

CELEBRATING
30
YEARS

Promoting Health. Preventing Disease.

The National Association of Chronic Disease Directors



1988-2018



A tremendous amount of progress has been made in 30 years. When the National Association of Chronic Disease Directors was established in the late 1980s, computers were not a common sight in the workplace. How times have changed!



In 1987 in Stone Mountain, Ga., during a meeting of state chronic disease officials, Directors Frank Bright (Ohio) and Jeff Taylor (Mich.) discussed how helpful it would be to their work if there were an organized association of state-based chronic disease workers.

This discussion continued the following year at the Second National Conference on Chronic Disease Prevention, and by 1988, the Association of State and Territorial Chronic Disease Program Directors was formed with Frank Bright as its first president.

Over time, the organization's name would evolve into the National Association of Chronic Disease Directors (NACDD), but our Mission remains the same: to represent and support state-based leadership and to increase capacity for chronic disease prevention.

Read on to learn how NACDD has grown into a model public health organization, one more than 7,000 Members strong that is working at the forefront of health promotion in every U.S. state, tribe, and territory.

The first Executive Committee of the ASTHO Chronic Disease Program Directors affiliate (alphabetical order): Fred A. Abrahamson (Wash.); Dileep G. Bal, MD, MPH (Calif.); Frank Bright, MS, (Ohio); Jane Kadohiro, RN (Hawaii); LaDene Larsen, RN (Utah); Lawrence Meinert, MD, MPH (N.J.); David Momrow (N.Y.); Jerry Shirah (Fla.); Murlene Sides, RN (Ala.); John Southard, MD, MPH (Md.); Jeffrey Taylor, PhD (Mich.); Kathy Ward (Neb.); Adeline Yerkes, RN, MPH (Okla.); not pictured: William Kcenich MVRC (Pa.).

cdnr

Two ASTHO Affiliates Support Chronic Disease Efforts

Chronic Disease Program Directors

The Association of State and Territorial Chronic Disease Program Directors (ASTCDPD) has recently been reactivated as an official affiliate of the Association of State and Territorial Health Officials (ASTHO). All 50 states, the District of Columbia, and the Territories of Guam, Puerto Rico, and the Virgin Islands are represented. The first annual meeting of ASTCDPD was held on October 18, 1988, in conjunction with the Third National Conference on Chronic Disease Prevention and Control in Denver. By-laws, officers, and Executive Committee members were ratified by the membership at this meeting.

The intent of the Association is to provide a forum through which directors of public health chronic disease programs can advocate public policy, improve the effectiveness and efficiency of public health chronic disease programs, and enhance professional growth. Examples of how the Association is already addressing these areas include 1) providing input and feedback to ASTHO on such topics as tobacco-control strategies and funding proposals for achieving the Year 2000 Health Objectives for the Nation, 2) holding a scientific plenary session at the first ASTCDPD meeting on chronic disease surveillance issues, and 3) sponsoring regularly scheduled (every other month) interactive telephone seminars for all members on various chronic disease topics with CME/CEU credit available.

ASTCDPD members have opportunities to serve the Association by participating on the Executive Committee and on four standing committees—Nominations, Program, Legislation/Policy, and Science. One exciting development is the level of interest ASTCDPD and the Council of State and Territorial Epidemiologists (CSTE) are showing in establishing an ongoing working relationship. The Association's Science Committee will be the contact point between the groups.



Executive Committee of ASTHO Chronic Disease Program Directors affiliate (alphabetical order): Fred A. Abrahamson (WA); Dileep G. Bal, M.D., M.P.H. (CA); Frank Bright, M.S. (OH); Jane Kadohiro, R.N. (HI); LaDene Larsen, R.N. (UT); Lawrence Meinert, M.D., M.P.H. (NJ); David Momrow (NY); Jerry Shirah (FL); Murlene Sides, R.N. (AL); John Southard, M.D., M.P.H. (MD); Jeffrey Taylor, Ph.D. (MI); Kathy Ward (NE); Adeline Yerkes, R.N., M.P.H. (OK). Not Pictured: William Kcenich, M.V.R.C. (PA).

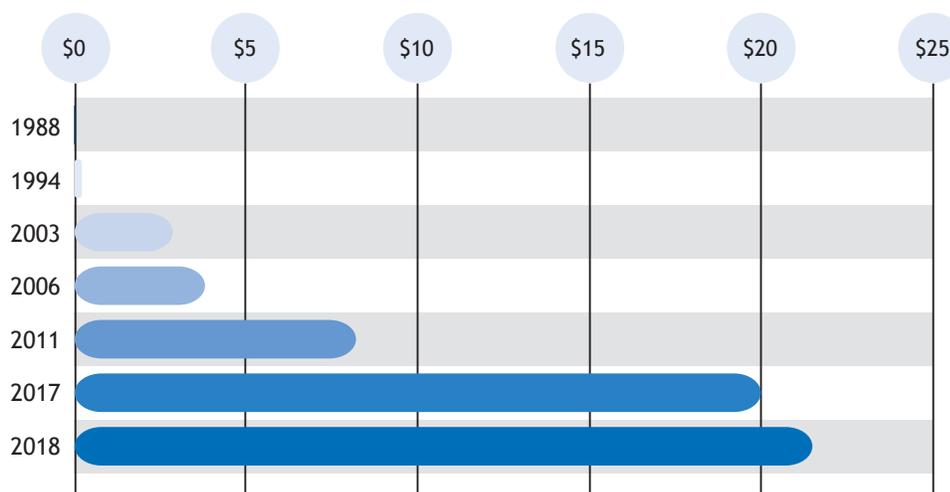
Directors of Public Health Education

One of the disciplines that has contributed significantly to prevention and control of chronic diseases in the public health arena is health education. The Association of State and Territorial Directors of Public Health Education (ASTDPHE) was formed 21 years ago as an affiliate of ASTHO to provide a forum for exchanging concepts, ideas, and recommendations on health education programming in state health agencies. Today, the Association has a strong network of colleagues not only in state and territorial health agencies but also in voluntary, private, and governmental agencies and in other professional organizations.

The major activities of information exchange and skills building take place at the National Health Education-Risk Reduction Conference, co-sponsored every spring by ASTDPHE and CDC. The sixth annual conference (May 1988) also emphasized the importance of cooperation in implementing

Major Milestones in Gross Revenue (Millions)

NACDD revenue has grown during the past 30 years as a result of its strong record of delivering on effective chronic disease program work.



1989

The Centers for Disease Control and Prevention (CDC) asked the newly formed Association of State and Territorial Chronic Disease Program Directors (ASTCDPD) to co-sponsor the CDC's National Conference on Chronic Disease Prevention and Control. The commitment led to the Association's early national recognition and leadership. That same year, the Association conducted a landmark study to assess chronic disease programs and funding in states. This work was published in the Morbidity and Mortality Weekly Report and served as the impetus for accelerating advocacy efforts for increased state funding. It was updated in 1996, 2000, and 2004.

NACDD's early action, calling for support for state chronic disease programs through publications like this one in CDC's distinguished Morbidity and Mortality Weekly Report, cemented the Association's role as a national leader.

CDC | CDC Home | Search | Health Topics A-Z

MMWR
Weekly
November 02, 1990 / 39(43):773-776

Persons using assistive technology might not be able to fully access information in this file. For assistance, please send e-mail to: mmwrq@cdc.gov. Type 508 Accommodation and the title of the report in the subject line of e-mail.

Perspectives in Disease Prevention and Health Promotion Strengthening Public Health Practice: Survey of State Health Officers -- United States, 1989

In 1988, the Institute of Medicine (IOM) released a report entitled The Future of Public Health (1), which included 55 recommendations directed at state health departments to improve public health practice in the United States. Following the IOM report, the Association of State and Territorial Health Officials (ASTHO) conducted a national survey of state health officers* regarding these recommendations. This report summarizes the survey findings for 25 IOM recommendations.

In March 1989, ASTHO mailed to the 50 state health officers a questionnaire that asked whether they agreed with the IOM recommendations; whether specific recommendations were part of their program responsibilities; and whether their states planned to implement recommendations not already in place. All 50 states returned questionnaires; rates of nonresponse to specific questions were low(0-4%).

Of the 50 state health agencies, 25 (50%) were independent, cabinet-level public health agencies; 13 (26%) were located in a department of health that was combined with another function (i.e., social services, welfare services, human services, or environmental health); six (12%) were located in an integrated human services or human resources department; and six were "other." Respondents agreed nearly unanimously with the three core functions of public health as defined by the IOM report: assessment** (100%), policy development*** (100%), and assurance**** (94%). However, these functions were being performed by 82%, 72%, and 56% of respondents, respectively.

State health officers overwhelmingly agreed with the IOM recommendations to improve community involvement, including the need to strengthen relationships with physicians and other health professionals (100%), voluntary health organizations (100%), and legislators and other public officials (98%). At the time of the survey, however, 20%, 52%, and 38% of states, respectively, had implemented efforts to strengthen ties to these groups.

State health officers strongly agreed (greater than or equal to 84%) with all IOM recommendations regarding specific duties of state public health programs (Table 1). However, the proportion of states that had implemented these recommendations ranged from 26% (linkages to mental health) to 86% (regulation of health facilities).

State health officers strongly supported public health involvement in a wide range of environmental health issues (e.g., drinking-water quality and toxic exposure evaluation) (Table 2); involvement was expanding for indoor air pollution and occupational hazards.

The survey detected moderate support from state health officers for expanding their responsibilities to include substance abuse (72%), Medicaid (52%), mental health (48%), and regulation of health professionals (38%). Twenty-six percent of health departments were responsible for substance abuse, 22% for regulation of health professionals, 14% for Medicaid, and 12% for mental health. Adapted from: J Public Health 1 Screenshot 296-304, as reported by: HD Scott, MD, Association of State and Territorial Health Officials; JT Tierney, MSW; WJ Waters, Jr, PhD, M



As NACDD evolved, its name and logo did too. The original logo is shown at left, and the current one is below.

Even in its infancy, NACDD attracted the attention of peer organizations. When Jeffery Koplan, MD, and James Marks, MD, gained leadership of CDC's newly formed National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), they identified NACDD as a key partner, and the two young organizations have grown together, side by side, in their collaborations ever since.



NATIONAL ASSOCIATION OF CHRONIC DISEASE DIRECTORS

Promoting Health. Preventing Disease.

1990

The Association developed a position paper on chronic disease epidemiology and convened the first meeting of state chronic disease epidemiologists. Work in this area continued, leading to the publication of "Chronic Disease Epidemiology and Control" (regarded at the time as the new "manual" for chronic disease), development of chronic disease data indicators, funding for building state chronic disease epidemiology capacity, and the development of a monitoring program.

1993

The Association hired its first paid staff person.

The Association played a leadership role in developing a national cardiovascular health strategic plan.

Councils were started to involve state program members in chronic disease issues not currently addressed by the public health community. Councils started with the Diabetes Council, quickly followed by the School Health, Breast and Cervical Cancer, Arthritis, Cardiovascular, Women's Health, Comprehensive Cancer, Osteoporosis, and Health Equity Councils.



The lobby of the first Atlanta Headquarters for NACDD in 2010.

"At the time we started, we were still in the process of getting desktop computers in my department of health. We still used overhead projectors and conducted conference calls. And when we started NACDD, we had no office, no staff. But we did have the right group of people at the right time, with the right kinds of resources to help us make NACDD, as an organization, happen. We were first established legally in Washington, D.C., the idea being to be close to government officials, but we found it wasn't as useful and helpful to us as it was to be closer to our major funder, CDC, in Atlanta. So, we moved down to Atlanta."

—Frank Bright, former Chronic Disease Director, Ohio, former Board President of NACDD

CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) helped in the formation of NACDD's structure and provided early financial support. Since then, NACDD has become one of CDC's primary partner organizations. NACDD serves as a vital bridge of communication and collaboration between state, tribal, and territorial programs and CDC's national work.

Through these strategic partnerships and visionary leadership, NACDD has experienced remarkable growth in many areas.

NACDD has expanded beyond its original 59 Chronic Disease Directors and their staff to include an impressive network of more than 7,000 public health professionals and thought leaders working in government, nonprofits, health systems, academia, and private industry. To support these Members, NACDD's staff has grown too—starting with its first full-time

staff member in 1993 to more than 20 full-time employees today at NACDD Headquarters.

Supporting this significant expansion and productivity has been a correspondingly increasing budget, growing from \$5,500 in 1988 to \$528,200 in 1998 to more than \$23 million in 2018.

This increase in support reflects the effectiveness of NACDD as not just a professional Association, but as a programming leader in chronic disease prevention, control, and in health promotion. And despite its growth, NACDD has maintained its high efficiencies to remain a very lean organization. Our staff work hard to control and minimize expenses so that \$0.86 of every \$1.00 received goes directly to program services.

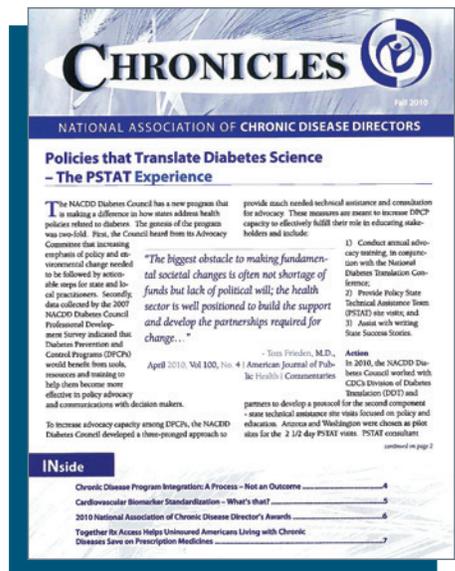
What started as a small seed of an idea truly has flourished through the nurture and support of NACDD partners and collaborating organizations like the CDC.

1994

1998

The Association published its first newsletter, Chronic Disease Chronicles. The Association also received its first direct funding from CDC, a cooperative agreement for \$214,000.

The Association filed papers to incorporate in the District of Columbia as a 501(c)3 organization. The former 14-member Executive Committee became the new Board of Directors.



Chronicles was NACDD's first newsletter, which was distributed in print. Today, NACDD distributes four programmatic newsletters via email, including its Member newsletter, Impact Brief.

“The Chronic Disease Directors Association is a great example that the formation of networks of people around an issue has the potential for impact that far outweighs the resources the organization actually has at its disposal. It is the people and their influence, and their ability to get things done and who they connect to, that makes things happen. The formation of the Chronic Disease Directors Association helped make apparent the legitimacy of the field. It added a cachet, an imprimatur, to the field—attention must be paid to this. The formation of the Chronic Center added to that, but it could have been a very academic center, an ivory tower, if we didn’t build and create the practice infrastructure, the third leg on the stool. Early on, especially, this value was far greater than the resources at its disposal.”

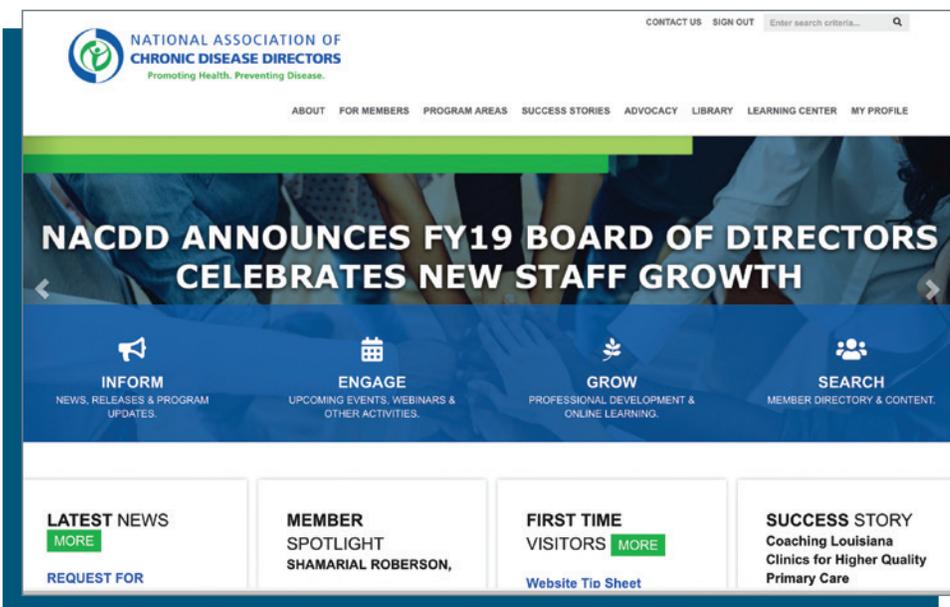
—James Marks, MD, MPH, former Director of the NCCDPHP, CDC

“The development of chronic disease prevention and control as an integral part of American public health—through units and programs at CDC and state health agencies—is a major public health achievement and milestone. The NACDD was a critical player in all these achievements—supporting CDC, moving the states to active programs, advancing the science of the field, and being effective advocates. But, in addition to all the professional and scientific stuff, the leaders and Members of NACDD have just been a pleasure to work with over many years. We’ve had lots of good times together while doing good things and doing them well.

—Jeffrey Koplan, MD, MPH, former Director of CDC

1999

The Association’s website became fully functional at chronicdisease.org, where it remains today. This website has grown to include critical resources, such as a professional development library and evaluation tools to support Members’ growth and advance the field of public health.



NACDD’s website, chronicdisease.org, was relaunched in 2018, offering Members a comprehensive, digital platform to participate in national thought leadership, learn about emerging trends in public health, and grow skill sets to advance their careers.

Perhaps the most impressive segment of NACDD's expansion has been its growth in programs and projects. The organization's first two funded projects were initiated in 1991. Today, NACDD engages in hundreds of programs at the local, state, and national level.

In total, NACDD has staffed and implemented thousands of projects for CDC and other partners.

"I am hopeful about the future of chronic disease prevention in the United States and territories. Our industry continues to grow and learn from itself and from other fields. The opportunities to partner with the clinical sector and health systems are growing. We must remember that our overall goal is not to silo ourselves around our tasks on specific diseases, but to build on alignment and commonalities that we have across disciplines like the social determinants of health. I am excited to see where our collaborations can take us."

—Monica Morales, NACDD Board President-Elect

2000

The Association organized the New Millennium Partners, a group dedicated to advocating for chronic disease prevention and control. This group raised funds to bring Congressional staffers to chronic disease conferences and to support special conference sessions to allow Association Members to educate and inform Congressional staff.

2002

The Association initiated its monthly electronic newsletter, the e-Bulletin. Today, NACDD's Impact Brief newsletter, along with numerous other regular emails on specific chronic disease topics, reach more than 6,000 subscribers.

The older version of Impact Brief (left), the Association's monthly Member newsletter, and the streamlined version released in 2017 (right). NACDD also has a strong presence on Facebook, Twitter, and LinkedIn.

August 2016




NACDD is the only organization representing all state and jurisdictional chronic disease staff, dedicated to building capacity and making public health good for the public.



As public health practitioners, we work to encourage people to exercise regularly in order to help fight obesity, lower high blood pressure and prevent diabetes. However, getting people to increase their physical activity is often met with resistance.

According to the American Heart Association, 91 percent of children scored poorly on diet measures and many do not get the recommended 60 minutes of physical activity per day.

Today there are countless mobile apps that focus on physical



FROM THE CEO'S DESK

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 one year ago, 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 teams.

Remnants of Hurricane Maria's devastating damage and its impact - not just on chronic disease prevention and control, but also on islands' daily functions - permeated everything we saw and did even 11 months later.

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

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

“NACDD connects with our work at the Prevention Research Center in St. Louis, informing workforce capacity building, evidence-based public health courses, and many other projects, enhancing the reach and impact of our efforts. NACDD is the most important nongovernmental organization that we work with, and I think NACDD also is a critical collaborator for many other public health research groups across the country. Over the last decade, NACDD has developed a strong focus on capacity building, which is so important because the majority of public health professionals do not have a master of public health and need ongoing professional training.”

—Ross Brownson, PhD, former NACDD Board President, and Bernard Becker Professor, Brown School and School of Medicine, Washington University at St. Louis

2003

The Association developed a training program designed to transform the consultative services provided to state chronic disease programs. The “Project Officer of the Future” continues to serve project officers in the NCCDPHP and has led to the development of a companion course for state program managers, “Navigating Cooperative Agreements.”

“Being a part of NACDD when I was at the State Health Department helped me to envision the future and anticipate the needs for chronic disease prevention in Florida. Being part of the leadership team for this far-reaching Association provided me with ready access to a cadre of experts and partners who helped to identify best practices, knowledge, and resources that enabled me to enhance my skills and stay ahead of the curve. It gave a Florida voice to the national problem of chronic disease and allowed Florida to be a part of improving our nation.”

—Jennie Hefelfinger, MS, NACDD Subject Matter Expert and former Chief of the Bureau of Chronic Disease Prevention and Control, Florida Department of Health



In 2012, Jennie Hefelfinger, MS, NACDD Subject Matter Expert and former Chief of the Bureau of Chronic Disease Prevention and Control for the Florida Department of Health presented on NACDD work to support Coordinated Chronic Disease and Health Promotion Programs.

“As a forward-thinking organization, we are constantly thinking about how we can differentiate ourselves. This question led us to conceptualize and realize our annual Chronic Disease Academy. Not only does the Academy furnish attendees with all the regular offerings of typical conventions and seminars, but it provides an immediate solution. Attendees can return home and immediately apply their new knowledge to their work. The Academy has been a true breakthrough for us in meeting the needs of our Members.”

- John W. Robitscher, MPH, CEO, NACDD



Board Members stand in front of NACDD’s new Headquarters in Decatur, Ga., in 2018.

2006

The Association, with support from CDC, convened a “Workshop on Chronic Disease Program Integration.” This workshop brought together state and CDC participants to define basic principles for program integration and to develop recommendations for CDC, NACDD, and state programs.

2011

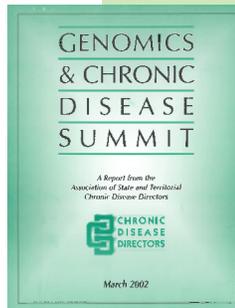
The Atlanta Business Chronicle names NACDD one of Atlanta’s Healthiest Employers, one of the many honors and recognitions NACDD continues to receive for encouraging health and wellness among its employees.



Charles Brown, a professor and researcher at Rutgers University who specializes in health equity and city planning, provides the opening plenary at the 2017 Chronic Disease Academy.

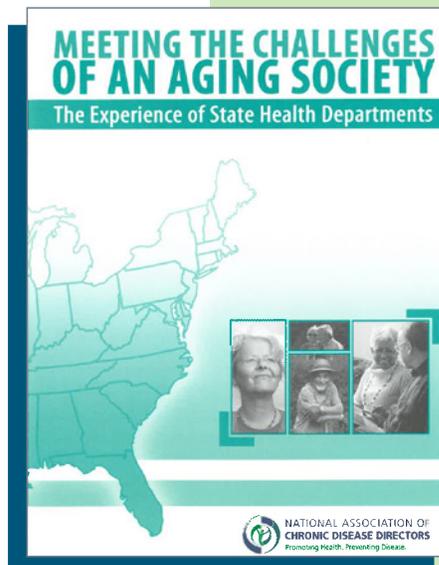


In 2018, NACDD CEO John W. Robitscher, MPH, personally met with former HHS Secretary Michael Leavitt and CDC Director Robert Redfield, MD, among other dignitaries, to discuss the important work states conduct to reduce the burden of chronic disease in the United States.



2013

The Association created a new, strategic position to focus on NACDD Member engagement and initiated a program to track Member engagement across a variety of Association activities. As a result, the Association recorded a 200% increase in Membership to 3,249 Members. Concentrating in this area has helped to support today's Association growth to 7,000 Members.





MOVING TO INSTITUTIONAL EQUITY

A Tool to Address Racial Equity for Public Health Practitioners



NATIONAL ASSOCIATION OF CHRONIC DISEASE DIRECTORS
Promoting Health, Preventing Disease



NOVEMBER 2004

**CHRONIC DISEASE BURDEN AND EXPENDITURES IN THE UNITED STATES:
A REPORT FROM STATE AND TERRITORIAL HEALTH AGENCIES**




A Report Prepared by the Chronic Disease Directors in Collaboration with the Saint Louis University Prevention Research Center

For the
National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control and Prevention



“It is amazing how the Association has evolved to where it is now. When I started, it was mainly just the state Chronic Disease Directors, who participated in Association activities. But it was like a light went on for everyone at one of the Board meetings when Frank Bright clarified that one of the original intents of the Association was for Membership not just to include the state Chronic Disease Director, but to support program directors for all of the chronic disease-related programs. It has been very exciting to see the Association continue to grow through new councils and interest groups and increased membership involvement.”

–Phil Huang, former President Board of Directors, former Medical Director, Chronic Disease Prevention, Texas Department of State Health Services

“The organization has clearly focused and acted on its purpose and Mission. Its growth has always amazed me, but I should have expected this with the strong leaders who are and were Chronic Disease Directors. Over the years, belonging to other national organizations and seeing them falter or lose direction has made me mindful of the strength, vision, and commitment of our Association and its leaders and Members.”

–Adeline Yerkes, MPH, former Director of Chronic Disease for the Oklahoma State Department of Health

2016

The Association began its annual President’s Challenge, initiated by Dr. Namvar Zohoori. The goal of the Challenge is to encourage Members to focus on an emerging issue in the field that can help advance the work of State and Territorial Health Departments. The first President’s Challenge encouraged organizations and institutions to prioritize “health for all” in a sweeping effort to promote health equity. Since then, many other public health professional organizations have prioritized health equity in their work.

The Association partnered with CBS Health Solutions and CDC to produce the “Your Health” series featuring Joan Lunden on pre-diabetes and diabetes awareness. In all, the effort produced 45 videos focused on diabetes prevention, recognition, and treatment.

The Association recorded a milestone of doubled membership, reaching 6,518 Members.



Prominent journalist and cancer awareness spokesperson Joan Lunden promotes her work with CDC and NACDD via her Twitter account.

“One of our greatest accomplishments in Government Affairs has been when both the House and Senate Appropriation language that we recommended was included in legislation in 2017. Reading the exact language on chronic disease prevention that our organization recommended is the strongest evidence that leading public officials are listening to us. This wasn’t always the case—it has been the hard work over many years through our Government Affairs Forum and our work with Cornerstone Government Affairs with a bi-partisan approach that has helped us achieve a reputation as experts focused on science and evidence leading to this strong track record in Congress.”

—David Hoffman, DPS, CCE, Board of Directors, Chair, Policy Committee



John W. Robitscher, MPH, CEO, NACDD, and David Hoffman, DPS, CCE, Chair of NACDD’s Policy Committee, welcome Sen. Richard Durbin (R-IL) and his staff to an NACDD Board of Directors Meeting.

2017

The Association appeared before Congress through testimony from Mehul Dalal, MD, MSc, MHS, NACDD Board President and Chronic Disease Director from Connecticut, 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.



In 2017, pharmacists and State Health Department officials from seven states joined experts from NACDD at its Headquarters in Atlanta to explore the use of collaborative practice agreements to support patients managing high blood pressure.

“...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 (2017)

“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 (2017)

“NACDD has connected me with experts and peers from across the U.S. The Association has allowed me to mentor and be mentored by some of the most talented people in public health. The opportunities to grow professionally are endless!”

—Victor Sutton, PhD, MPPA,
Director, Office of Preventative
Health, Mississippi State
Department of Health



Mehul Dalal, MD, MSc, MHS, former President of NACDD’s Board of Directors and Chronic Disease Director for the Connecticut Department of Health, leads Members in a panel discussion at the 2017 Chronic Disease Academy on what they learned participating in NACDD’s G.E.A.R. Groups, a year-long professional development program.

2018

The Association relocated to Decatur, Ga., and co-located with the Task Force for Global Health, creating efficiencies while teaming with a like-minded partner in public health.

The Association welcomed U.S. Surgeon General Jerome Adams to its third annual Program Success Showcase, themed “Promoting Health, Preventing Disease, and Partnering for the Future.” A highlight of the event was a fireside chat with the Surgeon General, which was webcast to Members across the country. The session is available to all via recorded video on the NACDD website.



NACDD CEO John W. Robitscher, MPH, welcomes distinguished guests at a fireside chat held during NACDD’s 2018 Program Success Showcase, including (left to right) U.S. Surgeon General Jerome Adams, MD, MPH, Robin Ikeda, MD, MPH, CDC Deputy Director for Noncommunicable Diseases, Injury, and Environmental Health, and Ursula Bauer, PhD, MPH, Director of CDC’s National Center for Chronic Disease Prevention and Health Promotion.

NACDD At-A-Glance (2018)*

We are...

More than 7,000 public health professionals and thought leaders working in State and Territorial Health Departments, national nonprofits, health systems, federal agencies, academia, and the private industry.

We seek to...

Enhance the work of state and territorial chronic disease leaders to prevent chronic disease and to promote health for all Americans.

We offer...

- Professional development and workforce training opportunities.
- Program evaluation assistance, including needs assessment, design and planning, database development, and quantitative and qualitative analysis.
- A robust online community at chronicdisease.org, complete with success stories as well as public health and leadership best practices libraries.
- Fiscal agents and accounting services for states and organizations not able to receive special or restricted funds.
- An authoritative voice for chronic disease prevention and health promotion in local and national dialogues.
- Advocacy and legislative learning to support policies and funding for prevention and health promotion.
- Comprehensive meeting and event services for program conferences, trainings, and educational academies.

Our achievements include...

- Implementation of more than 32 CDC-funded public health projects.
- NACDD and Member states participation in the MillionHearts® campaign.
- The participation of nine states in the “Moving to Institutional Equity” pilot.
- As a result of 35 State Engagement Meetings implemented since 2012, almost 1 million private and public employees now have an insurance benefit for participation in the National Diabetes Prevention Program (National DPP).
- Leading workshops with employers and commercial health plans to facilitate operationalization of the National Diabetes Prevention Program (National DPP) lifestyle change program as a covered benefit and to demonstrate the resources available on the National DPP Coverage Toolkit (coveragetoolkit.org).
- Capitalizing on our partnership with Joan Lunden and CBS Health Solutions, 21 states have requested proposals for NACDD’s partnership. Ten 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.
- Teams from the Walkability Action Institute, Years 1-3, have collectively accomplished 325 sustained walkability-related outcomes and reached more than 18 million people.
- Ten communities in five states developed a Community Action Plan targeting inclusive healthy community changes for people with disabilities, resulting in more than 100 impact outcomes so far.

For more information about these and other accomplishments in our project portfolio, please visit chronicdisease.org.

BY THE NUMBERS:

~7,000

members nationwide

>20

staff at NACDD Headquarters

>50

subject matter expert consultants

>20

million dollars in revenue

4

major cooperative agreements, including 32 projects under OSTLTS

* The numbers and program information here are reflective of Fiscal Year 2018.

How Chronic Diseases Impact Every American

According to the CDC:

- About **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 disease 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** in the United States, with heart attack and stroke causing nearly half of all mortality.
- The CDC reports that **chronic diseases can intensify symptoms of mental illnesses**, such as depression.

“NACDD’s national leadership in the field of chronic disease prevention and management sustains public health’s commitment to assuring health through the places we live, learn, work, and play. Because of NACDD’s efforts to support chronic disease staff across our country, our health systems, our environments, and our communities are better able to assure healthy lives for all.”

—Gabriel Kaplan, PhD, MPA, NACDD Board President and Chief, Health Promotion and Chronic Disease Prevention Branch, Colorado Department of Public Health and Environment

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 every year** by preventing healthcare costs for cancer, diabetes, heart disease, and arthritis.
- Businesses have **more productive workforces** due to reduced absenteeism.
- Healthy school-aged children have **better academic achievement** and greater future job potential and opportunities.
- Our military has more a more fit population of new recruits for basic training and **stronger defense capabilities**.

“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, 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

NACDD Core Programs

Arthritis	National Diabetes Prevention Program’s Scaling and Sustaining Project	Lupus
Biomarker	Epidemiology Mentorship Program	Nutrition, Physical Activity, and Obesity
Cancer	Evidence-Based Public Health	Oral Health
Cardiovascular Disease	Healthy Aging	Pacific Chronic Disease Coalition
Diabetes	Disability and Healthy Communities	Public Health Leadership and Practice
	Health Equity	Vision and Eye Health

Guiding Principles for Shaping the Future Health Landscape

Background: 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.

- 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 State 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.

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 achieving its Vision.



NACDD subject matter expert Natasha McCoy, MPH, shares information on the GEAR Groups initiative with a Member at the 2017 Chronic Disease Academy.

Looking Forward

There are many reasons to be optimistic about the future that chronic disease prevention and health promotion can create for our country. We also face significant challenges. As our population ages, there is a concerning rise in diabetes, stroke, and heart disease. Fewer people are getting enough exercise than five years ago, and with the current rates of obesity among our youth, many parents may outlive their own children.

We also know that the burden of chronic disease far exceeds what State Health Departments receive to reduce and prevent these illnesses. These state, tribal, and territorial departments require crucial support as Chronic Disease Directors retire and take with them their significant experience and historical perspective.

Yet, we also are working in an age where data is more easily shared across organizations and systems, and where it can inform real-time program changes to improve impact and outcomes. Young professionals in the United States increasingly are becoming engaged with public health and seeking out opportunities to devote their careers to improving their own communities. Additionally, non-traditional partners are starting to see the important economic opportunities chronic disease investment can offer, and academia has begun to explore and unpack some of the social, economic, and environmental root causes of chronic disease so they can be systematically and effectively addressed.

One of our leading goals moving forward is to prepare Members to become recognized experts in the field. We have developed competencies for chronic disease prevention professionals that State Health Departments are adopting to help them evaluate and improve on their capacity and capabilities.

And that's just one example of what we offer through our Association. We want everyone to become aware of the services available through NACDD. By providing tools and resources that enable our Members to make the best evidence-based

decisions possible, we gain two key benefits: firstly, they can report back to their state legislators that funds were well spent and leveraged; and secondly, they can give legislators positive outcomes to report back to their constituents, e.g., preventing diabetes or delaying the onset of arthritis. It takes an active community of people to accomplish these ambitions.

We also are preparing our Members to become Board Members with us in the future. Accordingly, we are educating and training our Members to think beyond their routine day-to-day work so they can have an even stronger impact on chronic disease in the years ahead.

Our retiring Chronic Disease Directors play a huge role in supporting and acclimating new state and territorial department staff as they join the chronic disease prevention effort. These directors have institutional memory, expertise, and stability that is invaluable to continuing the progress already made in chronic disease prevention and control.

Our country needs our Members, from those just starting their careers to those who have retired after decades of distinguished service.

Our loved ones and even our own lives can benefit when our Members develop new programs and approaches that ease preventable suffering. Our economy can save billions of dollars in avoidable healthcare expenditures through the work of our Members to make healthy choices the easy choices. And our communities can be stronger when our Members help them become more active and productive.

We are proud to stand with our Members for these and many more reasons. We are ready and committed to stand for them as we look to the next generation of public health. 7,000 Members and counting, there has never been a time when our nation needed our Members more to promote health and prevent disease.



John W. Robitscher, MPH
CEO

National Association of Chronic Disease Directors



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Thanks to the efforts of countless individuals throughout its history, the first 30 years of NACDD expertise and influence have been critical to state and national-based leadership in promoting healthier communities.

NACDD has continued to grow and innovate to shape the national healthcare landscape. With a continued, united focus on our Mission, NACDD actively plans for an even more rewarding and productive second 30 years.



What We Offer Our Members

NACDD offers tremendous resources within the organization that Members can leverage to help them be successful in the integral work that they do. We invite them to reach out to us at info@chronicdisease.org for technology assistance, administrative relief, travel and communications support, public health crisis help, program development and evaluation, and partnership engagement.



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CHRONIC DISEASE DIRECTORS
Promoting Health. Preventing Disease.

The National Association of Chronic Disease Directors
325 Swanton Way
Decatur, Ga. 30030
info@chronicdisease.org



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