors:
Infrastructure & Capacity**

Policies and procedures ...
...necessary to implement, sustain, & grow the innovation

- Organizational, local, state, federal
- Incentives, sliding fee scales
- Certification: individuals, programs, organizations
- Regulatory



**Sustainability Factors:
Sustainable Innovation Attributes**


- Essential relationships
- Alignment between innovation and needs of organizations/community
- Business Case/Strategic Marketing
- Ownership among innovation stakeholders

**Sustainability Factors:
Sustainable Innovation Attributes**

Essential relationships: Internal & External

- Decision-makers
- Developers
- Implementers
- Evaluators

- Collaborate, Trust, Communication, Credible, Enthusiastic, Leadership, Peer networks



**Sustainability Factors:
Sustainable Innovation Attributes**

Alignment between innovation & needs of the organization or community

- Vision, mission, goals, and culture
- Integrity
 - Less complexity
 - More compatibility
- Mutual benefits



**Sustainability Factors:
Sustainable Innovation Attributes**

Business Case/Strategic Messaging

- Innovation
- Evidence-base for health outcomes
- Financial value
- Non-financial value

- SMART objectives
- Strategically target to specific audiences

**Sustainability Factors:
Sustainable Innovation Attributes**

Ownership by innovation stakeholders

- Personal commitment
- Organizational commitment
- Active citizen involvement
- Community ownership
- Collaborative ownership



**Sustainability Factors:
Outside Influencers**

- Other Community Capacity Building
- Sustainability of other Community Capacities
- Influencing Factors
 - Funding policies & practices
 - Leadership and staff turnover
 - Community environment (i.e. norms, policies)

Beery et al. Am J of Eval (2005);26(2):150-165

Sustainability Action Steps



Johnson et al. 2004; Beery et al. 2005

Implementation

Integrity

- Complexity
- Compatibility
- Perceived benefit

Quality

- Fidelity
 - Implemented or enforced as intended
- Effectiveness
 - Achieving intended intermediate outcomes
- Reach
 - Are you reaching your target populations
- SMART Outcomes

Sustainability Action Steps

Getting Started: Assess Infrastructure & Readiness

Getting Started: Sustainability Plan

Putting Plan into Action

Evaluate Sustainability & Outcomes

Reassess & Modify Sustainability Plan

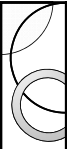
Building & Sustaining Community Capacity; Influencing Factors

Johnson et al. 2004; Beery et al. 2005

**Results-oriented Evaluation:
The 'Real' Business Case**

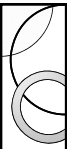
Sustainability

- Intermediate Outcomes
- Long-term Outcomes
- Community Capacity



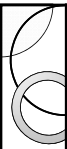
**Ongoing re-assessment & innovation:
Program Responsivity**

- Is policy or program continuing to meet organizational and community needs on their terms, including long-term outcomes?
- Continual adaptation or innovation but still maintaining core fidelity to achieve objectives.



**Ongoing reassessment & innovation:
Are all programs & policies sustainable?**

- Are organizational or community needs being met?
- Are improved health outcomes being achieved?
- Are they cost-saving or cost-effective from an overall value perspective?
- What are the marginal costs (i.e. what is not being done because of this program)?
- Are there more effective, and potentially valued, programs available?



**Small Group Exercise:
Sustainability Action Plan**

- Take 5 minutes to review the Sustainability Action Plan template (pages 3-5) and worksheet (page 6) (individual work)
- Convene into small groups of 4-5 participants – some will focus on diabetes and some on tobacco
- Select a small group reporter
- As a small group, complete the exercise on page 4 (20 minutes)
- Re-convene as large group for reports

Linking the Business Case for Chronic Disease Program and Policy Sustainability

By the end of today's session, participants will be able to:

- ✓ Describe key components
- ✓ Identify four target audiences
- ✓ Identify three types of data
- ✓ Analyze use of data
- ✓ Locate web-based tools and resources
- ✓ Describe two ways to identify solutions
- ✓ Analyze six perspectives
- ✓ Examine scientific data
- ✓ Construct an issue brief

Objectives: October 5, 2010

Agenda: October 5, 2010

Topic
Review Day and Materials
Define Business Case
Target Audiences
Demonstrating Need
Small Group Exercise: Scientific Findings Case Study
Break
Solutions and Value
Small Group Exercise: Understanding Your Target Audience
Small Group Exercise: Write an Issue Brief
Closure and Evaluation

What is a Business Case?

Definition continued...

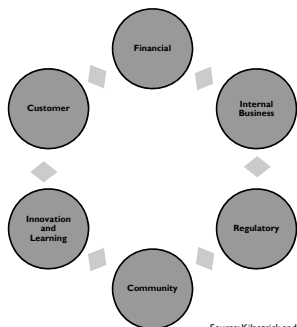
“In addition, a *business case* may exist if the investing entity believes that a positive indirect effect on organizational function and sustainability will accrue within a reasonable time frame.”

Source: Leatherman, et. al, *Health Affairs*, March/April 2003

Key Components




Expanded Framework



Source: Kilpatrick and Brownson, *Building the Business Case for Diabetes Self-Management*, 2008

Target Audiences

What organizations or groups do you need to present your business case?



Target Audiences

- Health Insurers
- Business/Industry
- Policymakers
- Consumers/General Public

**Target Audiences:
Health Insurers**

<p><u>Challenges</u></p> <ul style="list-style-type: none"> • Long-term outcomes • Member turnover • Negotiated benefit 	<p><u>Opportunities</u></p> <ul style="list-style-type: none"> • Access to data • Competitive edge • Increased interest in prevention
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Business/Industry

Challenges

- Primary motivation: economic well-being
- Group rating may detract from seeing direct benefits to health insurance costs
- Fears of loss revenue
- Employee confidentiality

Opportunities

- Microcosm of community
- Increased productivity and decreased absenteeism
- Employee retention
- Supports and reinforces visions and values

Policymakers

When thinking about making the business case for policymakers, what would be some key...

- Challenges?
- Opportunities?

Policymakers

Challenges ↔ Opportunities

- Balancing budgets
- Managing interest groups
- Following party agendas

- Addressing current priorities and issues
- Keeping constituents happy
- Motivated by personal experience

Consumers/General Public

When thinking about making the business case for consumers, what would be some key...

- Challenges?
- Opportunities?


Consumers/General Public

<p><u>Challenges</u></p> <ul style="list-style-type: none"> • Community norms • Individual beliefs • Insufficient knowledge or lack of information • Competing priorities • Apathy 	<p><u>Opportunities</u></p> <ul style="list-style-type: none"> • Increased support for policy • Recognizes that impact goes beyond individual • Learning from others • Increased interest in health and quality of life
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For any audience...


- Develop relationships
- Understand and focus on what matters to them
- Turn data into information
- Frame messages succinctly and strategically
- Be prepared






Need: Demonstrating the Problem

- Mortality
- Morbidity
- Disability
- Health Related Quality of Life
- Costs



Mortality

- **Number of people with deaths**
 - Underlying cause
 - Contributing cause
- **Time-specific**
- **Generally seen as the most severe outcome**
- **May not be motivating**
 - Everyone dies from something
 - Under-reporting
 - Difficult to assess for risk behaviors




Mortality Examples

Diabetes

- 6th leading cause of death in U.S. (2006)
- The risk for death among people with diabetes is about twice that of people without diabetes
- Only 40% of people with diabetes have it reported on their death certificate


Tobacco

- Cigarette smoking is the leading cause of preventable death in the United States accounting for approximately 443,000 deaths
- 1 of every 5 deaths in the United States each year




**Morbidity:
Incidence & Prevalence**

- **Incidence**
 - Number or % of people newly diagnosed diabetes or initiated tobacco use
 - Within a specific timeframe
- **Prevalence**
 - Number or % of people that have the disease diabetes (diagnosed and undiagnosed) or risk factor (tobacco use) at a certain point in time



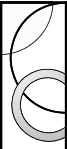
**Morbidity:
Complications & Co-morbidity**

<u>Diabetes</u>	<u>Tobacco</u>
• Heart disease	• Cancer
• Depression	• Emphysema & COPD
• Obesity	• Oral health
• Chronic Kidney Disease	• Diabetes
• Eye disease	• Heart disease
• Amputations	• High blood pressure
• Care-giving	• Second-hand smoke



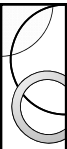
Diabetes Morbidity Examples

- Over 1.6 million U.S. adults were diagnosed with diabetes in 2007.
 - Almost 4,400 new cases diagnosed every day.
- Just over 1 in 9 U.S. adults (23.5 million) have diagnosed or undiagnosed diabetes.
- For an American born in 2000, their lifetime risk of developing diabetes is between 30-40%.
- Diabetes is the leading cause of kidney failure, accounting for 44% of new cases.
- Almost 1 in 2 people with diabetes have arthritis.



Tobacco Morbidity Examples

- An estimated 46 million people or 20.6% of all adults (aged 18 years and older) in the United States currently smoke cigarettes.
- In U.S. children ≤ 18 months, secondhand smoke is responsible for an estimated 150,000 to 300,000 new cases of bronchitis and pneumonia each year .
- Nonsmokers who are exposed to secondhand smoke at home or work increase their lung cancer risk by 20–30%.
- Male smokers 40-74 years of age have a 90% higher risk of developing diabetes compared to non-smokers.



Disability

- Pain and discomfort
- Activity, work, and social limitations
- Psychological distress

Disability Example

- Top 6 main causes of disability in the U.S.

Arthritis & rheumatism	Lung/respiratory problem
Back or spine problems	Mental illness/emotional
Heart trouble	Diabetes



Health-related Quality of Life

- Looks at quantity AND quality of life
- Health status & Unhealthy Days
- Quality Adjusted Life Years (QALY)
 - Life of year adjusted for its quality
 - Measured between 0 (death) and 1 (perfect health)
- Disability Adjusted Life Years (DALY)
 - Based on time lived with disability and time lost to premature morbidity
 - Measured between 0 (perfect health) and 1 (death)

DALY Example

2 Ten leading specific causes of health loss,* by sex, Australia, 2003

Rank	Specific cause	Males		Females	
		Rate/1000 people (%)	Rate/1000 people (%)	Specific cause	Rate/1000 people (%)
1	Ischaemic heart disease	1.5 (11.1%)		Anxiety and depression	1.3 (10.0%)
2	Type 2 diabetes	0.7 (5.2%)		Ischaemic heart disease	1.1 (8.9%)
3	Anxiety and depression	0.7 (4.8%)		Stroke	0.7 (5.1%)
4	Lung cancer	0.6 (4.0%)		Type 2 diabetes	0.6 (4.9%)
5	Stroke	0.5 (3.9%)		Dementia	0.6 (4.8%)
6	Chronic obstructive pulmonary disease	0.5 (3.8%)		Breast cancer	0.6 (4.8%)
7	Adult-onset hearing loss	0.4 (3.1%)		Chronic obstructive pulmonary disease	0.4 (3.0%)
8	Suicide and self-inflicted injuries	0.4 (2.8%)		Lung cancer	0.3 (2.7%)
9	Prostate cancer	0.4 (2.7%)		Asthma	0.3 (2.7%)
10	Colorectal cancer	0.4 (2.5%)		Colorectal cancer	0.3 (2.3%)

* Expressed as disability-adjusted life years lost per 1000 people per year

Begg et al., 2008

DALY Example

3 Health loss^a attributable^b to 14 selected risk factors, by selected broad cause group, Australia, 2003

Total health loss (DALYs lost/1000 people)	Broad cause group					
	Cancers	CHD	Mental disorders	Injuries	Diabetes mellitus	All causes
25.1	23.8	17.4	9.3	7.2	11.4	
Attributable health loss -- individual (%) ^c						
Tobacco use	20.1%	9.7%	na	0.9%	na	9.8%
High blood pressure	na	40.1%	na	na	na	7.6%
High body mass	3.9%	19.2%	na	na	na	54.7%
Physical inactivity	5.6%	23.7%	na	na	na	23.7%
High blood cholesterol levels	na	34.5%	na	na	na	6.2%
Alcohol consumption	3.1%	-4.7%	9.7%	16.7%	na	2.3%
Low consumption of fruit and vegetables	2.0%	9.8%	na	na	na	2.1%
Wet or grease	na	<0.1%	8.2%	3.4%	na	2.2%
Occupational injuries and hazards	3.1%	0.8%	na	4.7%	na	2.2%
Intimate partner violence	0.5%	0.3%	5.5%	2.5%	na	1.1%
Child sexual abuse	<0.1%	<0.1%	5.8%	3.4%	na	0.9%
Urban air pollution	0.8%	2.7%	na	na	na	0.7%
Unhealthy diet	1.2%	na	na	na	na	0.9%
Obesity	na	na	na	2.4%	na	0.2%
Attributable health loss -- combined (%) ^d	32.9%	69.2%	26.9%	31.7%	60.1%	32.2%

CHD = cardiovascular disease; DALY = disability-adjusted life year; na = not applicable.

^a Expressed as DALYs lost per 1000 people.

^b "Attributable" health loss is health loss that is explained by past and current exposure to health risks. This is distinct from "avoidable" health loss, which is health loss that might be avoided through future changes in exposure to health risks.


^c Attributable health loss within each column is expressed as a percentage of total DALY rates for that column.

^d Figures for combined effects are not necessarily column totals because risk factors can share common causal pathways.

Begg et al., 2008

Costs: Healthcare

- Ambulatory/outpatient care (i.e. clinic visits, cessation services)
- Emergency Department visits
- Hospitalization/inpatient care
- Long-term care: Nursing home, assisted living, home health care
- Medications, durable medical equipment, supplies



Examples – What do You Think?


- What health care costs are most relevant to documenting the burden for:
 - Diabetes
 - Tobacco Use

Total health-related costs (direct and indirect) of diabetes are \$174 billion per year.

Cigarette smoking was estimated to be responsible for \$193 billion in annual health-related economic losses.

To Business	To Households
<ul style="list-style-type: none"> • Absenteeism and presenteeism • Productivity (quality and quantity) • Cleaning and maintenance • Potential litigation costs 	<ul style="list-style-type: none"> • Cleaning and maintenance • Higher household insurance costs • Lower resale value
Opportunity Costs	
<ul style="list-style-type: none"> • Loss of income 	

Other Costs



Examples – other Costs

- Annually, cigarette smoking costs the U.S. \$97 billion in lost productivity.
- In 2005, Indiana had 124 smoking related fires. These fires caused two civilian deaths, sixteen civilian injuries, and five firefighter injuries with property loss at nearly \$1.5 million.
- For every 1,000 Americans, diabetes results in:
 - 49 work days absent
 - 390 work days with reduced performance
 - 348 work days lost due to unemployment disability.
- Employees providing eldercare were significantly more likely to report depression, diabetes, hypertension, or pulmonary disease regardless of age, gender, and work type.

Web-based Resources

Where would you go to find...?


See Participant Packet, pages 9-10, for a list of web-based data resources

Small Group Exercise: Analyzing Scientific Findings Case Study

- Take 5 minutes to review the article sent in advance of the training (individual work)
- Convene into small groups of 4-5 participants – some will focus on diabetes and some on tobacco
- Select a small group reporter
- As a small group, complete the exercise on page 11 (15 minutes)
- Re-convene as large group for reports


Finding the evidence

- CDC, Tobacco Best Practices
http://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm
- Guide to Community Preventive Services
<http://www.thecommunityguide.org/index.html>
- Guide to Clinical Preventive Services
<http://www.ahrq.gov/clinic/pocketgd.htm>
- National Guideline Clearinghouse
<http://www.guideline.gov/>
- Scientific literature – use portals, systematic and narrative reviews




Finding the evidence - continued

- Cochrane reviews and Institute of Medicine reports
 - IOM Report on Tobacco: <http://www.iom.edu/Reports/2007/Ending-the-Tobacco-Problem-A-Blueprint-for-the-Nation.aspx>
- Cancer Control PLANET
- DEBI (Dissemination of Evidence-based Interventions)
- NIH - CRISP



Identifying and Demonstrating Value

- Improved Health Outcomes
- Financial Benefits
- Other
 - Internal Business
 - Regulatory
 - Community
 - Innovative and Learning
 - Customer



Improved Health Outcomes

- Mortality
- Morbidity
- Disability
- Reduced risk behavior
- Reduced health disparities
- Improved clinical outcomes
- Reduced direct & indirect health costs

Examples – Improved Health Outcomes

- DSME in community gathering places is effective in decreasing HbA1c by approximately 2 percentage points (TFCPS).
- Implementing a comprehensive national smoke-free law in Scotland resulted in improved health outcomes in nonsmoking bar workers within 2 months, including:
 - reductions in respiratory symptoms like coughing, wheezing, and shortness of breath;
 - improvements in lung function; and
 - improved quality of life among bar employees with asthma.

Example - Policy

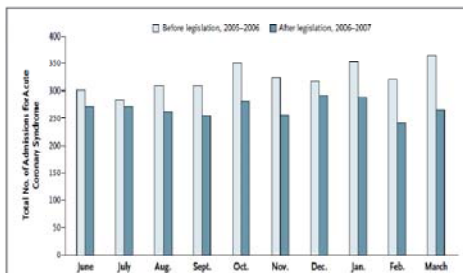


Figure 1. Admissions for Acute Coronary Syndrome According to Month before and after Smoke-free Legislation.


Pell et al., N Engl J Med 2008;359:482-91

Financial Benefits

- Cost analysis
- Cost effective analysis
- Cost utility analysis: QALY
- Cost-benefit analysis
 - Return on Investment

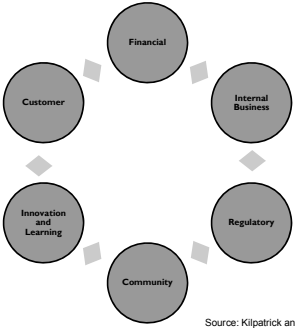
Cost-benefit/Return on Investment Example

- Diabetes
 - Cost analysis of disease-management program combined with diabetes education found a return on investment of \$4.34:1 ROI.
- Tobacco



15 minutes

Expanded Framework



Source: Kilpatrick and Brownson. *Building the Business Case for Diabetes Self-Management*, 2008


Internal Business Perspective

- Translate customer needs into products or services
- Meet organizational mission and goals
- Demonstrate commitment to prevention, self-management, and quality care



Regulatory Perspective

- Meet local, state, or federal regulatory requirements
- Conditions for reimbursement from 3rd party payers




Community Perspective

- Shape organizational image in community
 - Maximize competitive edge
 - Long-term survivability
- Create image of quality provider
- Meet accreditation standards
- Enhance community welfare as a whole




Innovation and Learning Perspective

- Improvements in processes of care and health outcomes
- Improve strategic positioning
- Affects on employee satisfaction, absenteeism, presenteeism



Customer Perspective

- Identify customer and understand their perspective
- Determine program benefits that match customer perspective
- Examples
 - Patient/client satisfaction
 - Funder/payer satisfaction




Small Group Exercise: Understanding your Target Audience

- Convene into small groups by focus areas selected before the course
- As a group, identify ONE target audience
- Select a small group reporter
- Complete the small group exercise on page 12 (15 minutes)
- Re-convene as large group and small group reporters share their group reports

Issue Brief

- One of many communication tools
- Short
- Neutral
- Summarizes issue/problem and solution(s)
- Widely used
- Distills information into key messages



Small Group Exercise: Issue Brief

- Reconvene into small groups by focus area
- Using the audience you had selected in the previous exercise, draft an issue brief
- Materials you will need
 - Understanding your Audience worksheet (p.12)
 - Issue Brief Definitions and Sample Outline (p.13)
 - Exercise: Writing an Issue Brief (p.14)
- Tomorrow, we will have each group present their issue brief

Evaluation

Sustainability

- Intermediate Outcomes
- Long-term Outcomes
- Community Capacity

Re-Assessment


- Is policy or program continuing to meet organizational and community needs on their terms, including long-term outcomes?
- Can we continue to adapt this program or policy yet still maintain core fidelity to achieve objectives?
- Ultimately, is program or policy sustainable?

Past, Present and Future

- Day 1 – Sustainability
- Day 2 – Business Case
- Day 3 – Linking Sustainability to Business Case

Reminder – talk within your small group about how to present your Issue Brief

Linking the Business Case for Chronic Disease Program and Policy Sustainability

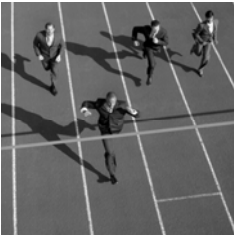


Objectives: October 6, 2010

By the end of today's session, participants will be able to:

- ✓ Formulate suggestions for improvements for small group issue briefs.
- ✓ Connect the "Sustainability Plan" and the "Business Case"


Agenda: October 6, 2010



Topic
Review and Materials
Small Groups present their Issue Briefs
Break
Connect the Sustainability and Building the Business Case
Closure and Evaluation

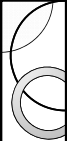
Small Group Presentations Issue Briefs

- Small Group Presentation – 7 minutes
- Group Discussion – 3 minutes
 - What did you like about the Brief?
 - What solutions were presented? Were they compelling?
 - What, if any, information could be added?



**15
minutes**

BREAK

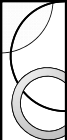


Making the Connection

Now that you've had a chance to learn about creating a Sustainability Plan and began to design a Business Case....

Where do you see the two connecting?

What can you use in one process that could supplement or compliment the other?

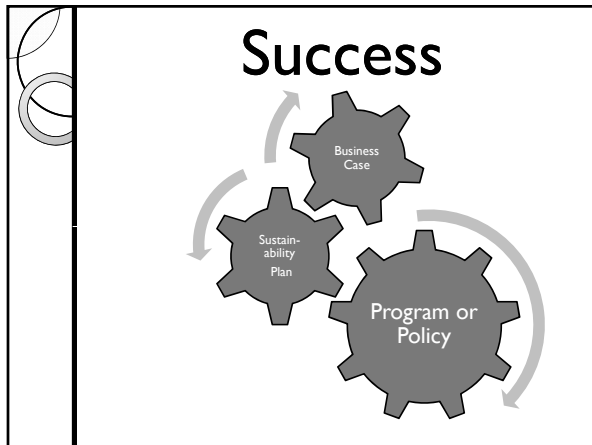


Sustainability → **Business Case**

- Determine need for making a business case
- Identify and understand the target audience
- Identify champions
- Establish essential relationships
- Evaluate progress

Business Case → **Sustainability**

- Business/Case and Strategic Messaging
- Plan for and establish continuous resources
- Existing policies and procedures to sustain the innovation
- Evaluate innovation from business case and marketing perspective
- Achieve collaborative ownership




How did we do?

Upon completion of the course, participants will be able to:

- ✓ Articulate ways to link a business case to sustainability plan.
- ✓ Identify the components necessary for building the financial and non-financial business case for chronic disease programs and policies.
- ✓ Create an issue brief demonstrating program or policy value for a specific constituency.
- ✓ Understand how to effectively engage constituents with the business case.
- ✓ Draft a plan for establishing a sustainable program or policy.

Evaluation



**Don't
forget!**

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