



NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS



2012



Annual Report



NATIONAL ASSOCIATION OF CHRONIC DISEASE DIRECTORS

Promoting Health. Preventing Disease.

2012 was largely marked by congressional legislation and supreme court rulings in the area of public health. Most notably in June, the Supreme Court voted to uphold the Affordable Care Act which set in motion an unprecedented mandate for state health department mobilization. At the same time, congressional leaders from both sides of the aisle, wrangled to redistribute funds from the Preventive Health and Health Services Block Grant as well as other public health resources.

Whether coffers were being expanded or reduced, NACDD's core mission remained front and center among state and territorial health departments — to increase the efficiency and effectiveness of chronic disease divisions. That central focus is upheld by a foundation dedicated to improving the health of the public.

For 25 years, NACDD has helped states directly 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. The ability to stretch every dollar continues to be NACDD's hallmark.

Thanks to the commitment of its 3,000-member, volunteer army of chronic disease professionals and its cadre of subject matter experts, NACDD is still the only association of its kind.

Just as in 1988, NACDD's primary partner is the Centers for Disease Control and Prevention, yet today it shares its unique expertise with multi-national companies, leading 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,

**I am waiting on
Jillian's signature**

Jillian Jacobellis, PhD, MS
NACDD President

John W. Robitscher, MPH
NACDD Chief Executive Officer

NACDD AT A GLANCE

Chronic diseases are the leading causes of death, disability and health care costs in the United States, accounting for 70% of all deaths of Americans annually (1). Heart disease, cancer and stroke account for more than 50% of all deaths among Americans each year. One in every three adults is obese and almost one in five children ages six to nineteen is obese. Diabetes is the leading cause of kidney failure, non-traumatic lower-extremity amputations, and blindness among adults aged 20-74. The proportion of deaths and health care costs attributable to chronic diseases will grow significantly as our population ages. Arthritis is the most common cause of disability, with nearly 19 million Americans reporting activity limitations and 43 million Americans still smoke. The diversity of our nation is also increasing, and chronic disease-related disparities are widespread among minority groups such as African Americans, American Indians and Alaska Natives.

Lack of physical activity, poor nutrition, tobacco use, and excessive alcohol consumption are responsible for much of the illness and early death related to chronic disease. More than one-third of adults do not meet recommendations for physical activity, and less than one-fourth eat the recommended servings of fruits and vegetables. More than 43 million U.S. adults smoke. Nearly 45% of high school students report consuming alcohol in the past 30 days.

The benefits of chronic disease prevention and health promotion are enormous and essential for the health, well-being and economic vitality of our nation. Within a few months after quitting smoking, heart attack risk begins to drop and lung function begins to improve. Lifestyle changes in diet and exercise can prevent or delay the onset of type 2 diabetes for those at high risk for the disease. For every dollar invested in school tobacco prevention programs, almost \$20 in future medical care costs can be saved.

For over 30 years - starting with the first federally-funded diabetes and hypertension control programs - state/territorial health departments have demonstrated success in implementing population-based chronic disease prevention and health promotion.

Since 1988, NACDD has advocated for effective policies and programs, encouraged knowledge-sharing and developed model partnerships for health promotion through state/territorial and community-based prevention strategies.



Today, NACDD links together, more than 3,000 multi-disciplinary public health professionals in a network to promote national and state priorities, foster prevention policies and programs, encourage knowledge sharing and develop partnerships for health promotion.

NACDD supports its members (directors and staff of state and territorial chronic disease units) in using evidence-based approaches, developing and disseminating resources, designing and implementing training and technical assistance programs, conducting practice-based research, and building capacity.

2011 GOVERNMENT IN REVIEW

The 2012 election cycle was in focus long before election night in November, impacting many policy decisions in Washington in the run up to the election. Congress and the White House managed from one crisis to the next, and funding in the appropriations arena was provided via Continuing Resolutions rather than through regular order.

This period saw implementation begin for many aspects of the Affordable Care Act, including important provisions related to clinical preventive services for seniors.

Throughout the year, Congress largely focused on reducing the debt and cutting spending, while safety net programs, including the Children's Health Insurance Program, Medicaid and Veteran's benefits, were largely exempted from these cuts. That may not hold true in the future.



We learned a new meaning for the word “sequester” during this period. NACDD provided policymakers with volumes of information on the potential negative implications of these indiscriminate cuts, but the appetite for budget cutting continues. This will impact appropriations cycles for the foreseeable future.

Federal FY 2013 Labor-HHS spending was provided through a Continuing Resolution, or CR, keeping funding basically level with FY 2012. Congress provided guidance on how to spend the 2013

Prevention and Public Health Fund in the Senate Labor-HHS Report, but, without clear appropriation language, the Administration retained discretion on spending decisions.

Congress also passed a package that prevents physicians from taking a significant cut in their Medicare payments and extended unemployment insurance, among other items.

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 also worked with key partners on all our priorities and will continue both these efforts in 2013 - 14*.

EPIDEMIOLOGY/SURVEILLANCE

Domain 1: Data is the engine that drives many public health decisions and is what legislators depend upon to make the best decisions possible for the health of the public. The practice of epidemiology and surveillance is the foundational backbone of public health, measuring progress in achieving program goals, effectiveness of interventions and assessing the burden of chronic diseases and their associated risk factors.



The newly updated Behavioral Risk Factor Surveillance Program (BRFSS) now includes the use of cell phones to collect data and NACDD was once again funded to select five states and territories for use of the optional BRFSS Social Context Module. This module collected statewide data on food security, hours worked, payment schedule (hourly/salary) and the ability to pay housing costs (rent/mortgage).

NACDD's State Technical Assistance and Review (STAR™) completed another successful cycle of visits to Arkansas, Connecticut and Alaska. STAR™ consists of face to face visits with state health departments and includes self-study,

on-site expert review and recommendations in the areas of chronic disease unit reorganization, strengthening statewide chronic disease strategic plans and reviewing policy development. NACDD is in talks with Nevada, Kansas, Colorado, Ohio and Guam regarding 2013 visits.

State diabetes leaders who served on NACDD's Act on Data Workgroup, coordinated a webinar series for all Diabetes Prevention and Control Program staff. They also invited internal chronic disease partners to attend the four-part webinar series on systems, dynamic modeling and adaptive leadership skills. More than 130 participants registered.

NACDD's Applied Chronic Disease Epidemiology Mentoring Program continued in 2012, with one of its goals to enlarge the pool of trained chronic disease epidemiologists at public health agencies. As part of the program, mentees pick a project with the help of an assigned mentor in one of seven competencies: planning, analysis, communication, basic public health sciences, informatics/computer knowledge, cultural diversity, and evaluation.

ENVIRONMENTAL CHANGE

Domain 2: Making healthy choices the easy choices is often contingent upon the social and physical environment of a population. These factors are manifested in schools, worksites and throughout communities. Improving the environment to make healthy behaviors more convenient is the runway to helping Americans take charge of their health.

NACDD's Action Communities for Health, Innovation, and EnViromental change (ACHIEVE) team developed and distributed contracts to five newly funded and mentor communities (Norwalk, Connecticut; Colby, Kansas; Winchester, Indiana; Green Bay, Wisconsin; Covington, Kentucky; Northeast Health District, Connecticut; Salamanca, New York; Nacogdoches, Texas; Multnomah, Oregon; and Ashland, Kentucky). For all new communities, NACDD's ACHIEVE team provided learning opportunities addressing policy, systems and environmental strategies recommended for implementation as part of ACHIEVE. Those newly funded communities have started the development and implementation of more than 70 environmental change strategies to promote healthy living.

NACDD's Health Equity team provided a brief presentation on Policy, Environmental, Programmatic and frastructure (PEPI) approaches with examples for each area, and encouraged states to address PEPI approaches in all public health communications. NACDD is currently tracking their progress in using those approaches.

NACDD conducted a Policy, State, Technical Assistance Team (PSTAT) visit to Colorado and New Mexico. As a result, both states developed plans aimed at educating policy makers about the priorities that were identified.

NACDD's Arthritis Consultant planned and conducted workshops and focus groups with representatives from the National Council of State Legislators (NCSL) Health Committee. Fifteen legislators from different states participated, where they had the opportunity to discuss the burden of arthritis on their states and evidence-based policies and strategies their states could use to address arthritis locally.



Indiana Community Bike Program

HEALTH SYSTEMS INTERVENTIONS

Domain 3: Health systems interventions are designed to improve the clinical environment in order to provide a more effective and efficient quality of preventive care and service. Improving health system interventions can impact the burden of chronic disease dramatically and in some cases prevent disease all together if detected early or managed effectively to avoid unnecessary complications. Electronic health records and disease screens are examples of strategic health system interventions.



In April 2012, NACDD became an official partner of the federal Million Hearts® Initiative. Million Hearts® brings together communities, health systems, nonprofit organizations, federal agencies, and private-sector partners from across the country to fight heart disease and stroke. As a funded partner, NACDD created a [State Activity Database](#) cataloging activities implemented by state Heart Disease and Stroke Prevention (HDSP) programs.

NACDD's Cardiovascular Health community also hosted "virtual roundtables" for state HDSP program staff on Million Hearts-related topics. In December, NACDD facilitated the Million

Hearts Stakeholders Workshop in Colorado. This workshop brought

together 33 organizations, represented by 53 individuals, to lay the framework of a strategic plan for Million Hearts and to identify a set of blood pressure control strategies.

NACDD's Health Equity leadership presented health equity language to incorporate into the Public Health Accreditation Board's (PHAB) standards and measures. To promote consistent and effective interventions to address health equity, NACDD also presented to members of the Coordinated Chronic Disease Prevention and Health Promotion Programs (CCDP) on interventions that promote health equity.

NACDD's Arthritis leadership worked with the Michigan Department of Community Health, the YMCA of Lansing, Michigan, and Y-USA to promote EnhanceFitness. It also participated in Initial discussions held with the CDC Arthritis Program, the American Pain Foundation, and the American Public Therapy Association (APTA) regarding a potential arthritis awareness project that will develop materials for the APTA membership as part of the Osteoarthritis Awareness Alliance workgroup objectives

COMMUNITY/CLINICAL LINKAGES

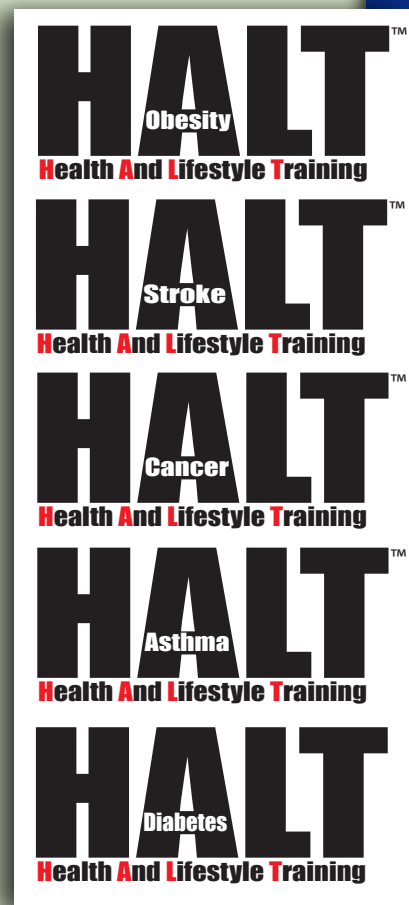
Domain 4: One's ability to "follow the doctor's orders" is often a result of the links between clinicians and the community. Strategies designed to improve these community-clinical linkages include clinician referrals, community delivery of programs and third-party payers so that complications can be avoided and patients will be prevented from falling through the cracks. Working to strengthen the links between the patient's clinical environment and the their community is the key to a healthier population.

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 model 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 institutions. In total, over 3.3 million people are now impacted by these efforts.

NACDD developed a new chronic disease brand, targeted to serve as an umbrella campaign for various, specific disease states. Chosen as one of only six national grantees to scale the National Diabetes Prevention Program, NACDD rolled out HALT Diabetes and began talks with CBS Television involving prevention messaging using the HALT brand.



NACDD PROFESSIONAL DEVELOPMENT

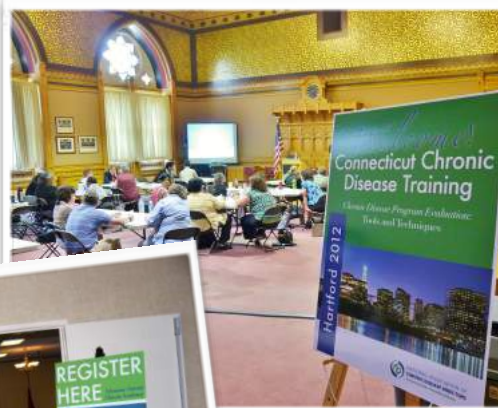
State Chronic Disease Academies and Professional Development Training

Since its founding, NACDD has always been known for the strength of its practical training, due to the fact that its teachers are former state chronic disease practitioners. These experts, serve NACDD as project consultants and subject matter experts on many government and privately funded chronic disease programs in addition to teaching capacity-building training courses.

Due to significant funding cuts and new travel restrictions upon state employees, NACDD transitioned its annual Chronic Disease Academy to state-specific academies. States work closely with NACDD to develop a customized set of training classes developed specifically for that state's Chronic Disease Division. The first 2.5 days are devoted to overarching leadership trainings, using selected courses from NACDD's catalog of course offerings and expert instructors. 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 goals.

In 2012, NACDD worked with the State of Arkansas to host a Chronic Disease Academy in Hot Springs Village for their entire chronic disease staff and select coalition partners.

In addition to State Academies, NACDD served the needs of Texas, Connecticut and Alaska with services ranging from a State Technical Assessment Review (STAR) to one day training on evaluation methods.



*Connecticut
Evaluation
Training*



*Arkansas
Chronic
Disease
Academy*



*National Diabetes Prevention
meeting, Atlanta, Georgia*

NACDD ON CAMPUS

Campus Chronic Disease Days and Student Chronic Disease Directors

In 2011, NACDD launched a brand new student membership and engagement initiative targeted at the nation's 48 Schools of Public Health. This objective of the program was to raise awareness of NACDD among faculty and students across the public health educational system, as well as provide real world public health

issues, programs and projects to the next generation of public health practitioners.

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

Some Chronic Disease Days included panel discussions,

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

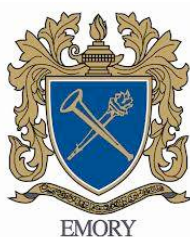
Participating schools in 2012 were:

Harvard University, Columbia University, University of Michigan, Emory University, Boston University, University of Georgia and Georgia State University

2013 anticipates the expansion of the program to new colleges and universities as well as working to establish permanent, recognized chapters within each institution's governing system.

STUDENT DIRECTORS

NACDD IMPACT



PARTIAL LIST OF NACDD PARTNERS



SUCCESS STORIES

Wrangell, Alaska

Growing a Healthier Community

impact

A “Communities Take Root” initiative facilitated in part by ACHIEVE garnered a fruit orchard for Wrangell estimated at \$1,200 to \$2,400 in value.

Local food harvesting guides, through “Hike & Harvest,” are trained by the Southeast Alaska Regional Health Consortium and are actively promoting collection of native berries, greens and shoots to increase local fruit and vegetable consumption.

Public Health Issue:

- 65% of Alaska adults are overweight or obese.
- Many of Wrangell’s adults eat less than 2 servings of vegetables per day and about 1/2 eat less than 2 servings of fruit per day according to a community survey.

Action:

- Wrangell is funded by NACDD as an ACHIEVE community with support from CDC
- A community health action response team was organized and trained at an Action Institute, setting goals to increase the availability of locally grown produce, increase physical activity and reduce tobacco exposure.

Lane County, Oregon

Healthy Vending for Workers and Residents

impact

Having a hospital executive CHART member leading vending machine policy work resulted in development of a far-reaching vending machine policy, pending certain approval. It phases in healthy beverages and snacks in all hospitals, clinics and labs operated by PeaceHealth, the largest employer in Lane County.

ACHIEVE success led , in part, to leveraging a state “Healthy Communities” grant of \$81,250 with a work plan complementary to and supportive of sustaining the ACHIEVE effort.

Public Health Issue:

- 6% of Lane County adults are overweight or obese.
- More than 45% of Lane County 11th graders responding to an Oregon Healthy Teens survey reported eating less than 3 servings of fruits and vegetables a day.

Action:

- Lane County receives funding by NACDD for the ACHIEVE initiative, a partnership with CDC and four national organizations, including NACDD.
- Lane County organized a Community Health Action Response Team (CHART) to create a community action plan for achieving better resident access to healthy foods and safe active environments.

Randolph County, Indiana

Cleaner Air Protects Young (and Older) Lungs

impact

The Randolph County YMCA made all events smoke-free, through a Board of Directors decision based on consideration of its potential impact and local support.

Union City, the second largest city in the county, now has a smoke-free city park posted with “Young Lungs at Play” signs to reinforce the policy and exceeding a new state clean indoor air law requirement. Another nine county parks are considering smoke free signage.

Public Health Issue:

- Randolph County has a high poverty rate, high percentage of uninsured and underinsured residents, high obesity rate, and high smoking rate, contributing to the county’s chronic disease burden.
- The smoking-while-pregnant rate of 18.5% statewide is the worst in the nation and the rate of smoking among pregnant women on Medicaid is even higher at 30%.

Action:

- Randolph County, Indiana receives funding from the NACDD for the ACHIEVE initiative, a partnership with CDC and other national partners.
- Randolph County ACHIEVE organized their CHART and created a community action plan to promote better access to healthy foods and reduce secondhand smoke exposure, especially for children.

Blank Hawk County, Iowa

Better Community Support for Preventing Chronic Disease

impact

Board of Health agreement with the City of Cedar Falls in support of healthy initiatives, including ongoing CHANGE assessment related to the City’s 2020 Vision Plan.

Initiated the first Healthy Communities NOW: Prepare to Build a More Vibrant Cedar Valley conference which is influencing food - and physical activity-related policies in work settings by reaching local business and community leaders.

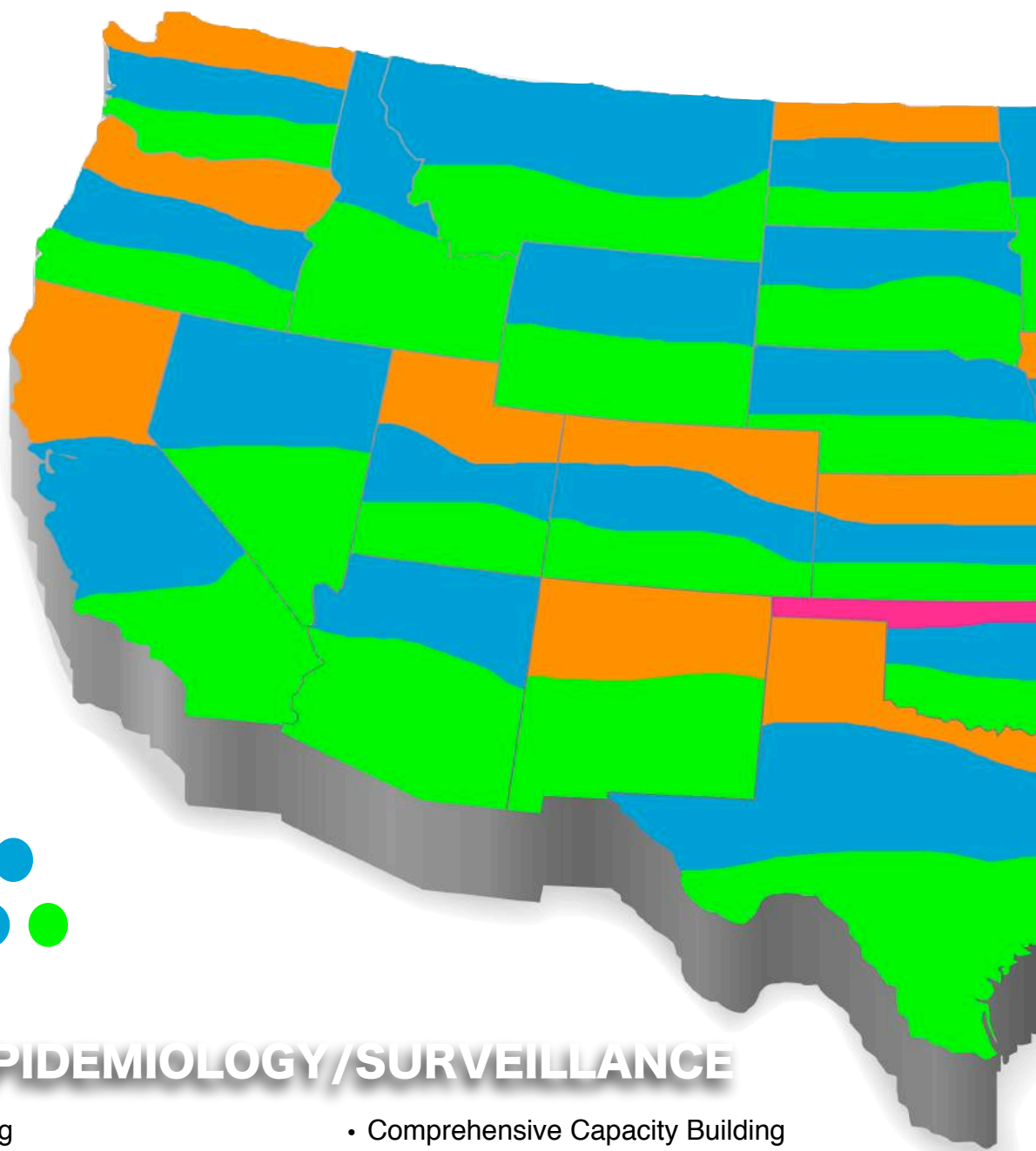
Public Health Issue:

- Lack of access to healthy food and physical activity is a major contributor to the higher rates of chronic conditions such as diabetes, obesity and other health problems in communities.

Action:

- The ACHIEVE initiative applies a community model using health departments and YMCAs as trusted conveners and community “coaches”. NACDD and YMCA of the USA awarded an ACHIEVE grant and provides technical assistance, using funding from the CDC.
- Signature initiatives are an expansion of community gardens and a healthy work site resource guide to assist local businesses in creating work sites that actively promote healthy choices.

2012 NACDD IMPACT



Not Shown

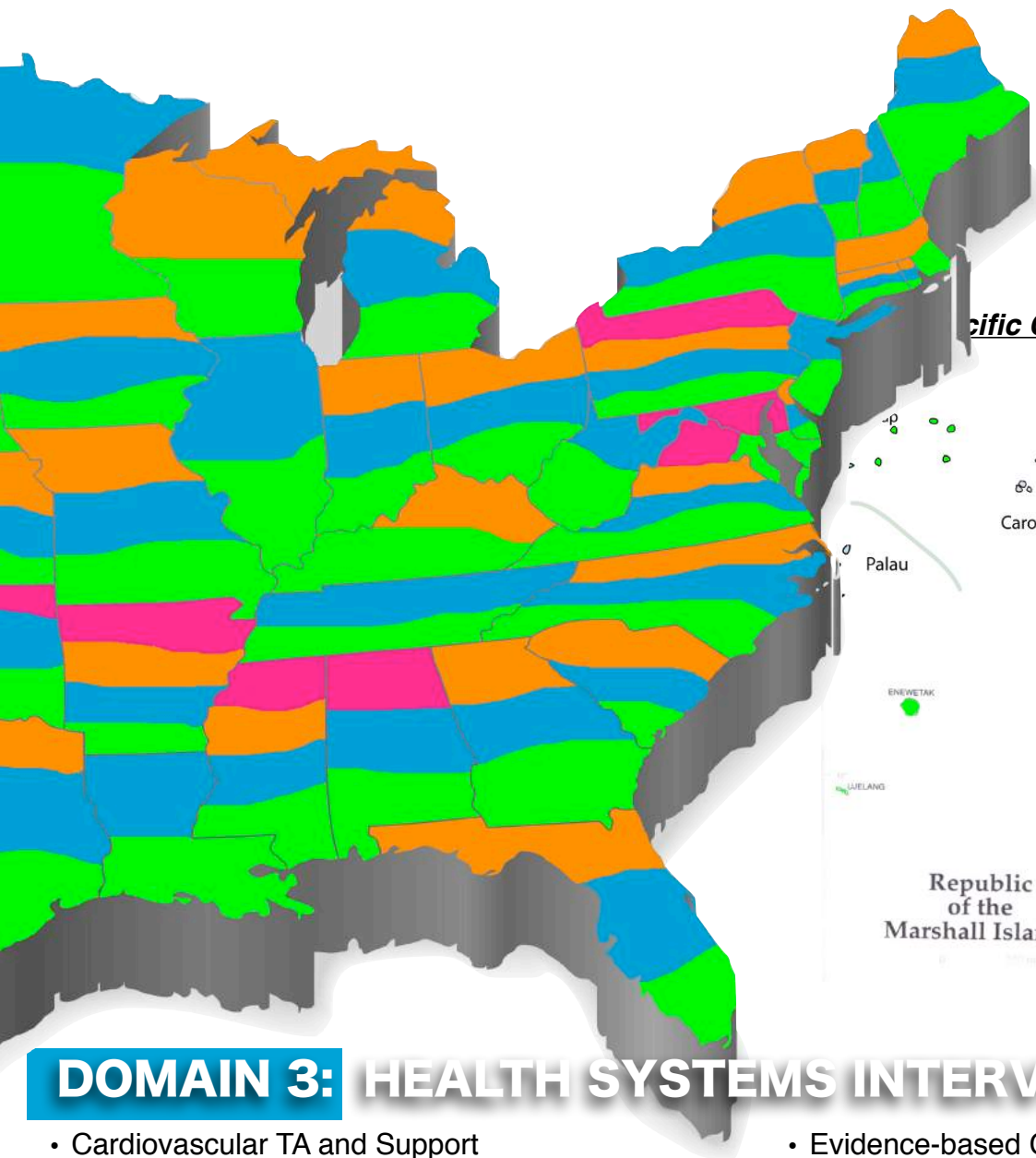
- Alaska   
- Hawaii  
- Virgin Islands   
- Puerto Rico    

DOMAIN 1: EPIDEMIOLOGY/SURVEILLANCE

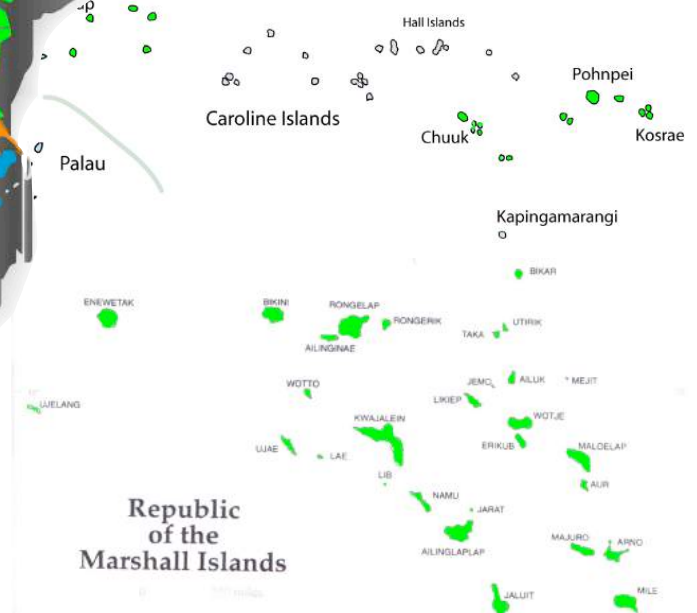
- State Epidemiology Staffing
- Epi Mentoring
- Evidence-based Chronic Disease Prevention Course
- Comprehensive Capacity Building
- Capacity Building and TA to Promote Chronic Disease & MCH Program Collaboration

DOMAIN 2: ENVIRONMENTAL APPROACHES

- Cancer TA and Support
- Healthy Communities/ACHIEVE
- Arthritis TA and Support
- School Health TA and Support
- Evidence-based Chronic Disease Prevention Course
- Comprehensive Capacity Building
- Capacity Building and TA to Promote Chronic Disease & MCH Program Collaboration



Pacific Coast Chronic Disease Coalition



DOMAIN 3: HEALTH SYSTEMS INTERVENTIONS

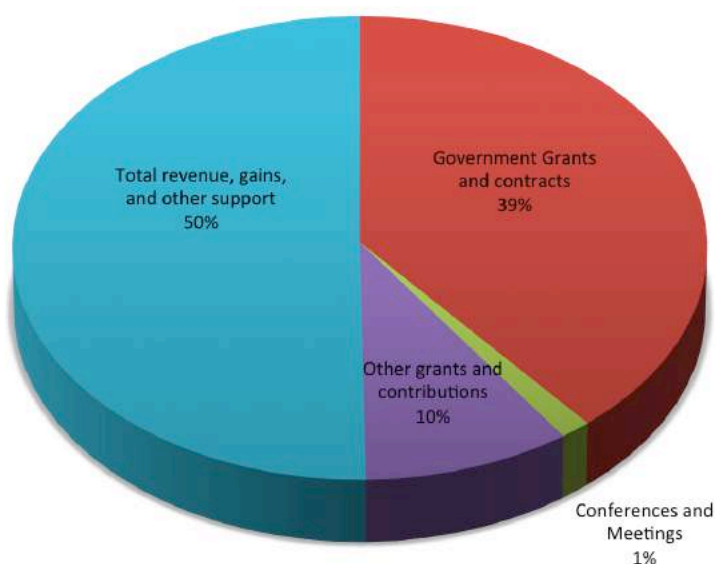
- Cardiovascular TA and Support
- Health Equity TA and Support
- Obesity TA and Support
- Arthritis TA and Support
- Biomarkers
- Evidence-based Chronic Disease Prevention Course
- Comprehensive Capacity Building
- Capacity Building and TA to Promote Chronic Disease & MCH Program Collaboration

DOMAIN 4: COMMUNITY/CLINICAL LINKAGES

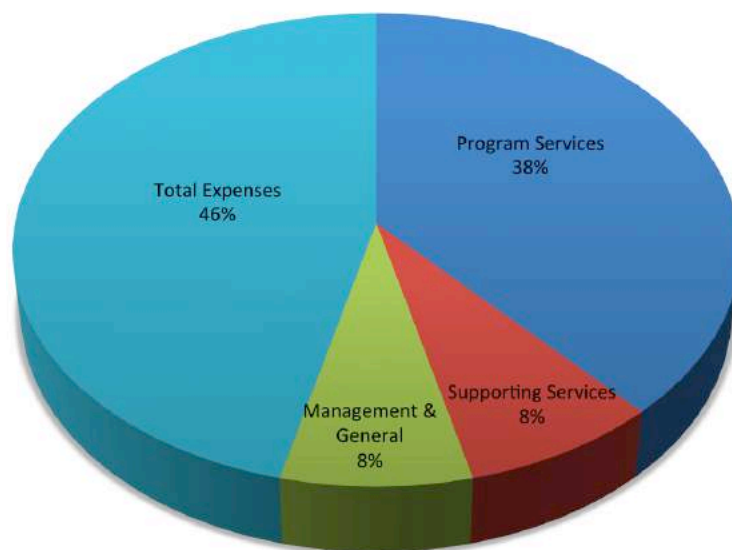
- Diabetes TA and Support
- Collaboration with Academic Research Centers
- School Health TA and Support
- Healthy Aging TA and Support
- Gestational Diabetes Collaborative TA and Support
- Biomarkers
- Evidence-based Chronic Disease Prevention Course
- Comprehensive Capacity Building
- Capacity Building and TA to Promote Chronic Disease & MCH Program Collaboration

FINANCIAL HIGHLIGHTS

	Year ended September 30		
	2012	2011	2010
Revenue:			
Government Grants and contracts	\$7,942,150.00	\$7,099,010	\$10,559,918
Conferences and Meetings	\$284,085.00	287,916	299,516
Other grants and contributions	\$1,929,106.00	1,242,963	588,313
Member Dues	\$42,370.00	84,550	55,175
Investment income (loss)	\$71,786.00	5,611	27,335
Other revenues	\$225.00	2,741	4,480
Total revenue, gains, and other support	\$10,269,722.00	8,722,791	11,534,737
Expenses and losses:			
Program Services	7,856,863	6,683,037	10,176,944
Supporting Services	1,627,127	1,654,998	1,440,749
Management and General	1,573,070	1,632,276	1,425,630
Fundraising	54,057	22,722	15,119
Total Expenses	9,483,990	8,338,035	11,617,693
Change in Net Assets:			
Change in unrestricted	415,146	303,418	(161,972)
Change in temporarily restricted	370,586	81,338	79,016
Change in net assets	785,732	384,756	(82,956)
Net Assets, beginning of year	1,081,985	697,229	780,185
Net Assets, end of year	\$1,867,717	\$1,081,985	\$697,229



2013 Revenue



2013 Expenses

NACDD FAMILIES - WALK THE TALK



NACDD SERVICES

NACDD offers a host of professional services to its members beyond its core offerings of knowledge sharing, thought leadership, community building, project collaboration and capacity building.

Professional Development

Professional Development has been a cornerstone of NACDD for 25 years. From state academies to one day training courses to monthly member calls, NACDD draws from its subject matter experts to teach others and build capacity.



Fiscal Agent

NACDD has a proven track record as a results-oriented, fiscally responsible agent for states and organizations that are unable to receive private or restricted funds or that do not have a sufficient finance or program staff. NACDD has a robust accounting and cost allocation system, which enables funds to be coded, tracked, and separated based on project, restriction and revenue source. As a result, NACDD can receive funds from various revenue sources, remit payment to vendors and provide project financial reports.

Event Planning

Arkansas Academy

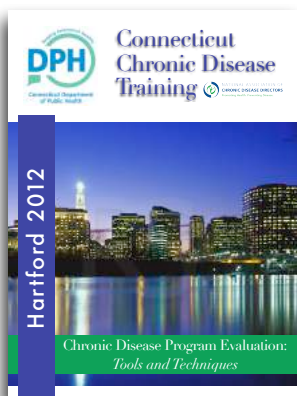
Date: June 25-27, 2012
Location: Hot Springs, AR
Number of Attendees: ~ 70

Chronic Disease Program Evaluation: Tools & Techniques

Date: June 28, 2012
Location: Hartford, CT
Number of Attendees: ~ 30

CDC National Cancer Conference

Date: August 20-23, 2012
Location: Washington, DC
Number of Attendees: ~ 800



Other Services

- Healthy Community Coalition Building
- Peer Learning and Mentoring
- Social Media
- Evaluation Training and Technical Assistance
- Development of the State Coordinated Chronic Disease Plan
- Development of State Training Plan
- Development of Chronic Disease Communications Plans
- Development of Chronic Disease Media Plans
- National, Regional, State and/or Local Chronic Disease Training Academies
- Program Specific, Policy State Technical Assistance Team (PSTAT)
- Project Officer of the Future
- Navigating Cooperative Agreements
- State Success Stories
- State Technical Assistance Review Program (STAR)
- Evidence-Based Public Health State-Based Program Health Systems Change Programs



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Chief, Chronic Disease Prevention and Management Bureau
Iowa Department of Public Health

Dona Goldman, RN, MPH

Program Director, Diabetes Prevention & Control Program
Rhode Island Department of Health

Sue Grinnell

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Khosrow Heidari, PhD (Ex-Officio)

Director, Chronic Disease Epidemiology & Evaluation
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Prevention Services
Colorado Department of Public Health & Environment

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Health Promotion and Chronic Disease Director
Minnesota Department of Health

Maria Prince, MD, MPH

Director, Office of Chronic Disease Prevention
Maryland Department of Health & Mental Hygiene

Kathryn Rowley, RT

Cancer Control, Program Manager
Utah Department of Health

Debra Wigand

Director, Division of Chronic Disease
Maine CDC/DHHS

NACDD SUPPORTERS

Financial Supporters during fiscal year 2012

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American Heart Association
American Legacy Foundation
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Leslie Best
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Dona Goldman
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Jillian Jacobellis
Pama Joyner
Kaiser Permanente
Lance Armstrong Foundation
Mary Manning
National Cancer Institute
National Cancer Registrars Association
National Coalition for Cancer Survivorship
National Dialogue on Cancer
North American Association of Central Cancer
Registries
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OxBow Data Management System
Patient Advocate Foundation
Pfizer
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Kathryn Rowley
Sanofi-Aventis
Sigma-Tau Pharmaceuticals

Thomas Starcher
Jason Vahling
David Vigil
Walden University
Westat
Debra Wigand
Walter Young
Namvar Zohoori

Committees during fiscal year 2012

Operations Committees:

- 1) Awards
- 2) Bylaws
- 3) Finance
- 4) Nominations

Service Committees:

- 1) Communications Advisory Team
- 2) Legislative and Policy
- 3) Professional Development
- 4) Science and Epidemiology

Program Councils:

- 1) Arthritis
- 2) Cancer
- 3) Cardiovascular Health
- 4) Coordinated
- 5) Diabetes
- 6) Healthy Aging
- 7) Health Equity
- 8) Obesity
- 9) Osteoporosis
- 10) Pacific Chronic Disease
- 11) School Health
- 12) Women's Health

NACDD HEADQUARTER STAFF

John W. Robitscher, MPH
Chief Executive Officer

Slavomira Lacinova, MBA
Manager of Operations

Schwanna C. Lakine, MBA
Director of Finance & Operations

Kevin Lane
Staff Accountant

John W. Patton
Director of Communications & Member Services

Jillian Smith
Lead Event Planner

Ann Ussery-Hall, MPH
Director of Program Evaluation & Professional Development

Tamika Smith
Creative Design Lead



NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS

Promoting Health. Preventing Disease.

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www.chronicdisease.org

NACDD is grateful for the support it receives from the Centers for Disease Control and Prevention through its Cooperative Agreement.

No federal funds were used in the publication

Need Agreement #



NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS

Promoting Health. Preventing Disease.

Connect, discuss, follow and share



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