



## CONTENTS

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### Inform

CEO and Board President Message . . .	2
FY 2016-2017 Board of Directors . . .	3
About NACDD . . . . .	4
Guiding Principles for Shaping the Public Health Landscape. . . . .	5
Why Our Work Matters. . . . .	6

### Engage

Government Affairs: Representing Your Interests Nationally. . . . .	8
Member Engagement: Meeting Members Where They Are . . . . .	10
Communications: Changing the Dialogue on Chronic Diseases . . . .	11
Our Programs: Engaging Expertise to Intensify the Fight Against Chronic Diseases. . . . .	13
Program Evaluation: Leading the Way in Measuring Our Success . . . .	30

### Grow

Building Capacity: Demonstrating the Value of Prevention at the 2017 Chronic Disease Academy . . .	32
Human Resources: Growing With You . . . . .	33
Our Staff. . . . .	33
Our Subject Matter Experts . . . . .	35
Our Financials . . . . .	36
Our Partners . . . . .	37



# Inform



## CEO and Board President Message

# Informing, Engaging, and Growing State Success Against Chronic Disease

2017 will go down as a year of unprecedented progress in advancing state and territorial capacity to address chronic disease prevention and control.

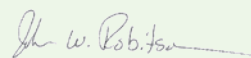
Together, Chronic Disease Directors and the National Association of Chronic Disease Directors (NACDD) have engaged new partnerships, grown our program work significantly, and established new tools to help inform and improve our workforce capacity.

Here are just a few of our achievements this year:

- NACDD and partner states participated in the MillionHearts® campaign 2022 Initiative.
- The Regional Representatives forum directly served nearly all states and territories.
- Ten communities in five states developed community action plans targeting inclusive, healthy community changes for people with disabilities, resulting in more than 100 impact outcomes so far.
- Ten states developed action plans for scaling and sustaining the National Diabetes Prevention Program through NACDD's State Engagement Model.
- Capitalizing on our partnership with Joan Lunden and CBS Health Solutions, 10 states (including three states who renewed their campaigns from last year) purchased spots in local doctors' offices, on websites, and via social media to broadcast a second season of prediabetes awareness messages as well as new colorectal cancer public service announcements (PSAs).
- A Health Equity Toolkit was published and is being piloted in nine states, and a Health Equity consultant has been hired to support our expanding work in this area.
- Bipartisan support of chronic disease prevention funding was strengthened through our testimony before a U.S. House of Representatives Appropriations subcommittee and our leadership on multiple policy sign-on letters representing nearly 200 organizations.
- And our 2017 President's Challenge, "Learn, Lead, and Thrive" tackled emerging professional development and workforce issues through the release of our first podcast series.

These milestones, celebrated in this Annual Report, reflect years of Member-led, Member-driven work implementing our strategic vision, pursuing multiple funding strategies, and investing in promoting environmental and health system changes.

As we begin our 30th year of work in 2018, we look forward to continuing to be your go-to organization informing, engaging, and growing our nation's capability to improve health and prevent chronic disease.



John W. Robitscher, MPH  
CEO



Mehul Dalal, MD, MSc, MHS  
President, Board of Directors





## FY 2016-17 Board of Directors



The NACDD Board of Directors consists of the five officers (president, president-elect, secretary, treasurer, immediate past president) and up to 14 at-large directors. The Board of Directors establishes committees to help guide the overall vision and direction for NACDD, as well as develops and maintains working relationships with partners and other similar organizations.

***“NACDD is not just a professional association—we are an organization created by Chronic Disease Directors for Chronic Disease Directors and their staff, and the future of NACDD will be their vision and their creation.”***

*—John W. Robitscher, MPH, CEO*

**Mehul Dalal, MD, MSc, MHS**  
**President**

Connecticut Department of Public Health

**Jean O'Connor, JD, MPH, DrPH**  
**President-Elect**

Georgia Department of Public Health

**Namvar Zohoori, MD, MPH, PhD**  
**Past President**

Arkansas Department of Health

**Kathy Rocco, MPH, RD**  
Virginia Department of Health

**Tomas Aguilar, BS**  
Pennsylvania Department of Health

**Caroline Peck, MD, MPH, FACOG**  
California Department of Public Health

**Cynthia Musial, CHES**  
Wisconsin Department of Health Services

**David Hoffman, DPS, CCE**  
New York State Department of Health

**Judith Gabriele, MPH**  
New Mexico Department of Health

**Karen Girard, MPA**  
Oregon Health Authority

**Kristi Pier, MHS**  
Maryland Department of Health

**Linda Scarpetta, MPH**  
Michigan Department of Health and Human Services

**Melita J. Jordan, CNM, MSN, APRN C, CPM**  
New Jersey Department of Health

**Monica Morales, MPA**  
California Department of Public Health

**Robyn Taylor, MBA**  
Ohio Department of Health

**Whitney Hammond, BSW, MSW**  
New Hampshire Department of Health & Human Services



## About the National Association of Chronic Disease Directors

Capitalizing on the knowledge, energy, and collective wisdom of our strategic partners, NACDD has provided support and leadership to chronic disease professionals throughout every state and U.S. territory since 1988.

With a strong alliance with the CDC, NACDD gains access to its valuable resources, including conferences, webinars, and roundtables to discuss the latest trends and movements shaping the public health landscape. Our symbiotic relationships allow for ample exchange of ideas and focused direction, leading to new, innovative actions in disease prevention. With our common goal, it is a privilege to serve each day alongside the best leaders and organizers in chronic disease prevention.

## *our mission*

NACDD improves 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.

## *our vision*

Lead and influence the ways that chronic disease prevention and health promotion shapes the future health landscape.





## Guiding Principles for Shaping the Future Health Landscape

The following future-looking statements are designed to internally guide staff, leadership, Board Members and stakeholders to the overall purpose of NACDD activities and serve to connect the Mission (what NACDD does) to the Vision (what NACDD endeavors to achieve).

### *NACDD is working toward a future:*

- Where the public, stakeholders, and decision-makers understand the value of chronic disease prevention and control with regard to broadly improving health, well-being, productivity, and reducing costs.
- Where convenient, healthy choices abound for all and healthy behaviors are a regular part of daily life where people live, learn, work, worship, and play.
- Where there is broad and equitable access to evidence-based programs and services for the prevention and management of chronic disease.
- Where health systems are designed to ensure proactive, culturally relevant, and linguistically effective population-based approaches to prevent and manage chronic disease.
- Where community-based health programs support the prevention and management of chronic disease for all people and are seamlessly coordinated with clinical care.
- Where the public health workforce is equipped with timely, reliable, and comprehensive information regarding all aspects of chronic disease, giving special attention to identify and work together with vulnerable and high-risk groups.

### *NACDD is Developing Leaders Now and the Next Generation of Leaders*

NACDD believes that state-based leadership and expertise in chronic disease prevention and control are vital to achieve its action.

### *NACDD is working toward a future:*

- Where every state and territory will have public health leadership that can envision, motivate, and enlist partners, and guide a coordinated response to chronic disease prevention and control in ways that are strategic, collaborative, and in alignment with federal initiatives.
- Where state-based chronic disease units are the standard bearers of excellence in meeting all relevant public health accreditation standards.
- Where each state and territory has the resources and strategic information necessary to sustain chronic disease programming and related policies.
- Where all states and territorial health departments are equipped and empowered to effectively leverage their unique position regarding the education of both official and unofficial policy makers.
- That includes an empowered and informed state-based chronic disease workforce with specific knowledge and expertise that enables implementation of national priorities within a state context.



## Why Our Work Matters

Although we work at the state and territorial level to enhance capacity and capability against chronic diseases, NACDD's work ultimately supports everyone's journey to promote health and prevent disease.

### How Chronic Diseases Impact Every American

According to the CDC:

- About one-half of all American adults (117 million people) have at least one chronic health condition; one-quarter of Americans experience more than one chronic disease.
- The rates of obesity are increasing among school-aged children, placing them at higher risk for chronic disease.
- About one-quarter of people with chronic diseases endure one or more daily activity limitations.
- Patients and their families may experience a reduced quality of life due to caregiving responsibilities.
- Our communities are losing revenue—75% of our nation's healthcare spending goes toward treatment of chronic disease.
- Preventable chronic diseases dominate the leading causes of death and disability in the United States, with heart attack and stroke causing nearly half of all mortality.
- Chronic diseases can co-exist and intensify mental illnesses such as depression.

### Why Every American Benefits from NACDD Activities

- Patients and their families can experience higher qualities of life and lower risks for serious illness through access to programs that help people adopt and maintain healthy lifestyles and behaviors.
- Our society can save billions of dollars each year by preventing healthcare costs for cancer, diabetes, heart disease, and arthritis.
- Businesses could benefit from more productive workforces and reduced absenteeism.
- Healthy school-aged children have better academic achievement and greater future job potential and opportunities.
- Our nation is more secure with fit recruits and healthier, stronger communities.







# Engage

# Government Affairs

## Representing Your Interests and Priorities Nationally

***“...This is about ... the strengthening of our states and their ability to cope with the issue of chronic disease.”***

*—Rep. Rosa DeLauro, Ranking Member, U.S. House of Representatives  
Committee on Appropriations Labor Subcommittee (March, 2017)*

On May 23, 2017, the Trump Administration released the full Fiscal Year (FY) 2018 President’s Budget request, following the release in March of the so-called “skinny budget,” a shorter version on top-line discretionary spending. The proposal, which already has been deemed “DOA” by several Members of Congress, requested \$603 billion in defense discretionary spending, a \$54 billion increase over the spending caps, and \$462 billion in non-defense discretionary spending, a \$54 billion decrease.

Prior to the Administration’s full release of the budget, NACDD and Cornerstone Government Affairs set appropriations priorities, drafted fact sheets on each of the priority programs, and met with members of Congress and Congressional staff to advocate for our appropriations priorities.

President Trump’s budget would drastically cut domestic programs,

slashing \$1.7 trillion over 10 years. At the end of the decade, the United States will have spent nearly twice as much on defense as on other domestic programs. The President’s budget proposed \$5.975 billion for the Centers for Disease Control and Prevention (CDC), a \$1.3 billion cut from the FY 17 level of \$7.3 billion, or a 17% programmatic cut and included more than \$841 million from the Prevention and Public Health Fund. This was by far one of the most austere CDC budget proposals in recent years, and every Center had multiple programs that were cut, and many programs were eliminated.

Continuing a trend of the last several years, the budget, again, eliminated the Preventative Health and Health Services Block Grant, previously funded at \$160 million. The biggest changes occurred in the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), where there was a \$163 million (15%) cut, reducing 44 separate budget lines into 13 remaining programs.

A new block grant, America’s Health Block Grant, was proposed in place of the existing categorical programs that supported tobacco, diabetes, heart disease, and stroke, nutrition/physical activity, and arthritis. The new \$500 million block grant was a reduction of \$36 million or 7% below the comparable combined program level of these programs in 2017, and it was entirely funded with the Prevention and Public Health Fund. The large majority of the funding (at least 85% of extramural funding) would fund

state and territorial health departments and Tribal Epidemiology Centers. The remaining 15% would fund the innovation component: competitive grants to cities, rural areas, or tribes.

NACDD led the effort on a group sign-on letter to the Chairs and Ranking Members of the House and Senate Appropriations Committees asking Congress to support the categorical funding lines at the NCCDPHP. The letter ultimately was signed by more than 250 organizations. NACDD also worked with Cornerstone Government Affairs to draft report language in support of the categorical lines that appeared in both the House and Senate Labor HHS Education Subcommittee FY 2018 reports. NACDD and Cornerstone continued to advocate for our priorities by meeting with targeted members of Congress and congressional staff.

Furthering NACDD’s brand and mission, Cornerstone secured a slot for NACDD Board President Mehul Dalal, MD, MSc, MHS to testify on June 2, 2017, on behalf of NACDD, before the House Committee on Appropriations, Subcommittee on Labor, Health and Human Services, Education, and Related Agencies on the FY 2018 President’s Budget Request.

With action incomplete on all of the 12 appropriations bills in September, a series of continuing resolutions funded the government until March 23, 2018, when the President signed the FY 2018 Omnibus Appropriations Bill totaling \$1.3 trillion, including all 12 annual appropriations bills, and various authorizing bills and provisions.





***“These long-term contributions of changing lifestyle are really priceless investments... The money saved on the back end in Medicare and Medicaid is just unbelievable.”***

*—Rep. Tom Cole, Chairman, U.S. House of Representatives  
Committee on Appropriations Labor Subcommittee (March, 2017)*

The funding levels of the Bill follow the outline of the recent FY 2018-2019 budget caps agreement, which adds \$148 billion over the statutory Budget Control Act (BCA) for defense and nondefense. The BCA caps deal eliminates sequestration, as well as provides real increases of \$26 billion each on both the defense and non-defense side of the BCA cap firewalls.

The Bill provides \$8.30 billion for CDC, an increase of \$1.046 billion from the FY 2017 level of \$7.2 billion.

The total funding includes \$800 million from the Prevention and Public Health Fund and a \$240 million transfer from the Nonrecurring Expense Fund, the latter of which is directed toward funding a new lab. Major increases include \$350 million to address the opioid epidemic, and \$480 million for construction of a new biosafety level 4 laboratory at the CDC that will replace the current lab, which is aging out.

The National Center for Chronic Disease Prevention and Health Promotion is funded at \$1.162 billion, an increase of \$47 million over FY 2017. The Prevention and Public Health Fund dollars at NCCDPHP has been reduced from \$338 million in FY 2017 to \$248 million in FY 2018, a decrease of \$90 million. The Bill rejects the consolidation of several of the main chronic disease programs into a block grant, and maintains the categorical programs.

*—David P. Hoffman, DPS, CCE,  
Chair, Policy Committee*

The following chart provides a budget comparison between actual fiscal year 2017, the President’s proposed request for 2018, and NACDD’s prospective 2018 budget. Because of constraints imposed at the national level, few programs were expected to receive increased funds,

with most programs remaining on par with last year’s budget. Note that several programs were suggested for inclusion in the America’s Health Block Grant. See our Legislative Update to read more about NACDD’s opposition to this suggested action.

Program	FY 2017	FY 2018 President’s Request	FY 2018
Alzheimer’s Disease	\$3,500,000	\$3,493,000	\$4,500,000
Arthritis	\$11,000,000	*	\$11,000,000
Cancer Registries	\$49,440,000	\$49,346,000	\$49,440,000
Colorectal Cancer	\$43,294,000	0	\$43,294,000
Comprehensive Cancer Control	\$19,675,000	\$67,143,000**	\$19,000,000
Heart Disease and Stroke Prevention	\$130,037,000	*	\$140,062,000
Diabetes	\$140,129,000	*	\$148,129,000
National Diabetes Prevention Program	\$22,500,000	\$19,962,000	\$25,300,000
Nutrition, Physical Activity & Obesity	\$49,920,000 (+\$10,000,000 for high rate counties)	*	\$54,920,000 (+\$15,000,000 for high rate counties)
Healthy Schools, Healthy Youth	\$15,400,000	\$15,371,000	\$15,400,000
Tobacco Control	\$205,000,000	*	\$210,000,000
Breast & Cervical Cancer Early Detection	\$210,000,000	\$210,00,000	\$218,000,000
WISEWOMAN	\$21,120,000	\$21,120,000	\$21,120,000
Breast Cancer Awareness for Young Women	\$4,960,000	\$4,960,000	\$4,960,000
Preventative Health and Health Services Block Grant	\$160,000,000	0	\$160,000,000

\*Denotes programs proposed for consolidation in the America’s Health Block Grant.

\*\* The FY 2018 request reduces funding for the Cancer Prevention and Control program by \$18.1 million. At this funding level, there is no dedicated funding for Colorectal, Prostate, and Skin Cancer. As a part of the expanded Comprehensive Cancer program, CDC will allow states the flexibility to use funding to focus on activities related to these and other specific cancer types.

# Member Engagement

## Meeting Members Where They Are

NACDD celebrated a vibrant year engaging its Members across various platforms. We had an informative and thought-provoking annual Chronic Disease Academy, which had a higher attendance rate than in recent years. We broke new ground by going paperless and in engaging our Members on social media during this flagship event for our organization.

Our Learning and Professional Development Committee launched a revised version of our Core Competencies of Chronic Disease, and our Health Equity Council released its Health Equity Toolkit and Health Equity pilot in nine states.

Thanks to the involvement of our Members, we also experienced the highest-ever response rate to the iCount Survey, helping us generate an accurate

representation of our Membership within each State Health Department's chronic disease unit.

To compliment the new data, after a year of work, we were able to launch our Member Engagement Management Tool, an online engagement tracker developed specifically for NACDD that already is helping us leverage data to drive decisions around webinar content, frequency of programs/activities that we offer, and many more important enhancements to our work supporting our Members.

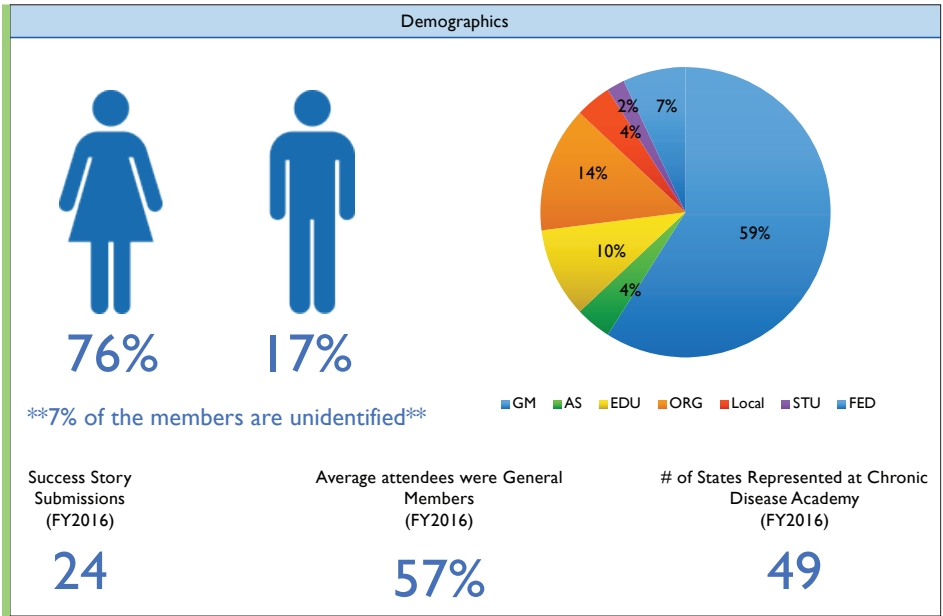


The 2017 Impact Awards, which celebrate excellence in chronic disease prevention and control, had the highest number of nominations in history. NACDD CEO John W. Robertscher, MPH, celebrates with the teams from Colorado, Louisiana, New York, and Tennessee, who received their awards during the annual Chronic Disease Academy.

We used our new data capabilities to create a new Member Engagement Strategy and to re-launch the Member Engagement and Communications Advisory Team (MECAT). The new strategy is helping us better market and target our work to segments of our Membership based on their needs and interests, and our MECAT team allows us to interact directly with our Members to generate more qualitative information on Membership preferences.

As we continue to help shape the health landscape, we work to build capacity with our Members through innovative and thoughtful, didactic learning practices, peer-to-peer connection, and information sharing. Because of our Member experience enhancements, FY 2016 lived up to its potential as being a year of hard work, which led to our Members feeling more informed, more engaged, and better able to grow with NACDD.

—Tamika L. Smith, MSML,  
Senior Manager of  
Member Engagement





# Communications

## Changing the Dialogue on Chronic Diseases

In 2017, the Communications and Member Services Department made great strides in improving our ability to reach our Members, as well as in helping to inform the broader dialogue on chronic disease prevention and control and health promotion.

We revamped Impact Brief, our monthly newsletter, to provide a more mobile-friendly design and with more targeted content based on our Members' and partners' needs.

We created new tools to help promote NACDD's brand as the "go-to" organization for chronic disease prevention and control, including new brand standards.

We also provided direct project support to more than 13 program areas, laying out publications, preparing videos, and providing technical support for events such as fireside chats and webinars.



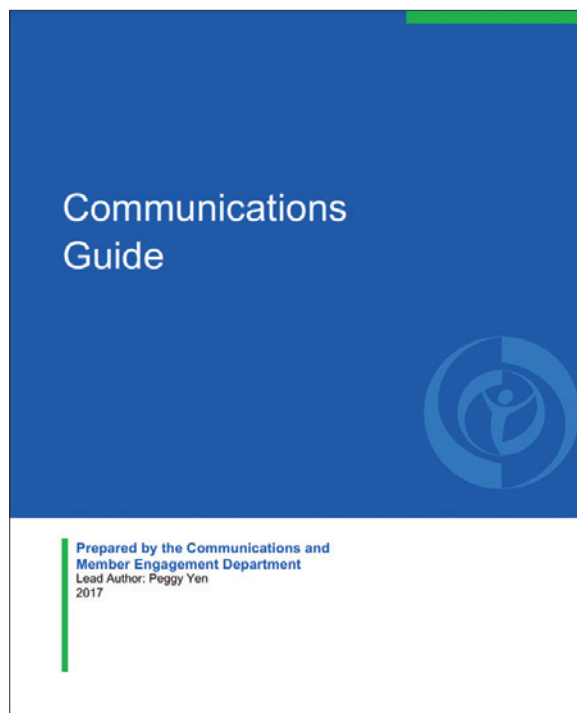
### Communications Activities by the Numbers in 2017:

- **Provided communications and technical support to complete 227 project deliverables across NACDD chronic disease and CORE focus areas.**
- **NACDD issued 14 press releases to Members and to the media.**
- **424 media articles were placed in publications across the United States and territories.**
- **1.68 million readers were potentially reached with news stories about NACDD and its work.**

Writing Manual Quick Reference	
For complete guidance, refer to the NACDD Communications Guide or contact the NACDD Communications department at: publications@chronicdisease.org.	
<b>Academic degrees</b> Use abbreviations only after a full name and set off by commas. Ex.: Susan Smith, MPH, spoke first. Omit periods in abbreviations; use: associate degree bachelor's degree or Bachelor of Arts or BA master's degree or Master of Public Health or MPH doctorate or PhD	Do not use a comma when only the month and year are written in text. Ex.: The groups reconvene in December 2018.
<b>Acronyms</b> Spell out terms on first reference; follow with the acronym in parentheses. Use the acronym in the rest of the document. If the acronym will not be reused or is used only two or three times, omit it and spell out the term each time. Omit the article in front of most acronyms including CDC and NACDD. Avoid acronyms at the beginning of a sentence or in a title or heading unless the acronym spells out a word (STAR) or stands for an agency.	<b>Dash</b> Use the en dash (short dash) to indicate ranges. Ex.: 21-36 days, 12%-15% Use the em dash (long dash) to show an abrupt change in thought or to separate words in a series. Ex.: The group decided – totally independently – to meet for another three months.
<b>Active voice</b> Use active voice and action verbs to show the Association and Members as initiators of positive action. Active voice also makes sentences shorter, more direct, and easier to read.	<b>Formal titles</b> Abbreviate titles used before a full name: Dr., Gov., Lt. Gov., Rep., Sen. Spell out Doctor if it starts a sentence. Use lowercase when titles stand alone or are set off from a name by commas. Ex.: Speakers include Bill Walker, governor of Alaska. Use lowercase for terms that are job descriptions, not formal titles. Ex.: community health worker
<b>Bulleted lists</b> Capitalize the first word of each item in a bulleted list and use parallel construction (i.e., use the same grammatical category such as verb or noun for the first item in each bullet).	<b>Government, business, institution names</b> Capitalize the names of government agencies, businesses, and other institutions. Conjunctions, articles, or prepositions of three or fewer letters (the, and, of, for) should be lowercase unless they start a sentence. Ex.: National Institutes of Health
<b>CDC centers, divisions, and offices</b> Write out the full center, division or office name to avoid alphabet soup.	<b>Hyphens</b> When combining nouns with an adjective - Ex.: Healthy lifestyle includes low-fat, high-fiber diets. For certain compound modifiers Ex.: She inserted the first-third into the document. To designate dual heritage Ex.: Mexican-American, African-American For prefixes that precede a proper noun, a capitalized word, or an abbreviation (some exceptions). Ex.: The program was designed for non-English speakers.
<b>Comma, serial comma</b> Use a comma before the last conjunction in a series of three or more terms (serial comma) Ex.: Healthy lifestyle involves eating right, getting plenty of physical activity, and avoiding too much sugar. Use a comma to join two independent clauses with a coordinating conjunction (for, and, nor, but, or, yet, so). Use FANBOYS as a memory aid acronym. Ex.: The public health system is adequate, and the public can feel safe. (Both clauses can stand alone.) Use a comma before and after the year in a complete date and to separate city and state in text. Ex.: The next one is on May 21, 2018, in Atlanta, Ga.	<b>NACDD, NACDD Members</b> Spell out the National Association of Chronic Disease Directors on first reference; shorten to the Association or NACDD on second reference. Do not use "the" in front of NACDD. For internal communication, the abbreviation NACDD is acceptable in all uses. Capitalize Member regardless of its placement in a sentence, to emphasize Member's centrality to the work of the Association.

*“It was easy to use and very thorough. Really appreciated having access to this document.”*

—Jane Myers, North Dakota Diabetes Program Director on the 2017 NACDD Communications Guide



We're also very proud of our NACDD Communications Guide, published in 2017, which can be used as a reference tool for developing clear and effective communications that accurately and concisely explain the field of chronic disease prevention and control and health promotion. The tool, although developed for internal use at NACDD, was presented at the Chronic Disease Academy and at the NACDD booth at the American Public Health Association Meeting, both in 2017.

As a result of this outreach, NACDD's Communications and Member Services Department filled requests from five states to use the Guide and 50 NACDD consultants and vendors were trained on its use.

We know that communicating about the value of public health often is one of the most challenging aspects of our Members' work. We will continue to develop new tools and resources to help you inform your stakeholders about your success, engage support for your programs, and grow your impact.

—Paige L. Rohe, MPH, Director, Communications and Member Services

## NATIONAL ASSOCIATION OF CHRONIC DISEASE DIRECTORS IMPACT BRIEF

Note: We are making a few changes to the Impact Brief this summer and fall to make it an even more valuable tool for you. Let us know what you think of our progress by emailing [Publications@Chronicdisease.org](mailto:Publications@Chronicdisease.org).



### Affirming Our Values – NACDD Statement on the Tie Between Racism and Public Well-Being

As public health practitioners, we work to improve the health of all U.S. residents, regardless of their race, nationality, ethnicity, religion, gender, sexual orientation, or abilities. The National Association of Chronic Disease Directors' core values reflect our focus on furthering social justice in every state and territory by valuing cultural competency and the promotion of equal opportunity for health for everyone in our communities.

Without question, the recent racially motivated and hate-filled events, specifically the violence in Charlottesville, V.A. on Aug. 12 has disturbed and saddened us, particularly due to the loss of life, the injuries, and the emotional trauma that victims experienced.

We acknowledge that overt racism over centuries in this country has led to the institutionalization of racist practices, beliefs, and biases among some public and private public health organizations. Many of these organizations are unaware that these biases impede their own efforts to effectively reach and help those priority groups who are routinely and systematically discriminated against because of their race and ethnicity.

As an organization, we reaffirm our strong commitment to and partnership with all priority groups, including minorities, to [remove institutional racism](#) and to challenge the thinking of those who seek to perpetuate its existence.

Working together, we continue to aim to reduce the racial disparities in health that cause preventable suffering, sickness, and premature death.

#### CEO's reading list

- News from the Association of State Public Health Nutritionists

Inform	Engage	Grow
Write the Vision: Make Your Plan to Protect Your Sight	The Role of Nutrition in Infant Mortality: A Public Health Perspective	CDC: Internships, Fellowships, Work Experience Opportunities, and Training and Education
Healthy People 2030 to Create Objectives for Health of Nation	American Public Health Association's 2017 Annual Meeting in Atlanta	National Institute for Occupational Safety and Health Calls for Abstracts
Too Many Adolescents Dying from Preventable Causes	American College of Preventive Medicine: Engaging Patients in the National Diabetes Prevention Program	
Inform		

## LOOKING FORWARD

Training on communications policies and practices will be shared with staff, consultants, and Members in 2018, including creating powerful presentations, conducting effective media outreach, and utilizing cultural competency to support effective communications.



# Our Programs

## Engaging Expertise to Intensify Efforts to Fight Chronic Diseases

Over the course of its three decades, NACDD has grown continually in its ability to support and affect change for the benefit of improved public health. Our growing number of programs and their success is largely attributable to the tremendous team of professionals, state leadership, and consultants who devote their energies toward our common goals and strategies.

With approximately 50 consultants based across the nation, NACDD provides exceptional support to states and territories. These 50 specialists truly understand the work of NACDD, from our funding requirements to the barriers and challenges our partners face. Highly educated in their areas of expertise, they have the ability to get work done with quality, integrity, and the highest level of commitment. We are truly grateful for their contributions to our success.

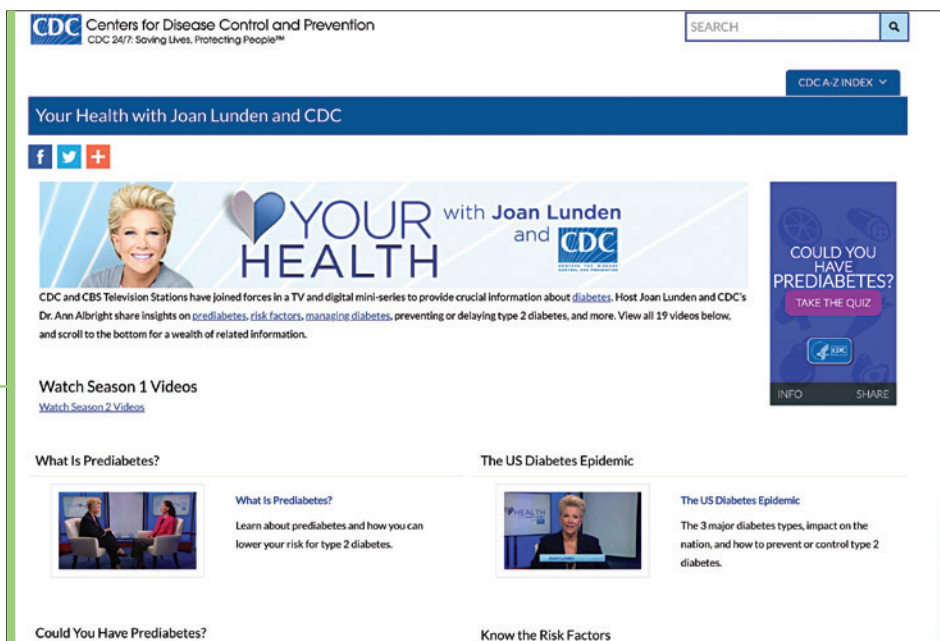
Another of the major contributing factors toward our achievements these past few years have been the State Engagement (StEM) model. Working with 10 states in 2017, the approach provides a proven framework to help states develop implementation action plans to address a public health priority.

While the recent focus of our state engagement approach has been on diabetes prevention, we anticipate this model will be applied to additional health care concerns such as cancer screening, obesity, and hypertension. One of the benefits of the state engagement model is that it can be tailored to suit a specific state's need. Through this approach, we have seen multiple benefits take shape including healthcare benefit redesign, increased health systems change (screenings, referral to community-based programs, etc.), increased awareness of potential risk for disease, and improved community/clinic linkages.

Another method providing support to our Members is the Chronic Disease Prevention Leadership Meeting. Through this model, we are able to develop a forum for Chronic Disease Directors to identify emerging public health priorities; discuss solutions and identify best practices and roles of the state health department teams; and develop ways to involve NACDD. We will lean on Chronic Disease Prevention Leadership Meetings to identify innovative ways to address rising public health problems such as opioid addiction, legal use of marijuana, succession planning, and how to grow the public health workforce.



Participants of a breakout session during a state engagement model meeting.



Capitalizing on our partnership with Joan Lunden and CBS Health Solutions, 10 states (including three states who renewed their campaigns from last year) purchased spots in local doctors' offices, on websites, and via social media to broadcast a second season of prediabetes awareness messages as well as new colorectal cancer PSAs.

Through these approaches, we are planning to increase and influence leadership among the public health workforce. We will provide more training and more support for state priorities. We also are planning for our workforce to require greater capacity and skill in data and communications systems, especially health information technology. Using the growing amount of data available through technology, we will be better prepared to predict disease and prevent it. It's exciting to work with a very long list of partners, and we want to expand our collaboration to focus on other chronic conditions in the near future.

Thank you to all the Members, partners, and supporters who contribute heavily toward NACDD's success in our program areas of focus. The following pages detail some of the exciting news from program specific efforts.

—Marti Macchi, MEd, MPH,  
Senior Director of Programs

## OSTLTS Performance

### NACDD OSTLTS Program Performance 2013-2017

Funding from the Office for State, Tribal, Local and Territorial Support allowed NACDD to promote capacity building, leadership, and management to position NACDD as the “go-to” chronic disease prevention organization and to advance emerging issues through 72 projects during the past four years. Using the

OSTLTS Required Outcomes, NACDD focused on increased implementation of evidence-based public health programs, policies, and services, as well as establishing and maintaining diverse public health partnerships. NACDD consistently exceeds the overall program in percentage of objectives and performance measures met.

***Funding from the CDC Office for State, Tribal, Local, and Territorial Support allowed NACDD to promote capacity building, leadership, and management to position NACDD as the “go-to” Chronic Disease Prevention organization and to advance emerging issues through 72 projects during the past four years.***





## Diabetes/National Diabetes Prevention Program

NACDD supports State Health Departments in the prevention, detection, and treatment of diabetes by offering peer networking, communication, and problem-solving opportunities; facilitating skill building and workforce development; and providing a national perspective and collective voice on emerging issues impacting diabetes-related work.

### *Diabetes Council Builds Leadership in States*

The Diabetes Council developed leaders among staff working on diabetes prevention and control strategies in all state and territorial health departments by preparing and submitting comments on federal policies and regulations such as the FY18-proposed Centers for Medicare & Medicaid Services Medicare Diabetes Prevention Program rule, by planning and facilitating four webinars in coordination with CDC on diabetes-related topics, and by participating in five peer-to-peer teams with 31 learners representing 26 states.

### *Diabetes Communities of Practice*

Through the 2017 diabetes communities of practice, staff from 49 jurisdictions received more than 120 promising practices, approaches, tools, and resources to support referral to and participation in diabetes self-management education and support. In response to a state's expressed need, NACDD facilitated two webinars and two community of practice sessions on Medicaid coverage of diabetes self-management education and support.

### *The NACDD Model for Expanding the National DPP*

NACDD helped 10 state health departments (Georgia, Idaho, Iowa, Louisiana, Missouri, New Mexico, Ohio, Pennsylvania, Texas, and Wisconsin) increase their capacity and performance related to scaling and sustaining the National Diabetes Prevention Program (National DPP) by providing guidance, tools, and best practices throughout the planning and implementation of two-day State Engagement Meetings to launch coordinated state action. As a result of these meetings, and the additional 19 State Engagement Meetings implemented since 2012, at least 1,460 organizations are newly engaged in the effort to prevent diabetes. The NACDD model results in states having new or enhanced partner networks committed to action on the National DPP. Across the states, stakeholders volunteered to lead anywhere from 71% to 95% of all key action steps and state health departments volunteered to lead from 5% to 29% of all key action steps. Collectively

across all public and private efforts, almost 1 million private and public employees now have an insurance benefit for participation in the National DPP and nearly 160,000 people with prediabetes have enrolled in a National DPP lifestyle change program.

***As a result of scale up meetings and the additional 19 state engagement meetings implemented since 2012, almost one million private and public employees now have an insurance benefit for participation in the National Diabetes Prevention Program (National DPP).***

#### **LOOKING FORWARD**

The following projects for diabetes prevention and control are in progress in 2018. To learn more or to find out how your organization can become involved with this work, contact [info@chronicdisease.org](mailto:info@chronicdisease.org).

#### ***Scaling and Sustaining the National DPP***

NACDD has begun an intensive focus on priority populations for the National DPP as one of only 10 recipients of funding for the CDC five-year effort, DP17-1705 Scaling the National Diabetes Prevention Program in Underserved Areas. NACDD will work with four states and four national partners to increase the number of CDC-recognized organizations providing the National DPP; to increase the number of health systems implementing a screening, testing, and referral process; and to implement communications, awareness, and retention strategies. All strategies will be aimed at those at high risk for type 2 diabetes with a special focus on persons with disabilities

***NACDD, in collaboration with CDC, has assisted 28 states in hosting state engagement meetings to help states develop and implement diabetes prevention action plans to sustain and scale the National Diabetes Prevention Program.***

#### ***Partnering with the American Medical Association on the National DPP to Engage State Medical Societies and Business Organizations***

A pilot undertaken cooperatively with the American Medical Association to promote the National DPP to members of state medical societies, expanded in 2017 to include seven new states (Maine, Maryland, Mississippi, New York, Ohio, Oregon, and Pennsylvania.). Partnerships with business organizations designed to promote employer-based coverage for the National DPP lifestyle change program led to pilot programs in two South Carolina businesses, as well as business summit meetings reaching 140 human resource and wellness benefit professionals.

#### ***Coordinating with CDC's 6|18 initiative to Provide Technical Assistance on Medicaid Coverage of the National DPP***

As of July 2017, NACDD is providing technical assistance to eight states (Alabama, Georgia, Maryland, North Carolina, Nevada, South Carolina, Utah, and Washington, D.C.) through the 6|18 Initiative, whose focus is Medicaid coverage for the National DPP. This effort involves creating a coverage roadmap for each participating state; implementing an in-depth webinar series based on the National DPP Coverage Toolkit; and offering monthly "office hours" for discussion of specific issues these states face.

## Medicaid Coverage for the National DPP Demonstration Project

NACDD's Medicaid Demonstration Project, is showing how state Medicaid agencies and state health departments can collaborate to implement and deliver a sustainable coverage model for the National DPP. The two-year project, involving Maryland and Oregon, is a test of the feasibility and effectiveness of various ways of offering the National DPP lifestyle change program to the Medicaid population. Based on learnings from the demonstration project and extensive research with other public and private payers, NACDD launched the online National DPP Coverage Toolkit in June 2017 ([coveragetoolkit.org](http://coveragetoolkit.org)). The Coverage

Toolkit is a resource to help states and organizations navigate the potential complexities of offering the program as a covered health benefit. It is organized by payer type: Medicaid agencies, Medicaid managed care organizations, commercial plans, and Medicare.

## Helping States Tell Their Success Stories

The NACDD What's Working online database demonstrates the impact of chronic disease and health promotion-related work in states while helping to diffuse best and promising practices in chronic disease prevention and control. Visit the database online at [PublicHealthSuccess.org](http://PublicHealthSuccess.org).

### Implementing Million Hearts Strategy at a Federally Qualified Health Center

**Submitted Date:** 2017

**Problem Statement**

- Louisiana had the 15th highest mortality rate for heart disease, seventh highest for diabetes, and fourth highest for stroke in the nation in 2014. In the most recent American Heart Association annual report, Louisiana ranked 46th among all states based on overall measures of health, with high rates of diabetes, cardiovascular deaths, and obesity, among other chronic conditions.
- The state's efforts to reduce the burden of chronic diseases, including heart disease, diabetes, and stroke, have been limited. Health is "Connecting Louisiana Communities to a Healthier Future." The range of such initiatives efforts to improve the identification, treatment, and management of hypertension and related chronic conditions and stroke.
- Previous Million Hearts work shows that patients may be seen by a health care professional, screened, and have a high blood pressure reading entered in their chart but not see an actual diagnosis or treatment plan for hypertension.

**Project Objectives(s)**

- One goal of the project was to implement the Million Hearts strategy in high-risk areas within a rural FQHC, improve a patient, both community health center location in the Monroe Delta region of northwestern Louisiana where hypertension prevalence is high.
- Another goal was to identify the specific local challenges of implementing the project that could be shared with other health centers.

**Program Action**

- After partnering with the Louisiana Public Health Institute to assist with the FQHC, about 100 patients were screened for hypertension and diabetes. The FQHC staff at the Community Health Center conducted a manual chart review of 100 patients whose electronic health records (EHR) indicated that elevated blood pressure, regardless of whether this was reported as a diagnosis. Manual review was necessary because the Center's EHR did not include the reporting capacity to sort patients diagnosed with hypertension from the total patient population.
- One hundred patients with potentially unreported high blood pressures were identified by the review.

**Data/Other Information Collected**

The chart review shows the results of the chart review of the 100 patients identified with high blood pressure by the chart review. All were categorized as the following in the chart review:

**Impact / Accomplishment**

- Health care providers identified with unreported blood pressure readings were categorized as being at risk for hypertension and seriously underserved and underserved. The Center will report out to these patients to schedule a clinic visit where they will be screened and referred for treatment and medical support. Tracking outcomes of these visits will allow the center to monitor and improve.
- Staff improved their process workflow to help ensure that patients whose screening indicates high blood pressure are seen by a physician for treatment.
- Data identified another 25 individuals who had received treatment from a physician but whose EHR data was not entered appropriately. Data entered correctly shows that these individuals have blood pressure control in a clinic. This supports reporting measures. This finding helped the Center staff identify and correct errors in their patient data on blood pressure.

**Challenges/Lessons Learned**

- The ability to immediately address the reporting capacity of the Electronic Health Record was a challenge in implementing the initiative. Getting the EHR system to report blood pressure readings in a way that was consistent with the reporting requirements was a challenge.
- The health center and the EHR vendor are continuing conversations to identify and implement the reporting solution that allows them to not just report more information, but to help health centers increase in reporting a similar review may want to review their reporting needs with their vendor prior to keeping the system.

**Next Steps**

Begin improved patient hand-off by a nurse or medical assistant from the point of screening to a physician when there is a high blood pressure reading. Staff also reviewed the importance of properly documenting the diagnosis and treatment that was done in the current visit within the EHR.

**Contact**

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2017-2018  
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### SNAPSHOT OF SUCCESS

NATIONAL ASSOCIATION OF CHRONIC DISEASE DIRECTORS  
Promoting Health. Preventing Disease.

#### Diabetes Testing at the Office Supports Diabetes Management

**Public Health Issue**

- State governments provide health insurance to a higher proportion of older workers than many private sector employers. These workers tend to have a higher incidence of chronic diseases, like diabetes, which contributes to higher healthcare costs.
- Diabetes self-management education (DSME) can improve blood sugar control in people with diabetes by promoting healthy lifestyle changes. Better control of blood sugar helps reduce costly diabetes complications such as heart attack and kidney disease.
- Offering state employees health benefit coverage for lifestyle change programs not only helps them improve quality of life, it provides a potential fiscal benefit to the state through employee retention and recruitment, and reduced insurance-related costs.

**Program Action**

- To meet the high need for DSME represented by Mississippi's high prevalence of diabetes (14.7 percent of adults), the Mississippi State Department of Health (MSDH) and American Diabetes Association recognized (ADAM) DSME programs. This recognition means the program provides quality education based on national standards for diabetes education.
- The National Association of Chronic Disease Directors (NACDD) helped the state plan and host a state engagement meeting on diabetes prevention. NACDD, along with Louisiana Partners, gathered information from MSDH and Mississippi Department of Finance and Administration staff on diabetes efforts in the state.
- As a result, the staff from the two state agencies came together to collaborate on a plan to offer diabetes testing and evidence-based management programs for state employees.
- The MSDH testing team works with Workforce Wellness Champions and others at state agencies to facilitate onsite A1C testing during events for employees. A1C is a measure of average blood sugar levels during the past two to three months, and is an indicator for diabetes or prediabetes.

**Impact**

- The Department of Finance and Administration now covers the cost of A1C testing for eligible state employees who participate in a MSDH A1C testing event.
- MSDH provides the DSME program to any state employee who qualifies based on their A1C results, and receives payment for the services under the wellness benefit for participants who are enrolled in the Mississippi State and School Employees' Health Insurance Plan. (This benefit also is available for any employees whose test results indicate prediabetes.)
- MSDH is developing capacity to provide DSME in all three public health regions of the state. Senate Bill 2046, which created the State Employee Wellness Plan, grants state employees two to three hours of administrative leave per month for health education activities like DSME.
- Following test results from 14 events with 351 people indicated that 45 percent of employees tested had diabetes or prediabetes.
- As they learn about the free testing, more state agencies contact MSDH to schedule events.

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National Association of Chronic Disease Directors | [www.nacdd.org](http://www.nacdd.org) | [www.nacdd.org](http://www.nacdd.org) | [www.nacdd.org](http://www.nacdd.org)

In 2017, 64 success stories were published demonstrating the impact states, NACDD, and partners are making to prevent and control chronic disease and to promote health.

## National Diabetes Prevention Program Coverage Toolkit

**Type 2 Diabetes is Preventable**

This online toolkit was developed to provide information about the mechanics of covering the National Diabetes Prevention Program (National DPP) lifestyle change program, which is a year-long, evidence-based intervention program developed by the Centers for Disease Control and Prevention (CDC). People with prediabetes who take part in this structured lifestyle change program can reduce their risk of developing type 2 diabetes by up to 58% (71% for people over 60 years old).

**1** For more information on the National Diabetes Prevention Program (click here)

The National DPP Coverage Toolkit, launched in summer 2017, serves as a resource to help states and organizations offer the National Diabetes Prevention Program as a covered benefit.





## Obesity

State Health Departments, and other state decision-makers, have the ability to effectively support healthy eating and active living strategies to combat the growing burden of obesity and other chronic diseases in the United States. NACDD, in collaboration with the CDC Division of Nutrition, Physical Activity and Obesity, worked this year to foster walkable communities; to identify the most effective strategies to engage state decision-makers in the use of evidence-based policies; and to provide up-to-date information and resources, professional development, peer-networking opportunities, and technical assistance to help state and local health and education agency staff make informed decisions about obesity interventions in their communities.

***32 Walkability Action Institute teams have collectively established new policies, systems, and environmental improvements that are estimated to reach more than 18 million people while leveraging more than \$27 million to implement or sustain their efforts.***

### ***Walkability Action Institute***

In support of the U.S. Surgeon General's Call to Action to Promote Walking and Walkable Communities, 10 interdisciplinary teams participated in this year's NACDD Walkability Action Institute. This cohort, together with 22 teams from preceding cohorts, have collectively established new policies, systems, and environmental improvements that are estimated to reach more than 18 million people while leveraging more than \$27 million to implement or sustain their efforts.



*Cohorts from the 2017 Walkability Action Institute participated in a scavenger hunt across the City of Decatur, Ga., to explore important concepts and theories behind creating walkable and accessible built environments.*



NACDD experts and Ohio public officials celebrate the ribbon cutting of the first wheelchair charging station in a state capitol. Through work supported by NACDD in partnership with the Ohio Department of Health, Ohioans who use power wheelchairs now don't have to worry about their wheelchair's battery life when interacting with their legislators and government officials at the Ohio Statehouse.

***“The Capital Square Review and Advisory Board sees these charging stations as a way to provide a more inclusive environment for the citizens of Ohio to access their government. We are grateful for the support and leadership that the National Association of Chronic Disease Directors, Ohio Department of Health, and the Adams County Health and Wellness Coalition has provided for the project.”***

—CSRAB Chairman,  
Senator Bob Peterson

### **Pediatric Healthy Weight Management Programs**

Planning for a web-based peer-to-peer learning opportunity began this year and will move ahead in 2018 to disseminate information about readiness assessment, partnership building, and lessons learned from successful examples within states on how to implement and evaluate evidence-based, pediatric, healthy weight management programs in clinics, recreation centers, federally qualified health centers, and other venues. Future plans include the development of a resource guide to assist states in developing action items to help support the use of evidence based weight management programs.

### **Building Healthy Military Communities**

NACDD worked with CDC on a pilot project to link Department of Defense (DOD) State Coordinators with Chronic Disease Directors in seven states to connect DOD's Building Healthy Military Communities effort to chronic disease subject matter experts in those states. This work supports the DOD goal of improving the readiness, resilience, and well-being of geographically dispersed service members and their families through increased access to military and community resources that promote well-being.

### **Reaching People with Disabilities through Healthy Communities**

Through a competitive application process, NACDD selected five CDC State Disability and Health applicants who were paired with two local communities each, to participate in the Reaching People with Disabilities through Healthy Communities pilot project to promote making healthy choices the easier choices in areas where people live, learn, work, play, pray, and receive care, with a principle focus on disability inclusion. Collectively, these grantees achieved 104 total inclusive healthy community changes.



Local Health Department and School Partnerships  
WORKING TOGETHER TO BUILD HEALTHIER SCHOOLS



NATIONAL ASSOCIATION OF  
CHRONIC DISEASE DIRECTORS  
Promoting Health, Preventing Disease.

*Staff from 40 state health and education departments participated in at least one Community of Practice during 2017.*

NACDD and its partners published two new resources to promote school health objectives in 2017, including *The Whole School, Whole Community, Whole Child Model: A Guide to Implementation* and *Achieving Impact: State Successes in Improving School Nutrition, Physical Education, Physical Activity*.

### **School Health Project**

NACDD's School Health Communities of Practice supported states implementing 1305 State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors, and Promote School Health. Staff from 40 state health and education departments participated in at least one Community of Practice during 2017. Approximately 3,000 unique visitors to the school health publications webpage during the last project year accessed relevant NACDD publications, including *The Whole School, Whole Community, Whole Child Model: A Guide to Implementation*; and *Achieving Impact: State Successes in Improving School Nutrition, Physical Education, Physical Activity*.

### **LOOKING FORWARD**

The following projects aimed at obesity prevention are in progress in 2018. To learn more or to find out how your organization can become involved with this work, contact [info@chronicdisease.org](mailto:info@chronicdisease.org).

#### ***Assessing State Decision-Maker Perceptions about Evidence-Based Policy on Nutrition, Physical Activity, and Obesity***

NACDD continues to collaborate with CDC to move the national agenda on obesity prevention forward. This year's key informant interviews with state decision-makers helped NACDD begin to develop

recommendations to CDC on effective communication strategies to support large-scale, evidence-based nutrition and physical activity policy.

#### ***Developing a Physical Activity Assessment Tool***

To assist CDC with monitoring progress among grantees implementing policies and programs to promote physical activity, NACDD is convening an Advisory Council of national experts to provide input on the development and pilot testing of a physical activity assessment tool.





## Cardiovascular Health (CVH)

NACDD's CVH Project collaborates with state health department programs working in heart disease and stroke prevention and in healthcare systems, conducting innovative educational and capacity-building opportunities related to CDC domain 3, the 6|18 Initiative, and Million Hearts®. The CVH Network and its CVH Leadership Team represent the interests of state health departments.

### **Advancing Team-Based Care To Manage High Blood Pressure**

A learning program designed to accelerate team-based care using the Pharmacists' Patient Care Process and collaborative practice agreements as a means of managing high blood pressure kicked off with a 2-day workshop in May, attended by state health departments and their pharmacy partners. These state teams developed a project plan and timeline for their partnership work with their state pharmacy associations, schools of pharmacy and other healthcare



*In May 2017, pharmacists and state public health department officials from seven states joined experts from NACDD at their headquarters for the conference, "Advancing Team-Based Care Through the Use of Collaborative Practice Agreements and Using the Pharmacists' Patient Care Process to Manage High Blood Pressure." With funding from the CDC Division for Heart Disease and Stroke Prevention (DHDSP), the conference marks the beginning of a long-term partnership between NACDD and teams from Arizona, Georgia, Iowa, Utah, Virginia, West Virginia and Wyoming, who will participate in a learning program that is designed to accelerate team-based care using the Pharmacists' Patient Care Process (PPCP) and collaborative practice agreements as a means of managing high blood pressure.*

partners and are tracking their efforts using several measures including use of the pharmacists' patient care process, number of collaborative practice agreements established, and surveys conducted.

## Off the Cuff: Domain 3/Health Systems Updates

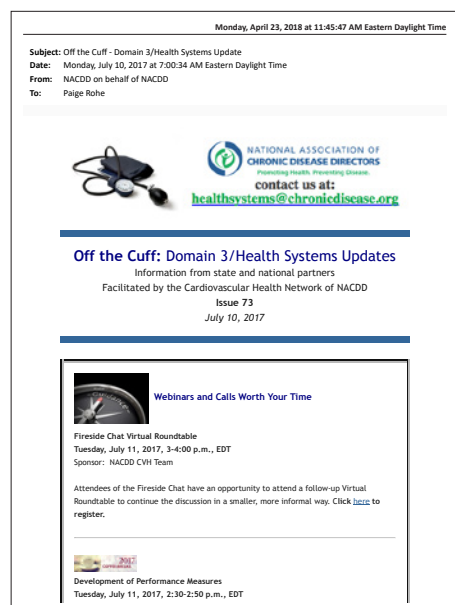
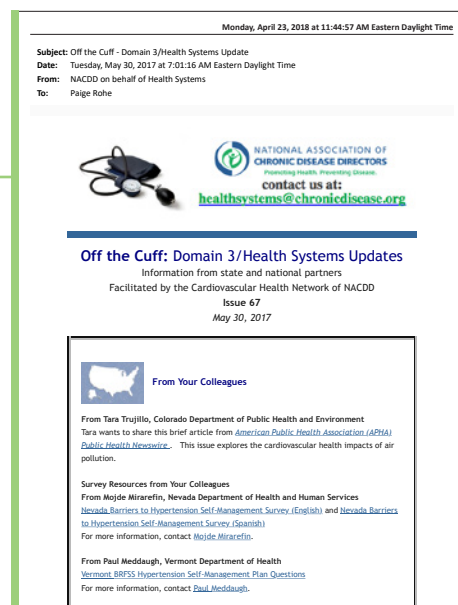
Off the Cuff, a newsletter disseminated weekly throughout 2017, effectively and efficiently maintained a virtual health systems network of states and grantees that supports implementation efforts to improve blood pressure control. The newsletter open rate of about 25% is higher than the industry average of 15.3%.

## CVH Fireside Chats, Virtual Roundtables, and Issue Briefs

In 2017, NACDD and CDC hosted four fireside chats, drawing an average of 125 attendees representing 36 states, held five virtual roundtables, and developed three issue briefs. The most recent fireside chat highlighted the *2017 Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults* with 194 attendees, including 93 representatives from 40 State Health Departments and 29 from local health departments.



NACDD and CDC fireside chats promoting innovative approaches to cardiovascular disease prevention and control draw an average of 125 chat attendees representing 36 states and are archived on [chronicdisease.org](http://chronicdisease.org) for future viewing.



The weekly *Off the Cuff* newsletter is distributed to approximately 250 public health professionals focusing on cardiovascular disease prevention and control.





## Cancer

NACDD receives CDC funding to address cancer prevention and control in state and territorial health. Project activities range from monitoring the impact of changes in the healthcare system to looking into more effective communications for cancer patients post diagnosis. NACDD's Cancer Council met regularly and provided training and professional development opportunities for staff in CDC-funded cancer programs in state health departments.

### *Innovative Communication in Cancer Prevention and Control*

This project focused on two health communication scenarios for the Southeastern United States region (Ala., Fla., Ga., Ky., La., Miss., N.C., S.C., Tenn.). The first scenario is cancer treatment messaging with the aim of enhancing patient engagement in cancer treatment and patient-provider communication among African-American women diagnosed with triple negative breast cancer. The second scenario is colorectal cancer screening messaging reaching men and women, aged 50 years of age and older, with the intent to re-energize the public to seek screening and actively participate in the treatment process.

In the second scenario, two colorectal cancer public service announcements that encourage adults to receive proper screening for colorectal cancer were broadcast in outpatient waiting rooms by CBS and Health Media Network. Public service announcements featuring Joan Lunden addressing Triple Negative Breast Cancer and a virtual reality simulation named, "Talk to Someone: Triple Negative Breast Cancer," provided new tools for health care professionals and public health practitioners in need of innovative ways to help people make decisions about health care.

### *Skin Cancer Messages among At-Risk Black and Latino Groups 18-44 Years of Age*

NACDD conducted a needs assessment on skin cancer messaging aimed at black and Latino adults aged 18-44 years,



*Renowned journalist Joan Lunden and CBS Health and Media Network have partnered with NACDD and CDC to promote awareness on colorectal cancer and diabetes prevention through a series called "Your Health" available on YouTube and broadcast in partner doctors' offices across the country.*

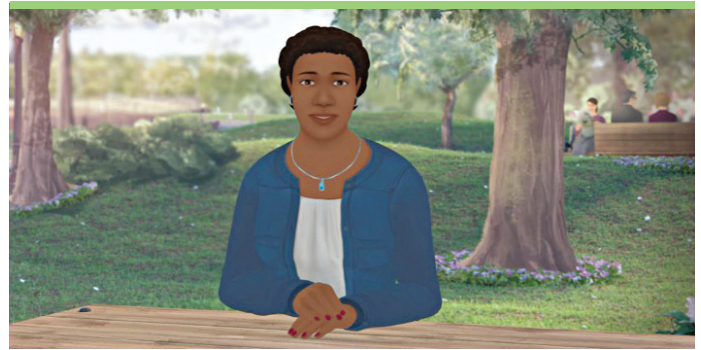
including holding focus groups with 159 participants. The assessments provided guidance on whether to adapt or develop materials and messages and guided methods of delivery for meeting the needs of both target populations.

### *State Cancer Program Transformation*

NACDD implemented actions in 2017 that identified real-time opportunities to improve breast, cervical, and colorectal cancer screening, follow-up diagnostics, and access to treatment; that increased



*Linda, a virtual human coach, from the “Talk to Someone: Triple Negative Breast Cancer” simulation by Kognito for women diagnosed with this hard to treat condition.*



communication with CDC and state programs regarding emerging policies, practices, and delivery models to enhance screening; and that expanded knowledge of state program approaches in a changing health care landscape.

#### LOOKING FORWARD

The following cancer-related projects are in progress in 2018. To learn more or to find out how your organization can become involved with this work, contact [info@chronicdisease.org](mailto:info@chronicdisease.org).

#### *Surveillance of Shared Decision-Making for Prostate, Breast, and Lung Cancer*

In collaboration with the CDC Division of Cancer Prevention and Control, NACDD is using a participatory partnership approach to improve future surveillance of shared decision-making for breast, prostate, and lung cancer screening,

forming three work groups to reach consensus by developing a conceptual framework for each cancer type.

#### *Improving Patient and Healthcare Provider Communication about Early Onset Breast Cancer*

NACDD, working alongside Kognito, a health simulation company, and Westat, a research and analysis firm, began exploring innovative ways for healthcare providers to communicate complex health information about early-onset breast cancer and breast health to women younger than 45 years of age who find themselves facing the need to make decisions about their care. The objective is to develop two role-play conversations with virtual humans: one for providers for educational purposes and another for women younger than 45 years of age with questions about their risk factors for breast cancer.

#### *Educating Providers on How to Manage Psychosocial Distress in Cancer Survivors*

Studies show that few specialty or primary care providers of cancer care are engaging in routine discussions with patients about psychosocial concerns or treatment options. To address this treatment gap, NACDD and CDC’s Division of Cancer Prevention and Control are partnering with and leveraging the expertise of Kognito to develop an interactive, online, CME-accredited, health simulation training for healthcare providers to teach them how to have discussions about mental health distress management and to provide supportive resources for cancer survivors. NACDD will partner with the CDC on future production of expert commentary videos on related material to further support learning on the topic of psychosocial distress.

#### *Developing a New Brand Identity for National Breast and Cervical Cancer Early Detection Program and the Colorectal Cancer Control Program*

A new brand identity and communication strategy and tool, developed this year by NACDD after a multi-step research effort, will help the CDC and grantees to increase stakeholder understanding, support, and participation in the National Breast and Cervical Cancer Early Detection Program and the Colorectal Cancer Control Program. Technical assistance will be provided to grantees for six months post launch.



*Cancer Council leaders in 2017 hosted regular training and professional development opportunities offered to the more than 450 staff in CDC-funded cancer programs. The Council studied the emerging issue of early onset colorectal cancer, the effects of a changing health policy environment on state cancer programs, and communications on cancer treatment and breast and cervical cancer screening efforts. The Council also is developing technical assistance and capacity-building strategies and processes to support cancer program staff.*

# Advancing Health Equity

The Health Equity Council works to incorporate the Five Goal Areas of the National Stakeholder Strategy for Achieving Health Equity into programs, policies, and projects. The Health Equity Council developed and implemented training this year on Applying the Health Equity Lens at the 2017 Chronic Disease Academy and on the Social Determinants of Health and Applying a Health Equity Lens for the CDC Division of Population Health Project Officers Advancing Health Equity Training Series.

### REDLINING: 1930'S TO 1970

The FHA explicitly practiced a policy of "redlining" when determining which neighborhoods to approve mortgages in. Redlining is the practice of denying or limiting financial services to certain neighborhoods based on racial or ethnic composition without regard to the residents' qualifications or creditworthiness. The term "redlining" refers to the practice of using a red line on a map to delineate the area where financial institutions would not lend.

The map below represents historically redlined neighborhoods in Cleveland, Ohio, which have the highest rates of infant mortality. As portrayed in the map, the areas with the lowest security ratings (pink and yellow) are predominantly home to the highest rates of infant mortality (the largest white circles).

Which neighborhoods experience the highest rates of infant mortality?

### Equity Crosscheck

Vetting our plan with an Equity Crosscheck is the next step. Use the Crosschecks to determine the accuracy of your plan by checking it against various other sources. Answer the following questions to determine if you have accurately included equity strategies in your action plans. Next, share your plan and these crosschecks with people inside or outside of your organization who are knowledgeable when it comes to health equity, racial equity, and institutional racism and who can help you identify gaps and more strategies to round out your plan for success.

Crosscheck Question	Answer Here
Does our plan acknowledge protected and vulnerable in our work that exclude already disadvantaged people?	
Does our plan explicitly identify and address how current policies, procedures, and/or practice disadvantage and limit access to exposure populations through institutional racism?	
Will institutional policies, procedures, and/or practices be modified to minimize risk to already disadvantaged people?	
Will our new plan result in culturally and linguistically responsive policies, procedures, practices and programs?	
How will our implementation of the new plan and activities be monitored/evaluated to ensure equity through an equity lens?	
Who are partners, internal and/or external, who can help us plan, implement, and evaluate our equity through an equity lens?	
Are action strategies identified in our new plan reflective of some of the recommended strategies found in resources? Which ones?	

**Key Informant Check:** Once the worksheets are complete, the work plan would be sent to "key informant" or equity experts - those who understand health equity in the department, such as the Office of Minority Health, Health Equity Steering Committee, or staff who are exceptionally informed and understand health equity. They could serve as a check and balance to give input on the work plans if anything needs to be changed or if other equity strategies could be added.

NACDD created the Moving to Institutional Equity tool to help users recognize institutional racism by moving through a series of worksheets that give step-by-step directions to identify potentially racist policies and/or procedures and then to explore opportunities to change the outcomes.

**“NACDD believes that, if regularly implemented, the Moving to Institutional Equity tool will help create a culture that recognizes equity as a core value of the workplace. State Health Departments can be role models in this effort by having our organizations reflect the communities we serve and by working to improve population health and to advance health equity.”**

— Louise Square, Project Lead, Moving to Institutional Equity, and Health Administrator with the New York State Department of Health



Robyn Taylor, NACDD Health Equity Consultant, teaches a module on Applying the Health Equity Lens during the annual Chronic Disease Academy, held in St. Louis, Missouri, in September 2017.

## LOOKING FORWARD

A full-time Health Equity consultant has been hired to support NACDD's work in this area. Additionally, nine states (Louisiana, Massachusetts, Georgia, Arkansas, Virginia, Mississippi, New Hampshire, Minnesota, and Florida) are piloting the use of the Moving to Institutional Equity toolkit in their own departments in 2018. To learn more, or to find out how your organization can become involved with this work, contact [info@chronicdisease.org](mailto:info@chronicdisease.org).

## Other NACDD Programs

### Advancing Arthritis Public Health Approaches

The Advancing Arthritis Public Health Approaches Project works with the CDC Arthritis Program, the Evidence-Based Leadership Council, Partners in Care Foundation, Elder Services of the Merrimack Valley, the American Physical Therapy Association, Medworks, and Westat to expand dissemination and delivery of arthritis-appropriate, evidence-based interventions (AAEBIs). Strategies include working with the Evidence-Based Leadership Council, as well as at least one member of a community-based organization to disseminate AAEBIs at low or no cost to employees at worksites in the catchment areas and working with American Physical Therapy Association chapters and physical therapy clinics to disseminate the Walk With Ease Self-Directed program, targeting 400 participants. This work increased referrals to and increased participation in CDC-recommended AAEBIs.

### Building GIS Capacity in State and Local Health Departments for the Prevention and Management of Heart Disease, Stroke, and other Chronic Diseases

NACDD works closely with the CDC Division for Heart Disease and Stroke Prevention and the Children's Environmental Health Initiative (CEHI) at Rice University to implement virtual and in-person trainings that integrate the use of GIS into daily operations that support surveillance and prevention of heart disease, stroke, and other chronic diseases. The GIS Network, which promotes the exchange of GIS information and resources for chronic disease, engages more than 350 staff using GIS in state and local health departments. In 2017, NACDD, CDC, and CEHI launched a training project for State Health Departments on advancing blood pressure medication adherence. States that participated in this training were Arkansas, California, Minnesota, and Montana. States already selected to attend the 2018 training are Georgia, Idaho, Maine, Michigan, New York, South Dakota, Vermont, and Wisconsin.

### Health and the Environment—Tracking in Action

During 2017, NACDD provided training and technical assistance to the CDC's National Center for Environmental Health, Division of Environmental Hazards and Health Effects, aimed at state and territorial 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, as well as to promote collaboration across categorical chronic disease prevention and health promotion programs in states and territories. More than 6,000 practitioners were reached through various activities including 400 who attended the Environmental Public Health Tracking Virtual Conference, which highlighted linkages between chronic disease prevention and control and environmental health public health tracking. Five state health department practitioners were featured in the conference poster session. A newly established community of practice/forum focused on health and the environment.

*Approximately 400 public health practitioners attended the 2017 Environmental Public Health Tracking Virtual Conference, which highlighted the linkages between chronic disease prevention and control and environmental health public health tracking.*





*Each year, the Association hosts the Chronic Disease Academy, a multi-day, intensive professional development conference offered by invitation only to chronic disease units in state and territorial health departments. The Academy also provides a rare opportunity for health workers to network with each other and share best practices in person, building both community and capacity.*

### Implementation of Strategic Plans for Lupus

Funded by the CDC, the American College of Rheumatology collaborates with NACDD to develop sustainable strategies to support and build partnerships between State Health Departments and community-based organizations on lupus. Two community-based organizations were funded to implement select recommendations from state-based strategic plans. The Big Bend Rural Health Network developed an effective partnership with the Florida Chronic Disease Director, including a lupus subcommittee to the Chronic Disease Coalition, a lupus module for inclusion in the 2019 BRFSS, and compilation of hospitalization discharge and death data for addition to the Florida Charts website. The Georgia Council on Lupus Education and Awareness is building upon an effective partnership with the Georgia Chronic Disease Director to develop a lupus module for inclusion in the 2019 BRFSS, and to assess the interest in telemedicine and provide training to specialty and primary care practitioners on the use of telemedicine for lupus diagnosis and treatment.

***“May is Lupus Awareness Month! Lupus is an autoimmune disease that has no cure and if not properly managed, can damage any part of the body, including the skin, joints, lungs, and other organs. During the month of May, please wear purple to show your support and go to [www.thelupusinitiative.org](http://www.thelupusinitiative.org) to learn about this often misunderstood, treatable disease. This PSA is brought to you by the National Association of Chronic Disease Directors and Big Bend Rural Health Network!”***

*—PSA for Lupus Awareness Month 2017*

### National Mentorship Program in Applied Chronic Disease Epidemiology

The National Mentorship Program in Applied Chronic Disease Epidemiology (mentoring program) was established by CDC and NACDD to partially address the shortage of technical expertise and capacity in applied chronic disease epidemiology among state, local, and territorial health departments. The program offers up to nine-month mentorship opportunities for newly hired or junior-level chronic disease epidemiologists who wish to be mentored in applied chronic disease epidemiology and develop capacity in one or more of seven identified competency areas. The 2017 cohort included four mentor-mentee pairs who were recruited by NACDD and received Association support through monthly mentee and mentor conference calls, assistance with submission of conference abstract(s) and presentations, travel for the CSTE annual conference, mentor site visits, and general technical assistance. Many former mentees have been promoted to the position of senior chronic disease epidemiologist; two now serve as a state or territory Chronic Disease Directors.



## Pacific Chronic Disease Council

The Pacific Chronic Disease Council provides leadership in the development of a Pacific-Non-Communicable Disease Collaborative Initiative targeting health system transformation and expanding population outreach in the region of the U.S. Associated Pacific Islands, which include American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Republic of Palau, and Republic of the Marshall Islands. This region spans twice the geographic area of the continental United States and has a population of about half a million people.

*“Noncommunicable disease death rates continue to rise among the Pacific people along with increasing numbers of diabetes-related complications such as amputations and kidney failure. We must find ways to bend the curve and decrease the numbers. I commend the Noncommunicable Disease Collaborative, as it helps us share lessons learned and strengthen action with government ministries, healthcare systems, and community-based partners across the region.”*

—Honorable Kalani Kaneko,  
minister of health for the  
Republic of the Marshall Islands.

## Partnership with the Association of State and Territorial Dental Directors to Integrate Oral Health and Chronic Disease

NACDD established a memorandum of understanding with the Association of State and Territorial Dental Directors (ASTDD) in 2016 to promote identification of emerging models of oral health and chronic disease collaboration/integration in State Health Departments. A joint ASTDD/NACDD General Member Webinar, conducted in October 2017, featured the approaches taken by Connecticut, Tennessee, and Chicago, Illinois, to integrate oral health into CDC’s Whole School, Whole Community, Whole Child model. Roundtables conducted at ASTDD’s National Oral Health Conference provided an opportunity to talk with state oral health programs about current and existing opportunities to collaborate with state chronic disease programs, and increased collaboration has occurred between NACDD and ASTDD consultants on joint priorities. State models of collaboration will be featured at the ASTDD Member Sharing Session at the National Oral Health Conference in 2018.



### The PATH to Improving Laboratory Measurements of Chronic Disease Biomarkers

NACDD collaborates with CDC, the Endocrine Society and the Partnership for the Accurate Testing of Hormones (PATH) in a partnership to improve the quality of laboratory measurements for chronic disease biomarkers. A strategic plan advocates for the universal adoption of accuracy-based testing in medical practice and research to advance the development of standardized chronic disease biomarker tests. Workgroups to revise and update the PATH website and to promote clinician education and public outreach are developing strategies to implement recommendations of the strategic plan.

### Public Health Leadership and Practice Team

NACDD helped to further state and territorial leadership and management of chronic disease prevention and health promotion this year by facilitating peer-to-peer learning among Chronic Disease Directors, cultivating leader-to-leader dialogue among states and CDC, identifying emerging issues and opportunities, and enabling collective problem solving.

### Chronic Disease Directors Forum

The Chronic Disease Directors Forum engaged Chronic Disease Directors from 59 states and territories to share best practices, identify emerging issues, and network with peers. Several opportunities were offered to Chronic Disease Directors and their staff:

- First Thursday Webinars presented an in-depth look at leadership and management theories along with practice-based examples.
- Gear Up Journal Club participants learned through discussion of peer-reviewed literature on leadership and management topics.
- Small group, in-person State Leadership Meetings helped Members identify emerging issues and strengthen processes, organization, and workforce.
- Regional Representatives Council Meetings served as an incubator for new ideas.

### Thought Leaders Round Table

Applying the Thought Leaders Round Table model, NACDD brought together diverse expertise and perspectives to examine emerging issues that intersect with chronic disease prevention practice and to recommend opportunities for Chronic Disease Directors and national partner action.

### STAR (STate Activation and Response)

STAR provides a quick-cycle quality improvement approach to organizational development in State Health Departments through assessment of organizational capacity using evidence-based measures focused on six framework components: partnerships and relationships, leadership, workforce development, management and administration, organizational climate and culture, and evidence-based public health practices. STAR states develop a six-month plan for achieving improved organizational capacity. Six states participated in 2017, and short-term results show improvements in organizational culture. Two states are scheduled for 2018, and additional recruitment is underway.





# Program Evaluation

## Leading the Way in Measuring Our Success

To increase efficient data collection and reporting, NACDD developed a new Performance Measurement and Evaluation System (PMES) using cloud-based technology. PMES provides a comprehensive and centralized electronic data collection center to house systematically gathered data across all NACDD-funded projects and programs.

This system allows NACDD stronger monitoring of program success and rapid reporting to Members and funders. Through this dynamic tool, we also are able to provide more descriptive attributes of NACDD programs to invested stakeholders, document current progress, and monitor quality improvement.

Because PMES was designed and created to use the Caspio cloud-based platform, it readily collects data bimonthly for more than 180 variables across 40 plus OSTLTS-funded programs. These data are then migrated to our MS Access database, which currently houses all relevant information including program activities, objectives, performance measures, outcomes, and outputs related to OSTLTS and CORE programs. Its built-in automation process for forms, queries, and reports increases productivity and accuracy for both the input and output processes. Through this extensive databank of information, we can closely measure the impact of specific programs and monitor progress over time.

Thanks to the efficiencies created by PMES, NACDD is witnessing reduced time spent on collection and submitting data from program staff so that more time can be devoted to critical local objectives. It also provides a more reliable source for exporting the most relevant data points for analysis by program directors, the Board of Directors, and NACDD Members, providing the resources needed to continue the advancement of NACDD programs across our current and expanding territories.

— Zarina Fershteyn, MPH, Director, Program Evaluation

### CASPIO MAIN INTERFACE

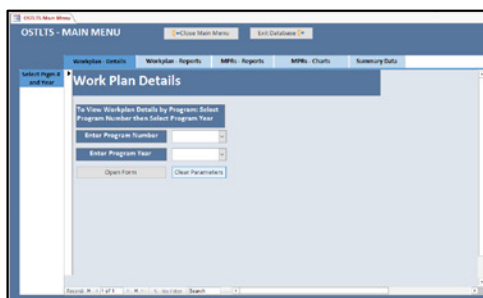


### CASPIO OBJECTIVES MAIN PAGE

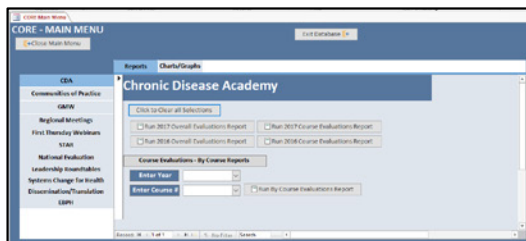
PROGRAM NUMBER	OBJECTIVE NUMBER	OBJECTIVE TARGET DATE	OBJECTIVE DESCRIPTION	INPUT OBJECTIVE DETAILS	VIEW/UPDATE OBJECTIVE DETAILS
0	1	8/1/2016	NACDD will provide additional resources and technical assistance to the three states that were ...	<a href="#">Input Objective Details</a>	<a href="#">View/Update Objective Details</a>
0	2	8/1/2016	NACDD will collaborate with CDC to convene and begin working with an Expert Panel to assist in the ...	<a href="#">Input Objective Details</a>	<a href="#">View/Update Objective Details</a>
0	3	6/30/2017	Identify actions to be undertaken at the state level to implement the recommendations featured in ...	<a href="#">Input Objective Details</a>	<a href="#">View/Update Objective Details</a>

Records 1-3 of 3

### OSTLST ACCESS DATABASE MAIN MENU



### CORE ACCESS DATABASE MAIN MENU



A man with short brown hair, wearing a blue checkered suit, white shirt, and blue patterned tie, is speaking into a microphone. He is gesturing with his hands. The background is a blurred audience seated at tables in a large hall. A green semi-transparent bar is at the bottom of the image.

# Grow



## Building Capacity

### Demonstrating the Value of Prevention at the 2017 Chronic Disease Academy

One of NACDD's flagship program activities, the annual Chronic Disease Academy is the leading professional development opportunity for state and

territorial chronic disease units, offering modules to improve core competencies taught by nationally renowned and highly skilled experts. The 2017 Chronic Disease Academy was held in St. Louis, Mo., and featured keynote speakers Charles Brown (Rutgers University) and Ian Galloway

(Federal Reserve Bank of San Francisco) covered the themes of demonstrating and communicating about the value of chronic disease prevention and control. The keynote addresses are available via podcast at [chronicdisease.org](http://chronicdisease.org).



*Did you know? NACDD's Meetings & Events team supported the planning and execution of more than 60 chronic disease programming events in 24 states in 2017.*



## Human Resources

### Growing with You

We are excited to share that Members and partners of NACDD can expect to see more efficient and energetic support from NACDD Headquarters in 2018. This news comes on the heels of an intensive third-party study initiated in spring 2017, when NACDD senior leadership commissioned an institutional analysis to improve the agency's efficiency, effectiveness, and accountability across the organization.

The entire NACDD staff, Board of Directors, and several NACDD consultants provided organizational insight to the lead specialist, Peter Rosen, human resources executive and consultant. His six-week study yielded positive recommendations including:

- Restructuring NACDD to improve responsiveness to all stakeholders
- Increasing relevancy and importance of the Association to Members by uniting the Communications and Member Services departments

- Enhancing job satisfaction for NACDD staff by providing greater flexibility in work hours and telework options, and
- Improving work flow through redistributed work load.

Along with the organizational restructure came a recommendation to create two new roles at NACDD: a senior director of operations and an executive assistant. With the addition of these key positions and other new hires, NACDD has grown from 17 employees at the beginning of 2017 to 21 current full-time employees.

Under the new structure, and with a fresh outlook, we anticipate a noticeable transformation as we grow with you to support and serve you into 2018 and beyond. Thank you for your continued partnership with us as we endeavor to improve on our past successes together!

—Slavomira “Cici” Roberts, MBA,  
SHRM-CP Director, Human Resources

### Our Staff

Building on the success of the past, our Headquarters staff has grown in 2017 to meet the needs of NACDD's expanding programs and Vision. With primary objectives of facilitating cooperation across NACDD's network and supporting our programs and leaders throughout our growing footprint, this team works closely together to provide valuable NACDD resources from our home base in Decatur, Georgia. To assist needs quickly and effectively, please refer to the primary contact chart for common questions and direction.

*“My year-long internship with NACDD has been an invaluable experience. Since day one, I have felt like a valued member of the NACDD family. Interning with the Communications and Member Services Department was an excellent supplement to my public health coursework. The knowledge I gained and the relationships I formed exceeded my expectations. I am forever grateful for this foundational career opportunity.”*

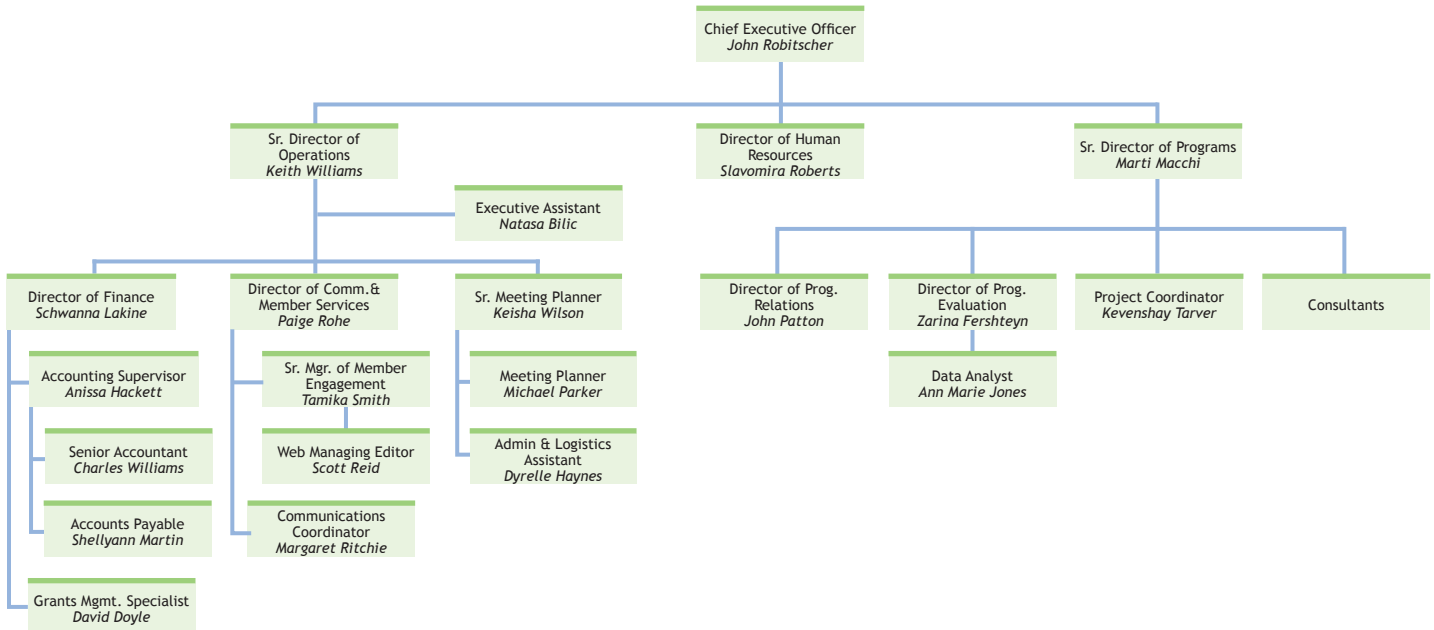
—Ugochi Egbukichi, MPH, Communications and Member Services Intern



NACDD Headquarters staff were honored to meet the 20th U.S. Surgeon General VADM Dr. Jerome Adams during his visit to the third annual NACDD Program Success Showcase in 2018.



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## Our Subject Matter Experts

One of our strongest assets at NACDD year after year remains our body of subject matter experts. Leaders in their fields, these professionals bring tremendous experience and advanced degrees to the knowledge available to our state and territory leadership as well as to our broader Member network.

*NACDD subject matter experts serve in consultant roles to most U.S. states and territories, assisting them with implementing more than 100 national projects and programs focused on chronic disease prevention and control.*

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## Our Financials

NACDD values the financial support received from donors, grants, and partner agencies to achieve our accomplishments in collaboration with our state Members. The following pages represent NACDD's strong financial position in 2017, as well as reflect NACDD's careful stewardship of funds received, in addition to their growing levels of support and success.

### National Association of Chronic Disease Directors Financial Report

	2017	2016
<b>Revenue:</b>		
Government Grants and Contracts	\$19,175,517	\$16,361,122
Conferences and Meetings	254,583	1,200
Other grants and contributions	577,449	514,125
Member Dues	51,000	48,000
Investment income (loss)	85,387	53,667
Other revenues	—	—
Total revenue, gains, and other support	20,143,936	16,978,114
<b>Expenses and losses:</b>		
Program Services	17,138,050	13,738,746
Supporting Services	3,025,458	2,222,652
Management and General	3,021,441	2,214,833
Fundraising	4,017	7,819
Total Expenses	20,163,508	15,961,398
<b>Change in Net Assets:</b>		
Change in unrestricted	(326,971)	143,616
Change in temporarily restricted	307,399	873,100
Net Asset Change	(19,572)	1,016,716
Net Assets, beginning of year	3,247,366	2,230,650
Net Assets, end of year	\$3,227,795	\$3,247,366

*NACDD is grateful for the support it receives from the Centers for Disease Control and Prevention.*

*No federal funds were used in the publication of this report.*

## Our Partners

Since NACDD's inception, the Centers for Disease Control and Prevention has shaped our Association's definition of partnership and collaboration. Today, partnership still improves our work in communities and through states. From Member partners to funding partners to project partners, NACDD relies on the expertise and networks of its collaborators to control and prevent chronic disease and to promote health.

Examples of partnership at NACDD cross diverse industries that span health consulting services, insurance providers, community health networks, health systems, the media, and private corporations.

This year, NACDD partnered with CBS Television and award-winning journalist Joan Lunden to bring prediabetes awareness to the nation's 13 largest media markets. We partnered with software gaming company Kognito

to create an animated conversation simulation tool that answers patients' questions regarding triple negative breast cancer.

Leavitt Partners, a health intelligence company, now provides NACDD Members with access to rich data sources never before available and health policy insights to help guide their work.

We are working with Cappa Health, Inquisit Health, and Hope 80/20 to bring the National Diabetes Prevention Program to rural communities via online and telephonic delivery services.

National health organizations such as the American Medical Association and the American Cancer Society are long-standing partners that help expand NACDD's footprint and impact.

We are always looking for new partners to add value and innovation to the critical work of our members and funders. We

*The ProVention Health Foundation is dedicated to the promotion of prevention. Simply put, we believe that prevention of disease is the answer to our nation's health crisis. ProVention was established as part of the National Association of Chronic Disease Directors and has access to more than 7,000 disease prevention experts in public health, federal agencies, and the private industry. Learn more about the ProVention Health Foundation by visiting [ProVentionHealth.org](http://ProVentionHealth.org).*

welcome the opportunity to work with new partners to explore the frontiers of chronic disease prevention and control and health promotion.

*John Patton, Director, Program Relations*



# 2017 Annual Report Inform, Engage, and Grow

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**NATIONAL ASSOCIATION OF  
CHRONIC DISEASE DIRECTORS**  
Promoting Health. Preventing Disease.