



NACADD

PROMOTING HEALTH

PREVENTING DISEASE



2014



NATIONAL ASSOCIATION OF CHRONIC DISEASE DIRECTORS

Promoting Health. Preventing Disease.

2014 was largely marked by further implementation of the Affordable Care Act as well as the advancement of CDC's landmark coordinated FOA's: 1305 and 1422. These initiatives have continued to transform state public health departments in terms of both management and divisional direction. Greater collaboration and coordination has emerged, joining together School Health, Obesity, Diabetes and Cardiovascular efforts.

This year also marked NACDD's selection by the Office of State and Territorial, Local and Tribal Support to manage new CDC cooperative agreements and project specific grants. The use of this funding mechanism, marked a new direction in both the financing and execution of NACDD's project-partnership with CDC.

New projects also brought new partners such as the Ad Council, the American Medical Association and CBS Television. Many of NACDD's programs include strategies that focus on clinician referrals and NACDD's contract with the American Medical Association marks a powerful new opportunity for NACDD to reach providers with evidence-based interventions.

NACDD also extended its work with Million Hearts®, the CDC's initiative to prevent one million heart attacks. Through its Healthy Brain Initiative, evidence-based arthritis programs, Health Equity Assessment and Healthy Communities portfolio, NACDD is moving the nation forward to realizing real changes across all populations.

For 26 years, NACDD has remained America's health advocate in Washington and across every state and U.S. Territory, mobilizing over 6,000 chronic disease professionals to achieve success in public health. This year NACDD launched the first-ever joint CDC and NACDD success story database. Titled, "What's Working in Chronic Disease and Prevention and Control" it is now accessible to the entire world at www.PublicHealthSuccess.org.

Together with its strategic partnerships, NACDD remains the only organization of its kind, able to provide unique and effective contributions to public health year after year.

Jill Myers-Geadelmann
NACDD President

John W. Robitscher, MPH
NACDD Chief Executive Officer

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*South Carolina Department of Health &
Environmental Control*

Evelyn Walker, MD, MPH

Mississippi State Department of Health

NACDD Consultants

Subject Matter Experts

Jeanne Alongi, MPH, DrPH

Promoting Collaboration

Leslie Best

Lupus

Gail Brandt, EdD, MPH

Health Equity

Mari Brick, MA

Arthritis

Frank Bright, MS

Cancer

Margaret Casey, RN, MPH

Cardiovascular Health

Rachelle Johnson Chiang, MPH

School Health, 1305

Lisa Daily, MPA

State Technical Assessment Review (STAR)

Karma Edwards, MSPH

*Healthy Communities,
Walkability Action Institute*

Ann Forburger, M.S.

Diabetes, 1305

Amy Greene, MSSW, MPH

School Health

Jennie Hefelfinger, MS

Arthritis, OSTLTS, Million Hearts

Patricia Herrmann, MS

Diabetes, 1305

Doug Joiner, MPH

Safe Routes to School

Ellen Jones, PhD, CHES

*State Technical Assistance Review (STAR)
Evidence-Based Public Health Course (EBPH)*

Marti Macchi, MEd, MPH

Diabetes, 1305

Natasha McCoy, MPH

*State Technical Assistance Review (STAR)
Behavioral Risk Factor Surveillance System (BRFSS),
Epi Mentoring, 1305*

Carol McPhillips-Tangum, MPH

Healthy Aging

Miriam Patanian, MPH

Cardiovascular Health, Million Hearts, 1305

Tiffany Pertillar, MSW, MPH, CHES

Diabetes, Health Equity

Augusta Rengiil, MPH

Pacific Chronic Disease Coalition

Joan Ware, MSPH

*Maternal and Child Health,
Women's Health,
Gestational Diabetes*

Peggy Yen, RD, MPH

*State Success Stories,
Diabetes Leadership Initiative,
Cardiovascular Health*

Adeline Yerkes, MEd, MPH

*Maternal and Child Health,
Women's Health,
Gestational Diabetes*

Walter "Snip" Young, PhD

Biomedical Sciences

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Headquarters Staff

John W. Robitscher, MPH
Chief Executive Officer

Schwanna C. Lakine, MBA
Director of Finance & Operations

John W. Patton
*Director of Communications &
Member Services*

Zarina Fershteyn, MPH
Program Evaluator

Anissa Hackett
Staff Accountant

Kevin Lane (2014)
Staff Accountant

Stephanie Mathews, MPH
Professional Development Coordinator

Slavomira “Cici” Roberts, MBA
Manager of Operations

Jillian Smith
Lead Event Planner

Tamika Smith
*Member Engagement &
Creative Services Manager*

Ann Ussery-Hall, MPH (2014)
Director of Program Evaluation

Charles Williams, MBA, CPA
Senior Accountant

History In The Making

26 years ago, the leadership at the Centers for Disease Control and Prevention (CDC), along with a handful of state chronic disease directors, decided to create a national, nonprofit association of chronic disease professionals. Hence, the National Association of Chronic Disease Directors was born and with it, a new public health network across all 50 states and U.S. Territories.

This dynamic network is still as unique today as it was at its founding in 1988. Disease specific program directors and their staff can share knowledge across the country, partner with each other on national and regional projects, disseminate best practices and develop evidence-based interventions that have literally changed the face of public health.

Because 45% of Americans or an estimated 109 million people currently experience one or more chronic diseases, such as diabetes, cancer, heart disease or arthritis, both the economic and lifestyle burden is crippling. Today, 35% of all Americans are at-risk for diabetes and only 10% are aware of it. Bringing awareness to such sobering statistics is part of NACDD’s daily work.

Through targeted funding partners, from governmental agencies to private industry, NACDD has been successful at improving individual lives in each state, community and neighborhood across America. It helps provide technical assistance to state and local health departments across the table or across the country, sharing relevant information, having access to funding and developing strategies to help control and prevent chronic diseases.

NACDD’s founding partner, the CDC, remains its chief source of both funding and project development. Working hand-in-hand with the CDC’s Center for Chronic Disease Prevention and Health Promotion, NACDD helps formulate best approaches for state and local health departments

About NACDD



NACDD CEO and Board Members

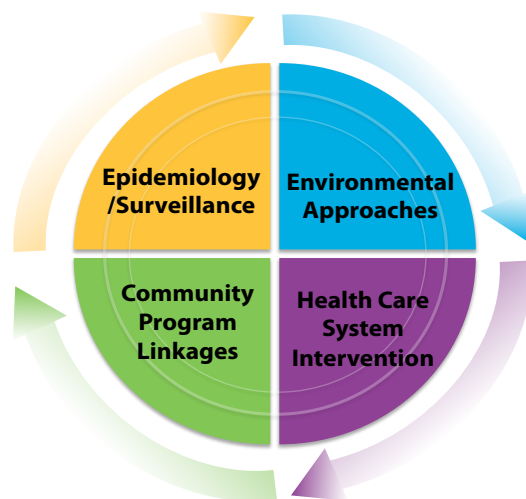
to deliver leading edge programs in public health.

Over the last decade, NACDD has entered into a growing number of project-related partnerships with private industry. Whether funding academic summits, white papers, technology development or state demonstration projects, an increasing number of private companies have discovered the unique capabilities of NACDD's disease specific, subject matter experts and its unparalleled access to population health decision makers.

NACDD is headquartered in Atlanta, Georgia and welcomes the opportunity to have conversations with all parties dedicated to helping improve the health of the American public.



NACDD Headquarters,
Atlanta, GA



Centers for Disease's
National Center for Chronic Disease
Control Prevention and Control
Four Domains

For more information please contact:

John Patton
Director of Communication & Member
Services
2200 Century Parkway, Suite 250
Atlanta, Georgia 30345
(770) 458-7400
jpatt@chronicdisease.org

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2014 saw many critical health challenges along with positive signs of growth and opportunity.

The implementation of the Affordable Care Act (ACA) continued, as the second open enrollment period resulted in millions of newly insured Americans. Likewise, additional states decided to expand Medicaid under the ACA, accepting federal funds to do so. Buoyed by slower-than-expected health care costs and growing enrollment, the intense rhetoric surrounding the health reform law began to subside. Newly confirmed HHS Secretary Burwell began to oversee a growing emphasis on value in health care systems.

The nation's public health infrastructure faced numerous challenges during the year, including the first imported case of Ebola from West Africa, the measles outbreak originating in California, and new emerging threats such as antibiotic resistance, MERS-coV and Chikungunya.

Amid continued concern over the high prevalence of chronic diseases among the American public, the Centers for Disease Control and Prevention (CDC) maintained its focus on addressing risk factors for diabetes, obesity, heart disease and stroke. This included sustained focus on the Million Hearts initiative, TIPS anti-smoking awareness campaign, and substantial increases in funding awards at the Center for Chronic Disease Prevention and Health Promotion. According to the Institute of Medicine, every 10 percent increase in funding for community-based public health programs is estimated to reduce deaths due to preventable causes by 1 to 7 percent. Nearly half of the Prevention and Public Health Fund's allocation went to the CDC's Chronic Disease center to support innovative prevention and wellness programs that address this statistic and enable communities to stay healthy.

NACDD frequently weighed in with leaders on Capitol Hill and the Administration on the importance of maintaining robust funding

2014 Government In Review



*NACDD CEO, Board Members and Senator Durbin (SC) -
NACDD Board Meeting Atlanta, GA*

for chronic disease prevention programs, and the impact of public health investments at the state level. This approach resulted in the full restoration of the Preventive Health and Health Services Block Grant that was proposed for elimination, nearly 75% restoration of the Arthritis line that was proposed for a 94% reduction, full restoration of the proposed \$37 million cut to Breast & Cervical Cancer funding. Also notable is the sustained funding levels for the rest of NACDD's priority programs considering the climate of budget cutting and program retrenchment. A growing emphasis in Congress is a focus of public health resources in areas with the highest burden of disease, and NACDD has engaged closely with policy makers on the best approaches and policies for addressing this goal.

NACDD also worked with key partners to advance common priorities.



*NACDD Board Member David Hoffman and
Senator Kirsten Gillibrand (NY) -
North Eastern Alzheimer's Association Awards Dinner*

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Measuring Our Impact



Air Quality and Asthma

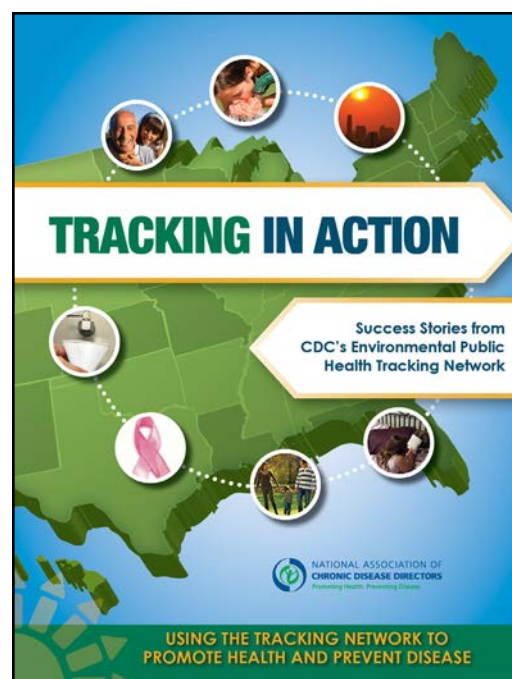


Air Quality and Asthma (AQA)

NACDD has partnered with CDC to highlight the impact of the Environmental Public Health Tracking Programs and to inform state health departments of the value of the National Environmental Public Health Tracking Network as it relates to chronic disease prevention.

Tracking in Action

In partnership with CDC, NACDD published a compendium of state success stories entitled, “Tracking in Action: Success Stories from CDC’s Environmental Health Tracking Network.” The book showcased the success and impact of state tracking programs across the nation. Approximately 500 practitioners registered for NACDD’s three webinars highlighting the successes of state Environmental Public Health Tracking Programs across the country.



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Arthritis



Arthritis Council

In 2014, the CDC's Arthritis Program, NACDD, the American Physical Therapy Association (APTA), the American Chronic Pain Association and Westat, completed Phase II of the NACDD Arthritis Physical Therapist Marketing Project. Project partners used recommendations from Phase I of the project to develop a marketing strategy as well as design and test program materials encouraging physical therapists to refer patients to community-based physical activity and evidence-based arthritis programs.

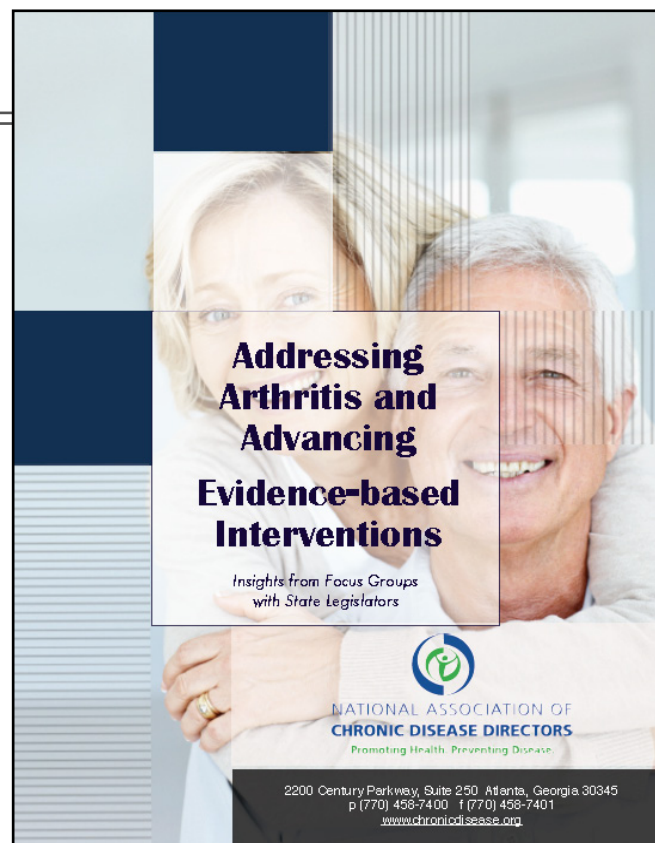
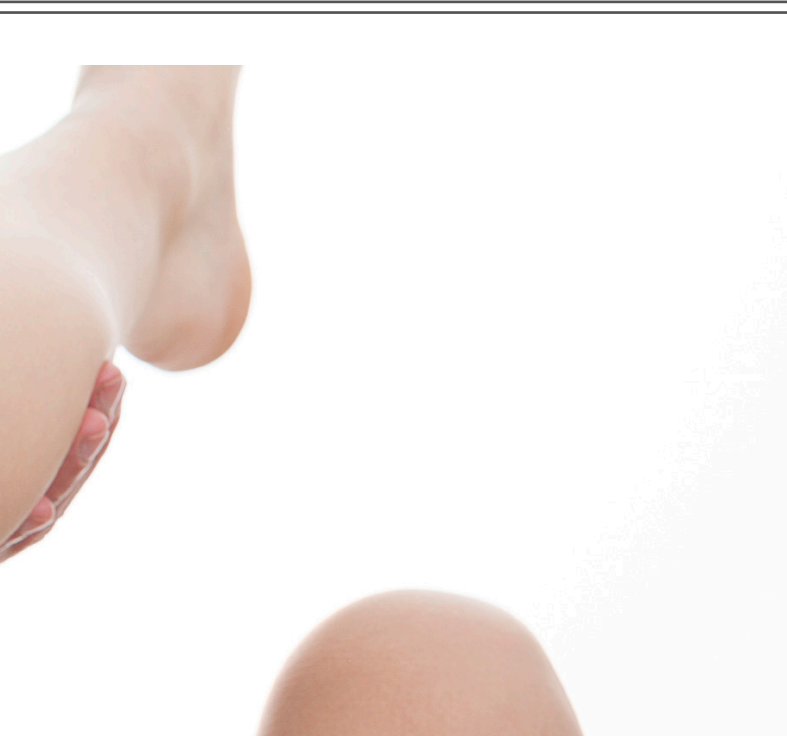
In Phase I, 973 APTA members (physical therapists) completed an online survey. As a result of the survey findings, Westat developed recommendations for a marketing strategy to encourage physical therapists to refer patients to physical activity and self-management education (SME) programs. In Phase II, the project completed four (4) focus groups.

NACDD worked to provide 12 CDC-funded state

arthritis programs and other non-funded state health departments with capacity building, technical assistance and support via the NACDD Arthritis Council. In an effort to improve effectiveness and efficiency of program deliverables and to help prepare the states for future collaboration across categorical programs, NACDD created the *Getting to Know Your Arthritis Council Colleagues* for better networking and sharing via the council. In conjunction with the National Council on Aging Consortium for Older Adult Wellness, the Arthritis Council held a three-part webinar series on working with Patient Centered Medical Homes.

Enhance Fitness

The collaborative work that began in 2012 with the National Council of State Legislators resulted in a report on the results of focus group with state legislators in August 2013. The report was finalized and disseminated in December, 2013. Consulting company, MedWorks, are spearheading a new project intended to incorporate arthritis self-management



programs into state and employer's health and wellness. Four communities (Detroit, MI, Grand Rapids, MI, Flint, MI, Miami/Dade County, FL) were selected in Michigan and Florida to implement Enhance Fitness programs. Results from these communities demonstrate that the reach for new participants is over 500 people with arthritis. New leaders and instructors have been trained in this program (n=17) that will help these communities sustain these activities beyond the funding period.

NACDD continues to partner with the Y-USA through a five-year grant. At the end of year two, the Y is developing a national infrastructure to support the scaling of Enhance Fitness (EF) throughout its network. EF is a physical activity regimen for older adults suffering from arthritis.

In January 2014, Y-USA introduced its 2014 strategic goals for the expansion of EF. Y-USA has certified 376 Y staff as Y EF Instructors. As a result of the NACDD/Y-USA partnership, 44 Y associations operate EF in 105 community locations in 22 states. 4,175 participants

have attended at least one EF class among these locations.

In addition to the EF regimen, NACDD has initiated discussions with the CDC Arthritis Program and National Recreation and Park Association on a new partnership that will fund local park and recreation agencies to implement the Walk with Ease (WWE) arthritis curriculum, engaging 1,000 participants.

Project Partners



Cancer



Cancer Learning Community

The NACDD Cancer Council met quarterly with an additional in-person meeting held during the CDC August cancer program meeting held in Atlanta. Professional development workshop were held on the topics of cancer survivorship post treatment, reaching the LGBT community, the role of cancer registries in supporting cancer survivors, ACA and Medicaid expansion impact on cancer programs.

Increased engagement with cancer program staff from all four CDC program areas - Breast and Cervical Cancer, Colorectal Cancer, Comprehensive Cancer Council and cancer registries. Exchange of information and opportunities to hear and interact with national speakers via webinar technology.

Cancer Screening and Medicaid

Four funded Breast and Cervical Cancer programs (BCCP) were funded to work with Medicaid to develop plans or implement existing plans to increase cancer screening for people enrolled in BCCP programs that will move to Medicaid programs under the ACA. Indiana was funded for planning and the states Nevada, New York and Washington were funded for implementation. They joined Michigan and North Carolina as implementation states. Lessons learned from these projects are applicable to other chronic disease programs.

These BCCP programs have been able to establish close working relationships with their respective Medicaid programs - many for the first time. Much work with health plans has been done and there has



been progress integrating data systems. Challenges included the changing political climate around Medicaid expansion and technical issues regarding data systems.

Funds were granted to the American Cancer Society to work with the NACDD to develop guidance to increase the use of Electronic Medical Records (EMRs) by community health centers and federally qualified health centers. Information will be shared with CDC and the National Colorectal Cancer Round Table as well as CHC and FQHC networks. Potential impact will be to increase the rate CRC screening for appropriate age groups in CHCs and FQHCs.

Colorectal Cancer Control Programs (CRCCPs)

Funding was provided to the University of Washington to collect data from CDC funded colorectal cancer control programs (CRCCPs) regarding implementation of the screening program for colorectal cancer. Surveying of the projects was done by UCLA and Emory University. Data has been collected at the UW and is being analyzed. Data and evaluation results will be used to determine educational opportunities for state program staff that will be addressed through the NACDD Cancer Council.

Program implementation data will enable CDC and NACDD to provide training to replicate success and address challenges. This should increase the efficiency and effectiveness of these projects.

Project Partners



Cardiovascular Health



Cardiovascular Health Technical Assistance & Support

Cardiovascular Health (CVH) worked closely with both diabetes and school health to better coordinate its efforts related to 1305. We developed and analyzed a Domains 3/4 Training Needs Assessment and have identified key areas of training needed by the states. We also led three CoPs focused on basic strategy five. We coordinated webinars and facilitated virtual roundtables. We also provided training opportunities for epidemiologists and evaluators, expanded the D3 Resource Guide and updated the What's Working Database.

100 people attended our webinar on health center-controlled networks, and 39 attended the follow-up virtual roundtables. Over 100 people attended our webinar on accessing and using health systems data, with over 40 people attending the follow-up virtual roundtables. Over 100 people attended our webinar on HEDIS data, with over 40 people attending the

follow-up virtual roundtables. All but one state responded to our Domains 3/4 training needs assessment.

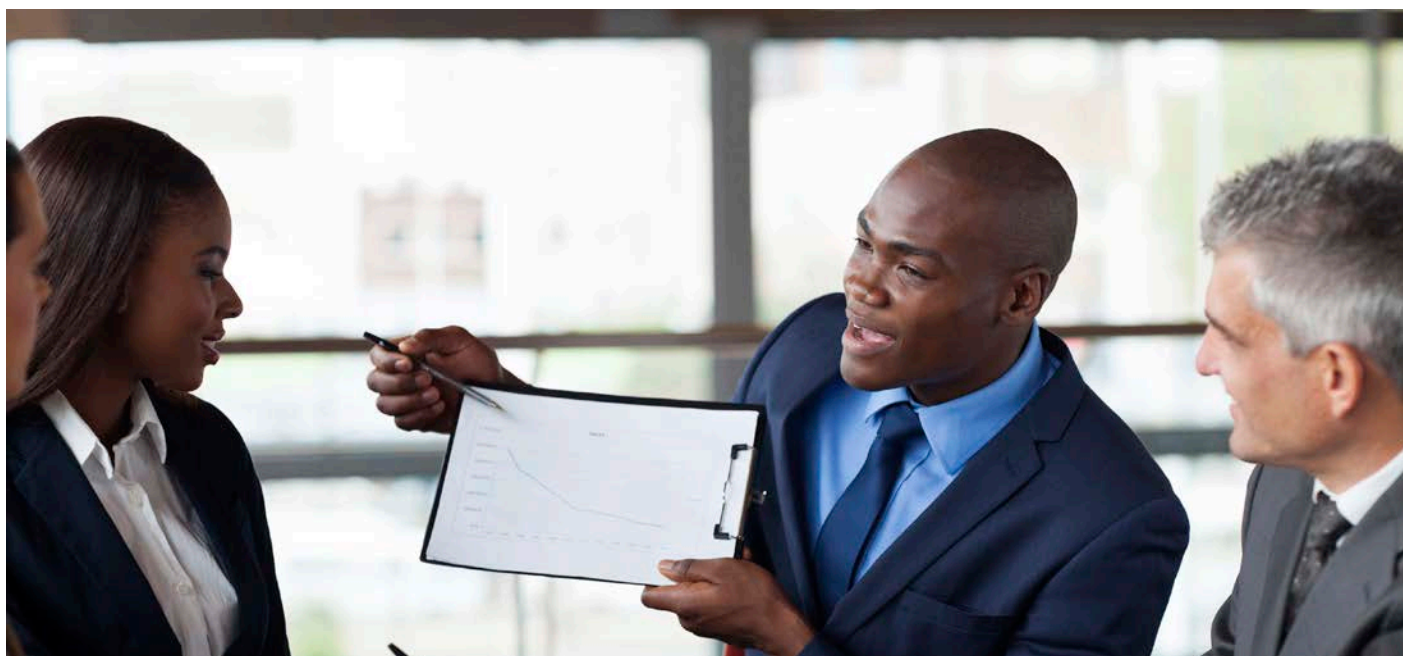
Million Hearts®

Fourteen providers/health system finalists were identified as Million Hearts® Hypertension Control Champions by demonstrating >70 % hypertension control rates within their patient populations.

NACDD conducted Million Hearts® workshops in five states (California, Iowa, Michigan, New Mexico and Texas), engaging over 120 organizations from these states in discussion on aligning their work with Million Hearts®, use of Community Health Workers and Pharmacists, promoting team-based care, the use of EHRs in hypertension control, and the use of health information exchange across these team members.



Coordinated Chronic Disease



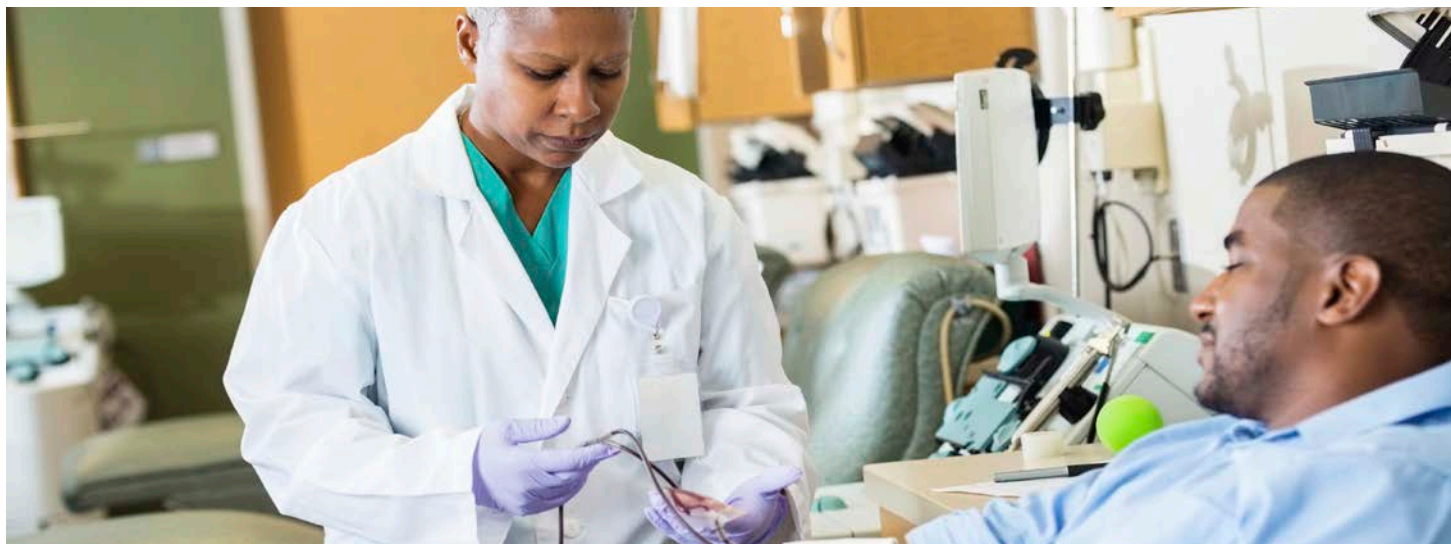
NACDD provided consultation and technical assistance to state and territorial health departments in support of their coordinated chronic disease prevention efforts. Each CDC funding opportunity, includes requirements for coordinated activities and collaborative approaches. NACDD is able to facilitate adherence to such requirements through peer-to-peer learning opportunities, dissemination of best practices, resource sharing and face-to-face regional meetings. Through its First Thursday webinar series, NACDD helps state chronic disease programs document innovation and practice-based learning, provide competency-based training, and assess organizational capacity and workforce competency.

50 states plus the District of Columbia have accessed the resources and tools collected and developed by NACDD and have shared in peer-to-peer learning activities. NACDD has a dedicated subject matter expert who oversees this central activity that affects every state, territory, local and tribal health department.

Project Partners



Diabetes



Diabetes Council

Serving states for over 25 years, NACDD's Diabetes Council represents leaders in diabetes across the nation, striving to build the capacity of state health department diabetes staff and address diabetes prevention and control through public health approaches. The Diabetes Council uses several venues to build capacity such as facilitation of peer-to-peer learning, information and product dissemination, webinars, and scholarships.

To disseminate information and products, NACDD's Diabetes team created the HALTdiabetes.org website, focused on preventing type 2 diabetes. Because of the Diabetes Council Scholarship Program, seven chronic disease state staff attended national conferences to assist them in improving chronic disease competencies particularly related to the diabetes strategies in the State Public Health Actions/1305 Funding Opportunity Agreement. A total of 10 webinars with approximately 700 participants were coordinated and supported by the council. Topics covered through the webinar series included academic detailing for diabetes prevention, using and accessing health systems data, Diabetes Action Plan legislation, chronic kidney disease in

people with multiple chronic conditions, prediabetes awareness and referrals to the National Diabetes Prevention Program, and an overview of Medicaid and working with Medicaid on diabetes care.

Using Data to Advance Public Health

One long-term goal of the NACDD Diabetes Council's Act on Data Workgroup is to apply systems thinking to important public health issues. In collaboration with subject matter experts in systems thinking, and with input from seven states, the workgroup developed the Improving Chronic Disease Coordination Systems Thinking Learning Tool. Four states tested the video-based tool in collaboration with their partners during the summer of 2014.

What's Working in Chronic Disease Prevention and Control

NACDD released the "What's Working in Chronic Disease Prevention and Control" database in the fall of 2014 in a preview mode to allow states to develop and add up-to-date effective profiles



of state initiatives and success stories. The What's Working Database is a key tool in assisting states to document their own stories and learn about what other states are doing in chronic disease and prevention work. The database houses stories of states efforts and achievements. Over 300 state stories are in the database currently.

Programmatic State Technical Assistance Team Site Visit (PSTAT)

Programmatic State Technical Assistance Team (PSTAT) is a CDC supported collaboration with NACDD to assist targeted state health departments in working with key stakeholders in their state (health systems, employers, insurers, etc.) to develop a strategic plan of action for scaling and sustaining the National Diabetes Prevention Program. An NACDD led - PSTAT team works collaboratively to plan and conduct a 1 1/2 days interactive, on site stakeholder meeting. NACDD supported three states, Kansas, North Carolina, and Mississippi, with diabetes prevention scaling and sustainability planning efforts. The site visits resulted in multi-stakeholder groups drafting components of a plan to address awareness of pre-diabetes, referrals to lifestyle change programs, reimbursement from employers and insurers and support for standing up new diabetes prevention programs.

Project Partners



National Diabetes Prevention Program (NDPP)

The National Diabetes Prevention Program (NDPP) is one of public health's most promising interventions to address the 86 million Americans with prediabetes, a medical condition of elevated blood sugar. It is the only evidence-based program in the world proven to delay or prevent diabetes. It is 58% effective in all participants, across all ages, genders, races and socioeconomic economic strata. In those aged 65 and older, its success rate jumps to 70%.

NACDD is one of only six national grantees tasked to scale and sustain the National DPP by engaging insurance plans, employers and health care providers. Focusing on two of the nation's largest populations, NACDD has targeted New York City and Philadelphia to drive awareness, demand and participation in DPP classes. Challenged to develop its own national brand for the program, NACDD created H.A.L.T. Diabetes (Health And Lifestyle Training). Armed with a standardized curriculum and 16 weeks of weekly group meetings (and eight monthly follow up meetings), class members are lead by trained lifestyle coaches.

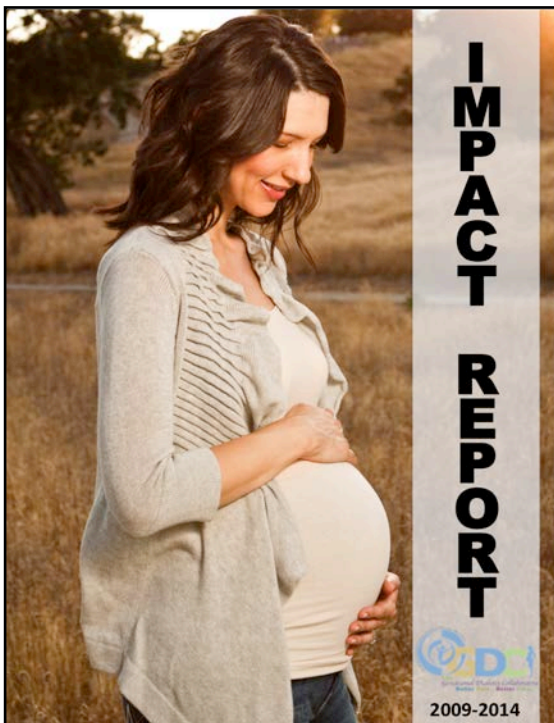
NACDD is currently engaged with health systems and insurers such as Independence Blue Cross, Empire Blue Cross, Emblem Health, Health First, Thomas Jefferson University Health System, Mt. Sinai Health System and dozens of other insurers and employers. NACDD's work with the Ad Council and CBS Television will culminate in 2015 with the first-ever broadcast television campaigns for prediabetes.

Gestational Diabetes

Gestational Diabetes Collaborative (GDM)

The multi-state GDM Collaborative was established in 2010, with ten states (Alaska, Arkansas, Florida, Idaho, Missouri, North Carolina, Ohio, Oklahoma, and West Virginia) and three tribes (Choctaw, Chickasaw, and Navajo Nations) to foster collaboration among public health programs, improve GDM surveillance, develop interventions to improve care (e.g. provider and patient education), and enhance postpartum follow-up to prevent type 2 diabetes.

NACDD provided online training and extended the Collaborative to 800 members. Strategies implemented by states and tribes showed 45% increase in postpartum visits through health systems changes, increase of 30% in documentation of GDM on birth certificates, mailed reminders increased postpartum glucose testing by 35% and collaboration between Maternal and Child Health and Chronic Disease programs increase in seven of nine areas measured.



Project Partners



Epidemiology

Epidemiology Mentoring

The CDC/NACDD National Mentorship Program in Applied Chronic Disease Epidemiology is one component of a collaborative effort to build epidemiological capacity in public health. Through the mentoring program, newly-hired and junior-level epidemiologists are mentored by senior-level chronic disease epidemiologists to strengthen competency in applied chronic disease epidemiology. In 2014, NACDD recruited and paired 8 mentees with 8 senior-level chronic disease epidemiologists. Mentees received one-on-one mentoring and technical assistance. Participation enhanced capacity in chronic disease epidemiology at the state and local level.

Epidemiology Staffing

NACDD's Epidemiology Staffing program awards competitive grants to help build state chronic disease epidemiology capacity. In 2014, NACDD continued to support the Kansas Department of Health and Environment's Senior Chronic Disease Epidemiologist.



Evidence Based Public Health

Evidence Based Public Health Course (EBPH)

Since 1997, the EBPH course has reached over 1,200 public health practitioners representing all 50 states, 2 territories, 34 countries, and 4 continents. The four-day course focuses on seven specific skills to improve public health practice. Through lectures, practice exercises, and case studies, the course takes an applied approach and emphasizes information that is readily available to busy practitioners.

In 2014, 97 state, local and tribal public health practitioners trained and 20 international practitioners were trained with participants from 14 countries and 1 territory.

EVIDENCE-BASED PUBLIC HEALTH:

A course in chronic disease prevention

RATIONALE

- Mostly, public health practitioners always incorporate scientific evidence in making management decisions, developing policies, and implementing programs, but in reality, these decisions are often based on short-term demands and developed around anecdotal evidence.
- Developing effective programs and policies in chronic disease prevention requires specific skills, including the application of principles of scientific reasoning and systematic uses of data and information systems.
- This process relies on several related disciplines, including epidemiology, biostatistics, behavioral science, health care management, and health policy development.

OVERVIEW

- Since 1997, the EBPH course has reached over 1150 public health practitioners representing all 50 states, 2 US territories, 34 countries and 4 continents.
- The 4 day course focuses on seven specific skills (see framework below) to improve public health practice.
- Through lectures, practice exercises, and case studies, the course takes "hands-on" approach and emphasizes information that is readily available to busy practitioners.

PARTICIPANT REACTION

"The 2008 EBPH course gave us the information and skills to plan efficiently and effectively - we've used this training across the entire division. The course provided us with a shared experience, which has translated into a common language and process."

Debra A. Wigand, Team Leader
Chronic Disease Management Team
Maine CDC/DEBIS

EVALUATION

A follow-up survey of 107 participants from across the nation determined that:

- 90% felt that the EBPH course helped them make informed decisions at work.
- 82% felt that they can communicate better with coworkers who use EBPH skills.
- 60% have used the EBPH materials in planning a new program.
- 55% have searched scientific literature for information on programs on at least a monthly basis.
- 13% have designed and delivered an EBPH course.

SPONSORED BY

Healthy Communities



Together, NACDD and its ACHIEVE Healthy Communities have provided an opportunity for more than 6,500,000 people throughout the country to make “healthier choices the easier choices” through the sustainable implementation of policy systems and environmental change strategies. NACDD’s ACHIEVE communities are highly committed to expanding this important work, as evidenced by the new total of \$65,976,154 collectively received to advance healthy opportunities since initial receipt of ACHIEVE funds.

NACDD Communities

Interested in the sustainability efforts and two-year post-project outcomes data, NACDD developed and

administered a two-year post project outcomes survey to its network of communities. After this survey was implemented and analyzed, NACDD combined outcomes data from the time period of 2008-2012 with the two-year post-project time period of 2012-2014, displaying up-to-date results of local community accomplishments since receipt of initial funding.

Results showed that two years after the end of the ACHIEVE project, NACDD’s communities remain influential in reaching more than 6,500,000 people nationwide through the combined establishment of 488 policy strategies, 1,739 environmental changes, 89 systems improvements, 140 community clinical linkage (CCL) enhancements, 16 events of formal



recognition, and 253 additional successes for a total of 2,725 successful and sustainable outcomes.

Approximately 34.4% of these outcomes focused on physical activity strategies, 28.2% on nutrition approaches, 12.3% on tobacco tactics, 11.3% on chronic disease management, and 10.3% on leadership. Regarding community sector, 31.7% of the outcomes targeted the community-at-large, 23.1% were directed towards community institutions or organizations, 19.4% were aimed at schools, 15.1% were intended for healthcare organizations of all types, and 7.5% pointed toward work sites.



NACDD Healthy Communities Still ACHIEVEing Success-

A Two-Year Post-Project Outcomes Update Report

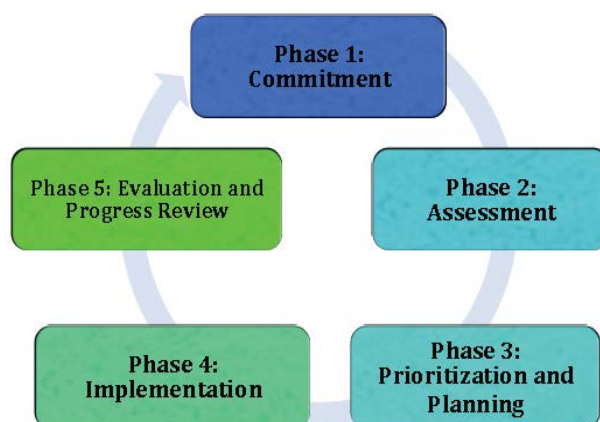
Karma Edwards, MSPH

NACDD Public Health Consultant, Healthy Communities

September 2014

This document was supported by the cooperative agreement: U58/CE002462-6 from the Centers for Disease Control and Prevention.

Healthy Community Five- Phased Model



NACDD's ACHIEVE communities are highly committed to expanding this important work.

Pacific Chronic Disease Coalition

Non Communicable Diseases Collaborative

At the 2008 HHS Pacific Diabetes Summit, held in Saipan, Commonwealth of the Northern Mariana Islands, the Pacific Chronic Disease Council (PCDC) was established with the support of CDC Division of Diabetes Translation, and supported by the National Association of Chronic Disease Directors. Comprised of representatives appointed by their Ministers of Health in the six US Affiliated Pacific Islands (USAPI), the PCDC made seven prioritized recommendations to federal agencies at the 2009 HHS Pacific Diabetes Forum in Long Beach, CA. These included support to conduct and publish an assessment of non-communicable diseases (NCDs) in the region and establish a pilot PCDC-led 18-month NCD Collaborative in Majuro, Republic of the Marshall Islands, and the Federated States of Micronesia.

The final (of four) learning session gathered the five teams, their Ministers of Health or designees, trainers, representatives from the Pacific Islands Health Officers (PIHOA), Cancer Council Pacific Islands and Palau Community College. Displaying culturally-grounded storyboards, the teams depicted their progress in rapidly improving the quality of care for people with diabetes. Reports include reductions in A1C (one % reduction prevents microvascular diseases ~ 35% to 8%), increased annual foot exam (reducing the risk for amputations ~ 35 to 85%), increased documentation of diabetes self-management goal setting, control of blood pressure (<130/80 goal) moved in a positive direction, but was variable and increased rates for TB (PPD) screening among patients with diabetes (population of focus for this pilot) reported by the 5 pilot teams.

At the final learning session of the pilot NCD Collaborative the Ministry of Health representatives from each jurisdiction responded to the reports of outcome at the Congress, the teams cross walked



American Diabetes Association recommendations and World Health Organization PEN Guidelines, adapting standards of care for consistent application across RMI and FSM. This final learning session revealed many opportunities to collaborate with organizations serving the Pacific to improve health outcomes in the USAPI.

Project Officer of the Future

Over the past 10 years, Project Officer of the Future has been an award winning workforce development program designed to enhance the contribution of project officers and program consultants as change agents, helping the Centers for Disease Control and Prevention (CDC) and its partners improve the public's health and conduct more effective disease prevention and health promotion programs.

Since the beginning of Project Officer of the Future, NACDD has partnered with CDC to train project officers in an effort to increase effectiveness of chronic disease prevention and health promotion programs implemented in county and state health departments. The program has been an excellent example of a workforce training program designed to increase job skills and effectiveness.

Throughout the program's existence, NACDD worked with CDC and provided co-facilitators, speakers, and panel members for Project Officer of the Future trainings. With each cohort, NACDD subject matter experts co-facilitated four training sessions throughout the year.

Approximately 340 practitioners have participated in training courses over the span of the program. Participants have come from various disciplines across CDC. Project officers, evaluators, epidemiologists, health scientists, team leads, and others have received training through the program.

Project Officer of the Future has demonstrated such success and impact that the program and its methodology is being duplicated and expanded to train project officers across all of CDC--not just those working with state and local health departments. The program is currently being transitioned into an online format and

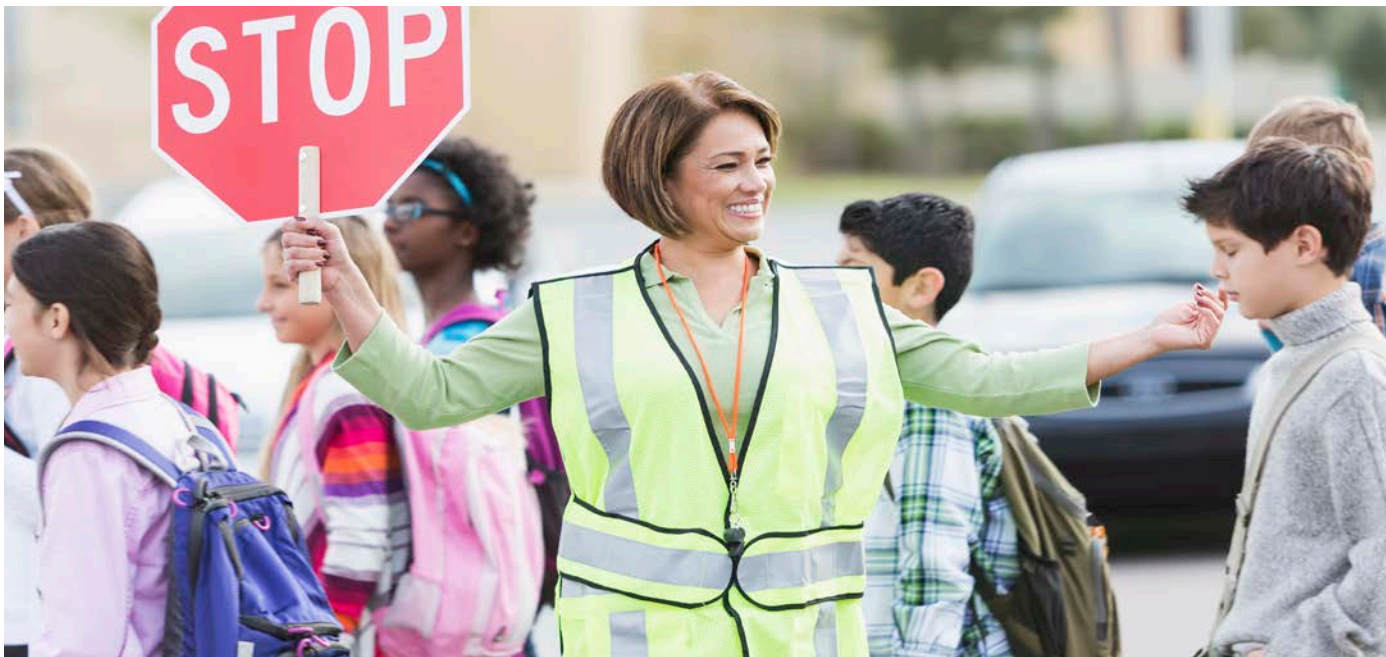


structure by CDC. NACDD is extremely proud of the work it has accomplished with the Project Officer of the Future Program and CDC on this project over the past decade. NACDD has a long history of collaboration across its diverse initiatives, projects, workgroups and learning communities. NACDD continues to align its activities, in order to better serve its members as well as partner and collaborate with CDC.

NACDD Courses Taught During Project Officer of the Future Training



Safe Routes to School (SRTS)



The Metro Atlanta Regional Safe Routes to School Network (SRTS) is a growing network with the mission to advance children's safe walking and biking to and from schools and in daily life. NACDD serves the health and well-being of Metro Atlanta's children and fosters the creation of livable, sustainable communities. The Regional Network in Atlanta receives funding support from the Kaiser Foundation Health Plan of Georgia, Inc. NACDD works with vested partners and government agencies addressing childhood obesity and the mobility and safety needs of children.

NACDD contributes to the "Children as Commuters" concept in developing a Regional Safe Routes to School Plan to include children in planning pedestrian and bicyclists friendly communities, to reduce congestion and improve air quality around schools and improve the overall health of communities. It also utilizes SRTS as a community development tool within environmental justice communities inside Atlanta. Collaborating with community schools, public

and private agencies and parents, NACDD has introduced the "Walking School Bus" as a means of bringing health and wellness awareness to youth, their parents and seniors. Safe Routes to School is environmentally sound, understands economic efficiencies, and promotes daily physical activities for all.

Project Partner

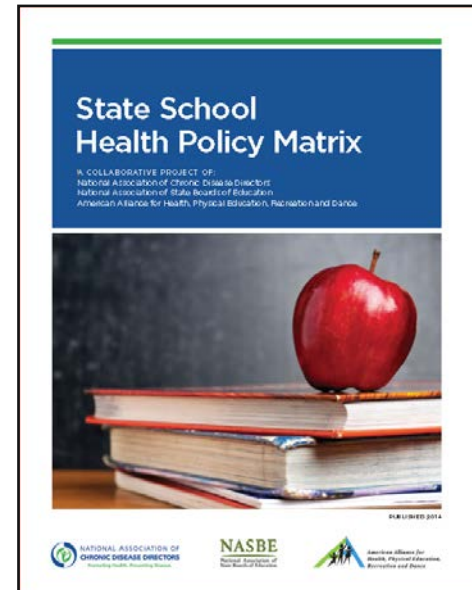


School Health



The role of NACDD in advancing school health programs and policies has increased in recent years as every state health department now receives funding for these activities. To support states in their work, NACDD released an important publication about state school health policy, a summary of research linking health and academics, hosted four national webinars, open forums and a community of practice for state staff working on school health issues.

There have been over 1,000 downloads of the State Health Policy Matrix, and it has been used as a research tool by national organizations, including the American Lung Association and Pew's Safe and Healthful Kids initiative in addition, many state staff have commented on its usefulness for making comparisons across states. Over 700 people participated in or viewed the webinar on Enhancing Diabetes Management in Schools, and 330 participated on a webinar on state school health policy.



Project Partners



Additional Programs

Behavioral Risk Factor Surveillance System Modules (BRFSS)

NACDD collaborates with CDC's Division of Population Health to make the Behavioral Risk Factor Surveillance System (BRFSS) Social Context Module available to states. In 2014, NACDD announced the 2015 module support funding opportunity, reviewed returned Letters of Interest and selected 13 state health departments to receive funds. NACDD also co-facilitated a webinar in August 2014 with Dr. Rashid Njai, CDC Division of Population Health, to review the Social Context module and validity.

States will collect information from survey respondents on income security, housing security and ability to purchase nutritious foods.

Healthy Aging and the Healthy Brain Initiative

In 2014, NACDD led and participated in a variety of activities designed to promote healthy aging and support public health agencies in their efforts to effectively address Alzheimer's disease and related dementias. These activities culminated in providing funding to seven health departments that applied through the competitive process to receive a NACDD Opportunity Grant to implement priority action items from a recent CDC document entitled, *The Healthy Brain Initiative: The Public Health Road Map for State and National Partnerships*.

The funded health departments include Arizona, California, Hawaii, Illinois, Mississippi, Oregon, and Puerto Rico. Each of these health departments initiated work on their funded projects on April 1, 2015 and will complete their projects by September 30, 2015. As part of their work, each funded health department is partnering with a CDC-funded Prevention Research Center. A complete description of each project can be found on the www.chronicdisease.org.

Each of the funded public health departments will be conducting an evaluation of their activities to assess the impact of their individual programs. These evaluation reports will be submitted to NACDD at the close of the funding period on September 30, 2015.

State Technical Assistance and Review Program (STAR)

NACDD STAR completed two state technical assistance visits in 2014 for Vermont and District of Columbia. STAR program consultants, invited chronic disease directors and other public health professionals served on state STAR visit review teams conducting interviews and providing follow-up technical assistance for agency reorganization and state plan efforts. STAR continued to provide technical assistance to states that have already completed a STAR visit.

Technical assistance provided in 2014 has potential to improve chronic disease prevention and control efforts for nearly 4.1 million United States residents. Calculated using 2013 Census estimates for Vermont (STAR December 2013) - 626,630 population; District of Columbia (STAR September 2014) - 646,449 population and Nevada (STAR September 2013) - 2,790,136 population (www.census.gov).

Next Generation Public Health



Now in its third year, NACDD's Campus Chronic Disease Program has expanded its engagement in eight schools of public health. The program has moved beyond its initial goal to raise awareness of NACDD among faculty and students across the public health educational system as well as provide real world public health issues, programs and projects to the next generation of public health practitioners.

The program now involves undergraduate students as well as graduate students and NACDD is assisting schools in gaining permanent organizational status from the university administration.

Each campus program begins by identifying outstanding students through a competitive application process, to serve as Student Chronic Disease Directors on their campus. Central to the initiative is the requirement of each Director to plan and execute an NACDD sponsored Chronic Disease Day at their school.

Some Chronic Disease Days included panel discussions, while others partnered with campus groups to host disease prevention events. Others showed film screenings of HBO's documentary, Weight of the Nation. One campus presented the film followed by an expert question and answer session including experts from the Centers for Disease Control and Prevention (CDC).

Participating schools in 2014 were:

Harvard University, Columbia University, the University of Michigan, Emory University, Boston University, the University of Georgia, Georgia State University, Tulane University.



About NACDD

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PROFESSIONAL DEVELOPMENT

For over 25 years, NACDD has provided quality learning opportunities and workforce training for its members. Its organization employs innovative professional development strategies and approaches to meet the needs of the chronic disease practitioners at the state and local level. NACDD's Chronic Disease Academies have historically provided a robust menu of courses and capacity-building trainings for its members. NACDD's General Member monthly webinars allow members to hear various educational topics based on needs assessment data collected from membership as well as NACDD's Domains and Competencies, CDC's Chronic Disease Domains and the Public Health Accreditation Board Standards.

TOOLS/RESOURCES

NACDD hosts and manages a robust, web-based community complete with an information sharing library through its software tools and membership website. Reports, articles and toolkits as well as webinars, meetings and disease specific group-pages are housed within the organization's website. NACDD's resources serve chronic disease practitioners in state, territorial, local and tribal health departments as well as NGO partner organizations and private industry funders.

FISCAL MANAGEMENT

NACDD provides fiscal management as both a fiscal agent and accounting office for states and organizations that are unable to receive special or restricted funds or that do not have a sufficient finance staff to manage such accounting. NACDD has a web-based accounting and cost allocation system, which enables funds to be coded, tracked, and separated based on project, restriction and revenue source. As a result, NACDD can receive funds, process payments from various revenue sources, pay vendors and provide detailed financial reports.

PROFESSIONAL
DEVELOPMENT

TOOLS/
RESOURCES

FISCAL
MANAGEMENT



COMMUNICATIONS/GRAPHIC DESIGN/MARKETING

NACDD's Communications and Member Engagement Department serves the message collection, translation and dissemination needs of NACDD's members while recording, publishing and broadcasting the work of the Association as well as tracking and analyzing the communication and promotional needs of its members. Utilizing various analytic and software tools, the department is able to design products and configure tools to meet the specific project-needs of its members serving in state health departments. Through its knowledge of state and federal communication constraints, it provides public relations, publishing and graphic design support. Surveys, assessments and various electronic communication are central to its activities as well as its expansive social media presence.

MEETING PLANNING

NACDD event planning services span simple half-day meetings to multi-day conferences and training academies. They include registration management, event budgeting, service provider negotiation, expense tracking and hotel, space and meal selection. NACDD organizes events in accordance with its healthy meeting policy promoting nutritional meals, portion control and physical activity during meetings, always within tobacco free hotels.

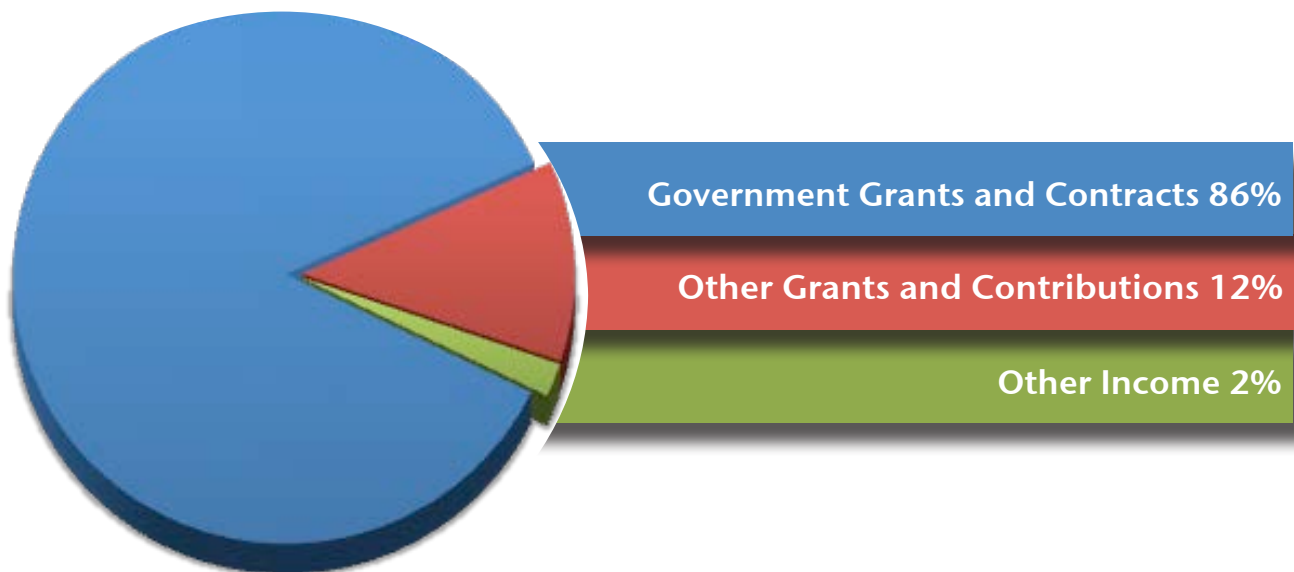
ADVOCACY/LEGISLATIVE LEARNING

NACDD monitors and reviews legislation related to public health chronic disease programs and develops, reviews and presents education on such issues, policies, position papers and resolutions for consideration by its members. Similarly, NACDD's Government Affairs committee helps educate members of federal and state legislatures on NACDD's policy priorities. Utilizing legislative alert systems, it can communicate and collaborate with its members and partners, in real time on national actions. NACDD's multi-faceted policy agenda reflects the diverse goals of its membership and makes its advocacy and legislative educational efforts one of the most important benefits to its members.

Financials

	2014	2013	2012
Revenue:			
Government Grants and Contracts	7,311,175	\$8,348,974	\$7,942,150
Conferences and Meetings	-	4,900	284,085
Other grants and contributions	1,034,602	1,151,610	1,929,106
Member Dues	50,050	52,050	42,370
Investment income (loss)	75,552	64,694	71,786
Other revenues	-	440	225
Total revenue, gains, and other support	\$8,471,379	\$9,622,668	\$10,269,722
Expenses and losses:			
Program Services	6,953,329	8,139,031	7,856,863
Supporting Services	1,458,487	1,601,780	1,627,127
Management and General	1,443,940	1,576,854	1,573,070
Fundraising	14,547	24,926	54,057
Total Expenses	8,411,816	9,740,811	9,483,990
Change in Net Assets:			
Change in unrestricted	58,219	224,282	415,146
Change in temporarily restricted	1,344	(342,425)	370,586
Change in net assets	59,563	(118,143)	785,732
Net Assets, beginning of year	1,749,574	1,867,717	1,081,985
Net Assets, end of year	\$1,809,137	\$1,749,574	\$1,867,717

Total Revenue: \$8,471,379



FY2014 Financial Supporters

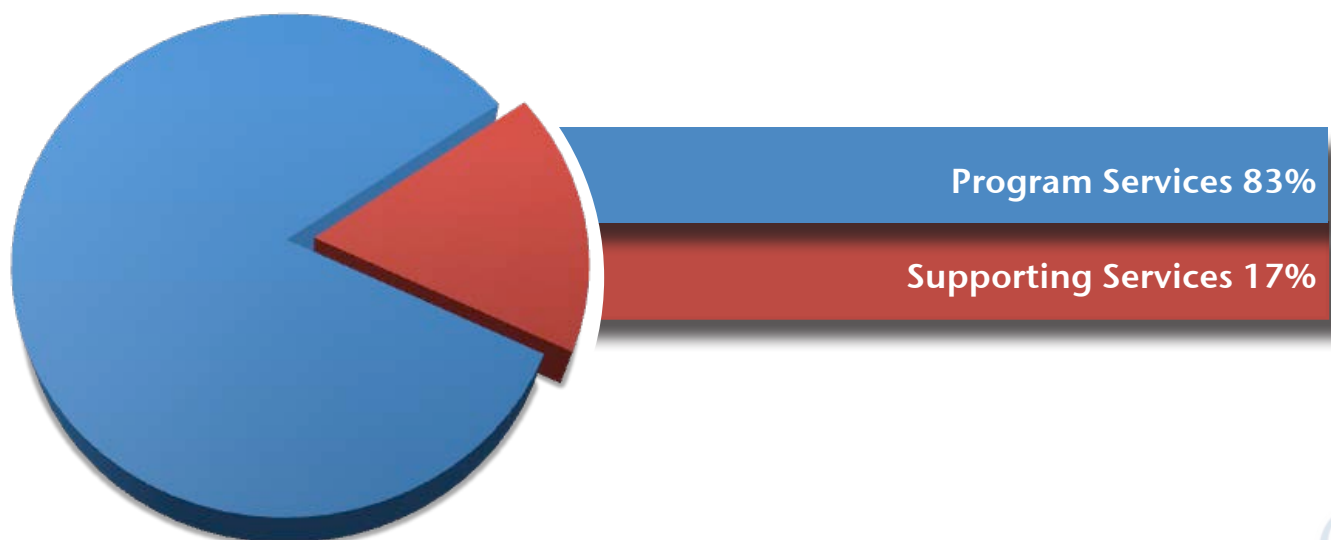
Individuals

- Leslie Best
- Heather Borski
- Frank Bright
- Carol Callaghan
- Margaret Casey
- Kathryn Chapman
- Paula Clayton
- Pamela Geis
- Dona Goldman
- Jennie Hefelfinger
- David Hoffman
- Gabriel Kaplan
- Frederick and Schwanna Lakine
- Mary Manning
- Jill Myers Gadelmann
- Ruth Petersen
- John and Linda Robitscher
- Susan Lopez-Ryan
- Ramona Schaeffer
- David Vigil
- Debra Wigand
- Walter Young
- Namvar Zohoori

Organizations

- American Heart Association
- Association of State and Territorial Health Officials (ASTHO)
- Black Hill Special Services
- Boehringer-Ingelheim Pharmaceuticals, Inc.
- Carey, Bryan & Yen Foundation
- Kansas State Department of Health
- Kaiser Permanente
- Novo Nordisk
- Puerto Rico Department of Health
- Sanofi-Aventis
- South Dakota State Health Department
- Washington University of St. Louis
- Wyoming State Health Department

Total Expenses: \$8,411,815



Partners





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www.chronicdisease.org/?EventsCalendar



<http://www.chronicdisease.org/?DatabasePublic>

2200 Century Parkway, Suite 250 Atlanta, Georgia 30345
p (770) 458-7400 f (770) 458-7401
www.chronicdisease.org