



**NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS**

Promoting Health. Preventing Disease.



**IT'S TIME
TO FLOURISH**



PROMOTE + PREVENT

Practice Prevention

Be Healthy

Get Active...

Smile More...

Feel Good...

Do Better...



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From The President & CEO



2015 was a year of great vision and expectation for NACDD as it celebrated its 27th year. NACDD has grown from a single project and less than \$100,000 to over 100 projects and more than \$10 million annually. This year also marked the completion of a five-year funding agreement with the CDC and the start of a brand new three-year agreement that continues the vital conduit of support to state and territorial chronic disease programs and practitioners.

These base funding awards help to chart the course for NACDD and provide a framework for the work it does in alignment with the funding that states and territories receive from the federal government. It enables NACDD to fulfill its most central role of providing guidance, training, funding, support and leadership development.

NACDD's core mission continues to remain front and center – improving the health of the public by strengthening state-based leadership and expertise for chronic disease prevention and control in states and at the national level.

Since 1988, NACDD has worked to improve America's health while ensuring good stewardship of the dollars they receive. Today, over 80% of all Americans will experience at least one chronic disease and over 80% of all Medicare costs will be expended on those with two or more chronic conditions. NACDD's commitment to conservative, fiscal stewardship, guides all of its business decisions, maximizing its fight against chronic disease.

Thanks to the commitment of its 6,000 chronic disease professionals and its cadre of subject matter experts, NACDD is still the only association of its kind serving and representing every state and US Territory chronic disease division.

Just as in 1988, NACDD's primary partner remains the Centers for Disease Control and Prevention, yet today it shares its unique expertise with multi-national companies, leading public health organizations and venerable academic institutions.

NACDD's future role will continue to be that of standing in the gap, linking resources with its member-experts and together creating a safer, healthier and more equitable America.

Warm regards,

A handwritten signature in blue ink, reading "Jill Myers-Geadelmann".

Jill Myers-Geadelmann, BS, RN
NACDD President

A handwritten signature in black ink, reading "John W. Robitscher".

John W. Robitscher, MPH
NACDD Chief Executive Officer

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Your Membership is Valuable

Associations and member-organizations historically have existed for just a few main reasons. First they provided information that members couldn't get elsewhere. White papers, case studies, surveys and articles were disseminated to, and discussed among, the privileged few who paid the dues and attended the conferences. Second they convened conferences, meetings and events where information was shared and where their members could get out of the office, mingle with old friends and hopefully learn a thing or two. Third were the business networking and job networking opportunities - the chance to come face to face with people who knew your industry and your challenges. Today the internet impacts those value propositions for most associations and NACDD is no different. You can search online for specialist periodicals, industry statistics and case studies from the comfort of your own bedroom. Staying connected with colleagues and networking for new job opportunities has been relegated to LinkedIn, Facebook and email. Lastly, many of those out-of-town jaunts to conferences have been eliminated as a result of widely publicized, conference spending scandals or simply because video conferencing platforms make it easier to conference from the office.

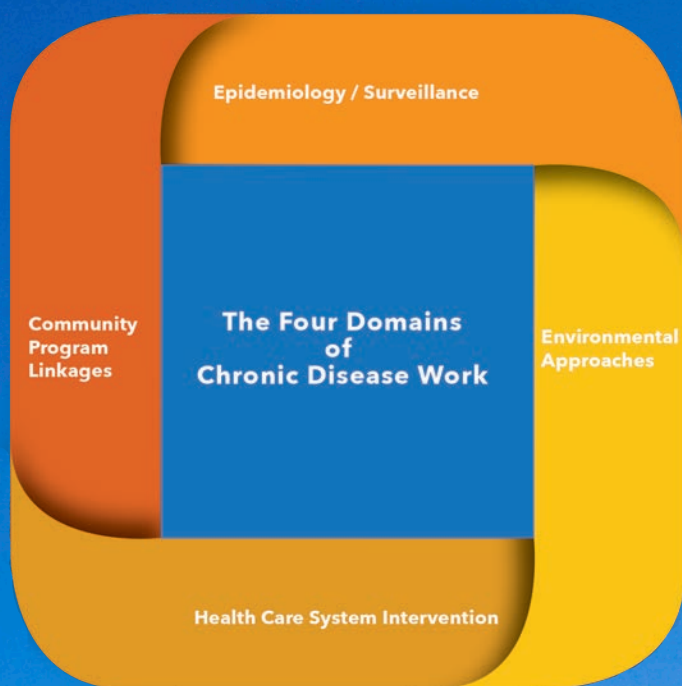
Yet one thing that associations still serve up better than ever is their ability to assemble a group of like-minded people. That is where associations like NACDD truly shine. An Illinois member implementing a 1305 prediabetes awareness activity can reach out to and learn from a member in Pennsylvania working on precisely the same performance measure. A member in Ohio working on increased colorectal cancer screening in federally qualified health centers can easily identify several others in California, Florida and Oregon who are working on the same CDC-funded project objective. This is the core value proposition of the National Association of Chronic Disease Directors. This is what our councils, committees and communities of

practice offer. This is why we convene grantee meetings bringing states together to build working relationships, mentor each other and mutually problem solve. This is why our membership has grown 300% in just the last five years to over 6,000. And this is why our members have 300% more opportunities to grow professionally than ever before simply by reaching out to fellow members of NACDD. Of course NACDD also provides free learning opportunities, event planning services, state academies, newsletters and publications, national advocacy and advocacy training, coalition building services, fiscal management, evaluation services, creative services and much more. Still, it is the unparalleled access to peers that gives NACDD its high value and sustaining purpose.

But it all starts with you – building relationships from the initial introduction which begins with your membership profile. From your picture and bio you become approachable and relatable. Others can reach out to you and you can share your knowledge, and leverage your experience for problem solving with others. I hope that 2016 is the year that you make the most of your membership in NACDD with the knowledge that you are the most valuable benefit of all.

We are glad to be working with so many expert members and partners!

John W. Patton
Director of Communications and Members Services



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2015 Legislative Update

For 27 years NACDD has remained one of America's foremost health advocates in Washington and across every state and US Territory, mobilizing over 6,000 chronic disease professionals to achieve success in public health. The year 2015 was a busy one for NACDD, as we expanded and enhanced traditional and nontraditional partnerships to advocate for chronic disease resources. Along with our advisors at Cornerstone Government Affairs, NACDD led advocacy efforts on several priority issues and reinforced that we are the experts in implementing chronic disease prevention and control programs at the state and local level.

The "Omnibus" budget, released in December of 2015, was the culmination of a year's work in advocacy. NACDD frequently weighed in with leaders on the importance of maintaining robust funding for chronic disease prevention programs, and the impact of public health investments at the state level. NACDD and Cornerstone Government Affairs met with policy makers in Congress and the Administration at least monthly throughout the year. We sent out five letters to Congressional committees on varying topics through the year. We met with many Members of Congress as well

as the majority and minority leadership of both houses to consistently defend the Prevention and Public Health Fund, among other objectives. This approach resulted in the full restoration of the Preventive Health and Health Services Block Grant that was proposed for elimination, along with other successful outcomes.

The \$1.1 trillion budget package reflects the revised budget caps from the late-October budget deal, with \$518.5 billion for non-defense discretionary and \$548.1 billion for defense discretionary spending. The FY16 omnibus includes fresh funding levels and policy directives for all 12 appropriations bills, benefiting from the additional \$50 billion in the budget deal – split evenly between defense and non-defense – above the level at which the Appropriations Committees marked up their bills during the summer of 2015. The Labor-HHS-ED appropriations bill, the largest non-defense discretionary bill, received a final allocation of \$162.1 billion, a \$9 billion increase above the "302(b)" level allotted to the bill for markup in June prior to the budget deal, and \$5.4 billion above the FY 2015 level.

Across the Labor-HHS-ED appropriations bill, there are substantial funding increases for many operating divisions, including a \$2 billion increase above the FY15



NACDD Board member, David Hoffman, M.Ed, C.C.E.

figure for NIH of \$32 billion, and \$7.2 billion for the CDC, an increase of \$300 million above the FY15 program level. Notably, the bill allocates \$892.3 million of the Prevention and Public Health Fund (PPHF) to the CDC.

At CDC, the Preventive Health and Health Services Block Grant was restored from proposed elimination to the FY15 level of \$160 million. Within the Chronic Disease Prevention and Health Promotion Center, many of NACDD priority programs fared well. The Diabetes program was increased by \$30 million above the FY15 level to \$170.1 million, and the Heart Disease and Stroke line was also increased by \$30 million to \$160 million. The proposed \$111 million cut (52 percent) to the Tobacco line was entirely restored, with the program receiving a slight increase from \$207 million to \$210 million. The proposed \$37 million cut in the president's request to the Breast and Cervical Cancer line was fully restored and increased from \$207 million to \$210 million. Likewise, the proposed \$4 million cut to Colorectal Cancer programming was restored to the FY15 level of \$43.3 million. The Arthritis program received a modest increase from \$9.5 million to \$11 million, as did Nutrition, Physical Activity, and Obesity from \$47.6 million in FY15 to \$49.9 million. Alzheimer's was level funded at \$3.5 million, Cancer Registries was

level funded at \$49.4 million, Comprehensive Cancer was level funded at \$19.7 million and Healthy Schools was level funded at \$15.4 million. The PICH program was eliminated in the omnibus, with closeout instructions in the report language to shift FY16 continuation costs to specific chronic disease budget lines for current grantees to ease the disruption.

As always, the Labor-HHS-Education appropriations bill was one of the most difficult to negotiate, facing deliberations over high-profile policy riders such as those pertaining to Planned Parenthood, NLRB rules and gun control research. However, under the leadership of the two new Subcommittee Chairs, Rep. Tom Cole (R-OK) and Sen. Roy Blunt (R-MO), both the House and Senate Appropriations Committee approved their respective Labor-HHS-ED bills this summer, something that had not happened in six years.

We anticipate that President Obama's last proposed budget will look similar to his previous budgets. Given that it is an election year, we have shared our NACDD white paper with the campaigns and will continue to advocate for NACDD's primary programs.



Measuring Our Impact

PROGRAMS & PROJECTS

Practical, tactical work targeted to assist state and territorial health departments is the bedrock of NACDD's day-to-day operations. This work consists of training, guiding, supporting and educating chronic disease units and their practitioners. NACDD has assisted CDC and other government agencies with federal and state public health projects since its founding in 1988. The following highlights a few of the more than 100 projects and programs in which NACDD has led, trained, developed, facilitated, convened, or managed.

Air Quality & Asthma (AQA)

Part and parcel of a walkable community is the air that resident's breathe. NACDD partnered with the CDC's Environmental Health Tracking Branch to raise awareness about the environment's role in asthma and other chronic diseases. It highlighted collaboration opportunities between state leaders, decision makers and practitioners working in environmental health and chronic disease prevention and provided a forum for sharing ideas and best practices. NACDD also partnered with the Tracking Network to host its first Environmental Public Health Tracking Virtual Conference with the theme "Tracking Matters in Chronic Disease Prevention".

The virtual event attracted more than 500 registrants and the call for abstracts resulted in 9 poster presentations. NACDD worked with the Tracking Network to host its 3rd Annual webinar series. Fact sheets, success story publications, and other materials were disseminated during events. A partnership was formed with the Environmental Health Association (NEHA), The Association of State and Territorial Health Officials (ASTHO), The National Association of County and City Health Officials (NACCHO) and CDC's Environmental Public Health Tracking Network.







Arthritis

52.5 million (22%) of adults have self-reported doctor-diagnosed arthritis. By 2040, 78 million (26%) adults aged 18 years or older will have doctor-diagnosed arthritis.

NACDD remains at the forefront in the area of arthritis self management.

In 2015, NACDD provided grant funding to four states to incorporate arthritis self-management and physical activity programs into state and employer health and wellness benefits. NACDD sought applications from community coalitions and other local and regional organizations from Florida to Michigan. Each of the four selected communities were awarded \$10,000 to implement the Enhance Fitness (EF) program. NACDD partnered with the YUSA to bring the Enhance Fitness to the Y's national network along with Arizona Living Well Institute and Stanford University.

Other organizations such as the Area Agency on Aging (AAA) of Western Michigan convened meetings with Spectrum Health's Injury and Prevention Department and Spectrum United Lifestyles to host "*A Matter of Balance*" classes. Miami-Dade Parks held 9 EF classes in their community and the National Kidney Foundation of Michigan conducted community demonstrations that resulted in 173 new instructors.

52.5
million
ADULTS
suffer from
ARTHRITIS



Cancer

Cancer Learning Community

Dr. Siddhartha Mukherjee's chronicle of cancer called it the Emperor of All Maladies and it is still the second leading cause of death in America. Cancer-related work makes up a large part of NACDD's project portfolio every year. NACDD works with the CDC-funded programs in comprehensive cancer control, colorectal cancer, breast and cervical cancer and the national cancer registries. As with many disease states, NACDD has disease-specific councils, committees and communities of practice. NACDD's Cancer Council is one of the association's largest and most vibrant councils and includes members from state, tribal, territorial, Pacific Island Jurisdictions and the District of Columbia health departments or agencies.

In 2015, NACDD worked to build partnerships between state health department cancer screening programs and state Medicaid programs to increase breast, cervical, and colorectal cancer screening. This project supported the development, implementation, and evaluation of plans with state Medicaid programs.

NACDD continued to build on its strong working relationship with the CDC-funded grantees to address the evaluation of cancer screening programs. NACDD and the University of Washington conducted annual surveys of screening projects and data. Preliminary analysis has indicated areas for potential training and professional development of screening programs staff.



The cancer portfolio will be addressing opportunities for cancer prevention during early adulthood in the coming year. This work will include a series of targeted literature searches examining the state of the evidence on cancer risk-related factors that are relevant during early adulthood and will lead to a 2-day, in-person meeting with an interdisciplinary group of invited experts and CDC staff to discuss opportunities for cancer prevention during early adulthood. A final report summary will serve as the basis for an article to be submitted to a peer-reviewed journal in 2016.

NACDD also funded three state health departments to evaluate current efforts to increase the HPV immunization

rate of access and series completion in their respective states. Georgia, Minnesota and New York were each involved with different aspects of effectiveness, reach and role of media campaigns aimed to increase the HPV vaccination uptake. Over 2 million impressions were generated of the HPV targeted ads in the first 3.5 months in New York.

Similarly, print media ads were used to increase physician screening rates for colorectal cancer. These ads were placed in physician periodicals and also delivered through targeted email campaigns.



Cardiovascular Health

Cardiovascular disease is the nation's number one killer, claiming over 600,000 lives annually. Through funding from CDC's Division for Heart Disease and Stroke Prevention, as well as from the Association of State and Territorial Health Officers (ASTHO) and the American Heart Association, NACDD's cardiovascular team formed the Cardiovascular Health Network.

This network offers states assistance with their CDC funded cardiovascular programs which include the implementation of evidence-based strategies to increase blood pressure control and CDC's Million Hearts® initiative. The team developed innovative support tools and learning opportunities such as fireside chats which provide a new, interactive format for state health agencies to learn from content experts on a number of issues pertaining to cardiovascular health.

The first Fireside Chat will occur in 2016 and highlight innovative strategies related to identifying patients with undiagnosed hypertension. Speakers included Hilary Wall, Senior Health Scientist and Million Hearts® Science Lead at CDC's Division for Heart Disease and Stroke Prevention; Dr. Ian Brissette from the New York State Department of Health; and Dr. James Schultz from Neighborhood Healthcare in San Diego, California. NACDD offered attendees of the Fireside Chat an opportunity to attend a follow-up Virtual Roundtable to continue the discussion in a smaller, more informal way. State health departments shared their experience in identifying patients with undiagnosed hypertension, and asked questions of the content experts.

Several states will give small presentations on each call including Montana, Massachusetts and Texas. The next set of learning opportunities will be focused around team-based care. The cardiovascular team has also developed a weekly newsletter called, Off the Cuff, that highlights key events for those working in the area of health care system Interventions, as well as news from state and national partners. The team also worked with CDC and Rice University to continue a Geographic Information System (GIS) capacity building training, offering five state health departments and five local health departments an opportunity to learn how to use GIS surveillance and mapping to address four impact areas: 1) documenting geographic disparities, 2) informing policy and program decisions, 3) enhancing partnerships with external agencies, and 4) facilitating collaboration within agencies.



Coordinated Chronic Disease

Chronic disease departments in state and local health departments are on a mission to work more effectively and efficiently – improving capacity and preparing for the next generation of public health. NACDD provided consultation and technical assistance to state and territorial health departments in support of their individual 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.

All 50 states plus the District of Columbia accessed the resources and tools that NACDD collected and developed.

ALL 50 STATES PARTICIPATED





Diabetes

NACDD is a national leader in its work to fight the diabetes epidemic. According to the CDC, 22 million people have diagnosed diabetes and another 86 million have a condition known as prediabetes. As one of only six national CDC grantees tasked to scale the National Diabetes Prevention Program (National DPP), NACDD's work has included supporting two academic medical institutions, Thomas Jefferson University in Philadelphia and Mount Sinai in New York City. This work supported the program delivery sites in obtaining recognition with the Diabetes Prevention Recognized Programs (DPRP). Both sites choose to offer the program internally to employees as a benefit and 14 classes were launched. Additionally, NACDD has worked for the last three years to educate employers about the benefits and cost savings of offering this evidenced-based lifestyle change program. NACDD reached 9 large employers in the New York City (NYC) and Philadelphia metro areas. Much of the work in Philadelphia was a direct result of a partnership with the Greater Philadelphia Business Coalition on Health. NACDD similarly worked with NYC's Northeast Business Group on Health to present the National DPP to many New York-based corporations.

In support of these tactical, grassroots efforts, NACDD partnered with both the Ad Council and CBS Television to produce and drive broadcast awareness of prediabetes throughout all five NYC boroughs. The Ad Council public service announcements were also translated into Spanish, while CDC's own diabetes division director, Dr. Ann Albright, fronted three different CBS HealthWatch® segments that generated over 38.5 million viewer impressions in the greater NYC market.

NACDD's diabetes team collaborated with six states to host State Engagement Meetings in California, Maryland, Massachusetts, Michigan, South Carolina and Utah with nearly 400 individual stakeholders.

100% of all evaluation respondents reported that the meetings helped them learn new information and that they are likely to act on at least one action item. In 2016, NACDD will continue this work with eight states.

NACDD also is helping lead the way to achieving Medicaid coverage for the National DPP. Part of the solution lay in convening a Medicaid Roundtable which brought the highest level stakeholders together for a one-day meeting in Atlanta. The success of that meeting prompted plans to work with a limited number of states to achieve Medicaid reimbursement in their states.



Gestational Diabetes

Protecting children and their mothers during and after pregnancy is the focus of NACDD's Women's Health Group and the Gestational Diabetes Collaborative.

Gestational diabetes mellitus (GDM) is defined as carbohydrate intolerance with onset or first recognition during pregnancy. For the woman, GDM is responsible for an important maternal morbidity including pregnancy induced high blood pressure, preeclampsia, urinary tract infections, cesarean deliveries and other issues.

GDM is on the rise in the US and is now estimated to affect 7% of all pregnancies. The consequences for the woman is a greater risk (seven-fold) for developing type 2 diabetes later in life. For the child, the issues are macrosomia, birth trauma, and hyperglycemia at birth as well as a greater risk of developing type 2 diabetes later in life, also seven-fold.

The Gestational Diabetes Initiative began with three national partners: the Division of Diabetes Translation and Reproductive Health of the CDC, the Women's Health Group with the NACDD, and the Association

of Maternal and Child Health Programs. This Initiative explored the issues surrounding gestational diabetes and established that quality data was the crucial issue. The Initiative lead to the Gestational Diabetes Collaborative and the Gestational Diabetes Network.

The Gestational Diabetes Collaborative is a partnership of NACDD, CDC, the Association of Maternal and Child Health Programs as well as nine states, three tribes and one consortium. The Gestational Diabetes Network promoted resources & tools developed by the Collaborative to expand reach to all states, partners, tribes, & territories. The project developed & disseminated recommendations, promising practices, & quality improvement methods that have been effective in changing policies & systems and have enhanced access to improved surveillance, clinical care and other chronic disease preventive services

Epidemiology

Epidemiology is the study of the distribution and determinants of health-related states or events in specified populations, and the application of this study to the control of health problems. NACDD's work in this area involves partnership with other public health organizations through its large Epidemiology and Surveillance Committee. Additionally, NACDD operates an epi-mentoring program to help build the next generation of epidemiologists. This program, called the 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. Mentees received one-on-one mentoring and technical assistance. Participation enhanced capacity in chronic disease epidemiology at the state and local level.



Evidence-Based Public Health

NACDD's public health approach is rooted in evidence-based interventions. This fundamental guiding principle directs all of NACDD's work. Since 1997, it has partnered with the CDC and Washington University in St. Louis, Missouri to provide training to health department personnel. Since its beginning, the Evidence Based Public Health Course has reached over 1,200 public health practitioners representing all 50 states, two U.S. Territories and 34 countries on four continents.

The four-day course focuses on seven specific skills to improved public health practice. It features lectures with practice exercises and case studies and takes an applied approach, emphasizing information that is readily available to busy practitioners.

NACDD also utilizes this course approach to help health departments become evidence-based in their internal operations, thereby increasing their organizational and delivery capacity.

Pacific Chronic Disease Coalition

Non Communicable Diseases (NCD) Collaborative

NACDD is proud to support the Pacific Chronic Disease Council (PCDC) that was established in 2008 with the support of CDC's Division of Diabetes Translation. It is comprised of representatives appointed by their Ministers of Health in the six US Affiliated Pacific Islands (USAPI).

The USAPI jurisdictions' population centers spread across 104 inhabited islands, covering an expanse of ocean larger than the continental U.S. This geographic span, dependence on U.S. and international aid, limited health care facilities, reliance on off-island tertiary and specialty care, and a shortage of health care professionals create daunting challenge. Since its founding, the PCDC has provided leadership in the development of a Non Communicable Diseases Collaborative (NCD) model tailored after the federally supported Health Disparities Collaborative (structured on the widely adopted Chronic Care Model), to promote health care systems change in the region. In 2010, the Pacific Island Health Officers Association declared a state of emergency due to the epidemic of Non Communicable Diseases, encouraging the collaborative work necessary to combat the burden of NCD in the region. The PCDC NCD Collaborative was one of the 'first responders' to the state of emergency with collaborative teams sharing improvements across several clinical measures critical to reducing the risk of diabetes related complications and improving quality of life. The work continues to reduce A1C levels, increase foot exams, control blood pressure, and increase documentation of diabetes self-management while also addressing documentation of diabetes self-management goal setting.



COVERING 140
SPANNING A DISTANCE GREATER THAN THE CONTINENTAL U.S.

ISLANDS

ENTIAL UNITED STATES ITSELF



Safe Routes to School (SRTS)

NACDD consistently supports national efforts that ensure safe walking and biking routes to school. NACDD has helped the Metro Atlanta Safe Routes To School Regional Network expand its community development tool model from one to seven schools and from one to four Atlanta Public School Clusters.

As an evidence-based intervention, SRTS is being utilized to develop collaborative partnerships in Atlanta communities with high rates of chronic disease, poor academic performance and low rates of parental engagement in their children's school. Support partnerships have been formed with Morehouse School of Medicine, the Zeist Foundation, Families First, City of Atlanta Parks & Recreation, Metro Atlanta Boys & Girls Clubs as well as many neighborhood agencies, churches and leaders. Together opportunities are created for schools, parents and children to find ways to increase their daily physical activity, increase health and safety awareness, and improve quality of life in school and in the community.

Such collaborations create community engagement opportunities for members of vulnerable communities to develop physical activity options such as a walking school bus. Walking School Buses are made up of parents and children who walk in groups to and from school. In one Atlanta neighborhood a senior's citizens program in the community adopted walking with students. Another community organized parents and volunteers as block captains to monitor children along their route to school. These efforts increase daily activity, improve attendance and improve academic performance. NACDD is helping to introduce SRTS as an alternative in urban communities that have not traditionally been involved in these kinds of programs and activities.

COLLABORATIVE PARTNERSHIP IN ATLANTA





School Health

According to the CDC, the health of students is linked to their academic success. Both physical activity and healthy eating may help improve academic achievement.

Healthy eating and regular physical activity play a powerful role in preventing chronic diseases, including heart disease, cancer, and stroke, the three leading causes of death among adults aged, as well as obesity. NACDD works to address school health issues through a number of CDC-funded projects as well as its network of public health and education professionals.

In 2015, NACDD's School Health Project continued its efforts to support state health departments in their work to promote healthy schools. This included facilitating a national meeting, hosting national webinars and multiple communities of practice, developing an online resource guide and working with partners to publish materials to support school health at the state and local level.

A special edition of the Journal of School Health, two case studies and the State School Health Policy Matrix were published and distributed. Other accomplishments included 68 state staff from 47 states attending the national school health meeting, along with 9 non-governmental organization partners and 26 staff from CDC.

Staff from 34 states were involved in the school health communities of practice, providing a valuable learning forum. Two national webinars reached nearly 500 chronic disease practitioners in all 50 states and the special edition of the Journal of School Health provided 10 open access articles. Other work included partnerships with SHAPE America, National Association of State Boards of Education, AASA The Superintendents Association, Food Allergy Research & Education American Academy of Pediatrics, Action for Healthy Kids, American Cancer Society, and the National Association of School Nurses.

500
CHRONIC DISEASE
PRACTITIONERS



Lupus

Lupus is an autoimmune disease that is difficult to diagnose, hard to live with and a challenge to treat. In lupus, the body's immune system becomes unbalanced, causing inflammation and tissue damage to virtually any organ system in the body, including the skin, joints, heart, lungs, kidney and brain. Between 350,000 and 1.5 million Americans and 5 million people worldwide live with a form of lupus. With funding from the CDC, NACDD partnered with the Lupus Foundation of America and a wide variety of stakeholders to develop the National Public Health Agenda for Lupus.

The Agenda, organized across the CDC's Four Domains of Chronic Disease Prevention, is intended to provide a broad public health approach to lupus diagnosis, disease management, treatment and research and provide an overall blueprint for public health action in lupus to help guide future policy, planning and advocacy. Key partners included the Lupus Foundation of America (LFA) as well as 52 experts in the fields of public health.

The Agenda featured six priorities, 15 strategies and 63 recommendations. The many contributing partners who contributed to the Agenda included the American College of Rheumatology, American Academy of Family Practice, Congressional Black Caucus Foundation, Drexel University Center for Women's Health, Emory School of Medicine, Harvard Medical School, Health Resources and Services Administration (HRSA), Highmark National Minority Quality Forum, National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS), Northwestern University Feinberg School of Medicine, NYU School of Medicine and many individuals who are living with lupus.

Additional Programs

Leadership Academy

In December 2015, NACDD held a daylong Management and Leadership Academy for its membership. National partners and chronic disease directors shared experiential expertise, studied best practices in leading chronic disease prevention and health promotion efforts, and laid the groundwork for continued transformation in the field as they seek to amplify successes in chronic disease prevention. A Leadership and Management Chronic Disease Academy is planned for all 50 states in 2016. This event will bring together each state's Chronic Disease Director and department leaders. There will be didactic learning tracks, breakout sessions, workshops, peer-networking and think tank plenaries.

Success Stories

NACDD has a long history of capturing success stories from state and local health departments as well as partners. This work led naturally to receiving funding to provide assistance in the development of success stories for the Preventive Health and Health Services Block Grant grantees. The overall purpose is to respond to emerging health threats, provide funding to support state and territorial needs, fund prevention efforts, leverage state and community resources and address the leading causes of death to meet Healthy People 2020 objectives. Sixteen new success stories on the Block Grant were published and disseminated to an audience of 6000 members and additional stakeholders and partners.

Walkability

Considered to be the one of the most effective interventions for all chronic diseases – walking is something that many Americans cannot take advantage of due to non-walkable communities in which they live. NACDD understands that making states and communities more walkable calls for more than a public health solution, it requires a strategic collaboration with many other local, state and federal agencies. The solution involves those who work in transportation, planning, education, economic development, housing, transit, parks and recreation, and advocacy groups of many kinds. This year, NACDD teamed up with the CDC to offer an inaugural Walkability Action Institute in Nashville, Tennessee for interdisciplinary teams to improve walkability and community design. Because of this first-of-its-kind Institute, 63 participants from 12 state/regional teams had the ability to institute long-term changes to improve walkability, community, and transportation design for nearly 58,000,000 people throughout the nation. Not only will this improve health, it will help states and communities become more vibrant and economically viable.

Partners in this landmark effort included the following: CDC Division of Nutrition, Physical Activity, and Obesity, Active Living By Design, America Walks, National Physical Activity Society, University of South Carolina, University of Washington, Mark Fenton, University of California at San Diego and Active Living Research.

Healthy Aging and the Healthy Brain Initiative

Central to NACDD's assistance to states is its grant-making process. Utilizing funding from CDC, NACDD's Healthy Aging Initiative awarded five states with competitive grants designed to promote awareness of issues related to aging and cognitive health. Each awardee was required to engage in evidence-based activities to promote healthy aging. Additionally, NACDD supported the analysis and dissemination of The Behavioral Risk Factor Surveillance System (BRFSS) data among state, territorial and tribal health departments.

Similarly, NACDD's Healthy Brain Initiative awarded seven competitive Opportunity Grants to health departments in Arizona, California, Hawaii, Illinois, Mississippi, Oregon and Puerto Rico to implement priority action items from CDC's document titled, 'The Healthy Brain Initiative: The Public Health Road Map for State and National Partnerships.' Each state also conducted an evaluation of the impact of their activities related to Alzheimer's and other dementias.

Health For All

Health for all is at the core of NACDD's work. It is woven through every decision, program and project and is the subject of the NACDD President's Challenge. NACDD has a robust Health Equity Council that shares best practices across the nation, focusing on the social determinants of health and developing tools to address them. One such tool was the 2015 NACDD Health Equity Assessment. It was developed and administered broadly to the NACDD membership during June and it had three distinct parts. From the results, the NACDD Health Equity Council partnered with the US Department of Health and Human Services Office of Minority health to develop a white paper entitled: *An Assessment of Funding and Other Capacity Needs for Health Equity Programming Within State-Level Chronic Disease Programs*. The paper will be submitted to a peer reviewed journal article in 2016. In addition, NACDD partnered with the CDC Division of Community Health to gain a better understanding of the knowledge and use of the Behavioral Risk Factor Surveillance System's (BRFSS) Social Context Module. NACDD consultants conducted a study to determine the feasibility of developing a BRFSS workshop for state health departments and communities. As a result of the assessment, a two-day Workshop on Health Equity will be added to the 2016 Chronic Disease Academy in 2016.

A hiker with a backpack is shown in profile, looking out over a vast mountain range under a clear sky. The hiker is wearing an orange vest, a white tank top, and grey shorts. The background features rolling green hills and a clear blue sky with some light clouds. The overall tone is bright and positive, suggesting a sense of achievement and well-being.

NACDD Services

Professional Development

For over 25 years, NACDD has provided quality learning opportunities and workforce training for its members. The 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 webinar allows 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.

Communications, Graphic Design, Marketing

NACDD's Communication 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. Applying its knowledge of state and federal communication constraints, it provides public relations, publishing and graphic design support. Surveys, assessments and various electronic communications are central to its activities as well as its expansive social media presence.

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 with 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 robust and flexible accounting and cost allocation system, which enables fund 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.

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 nutritious meals, portion control and physical activity during meetings, always within tobacco- free hotels.

Advocacy & Legislative Learning

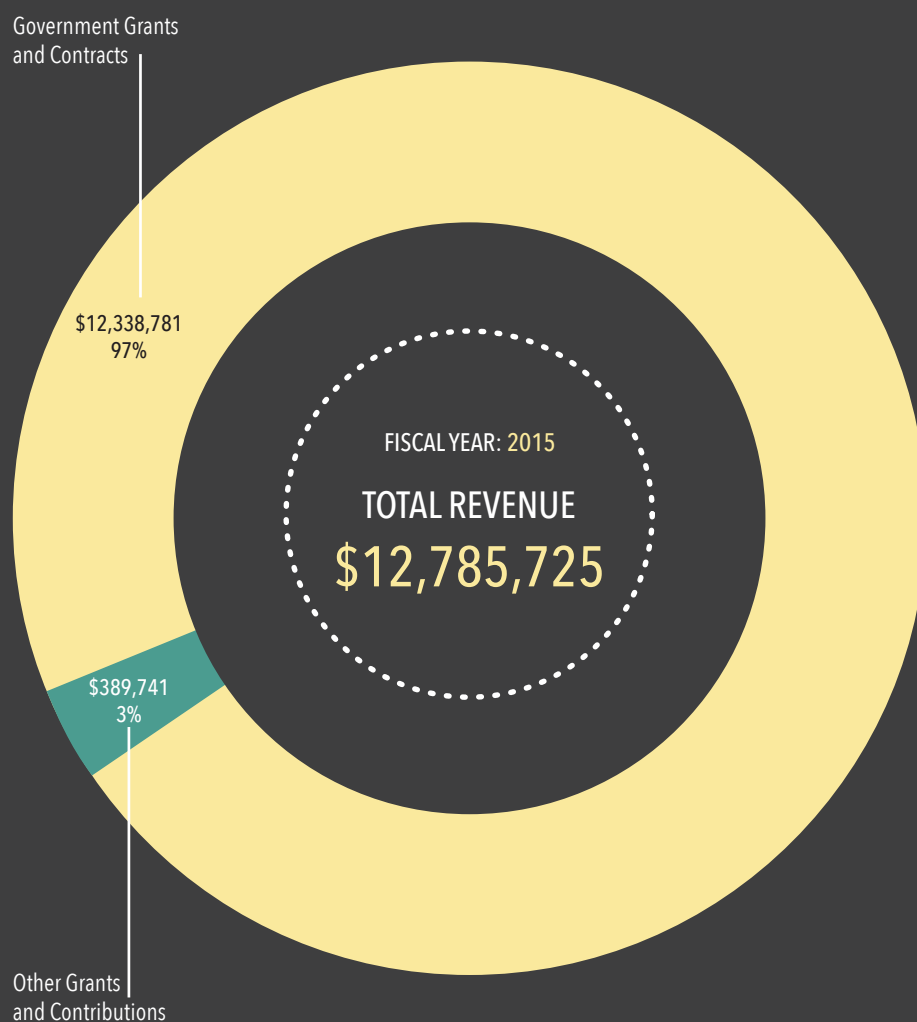
NACDD monitors and reviews legislation related to public health chronic disease programs and develops, reviews and presents education on such issues, policies, position papers and resolutions for consideration by its members. Similarly, NACDD's Government Affairs committee helps educate members of federal 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

Revenue:	2015	2014	2013
Government Grants and Contracts	12,338,781	7,311,175	8,348,974
Conferences and Meetings	-	-	4,900
Other Grants and Contributions	389,741	1,034,602	1,151,610
Member Dues	46,100	50,050	52,050
Investment Income (loss)	10,868	75,552	64,694
Other Revenue	235	-	440
Total Revenue, Gains, and Other Support	\$12,785,725	\$8,471,379	\$9,622,668

Expenses and losses:			
Program Services	10,935,086	6,953,329	8,139,031
Supporting Services	1,429,126	1,458,487	1,601,780
Management and General	1,420,239	1,443,940	1,576,854
Fundraising	8,887	14,547	24,926
Total Expenses	12,364,212	8,411,816	9,740,811

Change in Net Assets:			
Change in Unrestricted	432,758	58,219	224,282
Change in Temporarily Restricted	(11,245)	1,344	(342,425)
Change in Net Assets	421,513	59,563	(118,143)
Net Assets, Beginning of Year	1,809,137	1,749,574	1,867,717
Net Assets, End of Year	\$2,230,650	\$1,809,137	\$1,749,574



FY2015 Financial Supporters

INDIVIDUALS:

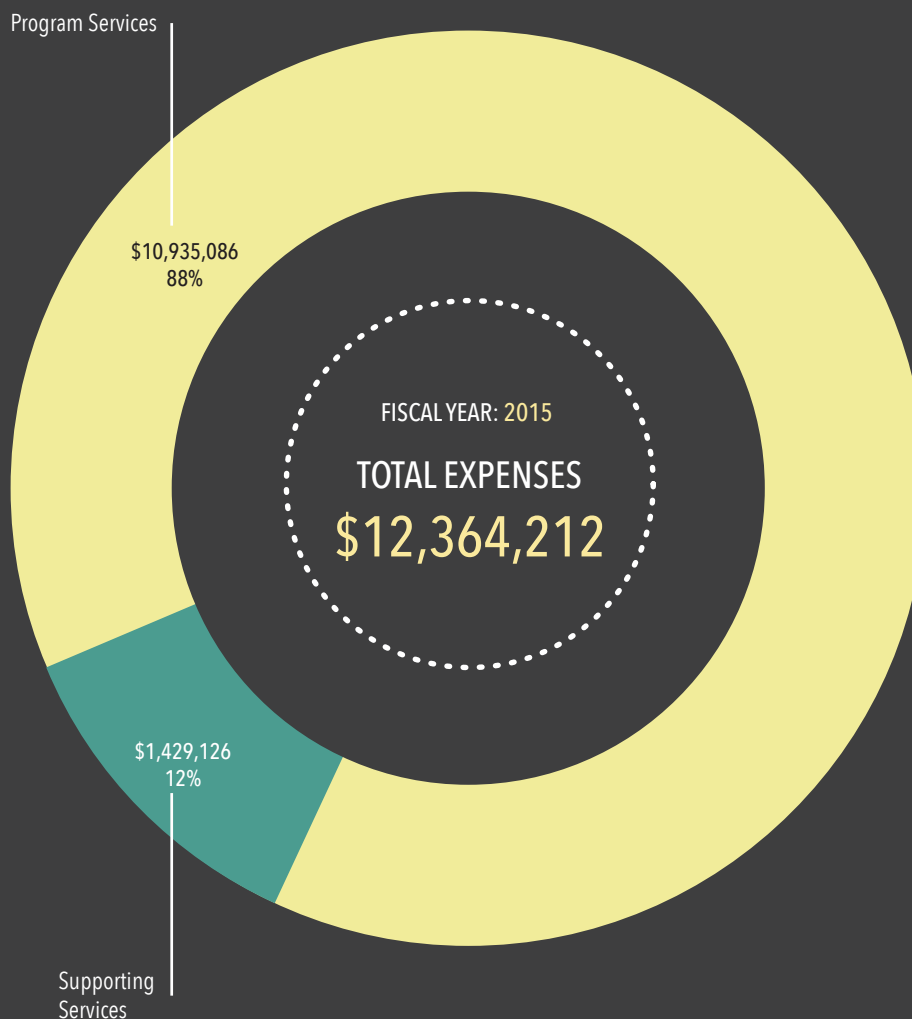
Tomas Aguilar*
Linda Ahrendt*
Kathy Allely
Leslie Best
Cynthia Boddie-Willis
Heather Borski
Frank Bright
Carol Callaghan
Kathryn Chapman
Paula Clayton*

Mehul Dalal*
Judith Gabriele*
Jill Myers Gadelmann*
Dona Goldman*
Sue Grinnell*
Jennie Hefelfinger
Khosrow Heidari*
David Hoffman*
Doug Joiner
Gabriel Kaplan*

Janet Kiley
Frederick Lakine
Schwanne Lakine
Jon Lowry*
Janet Kiley
Marti Macchi
Mary Manning*
Stephanie Mathews
Monica Morales*
Jean O'Connor*

John Patton
Ruth Petersen*
John Robitscher
Kathleen Rocco*
Ramona Schaeffer
Jennifer Smith
David Vigil
Evelyn Walker*
Debra Wigand *
Namvar Zohoori*

* Indicates NACDD Board Member



What Is NACDD's Definition of Partnership?

Today, the word partnership can mean many things but at the National Association of Chronic Disease Directors it has always meant the same thing: exponential benefit.

For nearly three decades, NACDD has served as a neutral third party to government agencies, non-profits and private industry. It has always believed that partnership must be mutual – and mutually beneficial. But it has also believed that the benefits should be exponential so that one plus one equals three – or four or five. NACDD has been successful in developing exponentially beneficial partnerships for three reasons. First, NACDD is a 501(c) 3 tax-exempt non-profit able to provide governmental and financial tax benefits which translates to exponential benefit.

Second, NACDD was founded out of need – not a market opportunity – because the

state-based, chronic disease leadership needed a community to share its work, leverage its collective knowledge and ultimately improve the health of the American public more effectively and efficiently.

The nature of public health is that need always surpasses resources, forcing NACDD to be a good steward of its resources – both human and financial. It knows how to stretch a dollar and wear many hats which translates to exponential benefit.

Third, partnership is at NACDD's core, where most of its day-to-day work involves building, managing and sustaining partnerships at the state and national level – as part of its government-funded project objectives. NACDD employees and consultants work with health departments, community coalitions, state legislators, school systems and private companies every day. Not only are NACDD staff and consultants good



at what they do because of their daily practice – they are selected because they've already demonstrated their ability to be good at it. Partnership experience is a key element to every job description and that translates to exponential benefit.

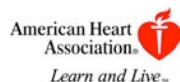
Lastly, NACDD provides unparalleled access to national, state and local decision makers in the area of chronic disease prevention and control. Having access to the eyes and ears – minds and heart – of this influential

collective, provides opportunities to glean information, disseminate knowledge and forecast the future – in public health.

Most partnerships begin with an introduction followed by a conversation. We look forward to getting that conversation started with even more partners in 2016.

Sincerely,

John W. Robinson
John W. Robinson, MPH
CEO



**THIS IS WHAT
HEALTHY
LOOKS LIKE**



Connect, Discuss, Follow and Share



PROSPER



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Promoting Health. Preventing Disease.