

COVID-19 Impact

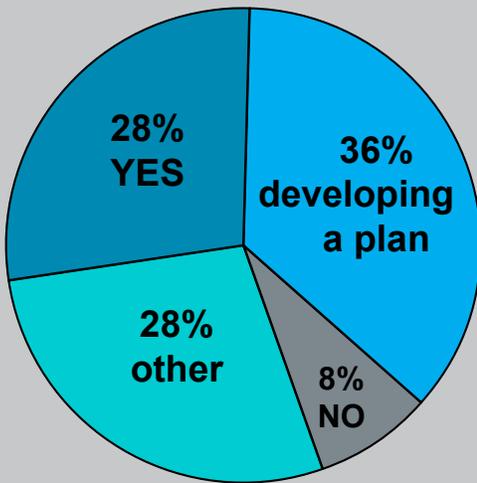
Survey of Chronic Disease Directors
Volume 2

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?



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

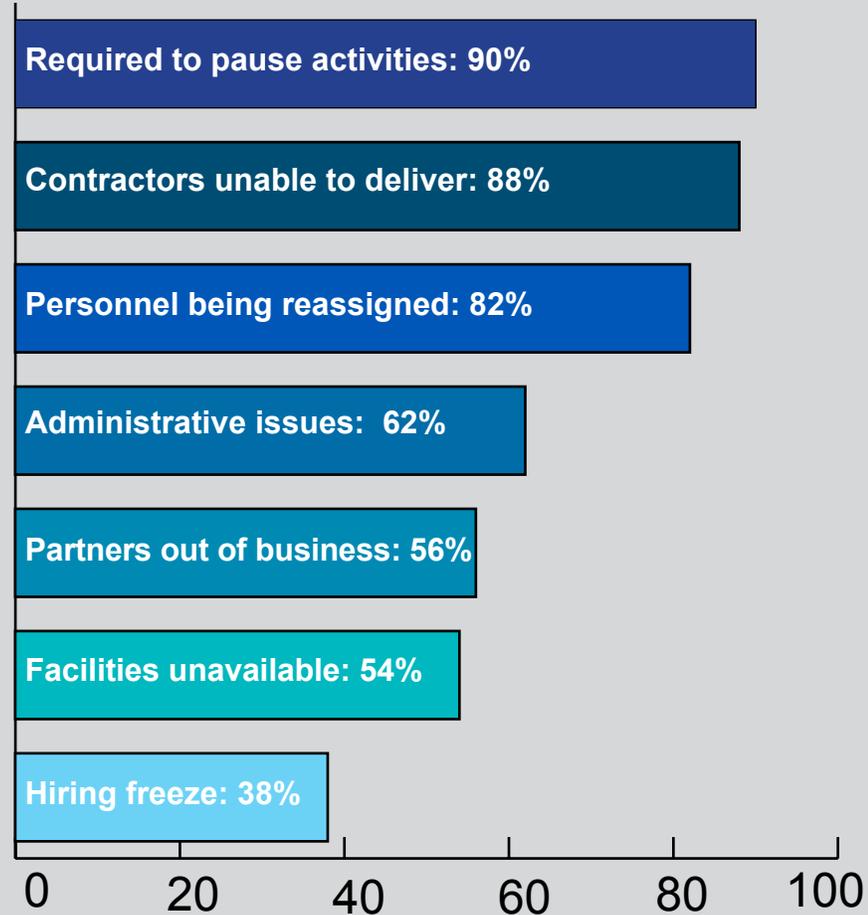
37% the offices never closed

8% offices reopened as of June



Administrative Barriers

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



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

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.



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