2016 Annual Report

NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS

NACDD is grateful for the support it receives from the Centers for Disease Control and Prevention through its Cooperative Agreements #3U38OT000225-03S1, 5U38OT000225-02, 6NU38OT000225-04-01, 5U58DP004778-03, 5U58DP004778-04, 1NU58DP006128-01, 5U58DP002759-04, 5U58DP003824-04 and 5U58DP003824-05.
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From the President & CEO

2016 was another successful year for the National Association of Chronic Disease Directors (NACDD)—the Association grew its project base, increased outreach and advanced key initiatives. This has enabled the Association to improve its support and create value for members and partners.

In its 29th year, the Association implemented more than 100 projects, managed over $16 million in annual budget, and maintained its steadfast partnership with the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) at the U.S. Centers for Disease Control and Prevention (CDC).

NACDD's strong support from the NCCDPHP helped in developing a framework to align and coordinate Association work with the evidence-based actions that states and territories are taking to prevent and control chronic disease. Through this partnership, and more recent, important support from the CDC Office for State, Tribal, Local and Territorial Support, the Association was able to participate as a MillionHearts® national partner; directly serve nearly all states and territories through Coordinated Chronic Disease and Chronic Disease Directors' Forum team efforts; and help 10 communities develop a Community Action Plan targeting inclusive, healthy community changes for people with disabilities.

At the same time, NACDD reached out to engage businesses, leading public health organizations and academic institutions to move forward on work with a wide array of community, clinical and even partners such as the American College of Rheumatology and CBS Health Solutions.

NACDD delivered this year on its core mission of "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."

With the support of its more than 43 subject matter expert consultants and 6,500 members, NACDD will continue to seek high-value projects that support innovative improvements in the quality of the public health and health care systems related to chronic disease.

Sincerely,

Namvar Zohoori, MD, MPH, PhD
NACDD President

John W. Robitscher, MPH
NACDD Chief Executive Officer

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Tamara Engel, MBA
Margaret "Peggy" Grillo
Susan Lopez-Payan

Colorado
Stefanie Hansen, MA
Abby Laib, MS
Kelly McCracken, RD, CDE

District of Columbia
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Jennie Hefelfinger, MS
Catherine Howard, PhD, MSPH
Trina Thompson, MA

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Miriam Patanian, MPH

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Mariana Islands
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Amy Greene, MSW, MPH
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Tiffany Pertillar, MSW, MPH, CHES
Peggy Yen, RD, MPH

Maine
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Mississippi
Ellen Jones, PhD, CHES

Missouri
Carol Brownson, MSPH

North Carolina
Rachelle Chiang, MPH

North Dakota
Tera Miller, MBA, RDN, LRD

Nevada
Gwendolyn Hosey, Ph.D.

New York
Mari Brick, MA

Ohio
Frank Bright, MS

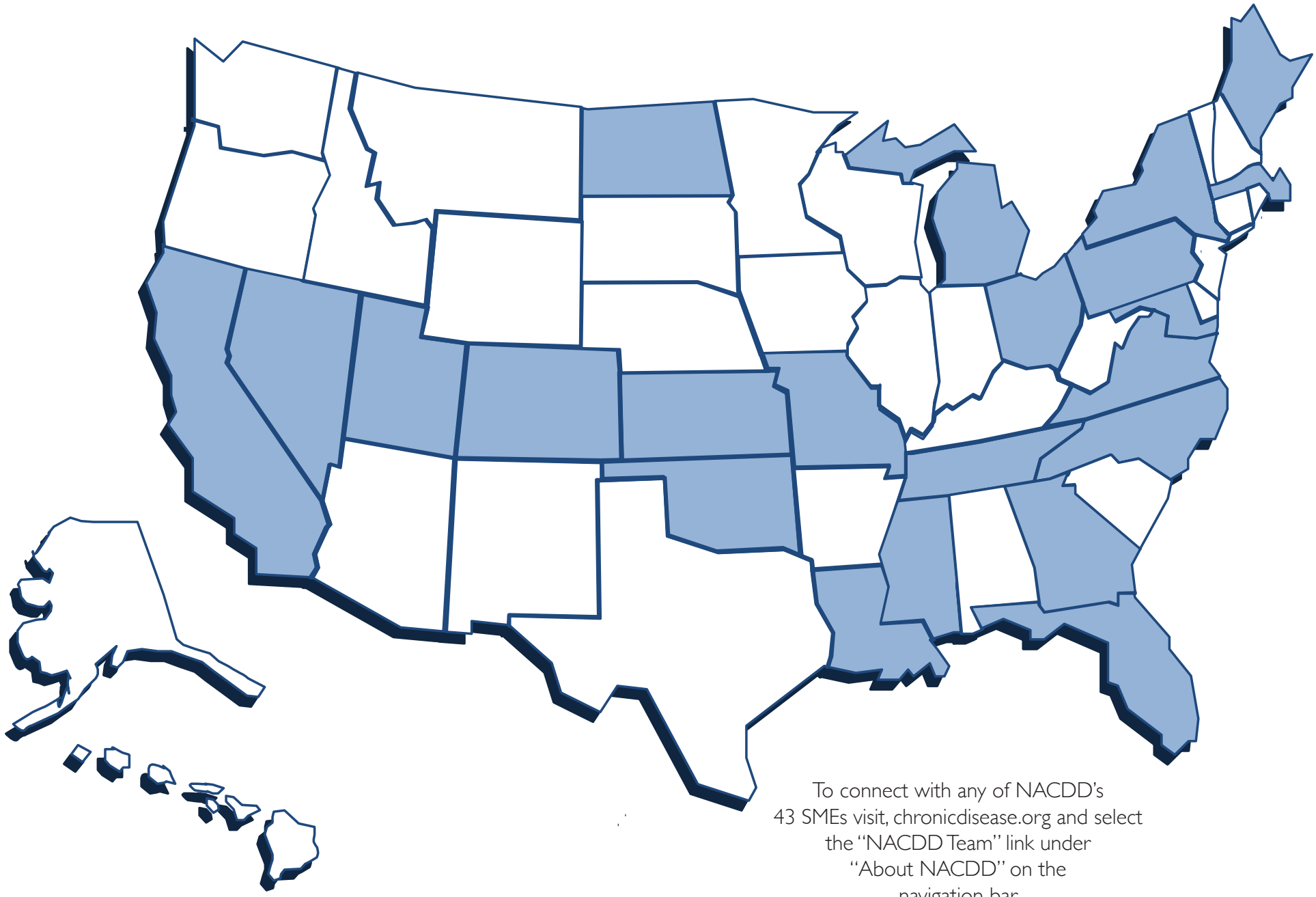
Oklahoma
Adeline Yerkes, MPH

Pennsylvania
Leslie Best

Tennessee
Barbara Park, RDH, MPH

Utah
MaryCatherine Jones, MPH

Virginia
Ann Forburger, MS
Amanda Martinez, MPH, MSN, RN
Alice Patty, MSH
Julia Schneider, MPH



To connect with any of NACDD's 43 SMEs visit, chronicdisease.org and select the "NACDD Team" link under "About NACDD" on the navigation bar.

Figure 1: Map of NACDD SME locations
**Mariana Islands not pictured.*

Headquarters Staff
(Atlanta)

John W. Robitscher, MPH
Chief Executive Officer

David Doyle
Grants Management Specialist

Zarina Fershteyn, MPH
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Anissa Hackett
Staff Accountant III

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Administrative and Logistics Assistant

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Director of Finance and Operations

Marti Macchi, MEd, MPH
Director of Programs

John W. Patton
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Communications and Member Services Coordinator

Slavomira "Cici" Roberts, MBA
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Jillian Smith
Lead Event Planner

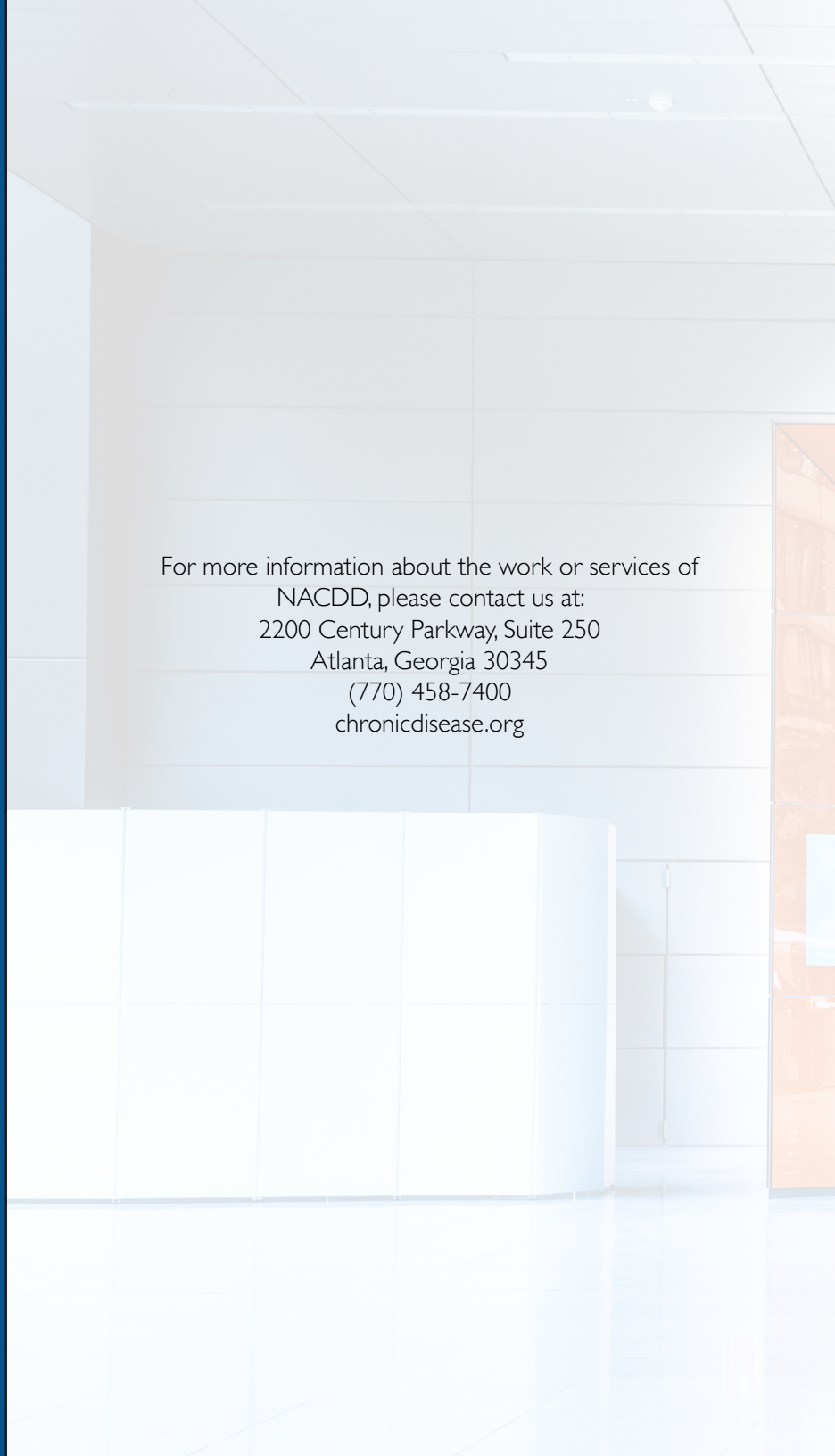
Tamika Smith
Member Engagement and Creative Services Manager

Kevenshay Tarver, MPH
Project Coordinator

Sabrina Taylor
Operations Coordinator

Charles Williams, MBA, CPA
Senior Accountant

Keisha Wilson, CSEP
Senior Meeting Planner



For more information about the work or services of NACDD, please contact us at:
2200 Century Parkway, Suite 250
Atlanta, Georgia 30345
(770) 458-7400
chronicdisease.org

Communications

NACDD's Communications department supports members' needs in message collection, translation and dissemination.

Professional Development

NACDD provides quality learning opportunities and workforce training through academies, webinars and other methods.

Tools/Resources

NACDD provides members with access to a wealth of information that is managed through a robust, web-based community, including an information sharing library.

NACDD Services

Advocacy/Legislative Learning

NACDD monitors and reviews legislation related to public health chronic disease programs. Members are educated on policy pritiorities through position papers, resolutions and the Government Affairs committee.

Meeting Planning

NACDD provides comprehensive, full-service meeting and event planning services that span simple, half-day, small-group meetings to multi-day conferences and training academies.

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.

Legislative Update

The end of President Obama's two terms and President-Elect Trump's arrival in Washington have created significant uncertainty and change, particularly for the federal budget. Preparations for fiscal year 2017 have stalled, with a continuing resolution in place until the end of April. Programs will be funded at the FY2016 appropriations levels until further action is taken by Congress, which returned for the 115th Congress in January.

In February 2016, President Obama released his Budget Request for FY2017. The requests for chronic disease programs were largely aligned with the 2016 budget, apart from a few increases and the elimination of the Preventative Health and Health Services Block Grant. In June, nine NACDD representatives (several Chronic Disease Directors) came to Washington for an advocacy day where they met with hill staffers to discuss their priorities for the budget. These meetings shored up earlier meetings and work done by NACDD and Cornerstone on NACDD's appropriations targets. Soon after, the Senate released its Labor-HHS-Education appropriations bill in June, and the House followed in July.

With no completed action on any of the 12 appropriations bills, in September, Congress passed a three-month continuing resolution (CR). Upon return in the lame duck session, action was expected on the appropriations bills; instead Congress, at the request of the incoming Trump administration, decided to delay action. In December, Congress passed another CR that extends through April 28, 2017. In order to reach previously agreed upon budget targets, the CR imposed a less than 1 percent cut (0.1901 percent) across the board that will affect all programs.

Based on the passage of the 21st Century Cures Act, the CR provides the FDA with an additional $20 million, the NIH with an additional $352 million, and $500 million in state grants to supplement current opioid abuse prevention and treatment activities. The bill also provides $170 million to aid Flint in addressing its water crisis.

By the CR's expiration at the end of April, Congress will have to conclude work on the FY17 budget by either passing a year-long CR, or a series of "minibus" appropriations bills or an omnibus appropriations bill.

Program	FY2016 Omnibus	President's Budget FY2017	Senate Report FY2017	House Report FY2017
Alzheimer's Disease	$3,353,000	$3,500,000	$3,500,000	$4,000,000
Arthritis	$9,599,000	$11,000,000	$11,000,000	$11,000,000
Cancer Registries	$49,440,000	$49,440,000	$49,440,000	$49,440,000
Colorectal Cancer	$43,294,000	$39,515,000	N/A	$39,515,000
Comprehensive Cancer Control	$20,000,000	$20,000,000	$20,000,000	$20,000,000 (not including an extra $2.6 million of skin cancer funding)
Heart Disease and Stroke Prevention	$160,037,000	$160,037,000	$130,037,000	$175,000,000
Diabetes	$170,129,000	$170,129,000	$140,129,000	$185,000,000
Nutrition, Physical Activity & Obesity	$49,920,000	$49,920,000	$49,920,000 ($10,000,000 for high rate counties)	$49,920,000 ($10,000,000 for high rate counties)
Healthy Schools, Healthy Youth	$15,383,000	$15,400,000	$15,400,000	$15,400,000
Tobacco Control	$210,000,000	$210,000,000	$210,000,000	$100,000,000
Breast & Cervical Cancer Early Detection	$206,993,000	$169,204,000	$210,000,000	$210,000,000
WISEWOMAN	$21,120,000	$21,120,000	21,120,000	$21,120,000
Breast Cancer Awareness for Young Women	$4,690,000	$4,690,000	$4,690,000	4,690,000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Programs/Projects

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

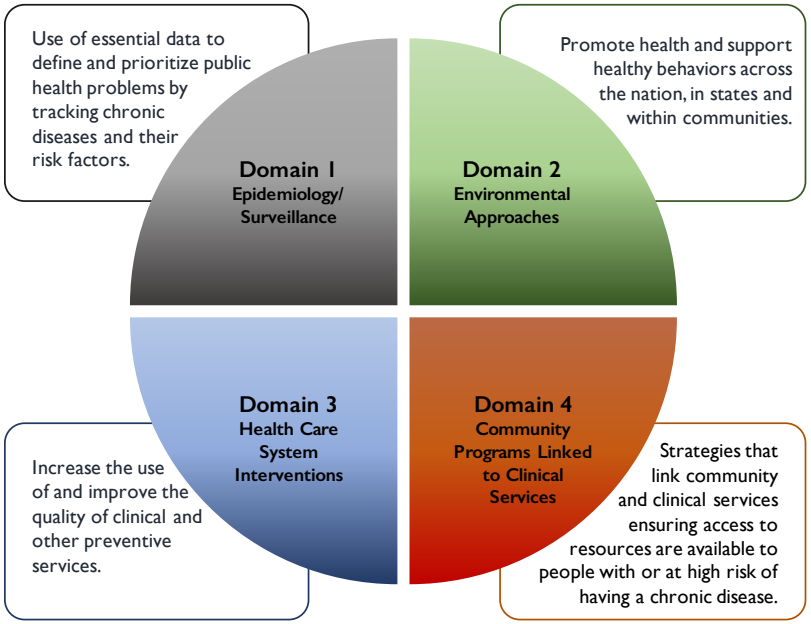

Figure 2: Centers for Disease Control and Prevention's Four Domains

NACDD's projects address public health issues that fall in one of CDC's four domains of chronic disease prevention. Figure 3 shows the breakdown of NACDD projects and which of the domains are represented for each of those projects. Figure 4 depicts the percentage breakdown of projects that are cross-cutting and address more than one domain.

NACDD Programs By Domain

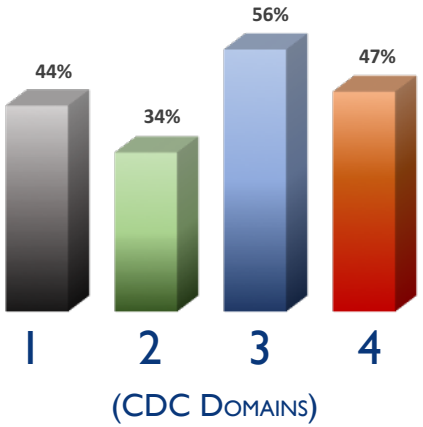

Figure 3: NACDD Projects Identified by Domain

NACDD Programs Across Mulitiple Domains

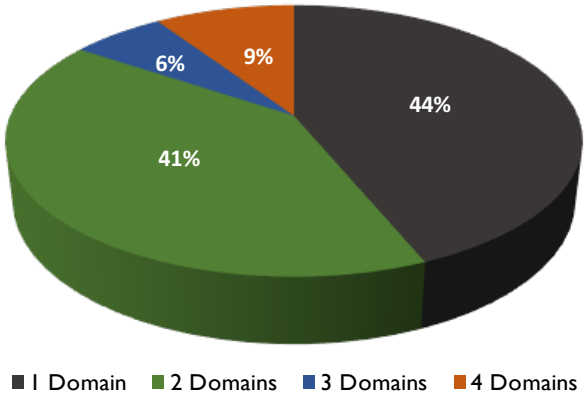

Figure 4: NACDD Projects Breakdown Across Multiple Domains

Arthritis

More than 50 million adults have self-reported, or medically-diagnosed arthritis, and more than 20 million adults have arthritis with arthritis-attributable activity limitation, according to 2010-2012 data from the National Health Interview Survey (NHIS).

more than 50 million adults
have self-reported, medically diagnosed arthritis

NACDD's Arthritis project activities during 2016 focused on dissemination and support of arthritis appropriate, evidence-based interventions through various partners and methods including the development of patient materials for physical therapists; engaging employers to adopt programs for their employees with arthritis; working with various parks and recreation agencies to include arthritis interventions in their menu of services; and providing support and technical assistance to CDC-funded state programs.

Mini grants given to 14 parks and recreation member-organizations in the U.S. will fund the member organizations to help provide arthritis interventions to the people they serve.

From December 2014 through September 2015, the National Recreation and Park Association (NRPA) successfully implemented Walk with Ease (WWE) programs in 10 out of the 14 communities. The other four communities participated in a program called Active Living Every Day. Of those funded, American Samoa, Idaho, Maine, Mississippi, New Mexico and Vermont were all newly NPRA-funded states or U.S. territories.

Over the course of the three years that NACDD and NRPA have been working together on this effort, a total of 67 parks and recreation agencies have been awarded funds to implement arthritis-appropriate, evidence-based interventions like
Walk with Ease and Active Living Every Day.

Additionally, more than 5,327 people have participated in these programs within their communities.

In partnership with the American Physical Therapy Association (APTA) and Westat, arthritis management resources were developed for physical therapists and their patients with arthritis. The materials, including consumer-friendly resources, are available on the APTA website (apta.org/arthritis) for all 93,000 APTA members and its 51 state chapters, as well as to the general public.

Over the course of the past year, 10 Arthritis Council calls were held, providing networking, support and technical assistance to all 12 CDC-funded state arthritis programs.

67

Parks and recreation agencies implemented arthritis-appropriate evidence-based interventions.

5,327

People have participated in programs like Walk with Ease and Active Living Every Day, in their communities.

Behavioral Risk Factor Surveillance System (BRFSS)

NACDD collaborated with CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) Division of Community Health to make the Behavioral Risk Factor Surveillance System (BRFSS) Social Context Module (SCM) available to the states. The Association has helped manage the announcement of available funds, select eligible candidates and disburse funds through partial funding support contracts.

Working collaboratively with CDC Project Officer Lieutenant Commander Rashid Njai, PhD, MPH, NACDD received guidance in awarding approximately $285,600 to 12 state health departments to include the 2015 BRFSS Social Context Module in the states' questionnaire. The BRFSS Social Context Module grantees are: Alabama, Arkansas, District of Columbia, Georgia, Kansas, Louisiana, Michigan, Minnesota, Missouri, Nebraska, Rhode Island, and Utah.

Increasing the states' use of the module, helps state health departments better assess social context factors such as housing, family income and the ability to purchase nutritious foods. States are then able to compare relationships between chronic disease prevalence, health risk behaviors, and social context.

NACDD also worked with CDC's NCCDPHP Division of Community Health leadership on a project to increase awareness of uses for BRFSS Social Context Module data and actionable social determinants of health approaches. The NACDD project team interviewed BRFSS SCM grantees and completed a feasibility study to help determine the usefulness of customized training for states.

The Association facilitated a webinar in September titled "State and Local Use of Data from the BRFSS Social Context Module." The webinar featured presentations from Connecticut, Hawaii, Kansas, Michigan, and Nebraska. The team completed a feasibility study providing recommendations and training options.

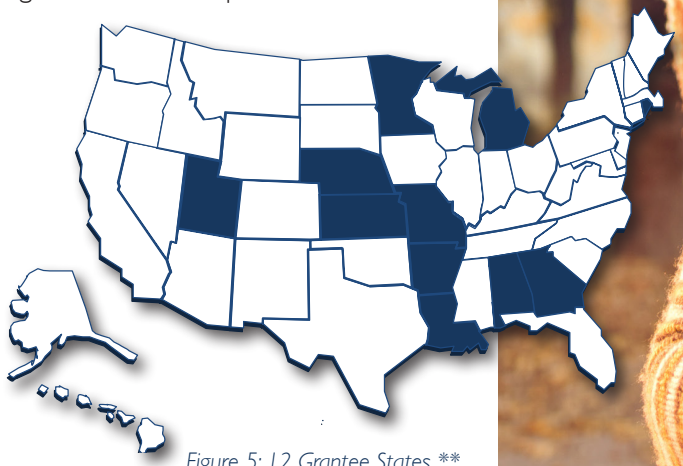

*Figure 5: 12 Grantee States ***

(District of Columbia, not shown on map)

Biomarkers

CDC funded NACDD to collaborate with the Endocrine Society and the Partnership for the Accurate Testing of Hormones (PATH) to build partnerships to improve laboratory measurements for chronic disease biomarkers and promote laboratory standardization.

The accuracy and performance of hormone measurements needs to be improved for optimal patient care and clinical research.

A major problem in this regard is the lack of implementation of generally accepted performance standards and systems to assess and monitor hormone assay performance. Exacerbating these technical problems are a general lack of awareness among physicians, payers and patients of the poor quality and non-interchangeability of the tests that are ordered and few activities and programs to address these problems.

Test variability can affect patient care by preventing effective screening and monitoring of patients; similarly, it also can influence the outcomes of clinical trials and other research, which can affect the translation of research results to clinical practice. Most importantly, inaccurate test results drive up healthcare costs and can cause some patients to suffer unnecessary treatment or complications. In other patients, under-diagnosis of potentially treatable conditions can occur. Levels of steroid hormones, testosterone and estradiol measured through laboratory testing are critical to diagnosing and monitoring the treatment of serious chronic disease conditions such as polycystic ovarian syndrome; breast, testicular, and prostate cancer; and osteoporosis.

The partnership between CDC, NACDD, the Endocrine Society, and PATH resulted in a strategic plan with key strategies for the improvement of laboratory measurements of chronic disease biomarkers. Six workgroups are now working to implement recommendations of the strategic plan.

Cancer

Every year, NACDD works with CDC-funded programs in comprehensive cancer control, colorectal cancer, breast and cervical cancer, and the national cancer registries. The Association has disease-specific councils, committees and communities of practice across all states and U.S. territories. NACDD's Cancer Council – composed of members from state, tribal, territorial, Pacific Island jurisdictions, and the District of Columbia health departments – is one of the Association's largest councils.

In 2016, NACDD's cancer por tfolio of six projects included efforts such as: the development of technical assistance resources for programs; Cancer Council support and development of peer resources; working with state Medicaid offices to support breast cancer screening; and cancer prevention in young adults.

NACDD monitored the impact of healthcare reform including the Affordable Care Act (ACA) and Medicaid expansion on cancer prevention and control programs. Four full Cancer Council meetings took place during 2016, and there was one in-person visit between Council leadership and CDC-DCPD leadership. Numerous meetings of Council committees and discussion groups including communications, screening and systems change programs, working with health plans, and cancer prevention and control in rural areas were held. NACDD also collected evaluation data from cancer screening programs and evaluated training for those programs. Work was done with projects addressing working with state Medicaid offices in California, Illinois and Nevada to ensure cancer screening services were available for women transitioning from CDC-funded screening projects to their respective Medicaid programs.

CDC organized the Cancer Prevention Across the Lifespan workgroup (CPAL) to help foster innovative public health approaches to cancer prevention. One approach explores evidence linking risk factors to cancer risk and identifying →

→
strategies for primary cancer prevention. The outcomes for previous projects include journal supplements which were published in the Journal of Adolescent Health and the American Journal of Preventive Medicine, and a paper published in Preventing Chronic Disease.

The 2016 project, coordinated with CPAL, addressed the opportunities for primary cancer prevention during early adulthood by examining evidence on relevant risk-related factors.

A two-day meeting with a group of experts allowed for the discussion of opportunities for cancer prevention during early adulthood. Summary tables synthesized the information from literature searches and a final report was created for the in-person meeting. Future plans include the submission of a supplemental paper to the American Journal of Preventive Medicine to summarize meeting discussions and findings from the literature search.

Cardiovascular Health

More than 70 million people – 1 in 3 adults in the U.S. – have high blood pressure, a contributing factor to heart disease and stroke. Heart disease and stroke are the 1st and 5th leading causes of death in the U.S., and Americans suffer nearly 1.5 million heart attacks and strokes each year.

CDC's Division for Heart Disease and Stroke, the Association of State and Territorial Health Officials (ASTHO) and the American Heart Association provided funding to NACDD's cardiovascular team to develop and conduct innovative learning opportunities for the Cardiovascular Health Network—serving anyone in state, territorial or local health departments interested in health systems or cardiovascular-specific initiatives.

The work completed by the NACDD cardiovascular team supports the goals of federal and national initiatives, including the Million Hearts® Initiative and the 6|18 Initiative. Through multiple types of learning modalities, members receive information on: identifying patients with undiagnosed hypertension; team-based approaches to controlling hypertension; strategies to incorporate pharmacists and community health workers in team-based care; and new payment models that support population health.

Since November 2015, the NACDD cardiovascular team distributes a weekly newsletter, "Off the Cuff," to more than 300 members who are working in Domain 3 and Health Systems. In addition to the weekly newsletter, the team supports a monthly call to discuss cardiovascular health-related work among the states, and develops issue briefs to share states' strategies around and draw attention to important topics including identifying undiagnosed hypertension and utilizing team-based approaches to controlling hypertension.

The NACDD cardiovascular team is involved at the national level on issues related to cardiovascular health and health systems transformation, including serving as a national partner for Million Hearts®, participating on the Million Hearts® Collaboration led by the American Heart Association, serving as an active member of the National Forum for Heart Disease and Stroke Prevention, and partnering with the ASTHO as they implement the Million Hearts® Learning Collaborative.

over 70 million adults

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Coordinated Chronic Disease

Supporting leadership and management of chronic disease and responding to emerging issues in chronic disease prevention and health promotion are ongoing priorities for the Coordinated Chronic Disease and Chronic Disease Directors' Forum team.

During the 2015-2016 fiscal year, the team's work included: meeting the learning needs of both new and long-serving chronic disease directors; providing technical assistance to states; exploring the role of Alcohol SBI in chronic disease prevention; and piloting a local level public health and health systems partnership.

Chronic disease directors met in national, regional and virtual forums to learn from each other and from national experts on topics including: working with Medicaid; succession planning; implementing community health worker models; understanding the national policy environment; exploring potential changes to surveillance systems; integrating health equity principles; and applying quality improvement in program management.

In addition, the New Chronic Disease Director's Orientation curriculum was updated and migration to an online learning platform is in process. There were three regional meetings across six regions: eight First Thursday webinars; six GEAR:Shift sessions; two Journal Clubs; two PHFAST (Publich Health Framework ASsessment Tool) visits; and four new courses for the Chronic Disease Academy. Fifty-three states and territories were served.

Diabetes

NACDD's Diabetes team collaborated with state health department staff in South Carolina, Utah, California, Massachusetts, Maryland, Rhode Island, New York and Washington to host Diabetes Prevention state engagement meetings. In each state, 88 to 100 percent of evaluation respondents indicated that the sessions were useful, and at least 90 percent of respondents in all states indicated that they learned something about the National Diabetes Prevention Program (NDPP). Partner organizations that attended the action planning sessions committed to lead or to be involved in at least one key action in the Diabetes Prevention Program (DPP) Action Plan. Through the engagement meetings, states can better plan and execute data-driven strategies through a network of partners and local organizations. The network supports CDC-recognized lifestyle change programs as part of the NDPP.

The Diabetes team and NACDD facilitated the engagement of 587 stakeholders from 358 partner organizations across the states. South Carolina and Utah completed the DPP action plans in May and July. The two states now are implementing activities developed through the action plans. California became the 11th state to achieve public employee benefit coverage of CDC-recognized lifestyle change programs in May. The achievement will provide access to 1.4 million employees and family members in California.

Competing priorities and staff turnover in state health departments can delay the completion and implementation of the DPP action plan. In addition, obtaining full adoption of DPP by employers as a covered benefit for employees is a lengthy process. The team has worked hard to raise awareness and to create demand, and to support connections to existing providers.

At the local level, the NDPP has been scaled and sustained through strategic efforts in New York City and Philadelphia. Efforts to support DPP involve working with DPP providers to broadly offer the program and work toward CDC recognition through the Diabetes Prevention Recognition Program (DPRP). Other endeavors include providing support to employers to offer DPP to employees as a covered health benefit and to work with insurers to reimburse for DPP.

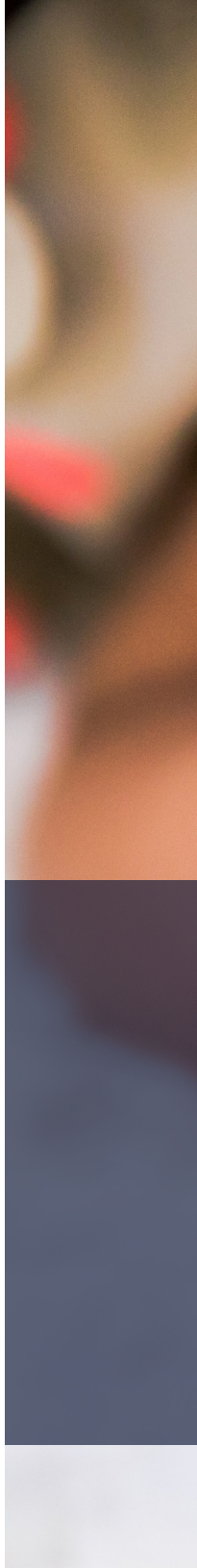
1.4 million employees and their family members in California

will have access to CDC-recognized lifestyle change program employee benefit coverage

NACDD's DPP team worked with two academic medical centers, Mt. Sinai in New York City, and Thomas Jefferson University (TJU), in Philadelphia, from 2015 to 2016 to obtain DPRP recognition. Both Mt. Sinai and TJU maintain their provider status with the DPRP. Eight employers were identified as having a level of readiness for DPP implementation as a covered benefit and six of those employers have moved into the pilot phase with DPP adoption.

NACDD partnered with two key national organizations to assist with the execution of the state engagement meetings and the development and implementation of the resulting action plans. NACDD is working with the American Medical Association (AMA) to engage state medical and specialty societies, clinical practices, healthcare systems and employers in statewide diabetes prevention efforts. NACDD has funded AMA to promote screening, testing and referral of patients with prediabetes to CDC-recognized lifestyle change programs. NACDD partners and CDC-funded grantees will be able to conduct similar activities due to AMA's documented lessons learned and recommendations.

NACDD also has connected with Leavitt Partners (LP), a health intelligence firm, to support state engagement meetings. LP collects health intelligence data, provides subject matter expertise, and conducts primary interviews with key stakeholders. The support is expected to increase the number of value-based driven providers, purchasers and/or payers who are engaged in increasing referrals to or providing health benefits coverage for CDC-recognized lifestyle change programs.



8
states hosted Diabetes Prevention state engagement meetings facilitated by NACDD

587
stakeholders
&
358
partner organizations were engaged nationally

8
employers in the New York and Philadelphia areas were identified as having a level of readiness for DPP implementation

Epidemiology

The CDC and NACDD National Mentorship Program in Applied Chronic Disease Epidemiology (Epidemiology Mentorship Program) was developed to address the shortage of technical expertise in chronic disease epidemiology among state, territorial and local health departments. In the Epidemiology Mentoring Program, senior-level chronic disease epidemiologists mentor newly-hired and junior-level epidemiologists to strengthen expertise in six identified chronic disease epidemiology competency areas. Mentees were required to select a project to serve as the focus of their mentorship. Mentees also must work with their immediate supervisor and mentor to set project goals and complete a project work plan.

In 2015, NACDD recruited nine mentees representing health departments in American Samoa, California (county), Florida (state and county), Mississippi, Nevada, Texas (county), Vermont, Virginia and West Virginia. Mentors represented state health departments, health care centers and universities in Hawaii, Florida, Georgia, Missouri, New Mexico, New York, Tennessee, and Texas.

Mentee projects included: 1) Individual development in the scientific/research process to better assess diabetes prevalence and food desert status by county and gaining experience in state statistical software (Mississippi); 2) Use of statistical modeling methods to analyze distribution, determinants and deterrents of emergency department and inpatient hospitalization discharge records; vital statistics and multiple population-based chronic disease surveys (Florida); 3) Individual capacity-building in calculating small-area estimates using data from the BRFSS and development of a data dissemination platform (Virginia); 4) A mentee increased capacity in Geographic Information System software to examine geographic distributions of asthma risk factors and outcomes (Miami-Dade County, Florida); 5) Exploration and assessment of secondary sources of data on prescription drug use to provide meaningful, actionable information to decision-makers (Sonoma County, California); 6) A mentee project led to partnership development and analysis of data received from a local health care system serving underserved populations to determine burden of cardiovascular disease and risk factors for heart disease and stroke and other chronic conditions (Nevada); 7) Individual development in time management and effectively prioritizing job duties to better develop and manage a data resources database and other technical assistance services (West Virginia); and 8) Development of evaluation questions, a plan and activities to accompany the 2020 Vermont Cancer Plan (Vermont).

All projects supported individual and organizational competency in analytic knowledge, informatics, planning and program evaluation. Services provided to mentees and associated health department staff improved delivery of applied chronic disease epidemiology services impacting more than 20 million individuals.

The epidemiology mentee cohort received in-person evaluation training called "Evaluation Training for Epidemiologists." Beginning in September 2015, CDC Project Officer Dr. Geraldine Perry, cohort mentees, and three CDC Epidemiology assignees serving Alabama, Nevada and New Hampshire, received instruction in evaluation planning and implementation in Atlanta, Georgia.

Evidence-Based Public Health

NACDD sponsored five, successful Evidence-based Public Health training courses — two regional, two state-based, and one international — and one replication course in 2016. Two of the training courses were hosted in St. Louis, Missouri, for teams from selected regions. The first course hosted public health practitioners from Region H (30 participants) and the second from Region B (21 participants).

Each state sent teams of 3-5 people to facilitate peer support, state-level planning, and networking within states and among contiguous states. Two were conducted as train-the-trainer courses in state health departments. Wisconsin (40 participants) and Delaware (32 participants) became the 11th and 12th states to be trained using this model.

Chronic disease prevention and health promotion practitioners and partners were recruited by state health departments to participate together and commit to replicating the training at least once during the next year using their own trained faculty. Tennessee, the state trained last year, replicated the course in June for 35 people in their workforce.

The international course was offered in Bregenz, Austria, for 21 noncommunicable disease practitioners from European/ East European countries in an effort to train, build upon and to expand the network of international chronic disease collaborators. All the courses are evaluated and the results are used to inform future trainings.

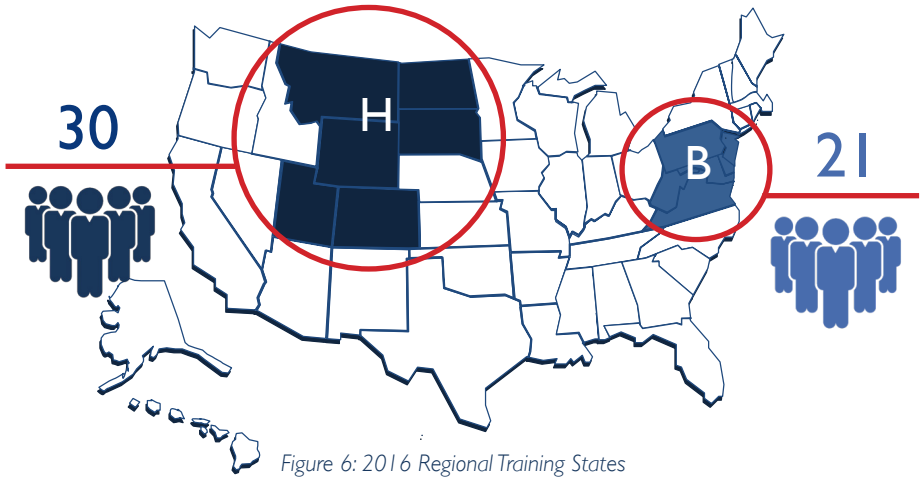


Figure 6: 2016 Regional Training States

Healthy Communities

Even though walking is one of the most cost-efficient methods of physical activity that can be done by most everyone to assist in being active and preventing chronic diseases, many communities are not built in a way where safe walking or other forms of active transportation can occur. Many people cannot take part in physical activity due to the lack of supportive and safe infrastructure, like sidewalks, cross walks, bike lanes, and road design. NACDD believes — and research supports — that states and communities that are designed to be more active and walkable are healthier, happier and more economically vibrant.

Communities and states everywhere should be designed so that physical activity, pedestrians and non-motorized vehicles are included in every day life and are enjoyed by everyone. The Association implemented a two-year targeted course through implementation of a Walkability Action Institute (WAI), where cross-disciplinary teams attended and developed action plans to help their communities become more walkable.

During the two-year period, the WAI was implemented for 162 interdisciplinary course partners, participants and national stakeholders. Year 1 targeted cross-disciplinary state-level teams and Year 2 targeted cross-disciplinary regional teams defined by metropolitan planning organization (MPO) parameters or other similar regional entities.

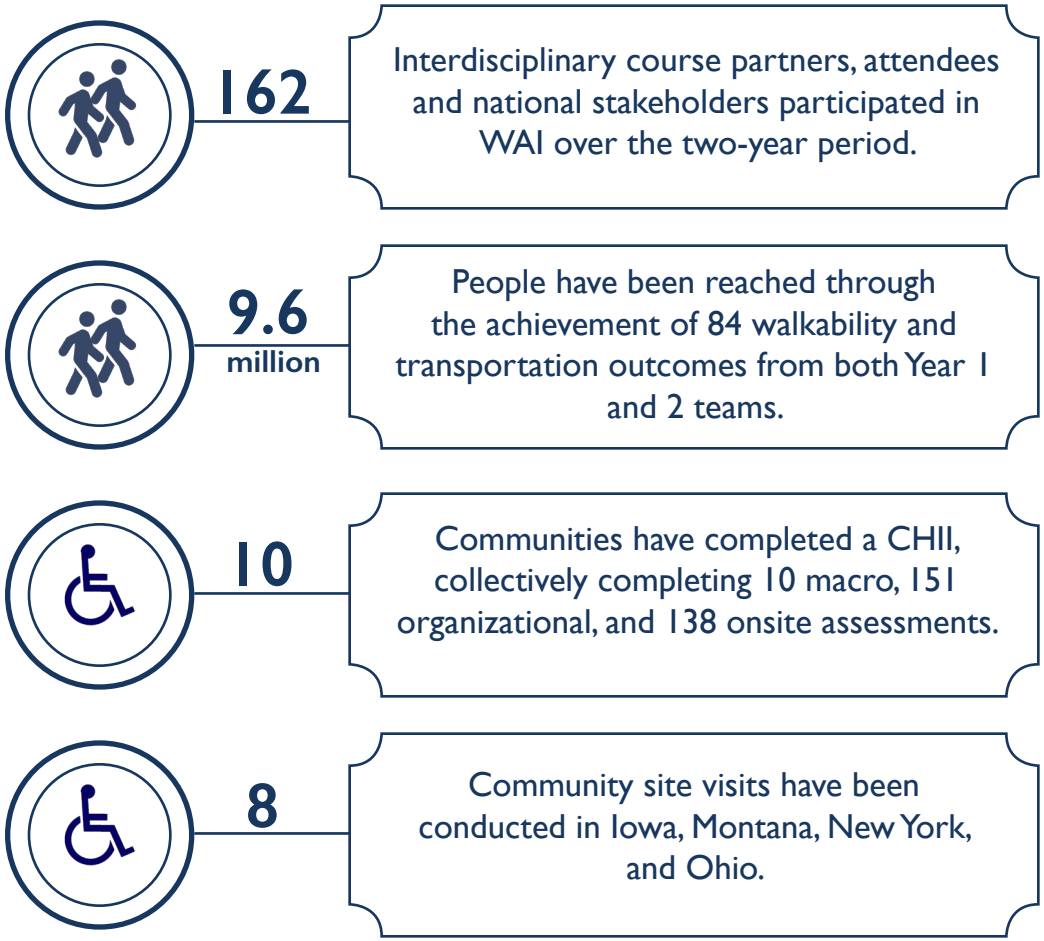
- The Year 1 cohort of 12 teams consisted of 10 state-level and two intra-state regional level teams.
- To date, the Year 1 teams collectively have achieved 54 walkability and transportation outcomes (not including nine additional outcomes still in progress!), reaching more than 7,500,000 people.
- The Year 2 cohort consisted of 10 MPO (or other similar entity) regional level teams.
- The Year 2 teams have collectively reported 30 walkability and transportation outcomes (not including seven additional outcomes still in progress!), reaching nearly 2,100,000 people.

NACDD continues to monitor the walkability and community design outcomes of these two cohorts and is currently implementing Year 3 for the WAI project.

The project Reaching People with Disabilities through Healthy Communities is a pilot project funded by the CDC Disability and Health Branch, which focuses on making healthy choices the easy choice for all people in areas where they live, learn, work, play, pray or receive care. The principle focus of the project is on disability inclusion and accessibility for people living with disabilities. NACDD funded five states and 10 local communities – two from each state – to create inclusive policies, systems and environments (PSE) promoting healthy eating, physical activity, and reduced exposure to tobacco products. A five-phased Healthy Community change model is being used to guide communities through the healthy community change process over an 18-month time period. The Disability and Health representative from each state serves as a State Expert Advisor to the funded local communities and assists NACDD with provision of state-based resources and inclusion guidance to local grantees.

To date, the 10 communities have completed a Community Health Inclusion Index (CHII), which is a community assessment tool that involved the collective completion of 10 macro, 151 organizational, and 138 onsite assessments. After comparing CHII results with recommended disability inclusion guidelines and considering community coalition input, each community developed a Community Action Plan (CAP) targeting inclusive healthy community changes for people with disabilities. The 10 local communities are now in the implementation phase.

At the time of this report, NACDD has conducted eight community site visits to Carroll County and Sioux City, Iowa; Butte and Helena, Montana; Adams and Marion Counties, Ohio; and Cattaraugus County and Syracuse, New York. Additionally and through collaboration with the Lakeshore Foundation and the National Center for Health, Physical Activity, and Disability (NCHPAD), NACDD is currently monitoring implementation outcomes by the local communities as well as conducting an overall evaluation of this CDC pilot project.



Lupus

Lupus is an unpredictable and misunderstood autoimmune disease that ravages different parts of the body. It 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. The symptoms and impact of lupus ranges in severity from mild to life threatening. Between 350,000 and 1.5 million Americans live with a form of Lupus.

In 2015, NACDD coordinated the development and preparation of the National Public Health Agenda for Lupus. In support of its release in the fall of 2015, CDC funded the American College of Rheumatology (ACR) to implement a comprehensive, sustainable, grassroots awareness and education campaign to reach: patients, defined as adults and children diagnosed with lupus or suspected lupus; primary care providers and non-rheumatology providers; and rheumatology healthcare providers. The campaign has three components: dissemination of immediately available education resources; development of a grassroots awareness campaign; and community-tailored, local level activities piloted in selected communities and broadened to have national reach in subsequent years of the project.

As part of the local level activities, ACR funded three workshops, which took place on Aug. 6, hosted by the Georgia Council on Lupus Education & Awareness; Aug. 8, hosted by the Illinois Public Health Association; and Aug. 28, hosted by the Big Bend Rural Health Network in Tallahassee, Florida.

NACDD coordinated the state summits and provided grantees with materials to hold the workshops, including language for workshop evaluation, evaluation forms, sign-in sheets, existing Lupus Initiative resources, report templates, and technical assistance. Grantees invited more than 40 attendees to participate in the day-long meetings and to be a part of the lupus partnership network including local legislators, lupus affiliates (LFA, ACR, lupus centers of excellence, other lupus foundations), nonprofits, health departments, coalitions/health improvement groups, and rheumatologists/ fellows. During the summit, attendees developed an action plan that emphasized implementable, achievable, measurable action items that each attendee could complete when they returned home. The Action Plans support the recommendations contained in the National Public Health Agenda for Lupus.

1.5 million adults

live with a form of lupus

Nutrition and Physical Activity

CDC's Division of Nutrition, Physical Activity and Obesity (DNPAO) commissioned NACDD to complete an assessment of where states stand regarding the implementation of evidence-based strategies to address obesity. The assessment was to better understand current practices in state administration of nutrition and physical activity programs from practitioners' and program directors' perspectives. The assessment identified the areas where states invest in staff and apply monetary resources to expand programs and policies. Advice was solicited from state level experts to better understand their current experience with CDC-funded obesity programs, strengths, challenges and ideas for improvement. Strategies with the most traction included community design, active transportation, farmer's markets, corner stores, early childhood education, school wellness, worksite in government, and breastfeeding worksite compliance. Data analysis included comparing the scientific evidence with strategies that had traction in states.

As a result of the assessment, which included a literature synthesis, interview findings, and expert panel recommendations, CDC is considering seven recommendations from NACDD.

The recommendations will guide the next round of programs for state health department implementation of effective programs and policies. Areas including good nutrition, increasing physical activity and preventing or reducing obesity to ensure a healthy future for all Americans will be impacted through state program implementation.

Pacific Chronic Disease Council

The Pacific Chronic Disease Council (PCDC) — comprised of representatives appointed by the Ministers of Health within the six U.S. Associated Pacific Islands (USAPI) jurisdictions — provides an avenue to act collectively with federal, non-federal and community-based partners on issues that affect the successful implementation of non-communicable disease (NCD) prevention programs.

The USAPI jurisdictions are facing an increased burden NCDs — particularly diabetes and cardiovascular disease. Since 2009, the PCDC has provided leadership in the development of an NCD Collaborative Initiative that proactively targets health system change and expands population outreach efforts. Six years ago, the Pacific Island Health Officers Association declared a state of emergency due to the epidemic of NCDs, encouraging the collaborative work necessary to combat the burden of NCDs in the region. The NCD Collaborative was one of the "first responders" to the state of emergency with collaborative teams implementing an evidence-based strategy (based on the Chronic Care Model). Using a cyclical and iterative learning model, the NCD Collaborative systematically strengthens healthcare quality and outcomes through enhanced health system organization and design incorporating evidence-based disease management; use of patient registries and other information technology; and self-management support strengthened by more effective use of community resources.

The NCD Collaborative is currently operating in seven USAPI sites—the Commonwealth of the Northern Mariana Islands, the Federated States of Micronesia (Chuuk, Kosrae, Pohnpei, Yap), the Republic of the Marshall Islands (Majuro, Ebeye), and the Republic of Palau. The collaborative has shown promising outcomes and continues to gain endorsement from USAPI public health leadership as an effective strategy for healthcare transformation leading to improved health outcomes.

During a 16-month pilot, Collaborative teams reported improvements in diabetes self-management goal setting and support, which is a key element of diabetes care and is critical to reducing the risk of diabetes-related complications and improving quality of life. Most teams saw improvements across several clinical performance measures including blood pressure control and screening exams. Three sites noted a one-percentage point (or near) drop in average A1c with a median reduction of 1.4 percentage points. This is clinically important because a percentage point drop in A1c lowers the risk of diabetes microvascular complications such as eye, kidney, and nerve diseases up to 40 percent.

Additionally, the NCD Collaborative provides an environment for consistent adaptation and monitoring of accepted U.S. and international medical standards through organizations like the American Diabetes Association, American Heart Association, and World Health Organization within the region. Partnerships with federal and regional entities, universities, and local organizations also help increase the range and reach of training and technical assistance available to participating teams.

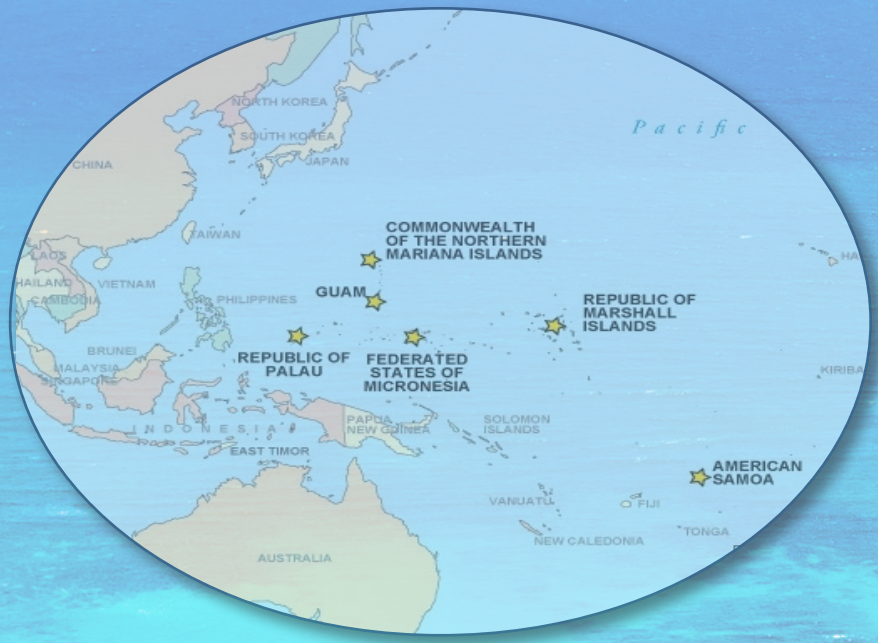


Figure 7: Map of the USAPI Jurisdictions

Safe Routes to School

NACDD supports the Metro Atlanta Safe Routes to School (SRTS) Regional Network to ensure safe walking and biking routes to schools for children of all ages. Since 2012, SRTS has worked with Atlanta's Pittsburgh Community Improvement Association (PCIA). PCIA is a community development corporation that focuses on redeveloping and providing affordable homes for single families in Pittsburgh as well as newcomers to the community.

Parents in the Pittsburgh community and other communities like it face a number of challenges on a daily basis – access to transportation, speeding traffic along the routes their children take to school, and personal safety. From 2015 to 2016, SRTS focused on three objectives to help develop collaborative partnerships in communities facing high rates of chronic disease, poor academic performance, and lower rates of engagement from the parents in the Atlanta area.

The first objective of SRTS was to continue growing the regional network and schools involved in safe routes as a community development model for other areas of low income and communities of color. As a result, the program expanded from three to six schools and it impacted more than 2,380 students through the use of the model. In the Atlanta and Fulton County schools, the program expanded from 130 to 176 schools.

As its second objective, SRTS will continue to promote the platform of Children as Commuters in metro Atlanta. SRTS conducted a conversation titled "How to Incorporate Children Commuters," which addressed the gap in the Atlanta Regional Commission's planning process.

The promotion of the school siting agenda at regional and state levels will be continued as the third objective. To help promote the agenda, SRTS presented at the Georgia/South Carolina joint American Planners Association Conference.

SRTS faces challenges such as the lack of funding and communication that focuses on the needs of children. The program's next steps are to increase the number of walking days and to include senior citizens from the Pittsburgh neighborhood to chaperone children walking. SRTS is working with several community organizations to help increase engagement.

2,380 Students are impacted through the use of the SRTS community development model.

176 Schools, an increase of 46 schools, in the Atlanta metro area have implemented the community development model.

School Health

NACDD's role in advancing school health programs and policies in recent years has increased as state health departments have received increased funding for school health-related activities.

To support states in their work, NACDD released three publications: a guide to incorporating school health into improvement planning; an issue brief on school and hospital partnerships to strengthen the management of chronic health conditions for students; and a publication providing recommendations on leveraging data for addressing chronic health conditions and student absenteeism.

There have been more than 1,200 downloads for the *Guide to Incorporating Health and Wellness into School Improvement Plans*.More than 400 people participated or viewed the webinar on implementing the Whole School, Whole Community, Whole Child (WSCC) Model, and more than 300 people participated in or viewed the webinar on shared use of electronic health records by health systems and schools. NACDD's online School Health Resource Guide has more than 4,500 views. NACDD reached more than 40 states through participation in three communities of practice in the areas of school nutrition, physical activity and physical education, and the management of chronic conditions in school.

Participants on school health related webinars (WSCC and Shared Use of Electronic Health Records). **700**

Downloads/views of School Health Resource Guides (*Guide to Incorporating Health and Wellness into School Improvement Plans* and the NACDD School Health Resource Guide). **5,700**

Tracking in Action

During 2016, NACDD provided training and technical assistance to the CDC's National Center for Environmental Health, Division of Environmental Hazards and Health Effects. The training and technical assistance was intended for state Chronic Disease Directors, epidemiologists, practitioners, and new audiences to help increase awareness and understanding of the role of air quality in asthma and other chronic diseases, and to promote collaboration across categorical chronic disease prevention and health promotion programs in states and territories.

More than 1,500 practitioners were reached through various activities, such as the Environmental Public Health Tracking Virtual Conference, which called for abstracts. Figure 8 shows the six conference tracks. NACDD collaborated with other national public health partners such as the National Environmental Health Association (NEHA), ASTHO, and the National Association of County and City Heath Officials (NACCHO). The virtual conference serves as a venue for collaboration between state leaders, decision makers, and practitioners working in environmental health and chronic disease prevention.

More than 460 practitioners registered for the 2016 virtual conference event and the average time spent in the virtual space was approximately four hours per visit. Figure 9 shows the level of participation across states.

The Tracking in Action Program also conducted exhibits at four live conference events of interest to chronic disease practitioners. At the annual meeting for the American Public Health Association (APHA), NACDD was given a special award for Best Conference Exhibit by a nonprofit organization and was featured in APHA's The Nation's Health publication for its win.

The program hosted two summer interns during the 2016 fiscal year. The interns were Master of Public Health students enrolled at Mercer University in Atlanta, Georgia, and Fort Valley State University in Fort Valley, Georgia. The interns were given competency-based assignments that provided them with the opportunity to develop new skillsets and gain valuable work experience as they prepare to enter the public health workforce. The students also were able to participate in many of NACDD's professional development opportunities.

The Tracking in Action Program also developed a new publication, "Chronic Disease Prevention and Environmental Health: Building Connections Through Environmental Public Health Tracking" to promote the Tracking Network.

Other targeted efforts to reach members of the public health industry included a webinar series; promotional efforts such as newsletter articles and web postings; and a newly established community of practice, "Health and the Environment Best Practices Team."

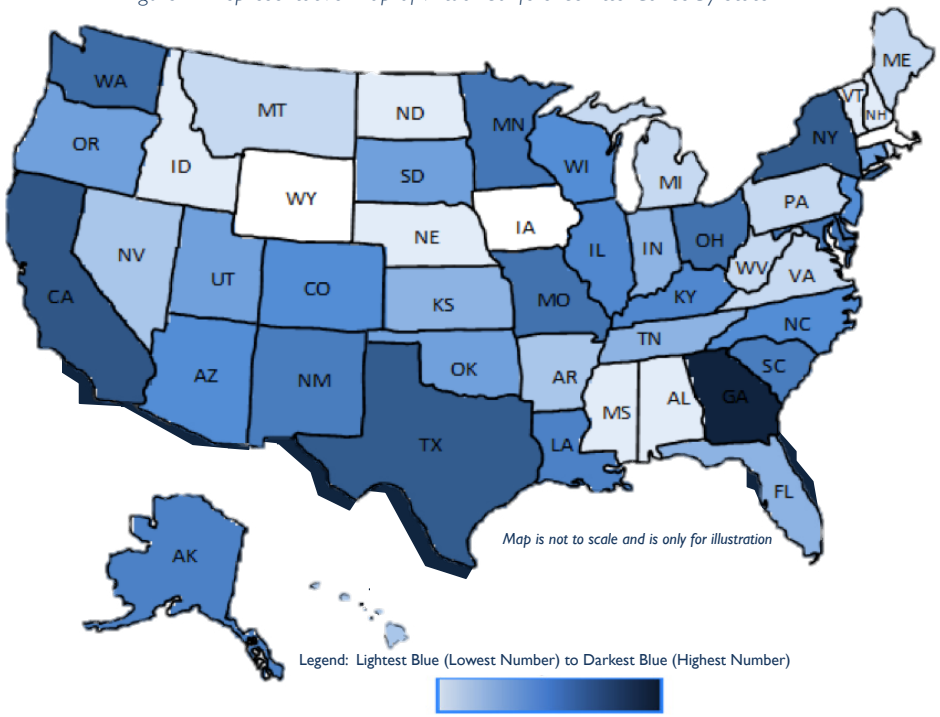
Chronic disease practitioners have been very responsive to NACDD's efforts to raise awareness about the Tracking Network and they have shown great interest in the collaborative efforts. During project implementation and review, it was noted that additional interaction and collaboration with non-funded partners could be beneficial. By building sustainable partnerships, the program's impact and reach will increase.

The Tracking in Action Program has continued to build upon the previous years' work, strengthening partnerships, and promoting the Tracking Network and its value to states and local communities.

Figure 8: Virtual Conference Topics

- Topic 1: Children's Chronic Disease and the Environment
- Topic 2: Health Policy and Chronic Disease
- Topic 3: Tracking in Action for Chronic Disease Prevention
- Topic 4: Healthy Air, Healthy You
- Topic 5: Health Equity, the Environment and Chronic Disease
- Topic 6: Emerging Topics in Chronic Disease

Figure 9: Representative Map of Virtual Conference Attendance by State



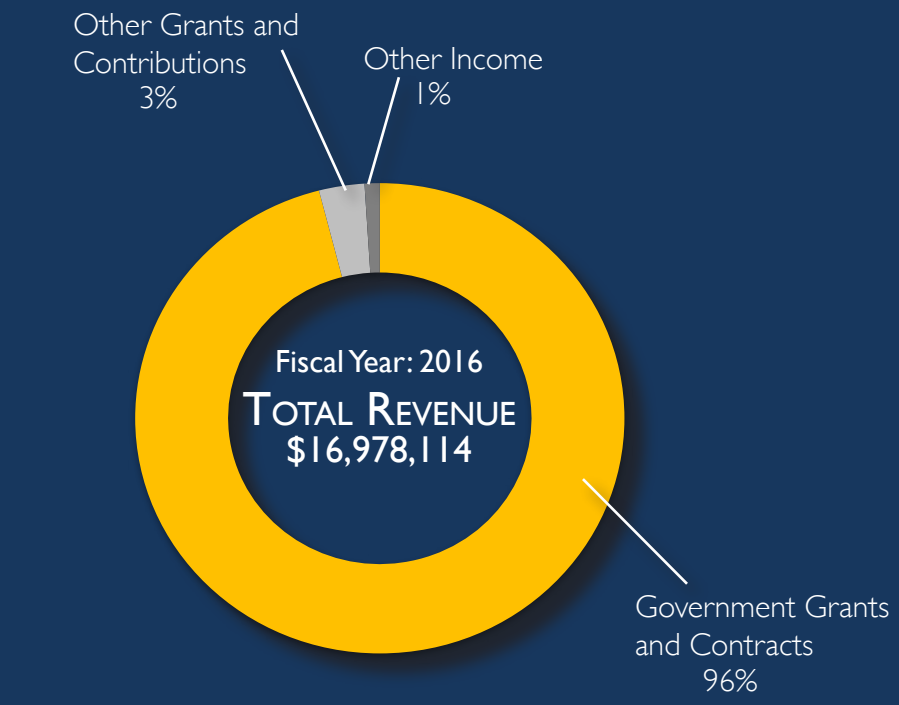
468 Participants registered and attended the Tracking in Action virtual conference.

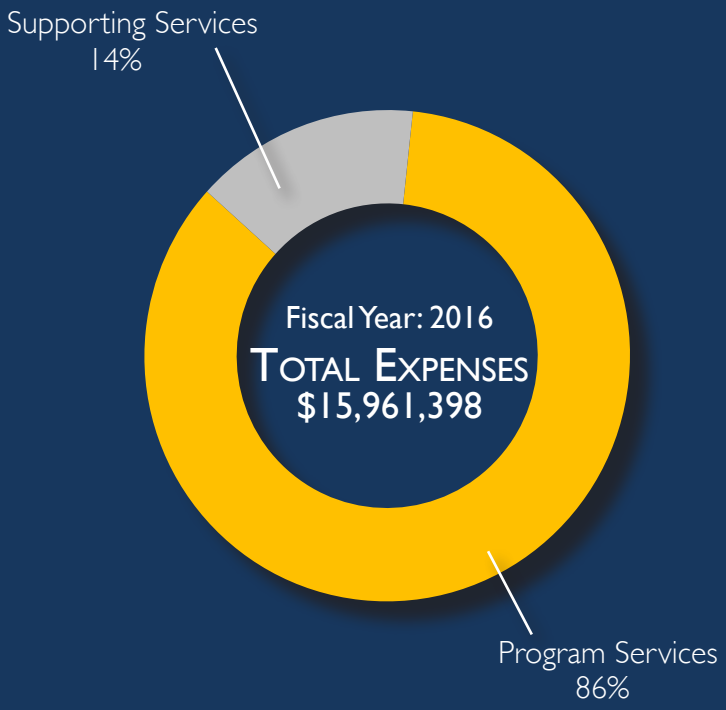
4 hours The average duration per visit to the virtual conference.

2,407 Times conference content was viewed.

Financials

	2016	2015	2014
Revenue:			
Government Grants and Contracts	16,361,122	12,338,781	7,311,175
Conferences and Meetings	1,200	-	-
Other Agreements, Grants and Contributions	514,125	389,741	1,034,602
Member Dues	48,000	46,100	50,050
Investment Income (loss)	53,667	10,868	75,552
Other Revenues	-	235	-
Total Revenue, Gains, and Other Support	16,978,114	12,785,725	8,471,379
Expenses and Losses:			
Program Services	13,738,746	10,935,086	6,953,329
Supporting Services	2,222,652	1,429,126	1,458,487
Management and General	2,214,833	1,420,239	1,443,940
Fundraising	7,819	8,887	14,547
Total Expenses	15,961,398	12,364,212	8,411,816
Change in Net Assets:			
Change in Unrestricted	143,616	432,758	58,219
Change in Temporarily Restricted	873,100	(11,245)	1,344
Change in Net Assets	1,016,716	421,513	59,563
Net Assets, Beginning of Year	2,230,650	1,809,137	1,749,574
Net Assets, End of Year	3,247,366	2,230,650	1,809,137





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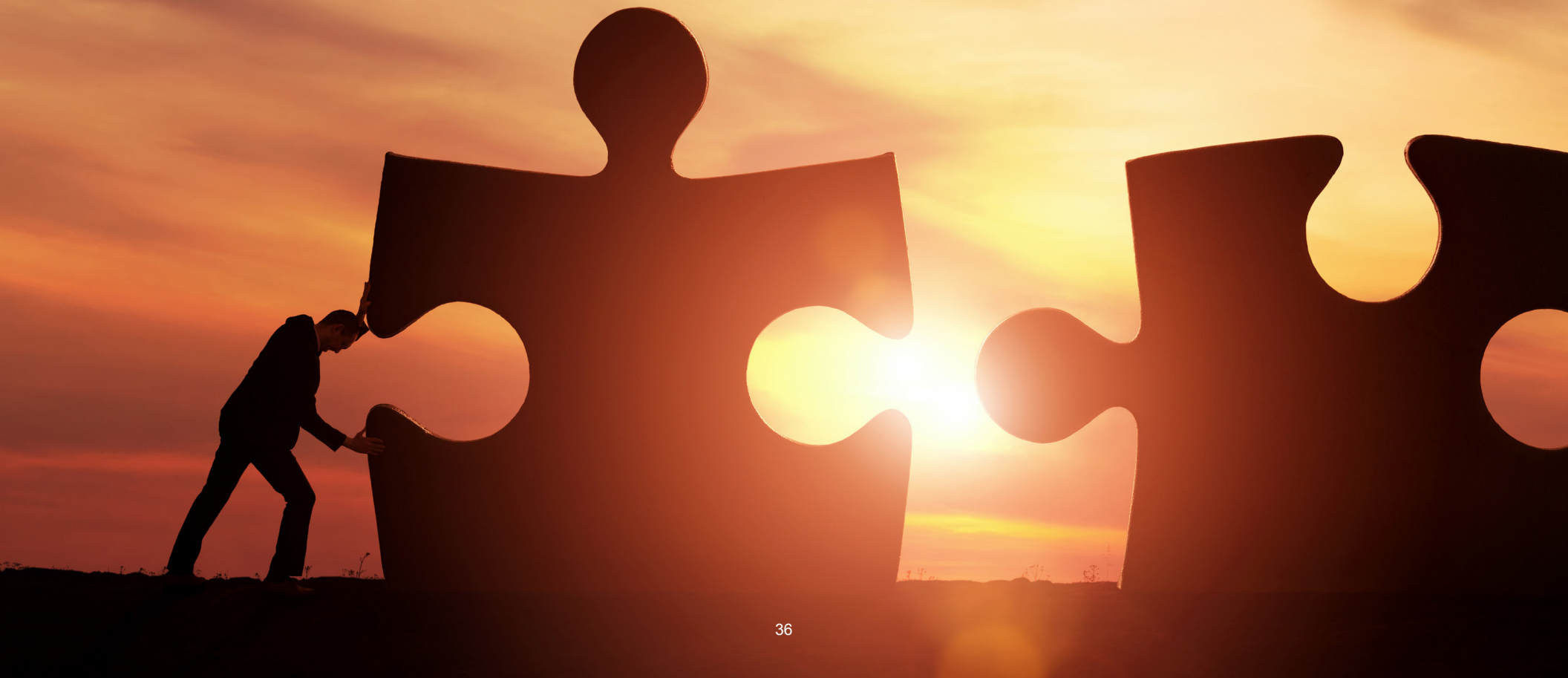
Working with NACDD is the definition of strategic partnership — the Association brings an unmatched level of access and engagement to chronic disease leaders from every state and U.S. territory. Additionally, NACDD has access to CDC and its countless roundtables, conferences, webinars, and conference calls. The ability to sit in the same room as federal and state leaders who are responsible for advances in cancer, diabetes, heart disease, arthritis, and obesity opens up possibilities to move mountains for disease prevention and management. NACDD has worked with other federal agencies, private industry and national foundations. Partnership is what public health is all about and it is what NACDD does best.



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