More than half of Chronic Disease Directors who responded to this survey are working on their states’ COVID-19 response at some level (part or full time) along with their usual role.

Does your Chronic Disease Unit have a plan for returning staff to the office?

- 36% developing a plan
- 28% YES
- 28% other
- 8% NO

When do you expect the physical offices of the chronic disease unit to be open again?

- 37% the offices never closed
- 8% offices reopened as of June

Administrative Barriers

To what extent is the Chronic Disease Unit currently experiencing the following moderately or frequently?

- Required to pause activities: 90%
- Contractors unable to deliver: 88%
- Personnel being reassigned: 82%
- Administrative issues: 62%
- Partners out of business: 56%
- Facilities unavailable: 54%
- Hiring freeze: 38%

Cancellations and postponements

More than 70% of respondents in these program areas said some or most activities had been postponed and expected to continue being postponed for the next two months:

- Cancer
- Diabetes
- Tobacco
- Evaluation
- Heart disease and stroke
- Clinical preventive services
- Surveillance/epi
- Health systems intervention
- Physical activity and nutrition/Obesity
- Community-based interventions

NACDD surveyed Chronic Disease Directors in June 2020 about the impact of COVID-19 on their work. For more information, contact: Jeanne Alongi, Director of Public Health Practice, at jalongi@chronicdisease.org.
Chronic Disease Directors reported multiple, systemic impacts to their unit’s work. Percent of respondents reporting postponement of the following activities:

- **Planning and implementing interventions that strengthen community-clinical linkages** to ensure that communities support and clinics refer patients to programs that improve management of chronic conditions. **92%**

- **Planning and implementing health systems interventions** to improve the effective delivery, quality, and use of clinical and other preventive services. **85%**

- **Engaging external partners** such as other public agencies, private sector orgs, nonprofits, etc. **85%**

- **Planning and implementing strategic communications** that translate data for stakeholders, decision-makers, partners, funders, and the public. **83%**

**Urgent Challenges for States**

- Funding and budget cuts.
- Staffing: Key staff reassignments to COVID (at both state and local levels as well as with partners); hiring freezes and delays; balance of energy and time between COVID and project work.
- Addressing social determinants of health and racism as a public health issue.
- Grant requirements and budgets: challenges in meeting workplan deliverables given focus on COVID and concerns about effectively spending project budgets.
- Re-establishing partnerships with providers and other partners to do screenings and implement chronic disease prevention initiatives.

**How NACDD and national organizations can support states**

**Leadership, technical assistance, guidance, and support from national organizations**

- Support and funding for addressing racism and social determinants of health within context of chronic disease.
- Flexibility around spending plans, repurposing funds, grant progress and deliverables, and project and data deadlines.
- Best practice/success story sharing on quick wins with COVID-19 for people with chronic diseases, leadership and innovation, telework and telehealth, and how state and local programs are addressing prevention of chronic diseases and advancing their work under the circumstances.
- Motivation and keeping morale up.

**Leadership, technical advising, guidance, and other support from NACDD**

- Professional development, guidance, and support around health equity and anti-racism work within state public health.
- Consolidated training, technical assistance and peer sharing across diseases/conditions.
- Continued advocacy for funding and the importance of chronic disease prevention.
- Guidance and support around keeping staff morale up, preventing staff burnout, and seeing beyond this pandemic.