



# NATIONAL ASSOCIATION OF **CHRONIC DISEASE DIRECTORS**

Promoting Health. Preventing Disease.

“We can do anything in public health if we don’t worry about who is getting the credit.”  
~ Dr. James Mason



**Environmental Approaches**



**Health Systems Interventions**



**Community/Clinical Linkages**



**Epidemiology/Surveillance**

**ANNUAL REPORT**

# 2011



NATIONAL ASSOCIATION OF  
**CHRONIC DISEASE DIRECTORS**

Promoting Health. Preventing Disease.

**T**oday more than ever, the National Association of Chronic Disease Directors (NACDD) is standing in the gap amidst unparalleled demands facing public health. The year 2011 marked federal spending cuts that directly impacted state health departments and the critical chronic disease units that serve more than 80% of all Americans who suffer from chronic diseases or conditions.

As a 501(c)3 non-profit, NACDD is the only national entity representing state and territorial health department chronic disease directors and program staff. Founded in 1988 the Association's unwavering mission has been to build the capacity of state health departments by bringing efficiency to the front lines through innovative leadership development, systems change, technical assistance and program collaboration.

NACDD's proprietary training academies, assessment tools, development programs and cutting edge technological offerings provide a daily support network to more than 3,000 chronic disease practitioners across all U.S. States, territories and jurisdictions.

Apart from the Association's headquarter staff of 11 and two dozen field consultants, NACDD has risen to the challenge of equipping the nation's chronic disease departments through an army of volunteer leaders comprised of full time state employees who contribute more than 100,000 hours annually of strategic guidance and know-how.

From this vantage point, we have seen unprecedented advancements from health departments, facing the ever-increasing need to do more, with less, each day. It is an ongoing honor to serve beside such dedicated professionals who fight on the front lines in the battle to prevent and control chronic disease.

Warm regards,

Leslie A. Best, BSW  
NACDD President

John Robitscher, MPH  
NACDD Chief Executive Officer

# 2011 LEGISLATIVE REVIEW

Generally during a non-election year Congress manages to get a number of pieces of legislation passed, including annual spending bills, renewing programs that have expired, and changes or extensions to Medicare payments or tax law. However, the November 2010 elections brought in a wave of newly elected officials who in turn carried with them new priorities for the legislative agenda and process. Throughout the year Congress largely focused on reducing the debt and cutting spending. In August, after months of negotiations with the White House, Congress passed the Budget Control Act (BCA), which caps overall discretionary spending over the next ten years by \$841 billion with \$44 billion in cuts in 2012, ramping up over the next 10 years to \$119 billion in FY 2021. Safety net programs, including the Children's Health Insurance Program, Medicaid and Veteran's benefits, were exempt from these cuts.



The BCA also created a special joint committee of Congress made up of members from both parties tasked with finding at least \$1.2 trillion to reduce the deficit. This “Super Committee” could cut or raise taxes. Unfortunately, the Super Committee could not reach an agreement and therefore decisions were put on hold until 2012. Half of the cuts must come from security spending and this will be the most contentious part of the discussions throughout 2012.

The FY 2013 Labor-HHS spending bill was passed as a part of an omnibus appropriations package that included a number of other federal spending bills that largely “level-funded” chronic disease programs within the Centers for Disease Control and Prevention (CDC). Congress provided guidance on how to spend the 2012 Prevention and Public Health Fund in the Senate Labor HHS Report. In addition, Congress passed a package that prevents physicians from taking a significant cut in their Medicare payments and extended unemployment insurance among other items. Given the sense of urgency behind passing legislation that continued those programs, Congress made a \$6 billion cut to the Prevention and Public Health Fund over the life of the Fund as authorized in the Affordable Care Act, among cuts to other programs.

NACDD frequently weighed in with leaders on Capitol Hill and the Administration on the importance of funding prevention and public health programs and the impact of such funding at the state level. NACDD will continue its efforts in 2012\*.

\*NACDD only uses private funds to support its national advocacy efforts



# ENVIRONMENTAL APPROACHES



As policies at both the national and state level continue to change each year, NACDD endeavors to keep abreast of every new requirement and legal nuance that affects chronic disease programs and practitioners while training members to adjust to environmental changes within public health populations.

NACDD's health equity work produced actionable and measurable strategies describing promising practices and made recommendations to address health disparities and cultural competencies in chronic disease programs. Four dedicated work groups were responsible for drafting toolkits and action guides for state health departments including the "Health Equity Report: Skills Assessment of Public Health Staff."

NACDD has implemented ACHIEVE community models in 43 communities across the nation. Ten of these were new in 2011 and all have created CHARTs (Community Health Action Response Teams). To date, NACDD's ACHIEVE communities have established 236 policy, system or environmental changes at schools, work sites, health care facilities and community based organizations. In total, over 3.3 million people are now impacted by these efforts.

NACDD's Diabetes Policy State Technical Assistance Team (PSTAT) updated its Program Manual to provide assistance to two Diabetes Prevention & Control Programs (DPCP) this year. Results from PSTAT programs were highlighted in Preventing Chronic Disease journal and revealed that 100% of all participants believed that PSTAT visits had increased the department's capacity to address diabetes policy in their state.

**ACHIEVE**

**Diabetes**

**Heart Disease**

**Stroke**

**Kidney Disease**

**Obesity**

*Over 20% of Americans 18 years of age and older have not had a visit to a doctor in the last 12 months*

statistic source: Centers for Disease Control and Prevention

# HEALTH SYSTEMS INTERVENTIONS

Continuing the partnership between NACDD, CDC and the Prevention Research Center (PRC) in St. Louis, Missouri, the Evidence-based Public Health Course was offered on an international, national and state level. In an independent study, the course was reported to be one of the premier training programs of the PRC.

Likewise, NACDD's State Technical Assistance and Review (STAR) assisted 9 states with visits that included self-study, on-site expert review and recommendations to increase program effectiveness. Work has begun to offer STAR to local health departments as well.

The conference call series entitled *Networking Now!* features national expert and peer-to-peer learning about chronic disease program integration and collaboration efforts in state health departments. As a result, 59 states and territories received tools for use in program collaboration planning and implementation.

NACDD and the Society Of Public Health Educators (SOPHE) collaborated by combining their Mid-year meeting with NACDD's Chronic Disease Academy. This resulted in state and community requests for technical assistance.

NACDD's cardiovascular health group led a plenary session *Town Hall on Chronic Disease Program Coordination* at the Heart Disease and Stroke Prevention Conference. They also developed two Practice Groups, one on *Working with Community-Based Providers* and another on *Improving Physician Adherence through Electronic Health Records*.

The Association of Maternal and Child Health Program's (AMCHP) national conference received strong support from NACDD through its Gestational Diabetes Collaborative project.



**Women's Health**

**Vision/Eye Care**

**Physical Activity**

**Gestational  
Diabetes**

*Obesity costs the nation an estimated \$147 billion per year in medical costs. The annual medical costs of an obese person are, on average, \$1,400 more than those of someone in the normal BMI range.*

statistic source: The Weight of the Nation Discussion Guide



# COMMUNITY/CLINICAL LINKAGES



In an ongoing effort to disseminate outcomes of chronic disease prevention and control programs, NACDD organized a training, *Writing for Publication*, in St. Louis. Ten states participated, covering topics ranging from Gestational Diabetes post-partum follow up to evidence-based prostate screenings.

NACDD's Cancer leadership worked with the North Carolina State Academy of Family Physicians to begin a series of chronic disease activities for enhancing chronic disease screenings, prevention and diagnosis. Plans include expansion to diabetes, cardiovascular disease and arthritis.

**Cancer**

**Healthy Aging**

**Arthritis**

**Obesity**

**Health Equity**

NACDD also collaborated with the Prevention Research Centers (PRC) to plan and implement the 2011 PRC national conference. NACDD also made site visits to the PRCs at Dartmouth, the University of Massachusetts and Ohio State University. NACDD also participated in the CDC Healthy Aging Research Network (HAN) which consists of researchers from PRCs and other academic institutions.

NACDD's Arthritis initiative partnered with the Center for Excellence in Aging and Community Wellness at State University of New York at Albany, to develop a workshop focused on quality assurance and improvement plans for evidence-based programs. The workshop was then presented at the NACDD-SOPHE joint meeting in New Mexico.

Reporting on successful chronic disease prevention and control efforts continues to be a central initiative of the Association, resulting in over 62 new success stories compiled in 2011. Among hundreds of outlets, these stories were used for a Y-USA Congressional briefing on childhood obesity.

*Chronic diseases account for \$3 of every \$4 spent on healthcare. That's nearly \$7,900 for every American with a chronic disease*

statistic source: Triple Solution for a Healthier America

# EPIDEMIOLOGY/SURVEILLANCE

As technology extends the reach of public health interventions, it also increases data collection capabilities and improved surveillance. NACDD has continued to stay ahead of the curve in its guidance of health departments' data collection and evaluation efforts.

NACDD supported Oklahoma and Pennsylvania's efforts to establish full-time Senior Chronic Disease Epidemiologist positions and expanded the FOA to include additional states in 2011. Additionally, it expanded and upgraded its mentorship program, adding seven new mentors/mentee pairs and providing all with laptop computers to facilitate greater communication and learning. Multiple mentee papers were accepted at the CSTE meeting and recruitment of seven additional mentees has begun for 2012.

NACDD's Diabetes workgroup, Act on Data, identified 12 social determinants of health (SDOH) data indicators appropriate to DPCPs and piloted collection and use of the indicators. The states involved rated the ease of accessing the data needed for the 12 indicators which resulted in the presentation of a Guidance Document titled, *Effective Use of Indicators for Exploring the Social Determinants of Health* at the 2011 National Diabetes Translation Conference.

NACDD continued its contractual work with Wake Forest University to collaborate with the American Heart Association. This work provides the Annual Seminar in Cardiovascular Epidemiology and Prevention which train fellows in skills that measure the burden of cardiovascular disease within a population, including various risk factors for heart disease and stroke.



**School Health**

**Osteoporosis**

**Heart Disease**

**Healthy Aging**

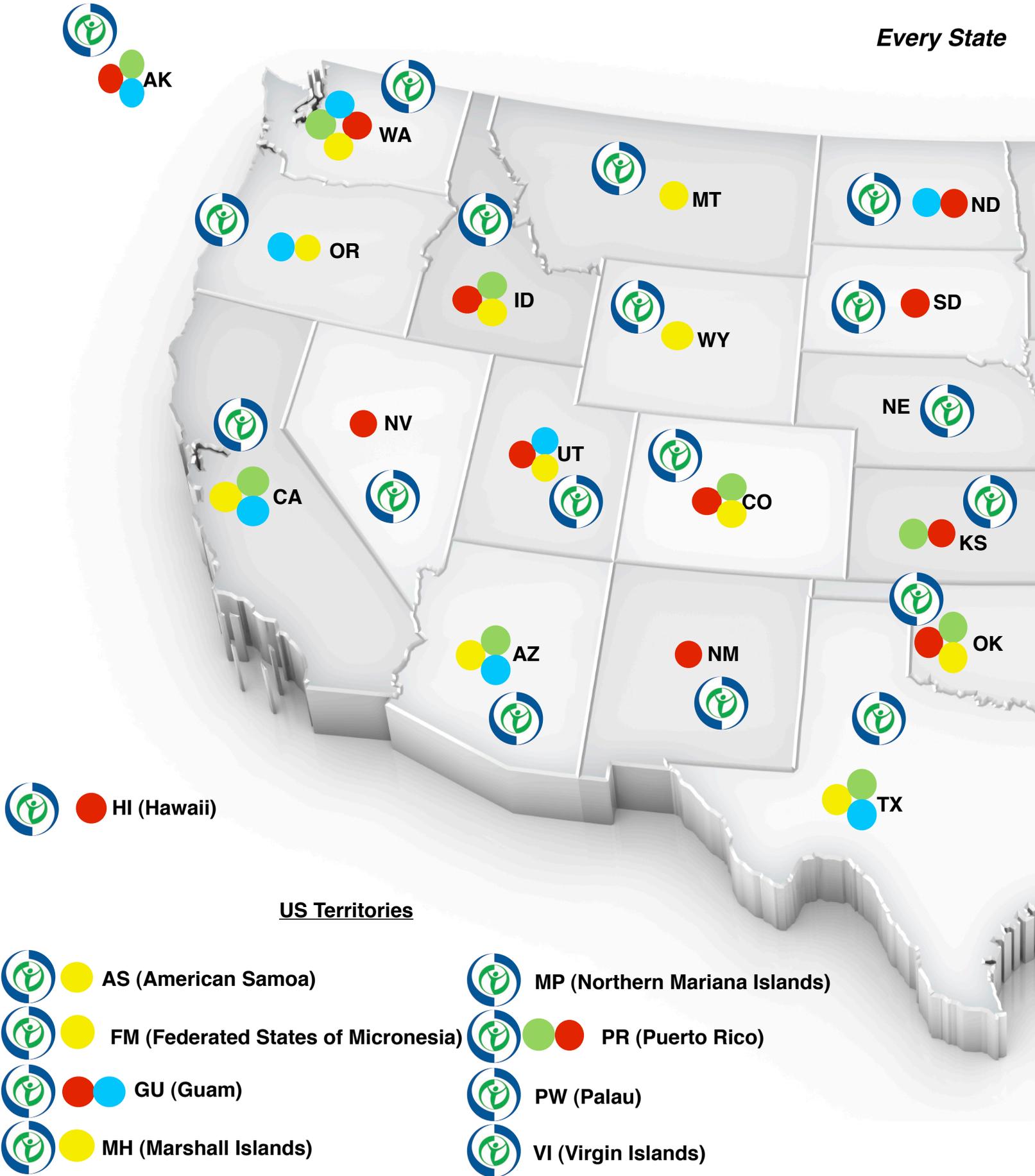
*Each day in the United States, approximately 3,800 young people under 18 years of age smoke their first cigarette. Nearly 4.5% of all high school students report drinking alcohol on school property in the last 30 days*

statistic source: Centers for Disease Control and Prevention



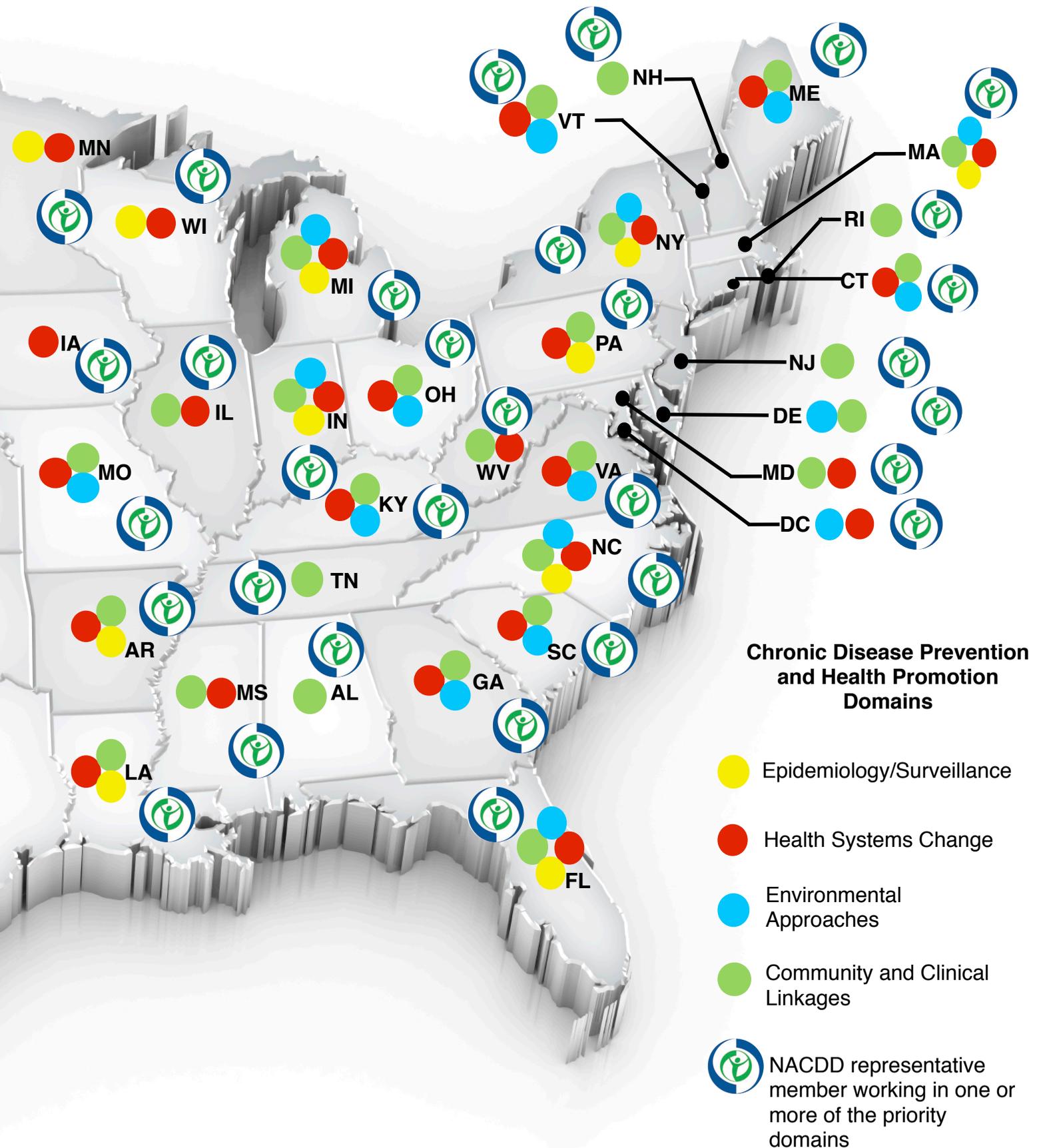
# NACDD

Every State



# IMPACT

*Every Domain*



# 2011 HIGHLIGHTS

Every year millions of lives are improved as a result of the ongoing work of NACDD's members and partners. Below is a snapshot of how NACDD's projects and programs have had a significant impact on the daily lives of our society.

As of September, 2011, over **3,328,000** people have increased access to lead healthy lifestyles where they live, work, play, learn, and worship:

- **35,000** residents now live in communities with Complete Streets policies, making streets safe for pedestrians and bicyclists
- **10,000** people now have access to fresh fruits and vegetables as a result of new community gardens
- **7,000** people can now choose to bike instead of drive as a result of new bike racks added to communities
- **200,000** people live in a community where healthy choices are now highlighted on restaurant menus
- **17,000** students can safely walk to school because their communities have implemented Safe Routes to School programs
- **4,000** students now attend schools that have an “active recess” policy, ensuring that they have opportunities to be physically active during recess
- **2,000** students get a daily 15 minute walk while at school
- **1,230** students have healthy smoothies and meals-to-go options at school
- **15,000** employees have healthier items to choose from in vending machines
- **4,000** workers have physical activity options at their workplace
- **4,000** employees have new indoor and/or outdoor walking paths
- **1,500** new county employees are protected from second-hand smoke by a tobacco-free workplace policy
- **100,000** people now have healthy food and beverage options at their place of worship, and can purchase fruits and vegetables to take home from a parking lot farm stand
- **16** faith based organizations collaborated to develop healthy policies for their places of worship



source: NACDD 2010 project progress reports

# 2011 AWARD RECIPIENTS

Each year, NACDD publicly recognizes the personal and organizational achievements of its members and partners. The Association's awards reflect the tireless work of those who have made the cause of public health their mantle and the desire to make a difference – their banner.

## Joseph W. Cullen Award

The Joseph W. Cullen Award celebrates the life and influence of the former Deputy Director of CDC's Division of Cancer Prevention and Control. This year's award recipient is **Courtney Atkins**, Executive Director of Whole Child in Tallahassee, Florida.



Ms. Atkins helped to establish farmer's markets in community food deserts as well as community garden projects.

## Award for Excellence in the Prevention and Control of Chronic Disease

NACDD's Award for Excellence was captured by **George Sedlacek of Michigan** who crusaded to make Michigan a smoke free state.



## Public Policy Award

The **Penn State Cooperative Extension (PSU-CE)** received the Public Policy Award for their work to reduce tobacco use in parks, playgrounds and other outdoor public places frequented by families and children.



## Program Delivery Award

**Kathryn Rowley, Utah's Cancer Control Program Manager** received the Program Delivery Award on behalf of the state of **Utah's Cancer Control program** for its public awareness campaign for colon cancer screening.



## Legislator of the Year Award

Because NACDD represents all US Territories as well as all 50 states, this year's Legislative Award went to **Jesse Raglmar-Subolmar, Senator of the 8<sup>th</sup> Yap State Legislature, Federated States of Micronesia**, who lobbied successfully for a clean indoor air act.



## Supporting Sponsor Award

**Elizabeth Brewer, Director of State Legislative Affairs at pharmaceutical giant, Sanofi**, received this year's Supporting Sponsor Award for her work on multiple private-public partnerships with NACDD to help build capacity in state health departments and improve health literacy nationwide.



# SUCCESS STORIES

## Florida

### Self-Management Kiosks Steer Bus Drivers and Other Employees to Better Health

#### Impact

**Well over half** of Osceola County bus drivers, attendants, and mechanics now regularly monitor their health at kiosks using this low-cost program.

**Over 600 Transportation Department employees participated in blood pressure education** in one year and at a single kiosk employees checked blood pressure over 2,500 times in seven months.

**Collecting employee health data on wellness efforts** can demonstrate how education, monitoring and health promotion can help lower health care costs.

#### Public Health Issue

- People with high blood pressure have a higher risk for heart disease and stroke

#### Action

- With a state grant and working with an insurance company partner, the school district started an employee wellness program and installed health self-management kiosks at bus depots where employees can measure their blood pressure, weight and body mass index and record blood sugar and physical activity levels.

## Wisconsin

### Promoting the Importance of Screening for Diabetic Kidney Disease

#### Impact

**79% strongly agreed personal testimonials helped them understand the importance of getting tested for chronic kidney disease.**

**68% shared the DVD with family and friends, expanding the information dissemination.**

**Over 80% strongly agreed they increased their awareness of chronic kidney disease: their knowledge of how diabetes and family history are linked to chronic kidney disease.**

#### Public Health Issue

- Diabetes is a major cause of chronic kidney disease in the United States. Early detection can slow progression of kidney damage and reduce the risk of developing end-stage kidney disease that requires dialysis or transplant.

#### Action

- The Wisconsin Diabetes Prevention and Control Program partnered with the Wisconsin Lions Foundation to create an educational DVD for people at risk of chronic kidney disease. DVDs were distributed throughout the community's at-risk population.

# Pennsylvania

## City Mobilizes to Improve School Physical Education and Connect Trails

### impact

**Students in physical education classes now spend more time being active** resulting from the use of the Sports Play and Active Recreation for Kids (SPARK) program.

**District Administrators** have begun to revise outdated physical education plan, train teachers and identify other physical activities across the district.

**Signs communicate** important chronic disease prevention messages as part of an outdoor system of fitness stations for adults called Life Trail.

### Public Health Issue

- Lack of physical activity is a major contributor to the nation's obesity epidemic and other chronic diseases

### Action

- With a grant distributed by NACDD and the YMCA, Allentown, Pennsylvania increased physical activity before, during and after school using CDC's School-Based Physical Education Action Guide. Then, they connected walking and biking trails to improve access and increase use.

# New York

## Coalition Building Builds Strategy To Promote Healthy Lifestyles

### impact

**A city ordinance now permits authorities to confiscate tobacco products from underage tobacco-users.**

**A city ordinance was created making local parks, including a skating pond, tobacco-free** with self-enforcement by the public and youth. Signs were posted that read: "Young Lungs at Play" to communicate the dangerous effects of second hand smoke as well as direct tobacco use.

**Community Health Action Response Team moved to make the community bicycle friendly.**

### Public Health Issue

- People with high blood pressure have a higher risk for heart disease and stroke

### Action

- The Salamanca community developed a highly collaborative and diverse Community Health Action Response Team to develop local policies to support environmental changes to promote healthy lifestyles. The team includes the tribal council and health, business, law enforcement, the mayor's office, city council, media, schools youth bureau and rural health.



# NACDD PARTNERS

Since its inception 24 years ago, NACDD has stood on the firm belief that more can be accomplished when people and organizations work together. That core conviction has led NACDD to develop long-lasting partnerships in every corner of government, private industry and the non-profit world. NACDD acknowledges the exponential impact of its partners and celebrates the life-changing advancements they have made together.



# NACDD PROJECTS

NACDD engages in various short-term and multi-year projects that serve the Association's membership and the greater good of public health. The following are a few of our projects that demonstrate opportunities for exponential impact in the prevention and control of chronic disease.

## Campus Chronic Disease Day

NACDD launched a brand new student membership initiative targeted at the nation's Schools of Public Health. This initiative identifies outstanding students to act as a Student Director on their campus to plan and host a NACDD sponsored Campus Chronic Disease Day at their school. Currently, Harvard, Columbia and Tulane have hosted their Chronic Disease Days, giving NACDD prominent exposure on campus while providing students with unique educational and leadership opportunities.



## Chronic Disease Certificate Program

(NACDD - Georgia State University collaboration) NACDD is working with the School of Public Health at Georgia State University to develop and establish a Chronic Disease Certificate Program. This program will feature a series of University-based online courses to address needed competencies such as those developed by NACDD. The courses and resulting certificate will be offered to a wide range of state and local based chronic disease program staff.

## State Chronic Disease Academy

NACDD has worked diligently over the past five years to develop tools and curricula that will assist in the development of a skilled, diverse and dynamic public health workforce. The first 2.5 days are devoted to overarching leadership trainings, using some or all of the NACDD workshops. The remaining 1.5 days are utilized for program specific content and meetings, as needed by the individual program areas. This four-day Academy provides attendees with information specific and vital to their program and overarching leadership training.



# FINANCIAL HIGHLIGHTS

	Year ended September 30		
	2011	2010	2009
<b>Revenue:</b>			
Government Grants and contracts	\$7,099,010	\$10,559,918	\$8,450,099
Conferences and Meetings	287,916	299,516	1,205,727
Other grants and contributions	1,242,963	588,313	503,235
Member Dues	84,550	55,175	66,775
Investment incomde (loss)	5,611	27,335	(2,739)
Other revenues	2,741	4,480	2,244
Total revenue, gains, and other support	8,722,791	11,534,737	10,225,341
<b>Expenses and losses:</b>			
Program Services	6,683,037	10,176,944	9,437,931
Supporting Services	1,654,998	1,440,749	479,733
Management and General	1,632,276	1,425,630	449,570
Fundraising	22,722	15,119	30,163
Total Expenses	8,338,035	11,617,693	9,917,664
<b>Change in Net Assets:</b>			
Change in urestricted	303,418	(161,972)	257,677
Change in temporarily restricted	81,338	79,016	-
Change in net assets	384,756	(82,956)	257,677
Net Assets, beginning of year	697,229	780,185	522,508
Net Assets, end of year	\$1,081,985	\$697,229	\$780,185

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