

CELEBRATING  
**30**  
YEARS



# SECURING *a healthier future*

Annual Report 2018



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



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# A Message from Our President and CEO



The combined efforts of Chronic Disease Directors, the National Association of Chronic Disease Directors (NACDD), and our valuable partners are empowering our society to create a healthier, more productive future for themselves and their children.

Looking ahead to the next 30 years, NACDD will continue serving as the lead voice in raising awareness about chronic disease prevention, securing increased attention to emerging issues in the field of health promotion and health equity, and leveraging our credibility to forge new collaborations and expand resources for public health.



As our success builds momentum toward a healthier future, we look forward to additional partnerships with key organizations. We are particularly proud of our work on the Building Healthy Military Communities partnership with the Department of Defense and the Centers for Disease Control and Prevention (CDC), where we provide education to our military personnel and their families about how readiness and resilience can be enhanced through healthier life choices.

We also were honored to welcome the U.S. Surgeon General to our third annual Public Health Program Success Showcase in the early spring. Our “Nation’s Physician” shared with us his vision for and commitment to supporting state-based health promotion.

Additionally, our relocation this year to a shared office with the Task Force for Global Health in Decatur, Ga., is facilitating global attention to our work on issues many developing countries are beginning to confront, such as diabetes and cancer.

Of course, the achievements we celebrate in 2018 are the result of the cumulative efforts of NACDD, our partners, and our Members over the course of our decades-long history. Every year of our existence – from our founding in 1988 to our status today as a model public health organization – is a reflection on the dedicated work of our Members and our organization’s professional staff. Our past and future success relies on their strength, dedication, and leadership to propel health promotion forward with purpose and passion.

As we chart our course for our next 30 years of influential efforts, we embrace our role as your trusted partner to inform, engage, and grow our shared Mission to promote thriving communities.

Together, we **are** our nation’s agents of change as we lead efforts to secure a healthier future.

In Good Health,

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

John W. Robitscher, MPH  
Chief Executive Officer  
National Association of Chronic Disease Directors

A handwritten signature in black ink, reading "Gabriel Kaplan".

Gabriel Kaplan, PhD, MPA  
Board President  
National Association of Chronic Disease Directors

# Financial Report

	2018	2017	% Change
<b>Revenue:</b>			
Government Grants and Contracts	\$19,893,153	\$19,175,517	4%
Conferences and Meetings	6,250	254,583	-98%
Other Grants and Contributions	1,461,775	577,449	153%
Member Dues	91,000	51,000	78%
Investment Income (loss)	128,842	85,387	51%
Total Revenue, Gains, and Other Support	21,581,020	20,143,936	7%
<b>Expenses and losses:</b>			
Program Services	16,967,417	17,138,050	-1%
Supporting Services	3,654,683	3,025,458	21%
Management and General	3,631,005	3,021,441	20%
Fundraising	23,678	4,017	489%
Total Expenses	20,622,100	20,163,508	2%
<b>Change in Net Assets:</b>			
Change in Unrestricted	138,019	(326,971)	
Change in Temporarily Restricted	820,901	307,399	
Net Asset Change	958,920	(19,572)	
Net Assets, Beginning of Year	3,227,795	3,247,366	
Net Assets, End of Year	\$ 4,186,715	\$ 3,227,795	

# Government Affairs

The Fiscal Year (FY) 2019 appropriations process started with the President's FY 2019 budget request arriving prior to completion of the FY 2018 appropriations process. It also came too late to fully incorporate the higher discretionary budget caps for FY 2019, which had been enacted a week prior to the President's budget being released. The only way to make sense of the President's request was to examine the original, long-planned budget documents—which assumed outdated budget caps—in conjunction with a hastily drafted “addendum,” delivered to Congress Feb. 12, 2018. These documents recommended various ways to allocate additional funding permitted under the new, higher caps.

Including the addendum, the FY 2019 budget recommended \$716 billion for defense discretionary programs and \$540 billion for non-defense discretionary programs, for a total of \$1.256 billion. The request included the full amount for defense allowed under the new FY 2019 defense cap, but \$57 billion less for non-defense than allowed under the non-defense cap.

Have you checked out our  
Policy page on our website?

Visit [www.chronicdisease.org/page/PolicyPrograms](http://www.chronicdisease.org/page/PolicyPrograms)  
to learn about our policy priorities and goals.

The bulk of the non-defense funding that was added in the addendum was directed to the Department of Health and Human Services (HHS), including \$10 billion for opioids and mental health and \$9.2 billion for the National Institutes of Health (NIH). Overall, \$27 billion was added to discretionary HHS programs.

Prior to the Administration's budget release, NACDD and Cornerstone Government Affairs set legislative priorities, drafted fact sheets for each of our appropriations requests, and began meeting with members of Congress and congressional staff to advocate for our appropriations and legislative agenda.

The President's FY 2019 request for CDC was a program level of \$5.9 billion, or \$1.2 billion (-19%) below the FY 2017 level. The large cut to CDC was due in part to two major transfers: the transfer of National Institute for Occupational Safety and Health to National Institutes of Health-funded at \$200 million, a reduction of \$134 million, and the transfer of the Strategic National Stockpile to the Office of the Assistant Secretary for Preparedness and Response with a reduction of \$575 million. Adjusting the CDC program level for these transfers,

the budget would be cut by \$627 million (10%), before the addition of potential new dollars for opioids.

The President eliminated the Prevention and Public Health Fund and again proposed the creation of the \$500 million America's Health Block Grant, which was rejected by the House and Senate Appropriations Committees last year. The new block grant consolidates tobacco (\$205 million), Nutrition/Physical Activity (\$50 million), Heart Disease and Stroke (\$130 million), Diabetes (\$140 million), and Arthritis (\$411 million)—totaling \$566 million in FY 2017, which included funding for the wind down of the Program for Investigation and Training for Careers in Health (PITCH) program.

Within CDC's National Center for Chronic Disease Prevention and Control (NCCDPHP), outside of the block grant, Cancer programs were cut by \$18 million compared to FY 2017, down to \$337 million. The budget also eliminates REACH (\$51 million) and Million Hearts (\$4 million). Continuing the long-standing trend, the Preventive Health and Health Services Block Grant, funded at \$160 million, also was eliminated.

NACDD, again, 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 reject once more the proposal for the America's Health Block Grant and instead maintain the categorical funding lines at NCCDPHP. 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, Health and Human Services, Education, and Related Agencies (Labor-HHS) subcommittee FY 2019 reports.

NACDD and Cornerstone continued to advocate tirelessly for our priorities by meeting with critical Members of Congress and Congressional staff. In September, the House and Senate passed a final conference agreement on H.R. 6157, the second of three FY 2019 minibus appropriations packages, which included funding bills for the Defense and Labor-HHS subcommittees. The bill also contained a continuing resolution (CR) through Dec. 7, 2018, for any appropriations bills not enacted before Oct. 1, 2018. It was the first time in 22 years that action on the Labor-HHS bill was completed prior to the end of the fiscal year.

The bill included \$178.1 billion for Labor-HHS for investments in critical medical research, opioid abuse prevention and treatment, and education. This includes \$39.1 billion for NIH, an increase of \$2 billion, and \$3.8 billion to combat the opioid crisis, an increase of \$206 million.

CDC was funded at \$7,332,925 with NCCDPHP funded at \$1,187,771 an increase of \$27,914,000 over the previous fiscal

year. Congress, again, rejected the President's proposal for the America's Health Block Grant, maintaining the categorical funding lines at NCCDPHP. Funding at NCCDPHP remained at the FY 2018 levels for most programs, except for a \$1 million increase for Alzheimer's and a \$2 million increase for Cancer Registries and Division of Nutrition, Physical Activity, and Obesity.

The Preventive Health and Health Services Block Grant was funded at \$160 million.

The following chart provides a budget comparison between fiscal year 2018, the President's proposed request for 2019, and the outcome of fiscal year 2019.

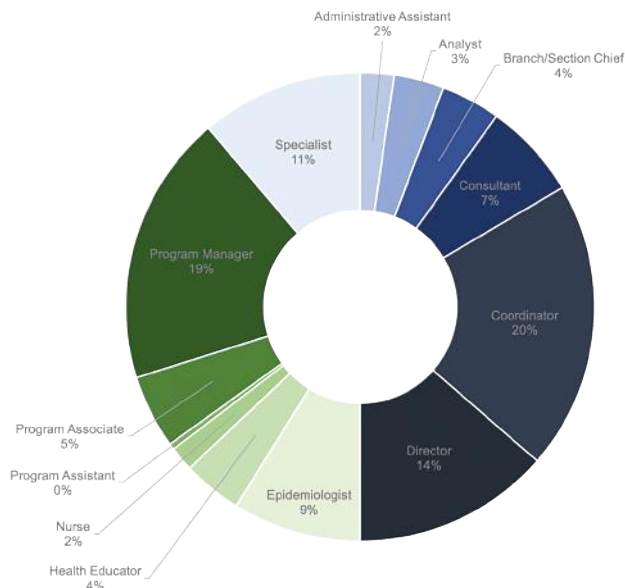
Program	FY 2018	FY 2019 President's Request	FY 2019
Alzheimer's Disease	\$4,500,000	\$3,493,000	\$5,500,000
Arthritis	\$11,000,000	*	\$11,000,000
Cancer Registries	\$49,440,000	\$49,346,000	\$51,440,000
Colorectal Cancer	\$43,294,000	*	\$43,294,000
Comprehensive Cancer Control	\$19,675,000	\$67,143,000**	\$19,675,000
Heart Disease and Stroke Prevention	\$140,062,000	*	\$140,062,000
Diabetes	\$148,129,000	*	\$148,129,000
National Diabetes Prevention Program	\$25,300,000	\$19,962,000	\$25,300,000
Nutrition, Physical Activity & Obesity	\$54,920,000 (+\$15,000,000 for high rate counties)	*	\$56,920,000 (+\$15,000,000 for high rate counties)
Healthy Schools, Healthy Youth	\$15,400,000	\$15,371,000	\$15,400,000
Tobacco Control	\$210,000,000	*	\$210,000,000
Breast & Cervical Cancer Early Detection	\$218,000,000	\$210,000,000	\$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
Preventive Health and Health Services Block Grant	\$160,000,000	*	\$160,000,000

\* Denotes programs that could be supported by the new 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.

# Membership

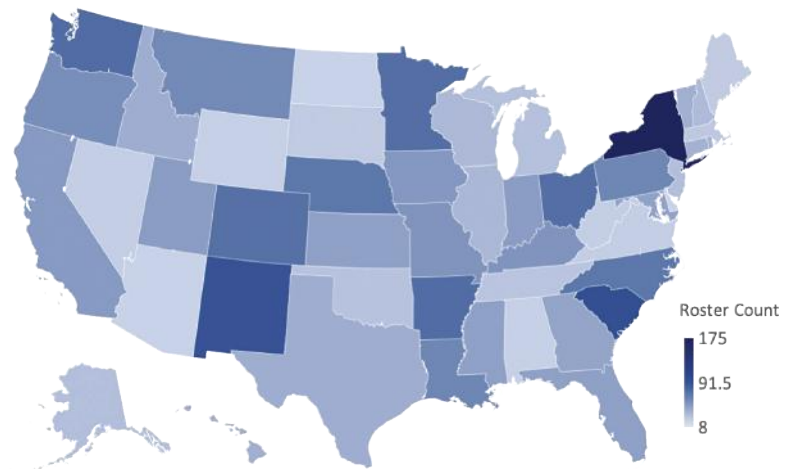
## Membership Breakdown by Job Title



NACDD is a national association for public health practitioners, providing opportunities for peer-to-peer networking and information sharing, cross-jurisdictional collaboration, leadership development, and technical assistance.

NACDD's Members contribute in many ways to the prevention and control of chronic disease and health promotion. The diversity in expertise, focus, and experience year over year positions our Members for success as they strive to reduce the burden of chronic disease in the communities they serve.

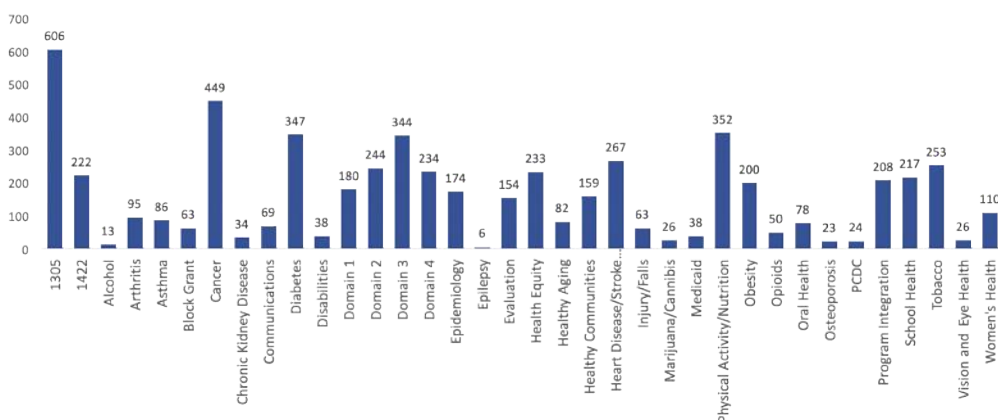
## Membership Breakdown Heat Map



NACDD serves as a leading and influential voice for all those who seek to end the burden of chronic disease in all U.S. states, territories, and tribal communities. Our Members are dispersed in State Health Departments nationwide serving more than 3,100 counties and over 329 million people.

*Excel through association.*  
Join NACDD to propel your career in your State/Territorial Health Department.  
Visit [www.chronicdisease.org/MembershipBenefits](http://www.chronicdisease.org/MembershipBenefits) to learn about our Member benefits and resources.

## Membership Breakdown by Chronic Disease Focus Area



NACDD's central challenge is to provide leadership to states in preventing chronic disease through healthy communities, equitable opportunities, and a modernized health system. Our programming accomplishes this by emphasizing capacity building, professional development, and advocacy on behalf of and in collaboration with state programs.

# By the Numbers in 2018

<b>~7,000</b> Members nationwide	<b>&gt; 20</b> staff at NACDD Headquarters	<b>&gt; \$21</b> million in revenue
<b>~50</b> subject matter expert consultants	<b>4</b> major cooperative agreements (32 projects under CSTLTS)	

## This year we...

- **Implemented more than 100** CDC-funded public health projects
- **Served as a Million Hearts®** national partner
- **Assisted 10 communities in five states** to create inclusive policies, systems, and environments promoting healthy eating, physical activity, and reduced exposure to tobacco products for people with disabilities
- **Reached more than 100 million Americans** by collaborating with CBS and the Ad Council to broadcast prediabetes messages
- **Communicated to physicians nationally** regarding the need to screen their patients for colorectal cancer
- Collaborated with **more than 500 organizations, 16 states, and two major cities** to set actionable goals to expand the National Diabetes Prevention Program
- **Led a project in two states** to test the National Diabetes Prevention Program in Medicaid and developed an online toolkit to support expansion of coverage by public and private payers ([www.coveragetoolkit.org](http://www.coveragetoolkit.org))
- **Organized a national thought-leaders roundtable** to discuss Medicaid reimbursement models for chronic disease

# PROGRAMS

*In its 30th year, NACDD is a model public health organization that continues to demonstrate the importance of state-level leadership in chronic disease prevention and control and health promotion. For the 13th year in a row, our programs have expanded to diversify our portfolio of work and deepen the impact that state and territorial health professionals have on the communities they serve, reducing our nation's leading causes of preventable illness, disability, and death.*

## HEALTH EQUITY

*NACDD has a long history of creating and promoting healthy environments and increasing access to healthy choices for populations experiencing the greatest needs, including people of color, rural populations, and people with disabilities. To achieve equity in today's public health environment, leaders of State Health Department chronic disease programs are seeking ways to prepare themselves and their staff to respond to the ever-changing climate and social factors that contribute to the health and well-being of the population. Inequities linger largely because remedies often focus only on reducing disparities in clinical care access and not on the social determinants of individual need and population health.*

The Member-driven Health Equity Council (HEC) is composed of public health leaders from various states that work together to provide educational opportunities, projects, tools, and support for those working to promote health equity. Most recently, the HEC created and piloted the Moving to Institutional Equity Tool, which was developed for State Health Departments to assess policies, programs, and practices through an equity lens. The HEC works to elevate awareness of health in all policies strategies and of the need to engage upstream partners to address disparities. Additionally, NACDD provides a health equity workshop, Foundations of Health

*Participants in the 2018 Walkability Action Institute plan how they will adapt their learnings to their own communities to influence healthier behaviors within the built environment.*

Equity: Creating a Culture of Health for All. This workshop is widely requested and has created space for states to develop and implement internal policies, practices, and projects to promote equity.

### ADDRESSING INSTITUTIONAL RACISM

In 2018, nine states piloted the “Moving to Institutional Equity” toolkit (Louisiana, Massachusetts, Georgia, Arkansas, Virginia, Mississippi, New Hampshire, Minnesota, and Florida) to help identify and address institutional racism's impact on communities' health.

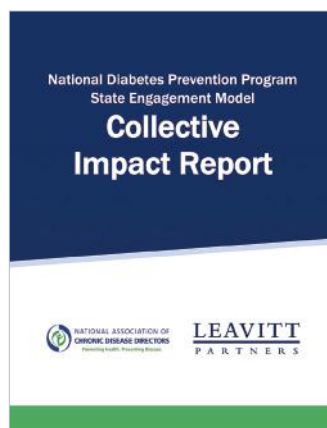
### MAKING HEALTHY CHOICES MORE INCLUSIVE

Ten communities in five states developed a community action plan targeting inclusive healthy community changes for people with disabilities so that healthy eating and physical activity opportunities are available for all people where they live, learn, work, play, pray, and receive care. To date, an estimated 100 sustainable outcomes have been achieved so far.

The Walkability Action Institute, or the WAI, is a multi-day course designed to help interdisciplinary teams develop and implement Walkability Action Plans to benefit their regions over the long term. Forty-one teams from the Walkability Action Institute, Years 1-4, have collectively accomplished nearly 500 walkability-related outcomes and reached more than 20 million people—work that is especially important among economically disadvantaged populations.



*In 2018, NACDD published the National Diabetes Prevention Program State Engagement Model Collective Impact Report, detailing work to scale and sustain the National Diabetes Prevention Program.*



## DIABETES

*One in three American adults, or 84 million people, has prediabetes, a condition that puts them at increased risk of developing type 2 diabetes, heart disease, and stroke. Nearly 90% of these adults are not aware that they have it. Without intervention, many of these adults will develop type 2 diabetes. NACDD is working with the National Diabetes Prevention Program (National DPP) to help prevent or delay type 2 diabetes and to improve overall health across the U.S..*

“Through the National Diabetes Prevention Program, we are building a nationwide infrastructure and delivery system to support lifestyle change intended to prevent or delay type 2 diabetes—for the first time in the U.S.. This requires the involvement and commitment of partners across multiple sectors, including community-based organizations; healthcare; public and private payers; employers; federal, state, and local government; and many others. Together, CDC and NACDD are committed to supporting state engagement meetings in all states to help advance our work on the National DPP.”

—Ann Albright, PhD, RD, Director,  
Division of Diabetes Translation,  
Centers for Disease Control and Prevention

## LEVERAGING DIABETES PREVENTION EXPERTISE AT THE STATE LEVEL

NACDD has applied the NACDD/CDC State Engagement Model in 35 states since 2012 and helped them gain commitments from public and private organizations to scale and sustain the National DPP. This model has been a significant influencer in the decision to add the National DPP as a covered benefit for employees, potentially impacting more than 25 million covered lives.

## REACHING THE UNDERSERVED TO PREVENT DIABETES

NACDD is one of 10 national organizations working to scale the National DPP in underserved areas as part of the CDC 1705 grant. This work is reaching close to 280 participants through 10 organizations working across Alaska, Florida, New York, and Pennsylvania. NACDD enlisted a variety of partners to support the work at the state and national level. To help support the selected priority population of persons with disabilities, the Lakeshore Foundation served as a subject matter expert, advising on the training of more than 30 lifestyle coaches on “Prevent T2 for All,” a version of the curriculum designed to bring inclusion to the forefront of program recruitment, enrollment, and implementation. To aid in program retention, Welltok, a health engagement and activation company, created and launched a text message content library to provide weekly messages to enrolled participants about the importance of class attendance, logging physical activity, and healthy eating. Through virtual, telephonic, and in-person programs, NACDD supports a multi-state, multi-partner approach to scaling the National DPP in underserved areas.



*NACDD senior staff and the Alaska Department of Health and Social Services' Chronic Disease Prevention and Health Promotion section meet to discuss their efforts to scale and sustain the National Diabetes Prevention Program.*

## EXPANDING PUBLIC AND PRIVATE COVERAGE FOR DIABETES PREVENTION

Earlier this year, partners in the Medicaid Coverage for the National DPP Demonstration Project convened a capstone meeting to celebrate the closing of this landmark project, mark the release of the final evaluation executive summary, and discuss how the findings may be used to inform and strengthen future work.

The demonstration, which was funded by the CDC and facilitated by NACDD, was a multi-year endeavor with Maryland and Oregon to determine how the National DPP lifestyle change program could be provided to the Medicaid population using collaborative partnerships among state Medicaid agencies, State Health Departments, managed care organizations, and community-based organizations. The ultimate goal of the project was to achieve sustainable coverage of the National DPP for Medicaid beneficiaries under current Medicaid authorities.

The project team from CDC, NACDD, and Leavitt Partners has continued to build on what was learned from the demonstration and has disseminated this information through their “Coverage 2.0” work. The focus of this CDC-funded work continues to support State Health Departments and Medicaid agencies in establishing coverage for the National DPP lifestyle change program; it also assists states in engaging commercial and employer payers. Specific workstreams for Coverage 2.0 include:

- Focused technical assistance and targeted funding focused on operationalizing Medicaid coverage for the National DPP to Minnesota, New Jersey, and Pennsylvania as well as continued support to Maryland and Oregon.
- Technical assistance to eight states focusing on Medicaid coverage for the National DPP through CDC’s 6|18 Initiative (California, Indiana, Kentucky, New Hampshire, New Jersey, Pennsylvania, Rhode Island, and Wyoming).
- National DPP Coverage Workshops (Hawaii, Missouri, Nebraska, Texas, and Utah) held in partnership with State Health Departments to convene commercial payers and employers in order to learn the benefits, outcomes, and member-engagement advantages of covering the National DPP lifestyle change program and outline key steps for program implementation.
- Continued updates and expansion of content on the National DPP Coverage Toolkit website ([www.coveragetoolkit.org](http://www.coveragetoolkit.org)), including a build out of the Employer and Commercial Payer section.

*“The CDC/NACDD state engagement model made it possible for us to attract a diverse network of stakeholders who helped draft a real-world action plan to expand the National DPP in Hawaii. NACDD’s guidance helped us move the plan forward collaboratively. As a result, Hawaii has made remarkable progress in building and scaling the National DPP.”*

—Blythe Nett, Coordinator, Diabetes Prevention and Control Program, Hawaii State Department of Health

“Early detection can save your life.  
Don’t delay, talk to your doctor about  
which screening test is right for you.”

— Joan Lunden

## CANCER

*Cancer is the second leading cause of death in the United States, according to CDC. Breast cancer was the primary form of cancer diagnosed among all women in 2015, and breast cancer was the second most common form among all cancer deaths. In this same year, cancers of the colon and rectum were the fourth leading cancer diagnosis and the fourth most common cancer death among males and females.*

### RAISING PUBLIC AWARENESS THROUGH TRUSTED SOURCES

Capitalizing on our partnership with Joan Lunden and CBS Health Solutions, four public service announcements were created in 2018: two on addressing triple negative breast cancer and two encouraging adults to receive proper screening for colorectal cancer.



*Distinguished journalist and cancer patient advocate Joan Lunden recorded public service announcements to promote awareness of prediabetes and colorectal cancer screening.*

treatment-related questions that allow for patient education to occur in a relational, non-threatening way. Cancer diagnosis is often overwhelming and confusing, and it can generate a flood of questions, concerns, and anxiety. This tool allows patients to spend time reviewing information from a virtual health coach to engage in better informed discussions with their medical cancer care team.

“[Talk to Someone] provides a safe and personalized environment for patients to ask questions and approach emotional topics with a judgment-free, empathetic, virtual breast cancer survivor who is always available to talk and never short on time. We are excited to extend our use of conversations with virtual humans to offer this new form of patient education.”

— Ron Goldman, Co-Founder & CEO, Kognito

### DEVELOPING INNOVATIVE PATIENT EDUCATION RESOURCES

NACDD also helped to launch a virtual reality simulation entitled “Talk to Someone: Triple Negative Breast Cancer” to help patients better understand their condition and clinically-recommended treatment options. This state-of-the-art tool was developed in collaboration with Kognito, CDC’s Division of Cancer Prevention and Control, and expert advisers. It uses artificial intelligence engineering to deliver a conversational simulation tool. The simulation is available at the CDC Breast Cancer webpage and Android and iOS (Apple) smartphone app stores. The app features a virtual health coach avatar character named Linda, who is a triple negative breast cancer survivor. Individuals diagnosed with triple negative breast cancer receive information through conversational pathways coded with graphics and animated demonstrations. Conversations include emotional concerns and



*The Talk to Someone app, developed through a partnership between NACDD, Kognito, and CDC helps patients with triple negative breast cancer talk to a cancer survivor avatar to discuss treatment options and concerns.*

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# CARDIOVASCULAR HEALTH

*Serving as a Million Hearts® partner organization since 2012, NACDD works at the state level to deliver resources to support health departments in implementing interventions related to some of the most common causes of morbidity and mortality in the U.S. — high blood pressure, high cholesterol, and tobacco use. NACDD also engages in national-level work that supports the initiative's goal of preventing 1 million heart attacks and strokes by 2020.*

## FACILITATING COLLABORATIVE CARE FOR HYPERTENSION CONTROL

NACDD and CDC's Division for Heart Disease and Stroke Prevention worked with seven state teams on a learning program designed to accelerate team-based care using the pharmacists' patient care process (PPCP) and collaborative practice agreements designed to manage high blood pressure. To kick off the project, State Health Departments and their pharmacy partners attended a two-day workshop to develop a project plan and timeline for disseminating and supporting pharmacists with implementing the PPCP. State Health Departments partnered with their state pharmacy association, school of pharmacy, and other healthcare partners to host and facilitate in-state trainings throughout the year.

Several new resources were developed as a result of this project. The final, in-depth summary report, including state-specific actions, is now available on [chronicdisease.org](http://chronicdisease.org), and is accompanied by a resource for developing action plans and other considerations for those looking to implement team-based care. This project was selected for and presented at the 2018 Annual Meeting of the American Public Health Association due to its significant implications for public health.

## HELPING IMPROVE SURVEILLANCE FOR HEART DISEASE AND STROKE PREVENTION

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 geographic information systems (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 prevention and health promotion, engages more than 350 staff using GIS in state and local health departments. Georgia, Idaho, Maine, Michigan, New York, South Dakota, Vermont, and Wisconsin participated in an advanced thematic GIS training on improving blood pressure medication adherence.

## ENGAGING WITH THE MILLION HEARTS INITIATIVE

This year, NACDD began collaborating with the Million Hearts® team to develop a program to recognize hospitals and health systems that exemplify a demonstrated commitment to the cardiovascular health of the population and communities they serve. This program will recognize institutions working to implement high-impact, evidence-based strategies, signaling not only a commitment to clinical quality, but population health overall. Defining designation requirements, structure, vetting processes, and promotion will be ongoing through 2019, when the recognition program is expected to launch.

## PROMOTING COLLABORATION ACROSS STATES THROUGH FIRESIDE CHATS

NACDD has worked closely with the CDC Division for Heart Disease and Stroke Prevention to host fireside chats that are intended to provide an interactive format for State Health Departments to hear from content experts on a number of issues pertaining to cardiovascular health and health systems. This year, NACDD hosted three fireside chats with CDC.

- **Better Health Through Better Partnerships.** NACDD was honored to have an opportunity to hear from VADM Dr. Jerome Adams, the 20th U.S. Surgeon General and former commissioner of the Indiana Department of Health; Dr. Robin M. Ikeda, Acting Associate Director for Policy and Strategy at CDC; and Dr. Ursula Bauer, the Director of the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) at CDC. Dr. Adams spoke about his office's plans to address chronic disease prevention, including State Health Department partnerships related to chronic disease. Dr. Bauer also spoke about NCCDPHP's role in addressing our nation's leading causes of death and making chronic disease prevention a national priority.

“A big success has been using this Advancing Team-Based Care Project to begin including pharmacists in our annual Quality Improvement Symposium [that] we do every year. We plan to continue keeping the State Health Department involved in the promulgation of nationally recognized pharmacy service-delivery practices.”

—David Heath, MBA, Heart Disease and Stroke Prevention Manager, Arizona Department of Health Services



- **2017 Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults.** The discussion focused on the four new categories for classifying blood pressure; changes to the prevalence of high blood pressure as a result of the new guidelines; treatment of high blood pressure with nonpharmacological and pharmacological interventions; revisions in blood pressure goals; and the use of self-monitored blood pressure (SMBP) to manage patients with high blood pressure.
- **Y-USA Blood Pressure Self-Monitoring Program.** The Y-USA designed the Blood Pressure Self-Monitoring Program to help adults with hypertension lower and manage their blood pressure. The program focuses on regulated home self-monitoring of one's blood pressure using proper measuring techniques, individualized support, and nutrition education for better blood pressure management.

## OBESITY PREVENTION

*Rates of obesity are increasing among school-aged children, placing them at higher risk for a chronic disease and impacting their academic achievement. Additionally, about one-quarter of people with chronic disease experience one or more daily activity limitations, decreasing their ability and opportunity to participate in physical activity to promote health. By addressing the obesity epidemic, we can create more productive, healthier workforces, ensure we have more fit recruits for our military, and improve our children's future job potential.*

## PROMOTING HEALTH WITHIN SCHOOLS AND COMMUNITIES

NACDD released several new resources (available at [chronicdisease.org](http://chronicdisease.org)) to assist state health and education departments, schools, and partners in supporting student learning and health through the Whole School, Whole Community, Whole Child (WSCC) model. Developed with funding from CDC, these resources, which include videos, spotlight stories featuring local school districts, a ready-made PowerPoint presentation, and others, are designed to facilitate adoption and strengthen implementation of the WSCC model. NACDD also released Healthy School, Healthy Staff, Healthy Students: A Guide to Improving School Employee Wellness, which walks users through how to build and maintain an effective school employee wellness program. In addition, NACDD hosted numerous open forums and webinars, disseminated regular e-newsletters, and



*NACDD, in collaboration with CDC and other partners, prepared several materials to support the adoption and implementation of the Whole School, Whole Community, Whole Child model. All of the resources are available at [chronicdisease.org](http://chronicdisease.org).*

facilitated communities of practice. The communities of practice covered topics on physical activity and physical education, nutrition, and chronic condition management in schools, contributing to an understanding of the opportunities, challenges, and priorities that state health and education departments face.

## HELPING COMMUNITIES ADDRESS ROOT CAUSES OF OBESITY

With support from CDC's Division of Nutrition, Physical Activity and Obesity (DNPAO), the University of North Carolina at Chapel Hill, and Healthy Places By Design, NACDD developed a new Physical Activity Assessment Tool. The tool assists

local public health (and partner) users in examining current infrastructure and progress in achieving interventions specifically related to pedestrian and bicycle transportation system, land use, and environmental design improvements. Related physical activity indicators and modules were developed and pilot-tested by nine teams composed of representatives from public health, planning, parks and recreation, and/or education departments. An advisory council provided input into the total project process of tool development during the fiscal year. This tool will be used in the future by DNPAO-funded grantees and will allow CDC to gain more information on the types of efforts being achieved in local communities and states toward active transportation improvements.

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# ARTHRITIS

## WALKING WITH EASE TO PREVENT ARTHRITIS

NACDD's Arthritis Program worked to increase awareness of the Walk With Ease intervention among employers and recruit worksites to provide the WWE intervention.

The Walk With Ease (WWE) mini-grant funding opportunity awarded nearly \$30,000 to seven grantees:

- Community Health Partners in Des Moines, Iowa
- Illinois Physical Therapy Association/Illinois Physical Therapy Foundation in Naperville, Ill.
- Iowa Physical Therapy Association in Des Moines, Iowa
- Merrick Medical Center in Central City, Neb.
- Oregon Physical Therapy Association in Portland, Ore.
- Trilogy/Medically Oriented Gym in Grand Island, N.Y.
- Vertex Physical Therapy Specialists in Columbia, S.C.

Grantees tracked recruitment and promotional efforts, number of active participants, number of participants enrolled in WWE, and number completing WWE using a data collection form developed by external evaluator Westat, Incorporated. Grantees collectively achieved 46,273 social media impressions, enrolled 464 participants, and helped 396 adults complete the WWE self-directed intervention.



## Action Planning for Walkable Environments

“APHA was pleased to take part in the fourth annual Step It Up!: Action Institute to Increase Walking and Walkability in Decatur, Ga., last month. Also known as the Walkability Action Institute, or WAI, this multi-day course is designed to help interdisciplinary teams develop and implement Walkability Action Plans to benefit their regions over the long term.

Created and hosted by the National Association of Chronic Disease Directors, with support from the Centers for Disease Control and Prevention’s Division of Nutrition, Physical Activity and Obesity, WAI invites nine regional teams from throughout the U.S. to take part each year.

Each team includes representatives from public health, transportation, planning, elected office, and other sectors within a region. The teams are tasked with employing policy, systems, and environmental changes to encourage and support physical activity in their region.

We know it is vital to form and sustain multi-sector partnerships since the decisions, policies, and practices of many different sectors affect our health. With support from CDC, APHA collaborated with the Allegheny County WAI regional team to support its inter-agency focus on health equity.

The team included representatives from the Allegheny County Health Department, Allegheny County Economic Development Department, PA Walk Works, Southwestern PA Commission and Wilkinsburg Borough, as well as Jason Coates and myself from APHA.

Throughout the course, our team gained greater insight into creating walkable regions that met the priorities set by the team. Through group discussion and work with national experts, such as Mark



*Sample tweets from participating teams during the 2018 Walkability Action Institute.*

Fenton, Leslie Meehan, and Charles Brown, we were able to factor in such important issues as racial equity to the Walkability Action Plan for Allegheny County.

This meant broadening the community engagement strategy for greater inclusion and focusing more attention on residents living in vulnerable communities. Hearing from the other WAI teams, it was clear that all of the regions face similar challenges, including affordable housing, health integration into transportation plans, universal design, and more.

To further enhance the lessons of the course, we gained hands-on experience analyzing walkable environments through a walk audit and scavenger hunt. The outdoor forays to identify essential elements of bicycle and walking infrastructure—or lack thereof—reinforced the need for walkable environments to encourage and support active living.

The Allegheny County team included developing a walking audit train-the-trainer model as one of the strategies of its action plan. This model could be offered to all 130 municipalities in

Allegheny County upon completion of a pilot program.

Health, census, and transportation data would help identify the most vulnerable communities for inclusion in the pilot program. This strategy would help build the capacity of municipalities and increase the adoption of systems-level policies to ensure that its communities are walkable and bikeable for all.

The WAI was a great experience for us and reinforced the value of working across sectors to advance walkable communities and health equity. The multi-day course allowed for time, discussion, and integration of best practices among team members, supporting a vision of a safer, more inclusive, and walkable environment for all.”

—Katherine Robb is Senior Program Manager for Environmental Health at APHA’s Center for Public Health Policy.

*\*This story first appeared on Public Health Newswire. Reprinted with permission from the American Public Health Association.*

## DISPATCH FROM THE FIELD

# NACDD CEO VISITS PUERTO RICO AND ST. CROIX TO PROVIDE TECHNICAL SUPPORT ONE YEAR AFTER HURRICANE MARIA

Aug. 2019

*“About one year ago, we were preparing to visit Puerto Rico and St. Croix for a STate Activation and Response (STAR) meeting.*

*Our STAR meetings are one of the most impactful things we do at NACDD—within 24-48 hours, we help Chronic Disease Units to assess their capabilities, identify opportunities for increasing organizational efficiency and effectiveness, and develop a short-term (six-month to one-year) plan for achieving increased organizational capacity.*

*But in 2017, Hurricane Maria hit, and everything changed for Puerto Rico and St. Croix.*

*This past week, NACDD team members and I were honored to visit these two islands and complete STAR visits with their chronic disease staff.*

*Even 11 months later, remnants of Hurricane Maria’s devastating damage and its impact—not just on chronic disease prevention and control, but also on the islands’ daily functions—permeated everything we saw and did.*

*St. Croix health department staff have been working for months in a temporary space as their original office remains uninhabitable. In Puerto Rico, the bottom floor of the health department is still flooded.*



*The aftermath of Hurricane Maria on Puerto Rico is still being felt more than a year following the devastating natural disaster.*



*Open air fish market in St. Croix, U.S. Virgin Islands.*

*On both islands, boarded up businesses are a common sight, and infrastructures are still recovering. Electrical grid functionality is mostly back up, but remains in a fragile state, especially in Puerto Rico.*

*Mental health and stress are becoming concerns, as health department workers must deal with the significant emotional trauma that they experienced from the hurricane while working to help their communities recover.*

*Both teams shared with us that they have a clearer vision for tangible things jurisdictions and states can do before and after a crisis to help chronic disease programs recover.*

*Puerto Rico and St. Croix have not given up on their original program goals. Instead, they have learned to be more flexible in achieving what is possible given the many challenges they face following such a significant natural disaster.*

*And we are here for them.*

*We can’t predict the next major health crisis or natural disaster. However, we are preparing to help you and the communities you serve to overcome these challenges, both in the short and long term.”*

*John W. Robitscher, MPH  
CEO, National Association of Chronic Disease Directors*

## ADDITIONAL PROGRAM ACHIEVEMENTS

### WORKING TOGETHER FOR A HEALTHIER PACIFIC



*NACDD senior staff and subject matter expert consultants provided a State Activation and Response (STAR) meeting for the Hawaii State Department of Health Chronic Disease Prevention & Health Promotion Division to determine how Hawaii can increase its capacity to address the chronic disease burden within its communities.*



*NACDD provides technical support and assistance to the U.S.-affiliated Pacific Islands through leadership development, diabetes prevention and control, and the 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.-affiliated Pacific Islands (including American Samoa, the Commonwealth of the Northern Mariana Islands, the Federated States of Micronesia, Guam, the Republic of Palau, and the 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.

We acknowledged with sorrow the untimely passing of Roselie Zabala, Chronic Disease Director of Guam due to breast cancer in 2018. Roselie was a steadfast champion on behalf of the people in her community—working with limited resources and staff to push forward against great challenges in the Pacific related to diabetes, heart disease, kidney disease, and cancer. She will be remembered fondly and her positive impact on her community will be felt for years to come.



## NACDD SELECTED AS CORE PROVIDER OF HEALTHCARE CRISIS RESPONSE SUPPORT

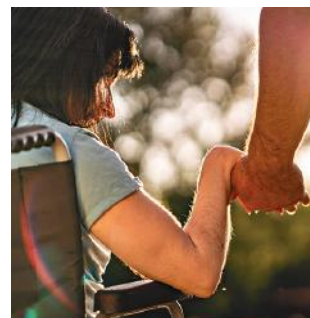
NACDD was selected as one of a core group of organizations for the “Technical Assistance for Response to Public Health or Healthcare Crises” CDC funding opportunity to provide as-needed, emergency support to U.S. states and territories experiencing public health or healthcare crises.

Center for State, Tribal, Local, and Territorial Support manages the program and has approved conditional funds should NACDD be needed to provide specific services, such as fiduciary agency, procurement, logistics, and communications/administrative tasks during a natural disaster or major healthcare crisis. The grant period lasts for 24 months.

“People with chronic diseases are more vulnerable during public health crises, and a hurricane or an earthquake has the capacity to dramatically increase suffering and mortality for people with these conditions. NACDD was selected to participate in

the ‘Technical Assistance for Response to Public Health or Healthcare Crises’ funding opportunity because we have a 30-year record of quick and effective action to meet the needs of our Members in State and Territorial Health Departments as they work in crisis and in normal operations to reduce the burden of chronic diseases.”

— John W. Robitscher, MPH



## LUPUS

Since 2015, NACDD has led a cooperative effort with CDC, the Lupus Foundation of America, and invited public health professionals and stakeholders (lupus experts, clinicians, and individuals living with the disease) to develop the first-ever National Public Health Agenda for Lupus to prioritize public health efforts to improve the care and quality of life for people living with lupus.

To date, NACDD has collaborated with the American College of Rheumatology (ACR), the Georgia Council on Lupus Education and Awareness, and the Big Bend Rural Health Network to develop state-based plans to address lupus. In 2018, as a result of these partnerships, both organizations collaborated with their State Health Departments to add questions about lupus to the 2019 Behavioral Risk Factor Surveillance System to provide training to school nurses about lupus, and to expand school health data collection about students with lupus in every school district in Florida and two in Georgia.

## PUBLIC HEALTH LEADERSHIP & PRACTICE

NACDD's work through the Public Health Leadership & Practice (PHLP) portfolio focuses on building strategic leadership and organizational capacity in public sector Chronic Disease Prevention and Health Promotion Units. PHLP balances evidence-based best practices, advances from science and practice, and innovation in partnership with our Members all while looking forward to the leadership and practice needs of the future. In 2018, three states implemented STAR (STate Activation and Response) action plans to apply a quality improvement approach to building their organizational effectiveness. In addition, NACDD worked with the U.S. Virgin Islands, Puerto Rico, the Commonwealth of the Northern Mariana Islands, Palau, the Federated States of Micronesia, and the Republic of the Marshall Islands to work on the application of STAR in these jurisdictions. Chronic Disease Directors and their staff around the country engaged with NACDD in webinars, on-demand learning opportunities, in-person workshops, and distance-based courses to develop strategic leadership skills and competencies.

*For more information about these and other accomplishments in our project portfolio, visit [www.chronicdisease.org](http://www.chronicdisease.org).*

# 2018 Association Highlights

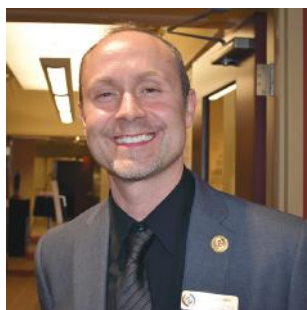
The Association relocated to Decatur, Ga., and co-located with the Task Force for Global Health, creating efficiencies while teaming up with a like-minded partner in public health. The move was precipitated by the Association's significant growth in both staff size and programmatic work.

U.S. Surgeon General Jerome Adams spoke at the third annual Program Success Showcase, themed "Promoting Health, Preventing Disease, and Partnering for the Future." A fireside chat with the Surgeon General – webcast to Members across the country – was one of the event's highlights. The session is available via recorded video on the NACDD website.

NACDD also launched the podcast series Health Yeah! The show already has covered the following topics: understanding population health improvement; meeting the needs of employees through worksite wellness; opioid use in public

health; chronic disease and social determinants in public health; and improving population health through partnerships. You can listen to the podcasts at [chronicdisease.org](http://chronicdisease.org), filed under the "Library" tab.

With Leavitt Partners, NACDD launched Torch Insight™, a health analytics dashboard that allows NACDD's health department Members to access up-to-date healthcare market data to support program planning. There is also an option to export the data and integrate it directly into internal reports to get deep intelligence about specific target populations and potential partners.



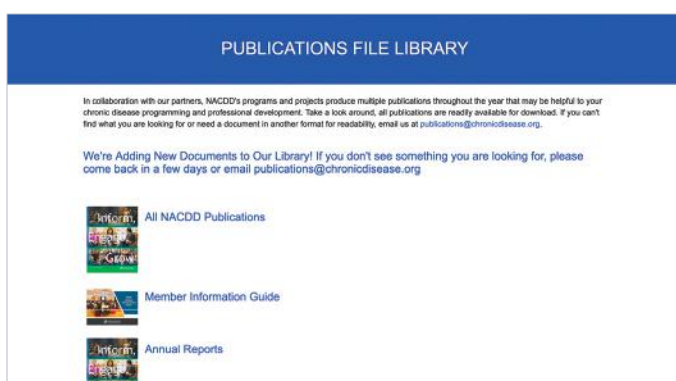
## STRENGTHENING COMMUNICATION AND COLLABORATION ACROSS STATES

### NACDD LAUNCHES NEW WEBSITE

As part of our 30th anniversary celebrations, NACDD launched an entirely new website at [www.chronicdisease.org](http://www.chronicdisease.org). Developed during the course of a year and leveraging Member feedback, the new website offers state, tribal, and territorial chronic disease program staff targeted resources, practical guidance, and tools as well as networking and thought-leadership opportunities. New features include:

- Detailed information about NACDD's programs in autoimmune disease, biomarkers, cancer, cardiovascular health, diabetes, health equity, health promotion, healthy aging, healthy communities, oral health, and the Pacific Chronic Disease Council
- Opportunities to read our database of hundreds of Member- and partner-submitted success stories on chronic disease programs and activities.
- A comprehensive Learning Center where Members can evaluate their competencies, strengthen their current skill sets, become better leaders, and apply to receive technical assistance for their programs
- An enhanced Advocacy section providing previous NACDD congressional testimony, sign-on letters, white papers, and tools to support Members' work educating policy makers

Also available for the first time is NACDD's Publications Library, a carefully curated selection of the most recent and relevant Association and partner documents covering our areas of focus.



# Celebrating 30 Years of Impact, Community, and Partnerships

*Thanks to the efforts of countless individuals, the first 30 years of NACDD expertise and influence have been critical to state- and national-based leadership in promoting healthier communities. Here's a brief look at the past 30 years. To read more, visit [chronicdisease.org](http://chronicdisease.org).*

## 1987-88

In 1987, during a meeting of state chronic disease officials, Directors Frank Bright (Ohio) and Jeff Taylor (Michigan) began to discuss the formation of a group of state-based chronic disease peers.

After a year of committee work and preparation, the National Association of Chronic Disease Directors was born in October 1988 (although back then, the organization was called the Association of State and Territorial Chronic Disease Directors).

## 1989

The CDC asked the newly formed Association to co-sponsor its National Conference on Chronic Disease Prevention and Control. Since then, NACDD has become one of CDC's primary partner organizations, serving as a vital bridge of communication and collaboration between state, tribal, and territorial programs and CDC's national work.

That same year, the Association conducted a landmark study to assess chronic disease programs and funding in states.

## 1991

The organization's first two funded projects were initiated.

## 1993

Councils were started to involve state program Members in chronic disease issues not currently addressed by the public health community, including: diabetes, school health, breast and cervical cancer, arthritis, cardiovascular, women's health, comprehensive cancer, osteoporosis, and health equity.



## 1998

The Association filed papers to incorporate in the District of Columbia as a 501(c)(3) organization.

## 2000

The Association organized the New Millennium Partners, a group dedicated to advocating for chronic disease prevention and control.

## 2006

The Association, with support from CDC, convened a workshop that brought together state and CDC participants to define basic principles for program integration and to develop recommendations for CDC, NACDD, and state programs.

## 2016

The Association partnered with CBS Health Solutions and CDC to produce the “Your Health” series of 45 videos featuring Joan Lunden on prediabetes and diabetes awareness.

## 2017

The Association appeared before Congress through testimony from Mehul Dalal, MD, MSc, MHS, former NACDD Board President, on public health’s central role in disease prevention and control, ensuring congressional awareness of the crucial impact public health has on preventing disease, improving quality of life, and reducing healthcare costs.



# NACDD Partnerships to Defeat Chronic Disease

*NACDD has a long history of partners that span the nonprofit, public, and private sectors. Its foremost partnership dates back to 1988 when CDC partnered with state Chronic Disease Directors to formally launch NACDD.*

Since that time, CDC has consistently funded NACDD to develop partnerships with dozens of public health nonprofits such as the American Heart Association, the American Medical Association, and the American Cancer Society.

CDC also has enabled NACDD to conduct ground-breaking work with software, online, and technology firms, helping bring chronic disease interventions into the 21st century. Companies such as Kognito, Live Stories, Fitbit, and Leavitt Partners have redefined how State Health Departments communicate with providers, use data, and reach the public with health messages.



*The following are pictures from NACDD's third annual Public Health Program Success Showcase, attended by more than 100 partners. Participants included U.S. Surgeon General Jerome Adams; Robin Ikeda, the CDC Deputy Director for Noncommunicable Diseases, Injury, and Environmental Health and the Director of the Office of Noncommunicable Diseases, Injury, and Environmental Health (ONDIEH); and Ursula Bauer, Director of the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) at CDC.*



NACDD has significantly expanded public health media opportunities through its partnership with Health Media Network in physician offices, CBS and ABC Television online, and Neutron Media in Times Square.

At NACDD, our acronym doubles as a reminder that “nobody alone can defeat disease.” Partners expand, amplify, and increase the impact of public health interventions, education, and policy. Each year, NACDD looks to add new partners to its portfolio.

Please contact John Patton, Director of Program Relations ([jpatton@chronicdisease.org](mailto:jpatton@chronicdisease.org)) to discuss new partnership possibilities.

## BUILDING NEW PARTNERSHIPS TO ENHANCE COMMUNICATIONS CAPACITY

Additionally, in partnership with the National Public Health Learning Network, NACDD conducted a series of three webinars for its thousands of public health practitioner members. Averaging more than 100 participants each, the webinars shared best practices on working with the media, persuasive storytelling, and tools to improve program communications.



# Donors

The National Association of Chronic Disease Directors is grateful for the generosity of its contributors/donors in FY 2018:

Judith Gabriele

John Robitscher

John Patton

Mary Manning

Ramona Schaeffer

Dr. Mehul Dalal

Dr. Leonie Harris

Tamika Smith

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# Board of Directors

The NACDD Board of Directors consists of the five officers (president, president-elect, secretary, treasurer, and 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. The Board also helps develop and maintain working relationships with partners and other similar organizations.

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Chief, Disease Prevention and Health Promotion Bureau  
gabriel.kaplan@state.co.us

## Past President

**Mehul Dalal, MD, MSc, MHS**  
Connecticut Department of Public Health  
Chronic Disease Director

## Secretary

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## Treasurer

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# 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).*

- 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 a New 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.



# Our Services

*NACDD offers a variety of services to support our Members' work to reduce the burden of chronic diseases in every U.S. state and territory. For a more comprehensive list, visit [www.chronicdisease.org](http://www.chronicdisease.org).*

## Communications

NACDD offers its Members the opportunity to share their news and achievements through several platforms, including Impact Brief (our monthly newsletter), our Success Stories database, via NACDD's social media accounts as well as through our Health Yeah! podcast series. Additionally, upon request, NACDD also can provide additional tools and resources upon request to support effective internal and external communications among programs.

## Evaluation

NACDD's proprietary Performance Measurement and Evaluation System uses cloud-based technology to provide a comprehensive and centralized electronic data collection center to house systematically gathered data across all NACDD-funded projects and programs. This system allows for stronger monitoring of program success and rapid reporting to Members and funders.

## Expert Consultation

NACDD leverages the deep experience of numerous subject matter experts (many of whom are former state health officials) to educate and assist Members and partners in all areas of our programmatic work. These experts serve in a consultancy role, working in every U.S. state and territory, assisting with implementing national projects and programs focused on chronic disease prevention and control.

## Fiscal Agent

NACDD is extremely effective in our stewardship of monies entrusted to us. The vast majority—82%—of our funding goes directly into the programmatic aspects of our projects.

## Meetings & Events

Our experienced Meeting & Events team supports the planning and execution of dozens of chronic disease programming events across the United States and its territories.



*If you need this publication in another format,  
such as large print or a colored background, please  
contact [publications@chronicdisease.org](mailto:publications@chronicdisease.org).*



*NACDD is grateful for the support it receives from the  
Centers for Disease Control and Prevention. No federal  
funds were used in the preparation of this report.*



Not all chronic conditions can be prevented, but there are many ways to reduce their risk. At ProVention, we spend our days helping to promote and perfect those pathways to prevention. We work with non-profits and for-profits. We partner with other foundations and individuals. We are focused on reducing the need for treatment and cures by preventing disease from ever beginning in the first place. Come join us. Let us partner with you to promote a paradigm of prevention. Bring us your favorite dream or vision or project, and we will work to make it a reality while making the problem a thing of the past.

[ProVentionHealth.org](http://ProVentionHealth.org)

**ProVention supports the Members and work of the National Association of Chronic Disease Directors**

*“Prevention is key, especially policy, systems, and environmental interventions that reach large numbers of people or whole communities of greatest need. We must strive to make it easier to be healthy, whether it is through healthy food, physical activity, stable housing, education, screenings, or access to equitable and affordable high-quality healthcare.”*

—Melita J. Jordan, CNM, MSN, APRN C, CPM,  
Senior Executive Service Director, Integrated Health Services  
Branch, Community Health Division, Community Health  
& Wellness Unit, New Jersey Department of Health



NATIONAL ASSOCIATION OF  
**CHRONIC DISEASE DIRECTORS**

Promoting Health. Preventing Disease.

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