



NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS

Promoting Health. Preventing Disease.

Annual Report 2021



Taking Action to Advance Racial Equity:

Growing Our Field for a Healthier, More Resilient, and Just Future

Contents

A Message from Our President and CEO	2
Financial Report	4
Government Affairs	5
Our Membership	7
Association Highlights	8
By the Numbers	9
NACDD Continues to Grow	10
Legislative and Policymaker Activities	11
Celebrating Outstanding Work in Public Health	12
NACDD Thought Leadership	14
Elevating Public Health	15
Advancing Racial and Social Equity to Improve Health	17
NACDD Launches Centers for Collaborative Work	19
Program Highlights	20
Promoting Health	21
Preventing Disease	24
Fostering Leadership and Building Capacity in State Health Departments	33
Innovating Best Practices in Health Promotion	38
Our Partnerships	40
Board of Directors and Donors	41
Guiding Principles	42



I FIGHT
Chronic
illness



A Message from Our Board President and CEO

Taking Action to Advance Racial Equity: Growing Our Field for a Healthier, More Resilient, and Just Future

Persistent health inequities have had devastating effects in our society, especially among Latinx, Black, and Native American/Indigenous communities. Addressing the root causes of these disparities is necessary to make progress as a country and as a field of public health.

Closing racial disparities and advancing health equity through chronic disease programs has long been a focus of our Association and is centered in our [2021-2022 Strategic Plan](#).

We continue to call upon public health organizations to commit to addressing racism as a public health issue and to center anti-racism in their approaches. We have remained committed in our work with our

Members to improve State and Territorial Health Departments' understanding of how to advance anti-racism as a core component of achieving health equity in our chronic disease programming.

Our FY 2021 Board President's Challenge called upon state chronic disease programs to redouble their efforts to advance racial equity. We provided Chronic Disease Directors with a guideline, "[Action Steps to Advance Racial Equity as a Core Component of State Chronic Disease Programs](#)," with specific examples and activities to inform three areas of public health activity:

- Increase staff knowledge about racial equity/ racial justice and its connection to health outcomes in professional development,

- Implement actions based on data related to racial inequities and chronic disease outcomes, and

- Assess organizational policies and procedures using a race equity framework.

Twenty-six states signed on for the challenge, including:

- **Massachusetts**, which integrated their unit's work on standardizing racial equity into the hiring process and expanded this across their department.
- **South Dakota**, which established a cultural competency work group and is in the process of developing an action plan.



- **Alaska** started an organizational self-assessment around health equity and administered an online survey to all staff and some partners using the NACDD State Health Department Organizational Self-Assessment for Achieving Health Equity toolkit. They also hosted a well-attended land acknowledgement workshop for staff.

Additional information about states' commitments to health equity, as well as the Association's other health and racial equity work, is available at chronicdisease.org/page/healthequityprograms.

Finally, as you will read in our Annual Report, our work to be anti-racist also has influenced our approaches to our programming as well as our internal, organizational activities.

Together, we are growing, learning, and doing what we ask from others.

Confronting racism is a perennial call to action. It does not end after a news cycle concludes, but is a steady, intentional effort that involves some level of personal introspection and development. We must rise to these challenges because everyone in America should have the chance to live a healthy life, regardless of who they are, how they came here, or what languages they speak.

We will continue to take action to advance racial equity so that we can grow our field for a healthier, more resilient, and just future.



John Robitscher, CEO



Susan Kansagra, FY 2021 Board President

Financial Report

National Association of Chronic Disease Directors (NACDD)
Statement of Activities for the year ended Sept. 30, 2021.

	FY 2021	FY 2020	Change %
REVENUE, GAINS, AND OTHER SUPPORT			
Grant Revenue	\$29,902,740	\$25,822,187	15.8 %
Other grants and contributions	\$ 978,449	\$ 509,339	92.1%
Conference and meetings	\$ 400	\$ 31,752	-98.7%
Member dues	\$ 74,000	\$ 96,000	-22.9%
Investment income	\$ 182,875	\$ 149,351	22.4%
Other revenue	\$ 69	\$ 10,617	-99.4%
Total revenue, gains, and other supports	\$31,138,533	\$26,619,246	17.0%
EXPENSES and LOSSES			
Total program services	\$26,716,192	\$24,892,075	7.3%
Supporting services:			
Management and general	\$ 4,649,545	\$ 3,975,770	16.9%
Fundraising	\$ 0	\$ 3,232	-100%
Total supporting services	\$ 4,649,545	\$ 3,979,002	16.9%
Total expenses and losses	\$31,365,737	\$28,871,077	8.6%
CHANGE IN NET ASSET	(\$ 227,204)	(\$ 2,251,831)	-89.9%
NET ASSET, beginning of year	\$ 2,677,845	\$ 4,929,676	-45.7%
NET ASSET, end of year	\$ 2,450,641	\$ 2,677,845	-8.5%



Government Affairs

The Biden administration released its detailed fiscal year (FY) 2022 budget proposal on May 28, 2021. The \$6 trillion budget request combined President Biden's \$2.3 trillion infrastructure plan, his \$1.8 trillion families proposal, and \$1.5 trillion in discretionary spending to fund federal agencies for the upcoming fiscal year. The administration projected a \$1.8 trillion budget deficit in FY 2022.

With the late release of the President's budget, NACDD and Cornerstone Government Affairs worked to strategize on NACDD's fiscal year budget priorities, drafted fact sheets for each of our priority issues, and met with members of Congress and congressional staff to advocate for our appropriations priorities and legislative agenda prior to the congressional appropriations deadlines.

The administration proposed to provide Centers for Disease Control and Prevention (CDC) with \$15.413 billion in program-level funding in FY 2022, an increase of \$1.444 billion (+10.3%). The proposal included \$400 million "in new, flexible funding to support core public health infrastructure."

A big win for NACDD, this is the first CDC President's Budget Request in decades that did not propose elimination of the Preventive Health and Health Services Block Grant. Prior budget requests also have recommended major reorganizations accompanied by deep budget cuts. In fact, no CDC programs were cut

or eliminated in this budget request. This was important, as typically once a new administration proposes a cut or elimination, that becomes an annual budget proposal to Congress for the duration of the administration's term. This budget set a solid floor for building increases in core capacity for NACDD priorities.

On July 11, 2021, the House Appropriations Committee released its \$253.8 billion Labor, Health and Human Services, Education, and Related Agencies (Labor-HHS) bill for fiscal year 2022. The bill, which was marked up in the Labor-HHS subcommittee on July 12 and the full committee on July 15, includes \$253.8 billion in overall funding, an increase of \$55.2 billion, which is 28% above the FY 2021 enacted level and \$129 million below the budget request. The bill includes a total of \$10.6 billion for CDC, an increase of \$2.7 billion above the FY 2021 enacted level and \$1 billion above the President's budget request.

While the government continued to operate under a Continuing Resolution (CR), the Senate Appropriations Committee released the remaining nine fiscal year 2022 bills, including the Labor-HHS bill on Oct. 18. The draft bill, which was not marked up in the Senate subcommittee or full committee, includes \$220.8 billion, an increase of \$46.7 billion over fiscal year 2021. The bill included \$9.73 billion for CDC, an increase of \$1.85 billion over FY21, and the largest increase in budget authority provided to the agency in nearly two decades.

Throughout the year, NACDD and Cornerstone met with critical members of Congress and congressional staff to advocate for our priorities in the Labor-HHS appropriations bill. The House and Senate bills each contained large increases for CDC priorities, but these increases were dramatically scaled back in the final conference version of the legislation when Republican members insisted on increases for defense spending, which came at the expense of non-defense priorities. The original House-passed bill was reduced by approximately \$40 billion in conference, from a total of \$254 billion or a 28% increase over FY 2021 in the original bill, to \$214 billion or a 7% increase in the final bill. The final FY 2022 CDC increase was commensurately reduced from \$2.7 billion in the House bill to \$582 million in the final conferenced bill.

The House and Senate passed the Consolidated Appropriations Act, 2022 ([H.R. 2471](#)) March 9 and March 10, 2022, respectively, completing their work on the annual spending bills nearly six months into the fiscal year. On March 15, President Biden signed the bill into law. The omnibus appropriations bill for fiscal year 2022 totals \$1.5 trillion. Labor-HHS programs received \$209.7 billion in funding, an effective increase of \$14.6 billion (+7.5%) over FY21. The bill included \$8.45 billion for CDC, an increase of \$582 million (+7.4%) over FY21.



This increase included \$200 million in new flexible funding for public health infrastructure and capacity to rebuild a robust and resilient public health infrastructure, and for state and local governments to strengthen their infrastructure and capacity to be ready to respond to emerging public health threats.

The committee report states: “The agreement establishes a new funding line to provide a stable source of resources that is not segmented by disease, condition, or activity. The agreement recognizes that the nation’s public health partners need to be better equipped and more flexible to coordinate together to save lives. The agreement directs that no less than 70 percent of this funding be awarded to health departments.”

The agreement also included \$61 million for public health workforce initiatives and \$100 million (an increase of \$50 million) to modernize public health data surveillance and analytics at CDC and State and Local Health Departments. The agreement commends CDC for its progress and includes an increase to advance efforts toward creating a modern, high-speed, networked public health infrastructure that will work for all disease and conditions. Further, the bill includes direction that urges CDC to publicly track and report to the committees how funds provided to State Health Departments are passed through to local health departments, including the amount per grant award by the local jurisdiction.

Program	FY 2021	FY 2022 President's Request	FY 2022 Conference
Alzheimer's Disease	\$20,500,000	\$20,500,000	\$30,500,000
Arthritis	\$11,000,000	\$11,000,000	\$11,000,000
Cancer Registries	\$51,440,000	\$51,440,000	\$51,440,000
Colorectal Cancer	\$43,294,000	\$43,294,000	\$43,294,000
Comprehensive Cancer Control	\$20,425,000	\$20,425,000	\$20,425,000
Heart Disease and Stroke Prevention	\$143,105,000	\$143,105,000	\$145,105,000
Diabetes	\$148,129,000	\$148,129,000	\$151,129,000
National Diabetes Prevention Program	\$29,300,000	\$29,300,000	\$33,300,000
Nutrition, Physical Activity & Obesity	\$56,920,000 (+\$15,000,000 for high rate counties)	\$56,920,000	\$58,420,000 (+\$16,500,000 for high rate counties)
Healthy Schools, Healthy Youth	\$15,400,000	\$15,400,000	\$17,400,000
Tobacco Control	\$237,500,000	\$237,500,000	\$241,500,000
Breast & Cervical Cancer Early Detection	\$225,000,000	\$225,000,000	\$227,000,000
WISEWOMAN	\$28,120,000	\$28,120,000	\$30,120,000
Breast Cancer Awareness for Young Women	\$4,960,000	\$4,960,000	\$5,960,000
Preventative Health and Health Services Block Grant	\$160,000,000	\$160,000,000	\$160,000,000
Oral Health	\$19,500,000	\$19,500,000	\$19,750,000
Social Determinants of Health	\$3,000,000	\$153,000,000	\$8,000,000



Our Membership

NACDD's Membership is comprised of more than 7,000 Members including State and Territorial Health Department chronic disease program staff as well as public health practitioners across multiple industries. NACDD's well-developed bench of expertise, our unique focus, and our decades of experience are solely focused on supporting our Members' efforts to reduce chronic disease and improve health.

The NACDD Member Experience

NACDD's central challenge is to strengthen leadership and expertise for State Health Departments as they advance chronic disease prevention and health promotion. We help them advocate for equitable opportunities for health and a modernized chronic disease surveillance system. NACDD's three-pronged approach to providing support to our Membership is a synthesis of how we:

- **INFORM** Members on public health industry and policy intelligence, evidence-based promising practices, and opportunities to advance their work and careers;

- **ENGAGE** Members in meaningful connections with their peers nationwide and participate in thought-leadership and workforce innovation
- **GROW** Members' careers through professional development tools, resources, and learning opportunities, including our annual Chronic Disease Academy and monthly webinars designed for our Members' unique needs and interests.

Visit chronicdisease.org/MembershipBenefits or reach out to us at members@chronicdisease.org to learn more.



Simply put, NACDD is a one-stop shop for Chronic Disease Directors. If you want to be a better Chronic Disease Director, get involved in NACDD programming and get to know the teams at NACDD. The leadership, advocacy efforts, tools, and workforce development resources at NACDD are all vital components of chronic disease prevention. From new orientation to seasoned professionals, NACDD is here for you.

—Ryan Lester, MPH, NACDD Board President-Elect



ASSOCIATION HIGHLIGHTS

8

National Association
of Chronic Disease
Directors



By the Numbers from 2021

~7,000

Members Nationwide

\$45 Million

in Revenue

48

Staff

45+

Federally-Funded Projects/Programs Under
5 Major Cooperative Agreements

50+

Subject Matter Expert Consultants

34

Ranking on The Atlanta Business Chronicle's
"Atlanta's 75 Largest Nonprofit Organizations" List



NACDD Continues to Grow

NACDD continued to expand in size and capacity. Our headquarters staff grew to more than 45, and our subject matter expert consultants increased to more than 50! We tackled 45 projects generating approximately \$45 million in program revenue.

NACDD Ranked 34th Largest Nonprofit in Atlanta

NACDD was ranked No. 34 on the Atlanta Business Chronicle's list of "Atlanta's 75 Largest Nonprofit Organizations." The rankings are based on 2019 gross revenue.

Recognizing Outstanding Employees

NACDD's Employee Recognition Committee issued awards to staff who exemplify NACDD core values and service to the Association's mission. Those honored this year were:

Leadership Impact Award—Zunera Mirza,
Health Communications Specialist

Making a Difference Award—DeShara Johnson,
Public Health Program Specialist

Spotlight Award—Flo Flowers, Project Manager

CEO Award—Anissa Hackett, Finance/Accounting Manager



Legislative and Policymaker Activities

Appropriations Fact Sheets

Every year, in addition to policy [white papers](#), NACDD publishes congressional [Appropriations Fact Sheets](#). These provide recommendations to Congress on federal funding levels for several categorical chronic disease programs. Our fact sheets offer our recommendations for the future, share evidence of success, and discuss why we prioritize prevention.

Statement of Support for Health Leadership Appointees

NACDD issued a statement of support for the diverse and extremely well-qualified list of experts for the Biden administration's health leadership, including: Xavier Becerra (Health and Human Services Secretary), Dr. Vivek Murthy (U.S. Surgeon General), Dr. Rochelle Walensky (Director of Centers for Disease Control and Prevention and ninth administrator of the Agency for Toxic Substances and Disease Registry [ATSDR]), and Dr. Rachel Levine (Assistant Secretary for Health).

[Read more](#) →

Sign on Letter Supporting Funding

NACDD led a sign on letter to support tripling CDC chronic disease prevention and control funding.

Excerpt from the letter:

The COVID-19 pandemic has unmasked the effects of systemic racism on health across the United States, highlighting the way poverty, poor housing, pollution, and food deserts, among other factors, combine to make Black, Latinx (i.e., Spanish-speaking), and Native American and

Indigenous communities more ill than others. The disproportionate rates of COVID-19 hospitalizations and deaths in Black, Latinx, and other non-white populations reflect the disproportionate rate at which these groups suffer many chronic conditions. And the lack of response to their needs throughout this pandemic—such as the fact that testing for Black and Latinx Americans happens later in COVID-19 disease progression—is evidence to the way our public health system fails to care for these marginalized communities. [Read the letter.](#)

Obesity Prevention

NACDD released an issue brief on [obesity prevention](#) to support Members' work to improve health in their states. Excerpt from the brief:

Policy, systems, and environmental interventions are needed to address the drivers of obesity. Policymakers and public health professionals must consider the social and built environmental factors that contribute to disparities in overweight and obesity. To effectively address disparities in obesity rates, these policies and interventions must be designed to intentionally address social determinants of health (such as access to healthy food outlets and safe access to convenient physical activity) to ensure that communities, environments, and systems support healthy people.

Expanding Telehealth Benefits

NACDD's Cardiovascular Health, Diabetes, and Health Equity councils worked together to submit a response in support of a proposed rule that would extend the

availability of certain telemedicine services after the COVID-19 public health emergency ends. This would provide Medicare beneficiaries with more convenient ways to access healthcare, particularly in rural areas where it may be difficult to get to or find a provider.

[Read more](#) →



Celebrating Outstanding Work in Public Health

This year, we presented 12 Impact Awards—the most in our history! Awards ranged from Rising Stars given to emerging leaders to a Lifetime Achievement honor for a career professional. The Impact Awards are nominated and selected by NACDD Members to recognize outstanding work in chronic disease prevention and health promotion. Awardees are selected using a rubric that emphasizes impact in reducing the burden of chronic disease in states and territories.

Community Impact

NACDD offers this award for both individuals and Chronic Disease Unit teams that have made significant impacts or achieved significant influence related to chronic disease prevention and control in a community.

Community Impact Award for an Individual:

Susan (Sue) Millstein, Diabetes Program Manager at the New York State Department of Health. Millstein's championing of public health and Medicaid's relationship was critical to the advancement of the National Diabetes Prevention Program benefit in New York.

Community Impact Award for Chronic Disease Units (two winners):

- **The Division of Cancer Prevention & Control** at the South Carolina Department of Health

& Environmental Control, formed a Cancer Survivorship Project ECHO hub, the first of its kind established in South Carolina, which in addition to a pilot program, provided an avenue for increased patient navigation activities resulting in 242 navigations between August 2020 and March 2021.

- **The Oral Health Unit** at the Colorado Department of Public Health and Environment, whose work and leadership have led to systems change to design an oral health delivery system that is steeped in evidence and equity.

Chronic Disease Innovator

Awarded to a state, tribal, or territorial Chronic Disease Unit that demonstrates an innovative approach to reducing the burden of chronic disease prevention and control. This year, we had two winners:

- **The Cancer Prevention and Control Team** at the Arizona Department of Health Services, whose Data Modernization Project, implemented during the pandemic, created a much more secure system and drastically cut down wait time of data transfer.
- **The Colorado Diabetes Program** within the Colorado Department of Public Health and Environment, which has utilized a number of

comprehensive and innovative approaches to increasing awareness of chronic diabetes prevention programs, creating access to, and securing coverage of programs. This includes activating their 211 system to serve as a class locator for diabetes prevention and management programs. They also launched a successful Diabetes Self-Management Education and Support (DSMES) social media campaign in English and Spanish that links to the diabetes management page where people can search for programs in their area.

Healthy Equity Champion

Awarded to an individual and to a Chronic Disease Unit that have demonstrated progress in advancing health equity as a core value of their work and in addressing the social and economic factors that contribute to preventable health disparities, or who have applied health equity principles to improve public health practice.

Health Equity Champion Chronic Disease Unit Award: **Center for Chronic Care and Disease Management** within the Rhode Island Department of Health. The center is recognized for its work on the Diabetes Health Equity Challenge and the development of the Rhode to Equity, a 12-month learning and action collaborative to enhance the place-based initiatives' ability to improve both health and social outcomes.

Health Equity Champion: **Dr. Elizabeth (Lisa) McClain**, Chief Wellness Officer, Arkansas Colleges of Health Education, whose efforts to improve walkability, bicycling, and movability during COVID-19 have helped to transform inequities in her community.

Rising Star Awards

Given to an individual staff member in a state, tribal, or territorial Chronic Disease Unit who is not a director and who has demonstrated exceptional leadership and innovation to promote health. This year's winners are:

- **Amy Patel**, the Overdose Prevention Program Lead at the North Carolina Department of Health and Human Services. Patel has worked tirelessly to increase the staff's knowledge about racial equity and injustices that exist and adversely affect chronic disease outcomes.
- **Nicole Smith**, a Diabetes Program Consultant at the Ohio Department of Health. Smith has increasingly taken on more responsibilities, including managing multiple diabetes contracts for the state's DP18-1815 cooperative agreement.

Mentor Award

Given to an outstanding chronic disease prevention and control professional who has guided, supported, and promoted the training and career development of other chronic disease prevention and control practitioners working in a State or Territorial Health Department. Nominees should have a sustained record of mentoring



over time, and nominators must be mentees of the nominee or colleagues who have personal knowledge of the nominee's mentoring efforts.

Becky DiOrio, the Diabetes Program Manager at the Colorado Department of Public Health & Environment. DiOrio is an organized mentor whose learners appreciate her no-nonsense approach to sharing her experiences while encouraging them to do their best. In her first two years of mentoring, she took 10 learners under her wing.

Lifetime Achievement Award

The Lifetime Achievement Award was presented to **Pama Joyner**, a former Chronic Disease Director within the Washington Department of Health. For more than 20 years Joyner has served the people of Washington with determination and innovation to reduce the burden of chronic disease both in her home state and nationally. Joyner also has held many roles within NACDD, including serving on the Board of Directors and on NACDD's Leadership and Development Committee. As the public health workforce is stretched with the pandemic response and needs outpace resources, the foundation Joyner has helped build and her support of future leaders is vital.



Provention Health Foundation Innovation Award

This special award that our ProVention Health Foundation offers to a critical partner in our field was presented to **Cappa Health**. **Dr. Michael Tingey**, Founder and Chief Medical Officer, and **Ray Lyons**, Chief Executive Officer, accepted the award. Cappa Health is a leader in digital therapeutics and a pioneer in providing the National Diabetes Prevention Program to those in greatest need. Its state-of-the-art, online delivery platform has helped State Health Departments, health systems, and community-based organizations serve those at risk for diabetes and hypertension across the nation. As one of CDC's first, fully recognized virtual providers of the National DPP, they will soon be the first to provide it online in Spanish and for Native Americans. Their commitment to public health has always been to deliver paramount quality while ensuring affordability, accessibility, and equity.

[More information on the Impact Awards is available on NACDD's website.](#)

NACDD Thought Leadership

NACDD Board President Dr. Susan Kansagra began her term on the [Community Preventive Services Task Force](#) in January 2022. Dr. Kansagra also was part of a panel discussion on the ASTHO podcast [Health Equity Divide: Chronic Disease and COVID-19](#), and was interviewed for the article [“Chronic Disease Wave Looms Post-Pandemic”](#) in Modern Healthcare.

NACDD Associate At Large Director Dr. David Hoffman had an article published in the Annals of Bioethics and Clinical Applications that was titled [“Ethics and Prevention of Chronic Disease.”](#) He also was interviewed on the podcast [LeverAGE](#) about how public-private partnerships can advance the fight against Alzheimer’s and related dementias. Finally, Dr. Hoffman co-wrote an article examining the choice to be vaccinated through the lens of principles of bioethics titled [“Is it Ethical for Healthcare Professionals to Decline the COVID-19 Vaccine if it is Available?”](#)

Health Affairs Publishes Blog by NACDD on Health Debt

NACDD experts Dr. Jeanne Alongi, VP, Center for Public Health Practice; John W. Robitscher, Chief Executive Officer; and Liz Ruth, Director of Policy, published a blog in the preeminent health policy journal *Health Affairs* on [“Confronting The Health Debt: The Impact Of COVID-19 On Chronic Disease Prevention And Management”](#) (login



may be required to view the full text). The article examines the origins of the so-called health debt or the compounded consequences of missed, undertreated, or delayed care to prevent or treat chronic disease during the pandemic. The article highlighted the critical role that state public health agencies play in dealing with this issue and offered an agenda to address the current health debt and to prepare for the next pandemic and its long-term consequences.



NACDD Staff Presents on Addressing Social Isolation

NACDD’s Vishwarupa Vasani (Associate Director, Center for Community and Environmental Health) and Mara Galic (Technical Assistance Manager, Building Resilient Inclusive Communities) [moderated a panel discussion](#) during the 2021 End Social Isolation and Loneliness Action Forum titled “How Does Social Isolation and Loneliness Get Addressed from a Public Health Perspective?” The panelists were from three states participating in the Building Resilient Inclusive Communities (BRIC) program: Christopher (CJ) Johnson, Active Transportation and Built Environment Specialist with the Hawaii State Department of Health; Janna Simon, Director of the Center for Policy and Partnership Initiatives with the Illinois Public Health Institute; and Tiffany Bransteitter, Obesity Prevention and Wellness Section Chief with the Pennsylvania Department of Health. Panelists shared state public health perspectives around addressing and integrating social connectedness into their efforts.

Elevating Public Health

5th Annual Program Success Showcase

Our fifth annual [Program Success Showcase](#), held virtually for the first time in 2021, included two panel discussions with public health luminaries and thought leaders on emerging issues in the field as well as presentations on NACDD and partner programs that are innovating public health efforts to prevent and control chronic disease.

The opening panel, "[How State Health Departments Can Help Build Trust in Public Health and Promote Health Equity during COVID and Beyond](#)," was moderated by Susan Winckler, CEO, Reagan-Udall Foundation for the FDA, and included guest speakers Dr. Karen Hacker, Director, CDC National Center for Chronic

Disease Prevention and Health Promotion; NACDD Board President Dr. Susan Kansagra; and Dr. Avenel Joseph, Vice President of Policy, Robert Wood Johnson Foundation.

The closing panel discussion, "[Mental Health and Combating Burnout for Public Health Staff During COVID and Other National Emergencies](#)," was moderated by Dr. Caroline Clauss-Ehlers, Associate Professor, Rutgers University's Graduate School of Education and Advisory Board Member for the Rosalynn Carter Fellowships for Mental Health Journalism, and featured speakers Dr. Benjamin Miller, Chief Strategy Officer, Well Being Trust; NACDD Board Member Linda Scarpetta; and Denise Octavia Smith, Founding Executive Director, National Association of Community Health Workers.



Opening Keynote

How State Health Departments Can Help Build Trust in Public Health and Promote Health Equity during COVID and Beyond



Dr. Karen Hacker
Director
CDC National Center for
Chronic Disease
Prevention and Health
Promotion



Dr. Avenel Joseph
Vice President of Policy
Robert Wood Johnson
Foundation



Dr. Susan Kansagra
Board President
NACDD



Susan Winckler
(moderator)
CEO
Reagan-Udall
Foundation for the FDA

NACDD and Safe States Alliance Co-Host Groundbreaking Summer Webinar Series on Adverse Childhood Experiences and Chronic Disease Prevention

In Summer 2021, NACDD, in partnership with the Safe States Alliance, hosted two leading-edge webinars on adverse childhood experiences and their connection to increased risk for chronic disease and mental illness during the COVID-19 pandemic.

As one of her first duties after being appointed Assistant Secretary for Health, Dr. Rachel Levine recorded a special video message in support of NACDD and Safe States Alliance to help launch the webinar series.

A top-tier list of experts joined the series over two panel discussions held in May and August of 2021, including thought leaders from: the Safe States Alliance, the American Medical Association, the Black Mental Health Alliance, Prevent Child Abuse America, the Bipartisan Policy Center, the American Foundation for Suicide Prevention, the University of Rochester's Institute for the Family, George Washington University's Center for Community Resilience, and the Rosalynn Carter Fellowships for Mental Health Journalism.



Dr. Rachel Levine
Assistant Secretary for Health
U.S. Dept. of Health & Human
Services

The first webinar, "[Is the COVID-19 Pandemic an Adverse Childhood Experience?](#)," brought together experts to discuss whether and in what ways the COVID-19 pandemic has been an adverse childhood experience as well as what chronic disease and injury prevention professionals can do now to address the potential long-term chronic disease and well-being consequences of the pandemic.

The second webinar took the conversation further through "[Connecting the Dots: ACEs, Mental Health, and Preventing Long-term Chronic Disease.](#)" This discussion explored how mental healthcare systems and chronic disease public health infrastructures traditionally have been siloed from each other in State and Territorial Health Departments. Adverse childhood experiences (ACEs) can contribute both to chronic disease and mental health concerns later in life, and these conditions can also be

comorbid with each other (such as in the case of heart disease and depression or anxiety).

NACDD is grateful for the partnership and support from the Safe States Alliance for this well-attended and well-received webinar series.

Did you know?

A Your Health Beyond COVID public service announcement aired during the 2021 Super Bowl commercial lineup in several states!



Advancing Racial and Social Equity to Improve Health

NACDD's Health Equity Council, trainings for State Health Departments, and the Reducing Breast Cancer disparities project are just a few of the ways NACDD is developing and strengthening communities to create a culture of racial equity that can help lead to greater health equity. These opportunities allow states to learn from and support each other as they develop and implement equitable strategies within and outside of their organizations.

One example of how NACDD has helped lead national conversations among State Health Departments, funders, and thought leaders is the Association's expertise in creating [health equity learning](#) materials for the 30th Anniversary of the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). NACDD's Health Equity team created a [Health Equity Training Journal](#) and accompanying explanatory videos and microsite that led NBCCEDP and Colorectal Cancer Control Program awardees through a process of personal and professional discovery in defining and exploring health equity concepts that will benefit program participants long into the future.

In 2021, NACDD provided seven Foundations of Health Equity trainings to states and to the Population Health Alliance. In addition, NACDD developed an online Cultural Competency training module for the North Dakota Department of Health.

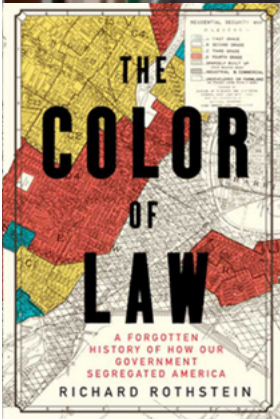
NACDD also led Mississippi, Tennessee, and Wisconsin in the Reducing Breast Cancer Disparities in States: Creating the Bridge from Data to Action project. NACDD worked to build capacity among cancer prevention and control programs with data and proven strategies to reduce breast cancer disparities. The states leveraged social determinants of health data, breast cancer prevalence and mortality data to develop tailored interventions for census tracts and block groups experiencing the greatest need. This work also included efforts to engage more community members and stakeholders in developing state actions to combat breast cancer and breast cancer disparities.

Finally, one of the highlights of the year was a partnership between NACDD and the National Association of State Offices of Minority Health (NASOMH) to launch a new professional development podcast series featuring national experts and activists called "[Race Toward Health](#)." Episodes included: "[Race is the Greatest Predictor of Health](#)" featuring Thomas A. LaVeist, Ph.D. (Tulane School of Public Health & Tropical Medicine); "[What is a 'Racial Equity Culture'?](#)" featuring Kristine Andrews, Ph.D. (Child Trends); and "[The Political Determinants of Health](#)," featuring Daniel E. Dawes, J.D. (Satcher Health Leadership Institute, Morehouse School of Medicine).



Equity is not only a written or oral commitment, equity is an action. NACDD and the Board have been dedicated to providing State Chronic Disease programs with solutions to address systems that create barriers for accessing prevention and healthcare services; ensuring useability of data and recommendations by communities most affected by health and social disparities; and engaging partners and populations with high burden in program planning and decision-making. As chronic disease leaders, these resources build our capacity to utilize our "spheres of influence" to make actionable change.

—Teresa Aseret-Manygoats, MPA, NACDD Board At-Large-Director



NACDD’s internal group, the Racial Equity, Diversity, and Inclusion Alliance (REDI Alliance) hosted a book club for staff and consultants to read and discuss “The Color of Law: A Forgotten History of How Our Government Segregated America” by Richard Rothstein. The book shows how racial residential segregation—the fact that some neighborhoods are almost

exclusively Black while others are almost exclusively white—is the result of explicit historical policy rather than personal choice and random chance. The club met weekly for several weeks to conduct guided discussions for each chapter. The conclusion of the book club featured a [special webinar](#) open to all staff, consultants, and Members featuring a presentation and Q&A with Mr. Rothstein.

NACDD Highlights on Anti-Racism Actions

- The Association made advancing racial equity a focus in its [2021-2022 Strategic Plan](#).
- NACDD Board President Dr. Susan Kansagra’s [President’s Challenge](#) called upon state chronic disease programs to redouble their efforts to dismantle structural racism through a greater focus on racial equity.
- NACDD and the National Association of State Offices of Minority Health (NASOMH) launched a new professional development podcast series featuring national experts and activists called “[Race Toward Health](#).”
- NACDD’s Racial Equity, Diversity, and Inclusion Alliance (REDI Alliance) hosted a book club for staff and consultants to read and discuss *The Color of Law: A Forgotten History of How Our Government Segregated America* by Richard Rothstein. The conclusion of the book club featured a [special webinar](#) showcasing a presentation and Q&A with Rothstein.
- Additionally, several areas of NACDD program work have covered racial justice and public health, including: [GEAR Groups](#) (small learning group opportunities), General Member Webinars, and a Thought Leader Roundtable “Putting Equity at the Root of Public Health Practice.”



- Finally, in response to a dramatic rise in violence against Asian Americans, NACDD released a statement [condemning anti-Asian violence](#).

PROGRAM HIGHLIGHTS



Promoting Health

Building Healthy Military Communities

Since 2017, NACDD has partnered with CDC and the Defense Health Agency to improve strategic communication and collaboration between state and local public health organizations, community efforts, and the Department of Defense (DOD) to create healthy communities that support Service member recruitment, readiness, and retention.

NACDD continues to support the DOD's Building Healthy Military Communities (BHMC) pilot by providing technical assistance and training on food and nutrition security, physical activity, and tobacco prevention/cessation to nine states: Florida, Georgia, Mississippi, Minnesota, Oklahoma, New Mexico, Indiana, South Carolina, and Texas. NACDD also encourages BHMC and other military colleagues to participate in NACDD educational events and efforts focused on confronting racism and promoting social justice.

This past year, the BHMC Thought Leader Roundtable brought together leaders in both chronic disease prevention and in the military to create [recommendations](#) to increase partnerships between the two groups. NACDD also launched a two-year [Military Partnerships Pilot](#), which supports the Arkansas and Utah departments of health in fostering connections with the military. To demonstrate ways in which State Health Departments are partnering

In 2021, the DOD reported participating in 406 meetings with state and local public health agencies. According to the DOD, 79 of these were due to NACDD's direct support.

with the military, NACDD published two partner highlights describing how the [New Mexico Department of Health](#) and the [Florida Department of Health](#) are partnering with

military entities and organizations to increase physical activity and reduce tobacco use within the military-connected population.



Walkability Action Institute

NACDD's Walkability Action Institute (WAI) project traditionally exists as an in-person multiday course designed to help interdisciplinary teams develop action plans for improved walkability and movability. Due to the COVID-19 pandemic, NACDD developed the Walkability Virtual Academy (WVA) as the virtual alternative to the in-person WAI. Three WVAs were implemented, including a national, seven-month WVA for six local/regional interdisciplinary teams from Arkansas, Illinois, Missouri, North Carolina, Ohio, and Washington; and two separate, state-based WVAs in Arkansas and New York over a one-week period for six and four additional teams, respectively. For each WVA implementation, NACDD customized implementation, maintained content fidelity to the WAI model, and integrated applied learning activities.

The WAI/WVA project has become a national movement by bringing many disciplines together to rethink and influence community and transportation design in a way that better promotes health, physical activity, and access to activity-friendly routes to everyday destinations. Making states and communities more healthy, walkable, movable, and active involves public health's counterparts in transportation, planning, engineering, and other diverse disciplines.

NACDD mirrors the interdisciplinary effort by organizing a course faculty team made up of the nation's best leaders from community and transportation design, equity, and disability inclusion. The course purposely promotes upstream solutions, addresses racial inequities,



integrates social and environmental justice, and rethinks accessibility through universal design concepts.

Over the last seven years, a total of 67 interdisciplinary teams from 31 states have participated in the WAI or WVA project. These teams have leveraged more than \$284 million to collectively achieve 876 walkability-related outcomes, reaching nearly 48 million people, including economically disadvantaged populations, people with disabilities, and historically oppressed racial/ethnic groups. The teams have exemplified how modest investments in cross-disciplinary partnerships and capacity-building can help communities and states leverage funds to implement sustainable changes to the built environment.

7 years

67 teams from 31 states

\$284 million leveraged

876 outcomes

48 million people reached

2021 COURSE BOOKLET
ARKANSAS

NACDD/CDC Walkability Virtual Academy

To increase walking and walkability



Building State Workplace Program Expertise and Capacity

NACDD's Arthritis portfolio provides technical assistance to states and national partners to increase the adoption and implementation of arthritis-appropriate evidence-based interventions (AAEBI). NACDD's Worksite Wellness portfolio utilizes CDC workplace health tools and resources, specifically the Work@Health program, to complement, amplify, and expand state-based efforts to engage employers in building effective, comprehensive, evidence-based workplace health programs. Both portfolios worked together to embed AAEBIs, specifically the Arthritis Foundation's Walk With Ease (WWE) program, into Work@Health trainings as the physical activity component of worksite wellness efforts. Additionally, some Work@Health trainers were certified as WWE group leaders, enabling them to deliver the program directly to employers.

To further opportunities for collaboration, NACDD connected Work@Health trainers and champions with arthritis program managers and community-based organizations delivering WWE. Specifically, the arthritis and worksite wellness teams convened quarterly networking and sharing calls for Cooperative Extensions delivering evidence-based interventions to communities and employers. This allowed the teams to create a space for peer-to-peer sharing and learning and the pooling together of resources to advance and enhance efforts.

Advancing Arthritis Public Health Approaches Through National Organizations

NACDD's Arthritis portfolio provides technical assistance and support to the 13 CDC-funded state arthritis programs. Specifically, NACDD supports the delivery and dissemination of arthritis-appropriate evidence-based



interventions (AAEBI), including the Arthritis Foundation's Walk With Ease (WWE) program. Through collaboration with other chronic disease prevention programs, such as the National Diabetes Prevention Program (National DPP) lifestyle change program (LCP), the Arthritis team worked to address comorbidities, which are common among adults with arthritis.

In partnership with Emory University's Diabetes Training and Technical Assistance Center (DTTAC), NACDD conducted an evaluation to explore how National DPP LCP delivery organizations have adapted their programs to include the WWE program, referred to as "coupling." The evaluation engaged partner organizations in nine states to learn more about implementation, feasibility, and the outcomes of coupling. Results demonstrated that delivery organizations are coupling the National DPP LCP and WWE programs in a variety of ways; the majority are in the planning phase or early stages of implementation and are exploring how to best couple the two programs. All states demonstrated a high level of motivation to couple the programs as they believe it will increase engagement, retention, and achievement of outcomes tied to the National DPP LCP.

NACDD's Arthritis team and CDC's Scaling the National Diabetes Prevention Program in Underserved Areas project identified several opportunities for collaboration, including developing flyers to describe the benefits of coupling WWE with the National DPP; cross-training National DPP lifestyle coaches as WWE leaders; facilitating webinars for DPP lifestyle coaches to market WWE as a physical activity program for DPP participants; and encouraging blending and/or braiding funding to facilitate program sustainability.

Moreover, the Arthritis Council continues to conduct a monthly Walk With Ease workgroup call to enable discussion among Council members on WWE within the worksite; identify how WWE can offer support for other evidence-based interventions, including the National DPP LCP; and innovate new avenues for impacting co-morbidities of arthritis.

[Watch a video success story highlighting the work of CDC-funded state and national arthritis programs and their partners.](#)

Preventing Disease

Partnering with Million Hearts to Improve Cardiovascular Health

NACDD has been a long-standing partner of the Million Hearts® Initiative and continues our support through several programs. The Cardiovascular Health (CVH) team plays a pivotal role in the development, launch, and ongoing implementation of the Million Hearts® Hospitals and Health Systems Recognition Program, an effort recognizing institutions working to systematically improve the cardiovascular health of the population and the communities they serve.

Healthcare institutions have driven incredible innovation to enable them to better meet the needs of all patients, staff, and their surrounding communities despite the challenges of the COVID-19 pandemic. Additionally, healthcare institutions are more actively considering the role they can play in promoting social and racial justice and equity.

Applicants are encouraged to submit these advancements as part of their application, enabling NACDD and Million Hearts® to share this critical work with others.

Four clinical organizations have been recognized since the launch of the program, each doing exceptional work across a variety of categories: Eisenhower Medical Center, New Hanover Regional Medical Center, HopeHealth, and The Ohio State University/Wexner Medical Center.

Also, the CVH team supported the convening of the Million Hearts® Cardiac Rehabilitation Think Tank in

fall 2020 to advance the development, validation, and adoption of new care models to make cardiac rehabilitation accessible to all Americans. This led to the creation of several workgroups: one focused on equitable cardiac rehabilitation enrollment, access and participation, and completion; another on developing an innovative cardiac rehabilitation model that improves accessibility, affordability, and equity; and a third working to identify gaps in the evidence base to support prioritizing future research.

With the launch of Million Hearts® 2027 in February 2022, the CVH team will continue to connect State Health Departments with these ongoing national initiatives and highlight how Million Hearts® can be an important partner in their work.

Assessing and Building Capacity of States to Improve Vision and Eye Health

NACDD's Vision and Eye Health program provides tools and technical assistance that are designed to help public health partners assess the burden of vision impairment, develop effective partnerships, implement evidence-based or promising interventions, and evaluate the impact of those interventions. Overall, this work builds capacity to reduce disability from preventable vision and eye impairments.

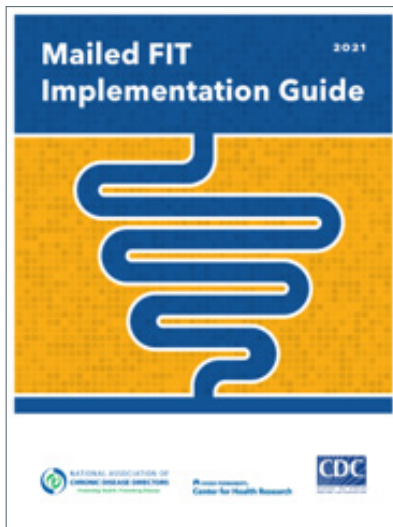
As part of this work, for several years NACDD has funded projects that promote access to vision and eye-health services, especially among neglected or marginalized communities. For example, the

program has supported the Alabama Lion's Sight Preservation Association, which uses a mobile van to provide vision screen services to populations in rural counties in the state.

The program also provides support to Prevent Blindness Georgia, which provides school-based visual acuity screening to children who are largely uninsured and/or members of households with migrant workers. Children of migrant workers typically do not have vision insurance and it is not covered by Medicaid in Georgia.

Increasing Colorectal Cancer Screening Rates: State Specific Health Intelligence and Partner Collaboration: Mailed FIT Implementation Guide

While colorectal cancer (CRC) screening can reduce the incidence and mortality from CRC, about one-third of eligible U.S. adults are not screened as recommended. Participation in screening is particularly low in historically marginalized populations who may lack access to affordable health insurance or regular primary healthcare. Mailing fecal immunochemical tests (mailed FIT) overcomes several barriers to screening, is scalable, and offers promise as a means of increasing screening rates. However, the best approaches for implementing, sustaining, and supporting the broad dissemination of mailed FIT in healthcare systems have not been adequately evaluated, and the barriers to greater adoption of mailed FIT remain unknown.



A Mailed FIT Summit and a series of recommendations were developed to address this lack of clarity. In 2020, building off these recommendations and with the support of CDC, NACDD began development of a Mailed FIT Implementation Guide. The Kaiser Permanente Center for Health Research was secured as an additional collaborator due to the work they had conducted in this area previously at a national level, including the development of the STOP Colon Cancer Implementation Guide.

With the help of an expert panel, the [Mailed FIT Implementation Guide](#) was developed and finalized in fall 2021. A companion dissemination guide document also was produced that includes sample social media posts, newsletter language, and website posts to assist State Health Departments and other interested organizations in raising awareness of the Mailed FIT Implementation Guide among their local healthcare providers and health systems.

Other dissemination strategies that are currently underway include adapting the guide for use within the Department of Veterans Affairs and the development of an online training to accompany the guide.

Closing the Gap: Building Capacity for Smokefree Cities

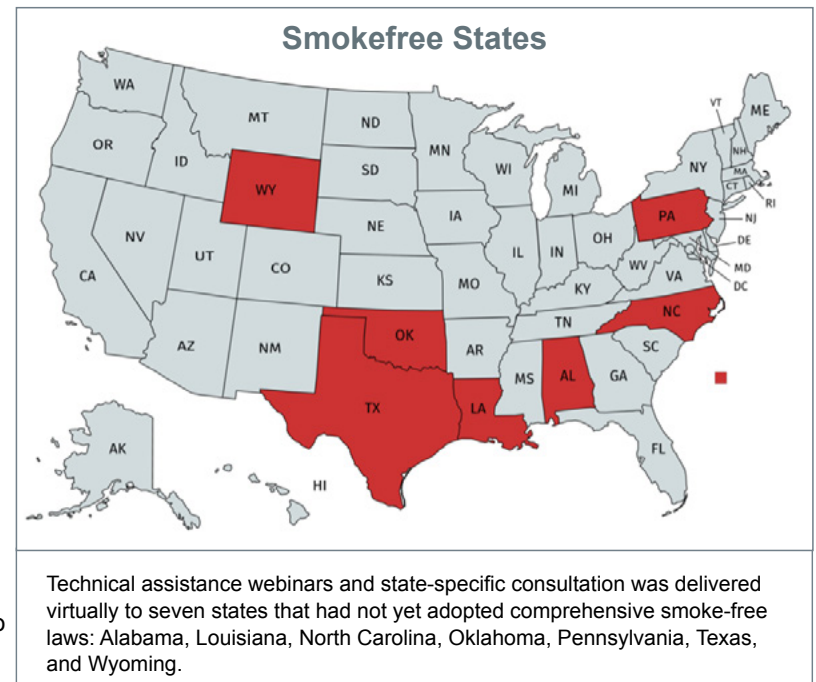
NACDD's Closing the Gap: Building Capacity for Smokefree Cities project was heavily impacted by the COVID-19 pandemic. The project was originally designed to be conducted via in-person gatherings for states that had not yet passed statewide comprehensive smoke-free protection laws. The Component 1 workshop (held in Atlanta) was attended by 16 states on March 4, 2020, the last day that travel was allowed. Component 2 of the project was originally intended to deliver in-person workshops in two states, selected by competitive applications. However, in light of the pandemic and subsequent travel ban, the project pivoted to delivering the "workshop" as a series of webinars and one-on-one technical assistance and consultation. Because the workshop was delivered virtually, NACDD opened participation to any of the states that were invited to the March 4 workshop that were committed to completing the work as specified in NACDD's request for applications.

Tobacco use and exposure remains the leading preventable cause of death in the United States, and worsens chronic disease outcomes for users. NACDD, in partnership with CDC, led a Closing the Gap: Building Capacity for Smokefree Cities initiative to support State Health Departments in prioritizing secondhand smoke reduction within their strategic activities and plans.

Key national partners were engaged in project design and implementation, including the Public Health Law Center, Americans for Nonsmokers Rights Foundation, Association of State and Territorial Health Officials, and Tobacco Control Network members with a track

record of achieving success in reducing exposure to secondhand smoke in their states. NACDD contracted with Americans for Nonsmokers Rights Foundation to provide a series of technical assistance webinars and state-specific consultation delivered virtually to seven states that had not yet adopted comprehensive smoke-free laws. Alabama, Louisiana, North Carolina, Oklahoma, Pennsylvania, Texas, and Wyoming completed readiness/needs assessments and led formative work in developing strategic action plans to advance smoke-free protection at the state and community levels.

States cited that their partnerships were strengthened, and they received help clarifying their priorities as a result of the structured process. This enabled states to prepare for and respond to public engagement campaigns in advancing smoke-free protections and in achieving adoption of tobacco-free regulations in local communities and among tribal organizations.



Stemming the Rising Tide of Diabetes

Helping Employers and Other Partners Expand and Sustain the National DPP

Umbrella Hub Demonstration—Community-based organizations (CBOs) are needed to expand and sustain the National Diabetes Prevention Program lifestyle change program and to offer culturally relevant, local programs for communities disproportionately impacted by diabetes.

NACDD, in collaboration with CDC, is working with three organizations—the Hawaii Primary Care Association, the Health Promotion Council of Southeastern Pennsylvania, and Marshall University (based in West Virginia but serving the Appalachia region)—to stand up Umbrella Hub Arrangements. Recognized CBOs are the ones delivering the lifestyle change program, and while they are excellent at program delivery, they may struggle to obtain ongoing reimbursement to support delivery costs.

Through this demonstration, the Umbrella Hub Organizations provide administrative services to enable CBOs to bill and receive payments from Medicare and other insurers on behalf of the delivery organizations. Ultimately, by tapping healthcare payments, these arrangements can continue to provide the lifestyle change program in a sustainable fashion while promoting health equity and addressing social determinants of health.

Employer Learning Collaborative—Since 2018, 25 State Health Departments and five national organizations and their affiliates have engaged more than 200 employers to explore ways to offer the National DPP lifestyle change program as a covered wellness or medical benefit for employees at high risk for developing type 2 diabetes. This engagement has led to several pilot offerings within employer settings. Also, tailored support was provided to 17 employers who added coverage of the National DPP lifestyle change program to their medical or wellness benefit. More than 200,000 employees who did not have coverage for the National DPP in the past may now be able to participate. This number could be even greater if counting employers that offer the program to some employees.

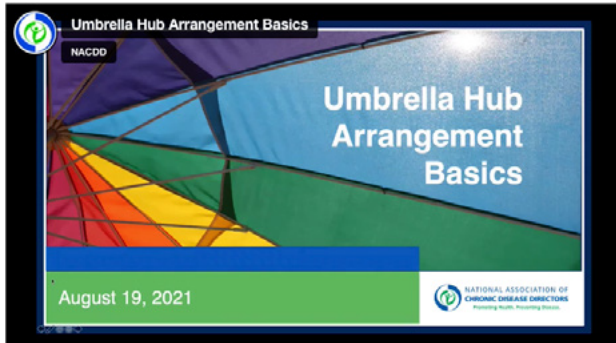
The Employer Learning Collaborative (ELC) participants also worked with about a dozen employers who had an existing benefit but needed to better engage and retain program participants. Through peer learnings, online trainings, and templates and tools, the ELC has increased NACDD Members' capacity to engage directly with benefit decision-makers in a meaningful way. While the ELC has made significant progress toward coverage of the National DPP lifestyle change program, this is still a difficult area to get traction in for many public health professionals. The ELC

team continues to convene industry thought leaders and business influencers as key partners to define steps and strategies that can be adopted to simplify the employer path to coverage.

Coverage 2.0—Through support from CDC's Division of Diabetes Translation, NACDD's Coverage 2.0 team builds capacity for payer coverage of the National DPP lifestyle change program, focusing on Medicaid and Medicare. The project advances health equity and expands public health infrastructure through group-based learning, technical assistance, and funding for 25 State Health Departments (SHD) and more than 50 Medicare Diabetes Prevention Program (MDPP) suppliers. [The National DPP Coverage Toolkit](#), visited by nearly 77,000 unique users since its 2017 launch, provides extensive resources for payers and their partners.

Medicaid is the largest public health insurance program in the United States and can be a major policy tool to advance health equity and beneficiary resilience. NACDD supports strategies to increase Medicaid coverage and beneficiary enrollment into the National DPP lifestyle change program through numerous initiatives, including supporting the diabetes prevention arm of CDC's 6|18 Initiative, implementing direct technical assistance and funding for states with Medicaid coverage that are





working to operationalize and sustain their benefits, and convening regular group-learning opportunities through learning collaboratives and communities of practice.

Current technical assistance initiatives focus on increasing Medicaid beneficiary enrollment into the program by engaging [managed care](#) and developing [Umbrella Hub Arrangements](#) to support reimbursement. A new series also was launched to educate SHDs about Medicaid fundamentals and coverage pathways and to provide an opportunity for engaging with their state Medicaid agencies. The team also has developed state-specific resources that describe the relationship between [COVID-19 and type 2 diabetes and that serve as an additional policy tool to promote and sustain coverage of the program](#).

The Coverage 2.0 team also leads the CDC-funded Medicare Diabetes Prevention Program (MDPP) Enrollment Project, a technical assistance and funding opportunity for MDPP suppliers working to increase enrollment in their programs. In addition to providing access to a data management and billing and claims platform, the project provides cash incentives and access to technical assistance to provide referral, communication, and marketing support. The NACDD-led MDPP Supplier Learning Series [webinars](#), offered in partnership with CDC, Centers for Medicare & Medicaid Services, and the American Medical Association, also supports suppliers by delving into topics such as successful billing and working with Medicare Advantage plans.

Building a Workforce of Diabetes Specialists that Address Diabetes Programming and Health Equity

NACDD, in partnership with CDC and other collaborators, developed and launched two networks of diabetes State Specialists to address the growing need to expand access and availability to diabetes programming in communities in most need of these services. The networks are each comprised of a workforce equipped with specialized training to become either a National Diabetes Prevention Program (National DPP) State Quality Specialist or a Diabetes Self-Management Education and Support (DSMES) State Specialist. State Specialists receive intensive training and ongoing support to provide technical assistance to diabetes programming delivery organizations and partners to increase access and enrollment to the National DPP lifestyle change program or DSMES services.

The ongoing pandemic highlights [the need for this network](#) of State Specialists because COVID-19 poses a [significant risk of severe complications](#) for people with diabetes. Additionally, diabetes prevention and education services are underutilized among populations most at risk for the condition, including those that are uninsured



NACDD, in partnership with Emory University's Diabetes Training and Technical Assistance and Center, held four National DPP State Quality Specialist trainings and 23 states have a State Quality Specialist on staff. After two DSMES State Specialist trainings, 17 states and two local health departments have a DSMES State Specialist on staff.

or low-income, and among people of color. The novel approach of State Specialists offers a unique opportunity to equip a public health workforce with specialized skills and knowledge in diabetes to grow and expand diabetes services nationally.

The DSMES and National DPP State Specialist networks have an intentional focus on health equity with a goal of improving access and availability to groups of people who are disproportionately impacted by diabetes. For example, a landscape analysis activity for each training asks participants to examine where people at highest risk for diabetes and prediabetes live and work and to determine critical partners for reaching them with programming.



MDPP Supplier LEAP Learning Lab— In a landmark policy change, the Centers for Medicare & Medicaid Services (CMS) approved coverage of the Medicare Diabetes Prevention Program (MDPP) for beneficiaries effective in 2018. CMS requires that program providers enroll as MDPP suppliers and adhere to specific compliance standards before delivering MDPP services and submitting claims for reimbursement. State Health Departments can serve in a role to support CDC-recognized National DPP organizations in navigating the MDPP supplier enrollment application process and making plans to implement and sustain the program.

In August 2021, eight staff from six State Health Departments embarked on the MDPP Supplier Learn. Explore. Activate. Problem-Solve. (LEAP) Learning Lab to increase their capacity, understanding of their role, and ability to take actions in this effort. The group-based learning lab format features: insights and recommendations from subject matter experts and experienced MDPP suppliers; facilitated peer-to-peer discussions; and relevant resources shared during 10 sessions spanning six months.

Session topics include an overview of the MDPP expanded model, the MDPP supplier enrollment application, familiarity with Medicare Administrative Contractors, billing CMS for MDPP services, marketing strategies, a panel with four MDPP suppliers, program implementation planning, sustainability, and State Health Department roles. This technical assistance opportunity created space for participants to learn about, collaborate on, and implement efforts to increase the number of MDPP suppliers in their state. Additionally, participants were able to interact with and hear perspectives from national/regional health organizations and their affiliates during joint sessions with the 1705 MDPP Learning Collaborative. Upon completion of the learning lab, participants acquired the knowledge, points of contact, and resources to serve as leaders to partner on,

strategize, and promote implementation of the MDPP.

Elevating State Capacity and Leadership Through Diabetes Council Activities

The NACDD [Diabetes Council](#) is comprised of more than 250 Members from State Health Departments and the District of Columbia who work on diabetes initiatives. Members who become actively involved in the Diabetes Council benefit from access to networking, training, and other opportunities that support implementation of state diabetes objectives. The [Diabetes Council Leadership Group](#) guides the Diabetes Council and serves as a collective voice for all State Health Departments. NACDD provides coordination, communication, and leadership development for the Diabetes Council and its Leadership Group.

In partnership with CDC, and with Diabetes Council Member support, NACDD coordinated several activities to provide professional and leadership development of State Health Department staff. Among these activities was the design of three professional development webinars and peer-to-peer mentoring opportunities for 45 Diabetes Council Members through the Peg Adams Peer-to-Peer Program and Diabetes Council Workplan Clinics. NACDD also supported the Diabetes Council Leadership Group to provide input on three national policies that impact diabetes public health initiatives.

In alignment with NACDD's strategy to advance racial equity and become a model anti-racist public health organization, NACDD revised the Council's Leadership



Group nomination process to emphasize the need for diverse representation on the Leadership Group. The process encourages nominees to share the unique perspectives they will bring to the Leadership Group, such as diversity of race, gender, sexual orientation, and size of state. This process is intended to ensure the Leadership Group remains welcoming and is representative of all Diabetes Council Members.

[The Diabetes Council Workplan Clinic] was a wonderful training opportunity. I am so appreciative of the opportunity. My one takeaway is that I have great state peers to learn a lot from.

—Diabetes Council Member, 2020 Workplan Clinics Evaluation Report

Reaching the Underserved with Diabetes Prevention Efforts

The CDC 1705 cooperative agreement, Scaling the National Diabetes Prevention Program in Underserved Areas, funds 10 national organizations with affiliate sites (CDC-recognized organizations) to deliver the National DPP lifestyle change program across multiple states using five strategies. Priority populations include: Medicare beneficiaries, men, Black people, Asian Americans, the Latinx community, American Indians/Native Americans, Alaska Natives, Pacific Islanders, and noninstitutionalized people with visual impairments or physical disabilities.

NACDD provides technical assistance to all 10 national organizations and affiliate sites by assessing needs, providing peer-to-peer learning and discussion opportunities, offering webinars, and publishing a newsletter with 1705 recipient stories and resources. 1705 recipients and affiliate sites have opportunities to share best practices and lessons learned, problem-solve challenges, learn alongside peers to reach priority populations, and stay informed about resources in the prediabetes field.

NACDD also is one of the national organizations funded under the 1705 cooperative agreement. As a 1705 recipient organization, NACDD and its many partners provides technical assistance and support to affiliate sites in five states: Alaska, Iowa, Florida, New York, Pennsylvania. NACDD partners with the Lakeshore Foundation to support disability inclusion work through a variety of avenues (e.g., curriculum and online module development, educational webinars, and resource creation and dissemination). With input from NACDD and the Lakeshore Foundation, CDC developed the tip sheet, [Keys to Success: How to Enroll and Retain](#)

NATIONAL DIABETES PREVENTION PROGRAM

Keys to Success: How to Enroll and Retain People With Disabilities for Your Type 2 Diabetes Prevention Lifestyle Change Program

Delivering the National DPP Lifestyle Change Program

Organizations across the United States are working to deliver CDC's National Diabetes Prevention Program (National DPP) through a lifestyle program to help prevent or delay type 2 diabetes. Participants learn to make healthy food choices, be more physically active, and find ways to cope with problems and stress.

This tip sheet provides lessons learned and insights from an organization that focused on enrolling and retaining people with disabilities. A disability is any condition of the body or mind that makes it more difficult for the person with the condition to fit, compete, and function in the world around them. The organization worked with a partner to adapt CDC's Diabetes Curriculum to be more inclusive. The partner also developed a checklist to assess locations for class sessions to ensure they are accessible to people with disabilities.

The organization's overarching lesson is the importance of **accessibility**, which is defined as including people with disabilities in everyday activities and encouraging them to have roles similar to their peers who do not have a disability.

Keys to Success: What Other Organizations Have Learned

- Establish partnerships with organizations that include or serve people with disabilities.
- Use evidence-based practices to choose or develop a program curriculum and materials that are more inclusive.
- Teach Lifestyle Coaches how to communicate with and make accommodations for people with disabilities.
- Train people with disabilities to be Lifestyle Coaches.

These tips are explained in more detail in the following sections. Review to search for sites relevant to your program.

CDC
Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Division of Diabetes Translation

[People With Disabilities for Your Type 2 Diabetes Prevention Lifestyle Change Program](#), which provides lessons learned and insights to support organizations focusing on enrolling and retaining people with disabilities.

NACDD also partners with the ProVention Health Foundation to offer the Health and Lifestyle Training (HALT) Diabetes platform that enables any CDC-recognized organization to offer the National DPP lifestyle change program online. The HALT platform empowers CDC-recognized organizations to expand network capacity and affordable access to the National DPP lifestyle change program. To ensure people with disabilities can access the platform, NACDD provides customized marketing materials to partners and

Why Do I Need HALT Diabetes?

My family means the world to me. When I get home from work, I want to spend as much time with them as possible.

When my provider told me I had prediabetes, I knew I needed to make preventing diabetes a priority.

I joined the HALT Diabetes Prevention Program and learned how to make lifestyle changes online, on my own time.

The HALT Diabetes Prevention Program can help you lose weight, become more physically active, and reduce stress

CALL OR VISIT US ON THE WEB TODAY 352-394-3464

HALT
Diabetes
Prevention
Program

Florida Health
Lakeland County

has worked with ProVention Health Foundation to build in closed captioning for participants with hearing impairment.

MDPP Learning Collaborative

The 1705 Medicare Diabetes Prevention Program (MDPP) Learning Collaborative is a technical assistance opportunity that NACDD launched in collaboration with CDC. The learning collaborative engages 1705 cooperative agreement recipients and up to two of their affiliates in learning about, collaborating on, and implementing efforts to successfully submit the CMS-20134 MDPP supplier application. The overall goal of the learning collaborative is to increase the number of CDC-recognized organizations funded under

1705 that become MDPP suppliers. The first learning collaborative cohort launched in May 2020 and ended February 2021. A second cohort launched in July 2021 and ended March 2022.

The learning collaborative has a standard 10-session curriculum to assist organizations that have high readiness and interest in becoming an MDPP Supplier through a guided process. NACDD, in collaboration with CDC, facilitates monthly group sessions and bimonthly, organization-specific technical assistance sessions with select 1705 grant recipients and their affiliates that have demonstrated readiness to submit their MDPP application. During sessions, a strong focus is placed on guiding discussion to equip affiliates with information, tools, and resources to navigate the MDPP enrollment process, billing and claims challenges, and implementation and sustainability of the MDPP.

Seven 1705 cooperative agreement recipients and 10 affiliates have participated in the learning collaborative. Three affiliates have successfully become MDPP suppliers. Five affiliates are currently matriculating through the learning collaborative, with plans to submit their MDPP applications upon completion of the learning collaborative.

Data Modernization

Multi-state EHR-based Network for Disease Surveillance

MENDS (Multi-state EHR-based Network for Disease Surveillance) is a demonstration project funded by CDC's Division for Heart Disease and Stroke Prevention. The project aims to leverage electronic health record (EHR) data to generate timely prevalence estimates of chronic disease risk factors at national and local levels. Health departments and other authorized users can access MENDS to monitor trends, inform policies, plan programs, and evaluate outcomes. MENDS program implementation



Groups guiding the MENDS project:

NACDD

Commonwealth Informatics

Harvard Medical School, Department of Population Medicine

Public Health Informatics Institute

UMass Lowell

MENDS Data Contributors:

AllianceChicago

Louisiana Public Health Institute/ REACHnet

OneHealthPort

Trustees of Indiana University and Regenstrief Institute

University of Colorado Anschutz Medical Campus and Health Data Compass

View additional partners at chronicdisease.org/page/mendsinfo/partners.

focuses on six key areas: governance, partnerships, technical infrastructure and support, chronic disease algorithms and validation, weighting and modeling, and workforce education for public health data users.

MENDS project team members include: NACDD, CDC, University of Massachusetts Lowell, Commonwealth Informatics, Harvard Medical School's Department of Population Medicine, and Public Health Informatics Institute. Current partner sites include:

- OneHealthPort, in partnership with the Washington State Department of Health;
- REACHnet, in partnership with the Louisiana Office of Public Health, the New Orleans Health Department, and the Texas Department of State Health Services;
- AllianceChicago, in partnership with the Chicago Department of Public Health;

- Regenstrief Institute, in partnership with the Indiana Department of Health and the Marion County Public Health Department; and

- The University of Colorado Anschutz Medical Campus (Health Data Compass), a newly identified partner site to build and test HL7® FHIR® standards, which determine how different computer systems can exchange healthcare information.

This year, MENDS bolstered partnerships to achieve active data exchange with three partner sites and advance internal and/or external validation across existing partner sites. MENDS and collaborators also developed weighting and modeling procedures to generate estimates that reliably reflect the underlying populations as well as underrepresented geographic regions and populations.

MENDS also developed resources to help guide implementation, such as the MENDS [Governance Principles, Policies and Processes](#) document. MENDS also grew its Knowledge Repository to include a demonstration of the RiskScope application, an open source software tool, for MENDS data users.

“Having data down to the ZIP code level is really very key to the folks doing the work.”

—MENDS partner

Professional Workforce Development and Leadership

The Center for Public Health Leadership (CPHL) has been working with U.S. territories in the Caribbean and in the United States Affiliated Pacific Islands (USAPI) to understand their workforce, leadership, and data capacity needs. To build relationships and understand the Islands’ context, CPHL conducted several rounds of interviews with Chronic Disease Directors — sometimes called Non-Communicable Disease (NCD) Directors — and staff. Conversations focused on the Islands’ current capacity for evaluation and data and surveillance modernization as well as needs in each of these areas. These findings helped shape NACDD’s All-Member Survey questions in which CPHL asked about key learning needs that included additional NCD staff beyond those who participated in the interviews. Evaluation and data and surveillance modernization needs also are being reviewed as part of the planning for the Islands Chronic Disease Academy, tentatively planned for spring 2023.

Currently, two territories have been selected to participate in a data modernization pilot project. The Commonwealth of the Northern Mariana Islands is exploring how staff can begin building their own capacity across a range of evaluation and data-related competency areas. The Republic of the Marshall Islands is looking at innovative data tracking methods to ensure follow-up care for patients and patient compliance. Each territory will share their work and lessons learned on a webinar at the conclusion of the project. Learnings from these pilot projects will inform NACDD’s future work with the Islands around evaluation and data/surveillance modernization topics.

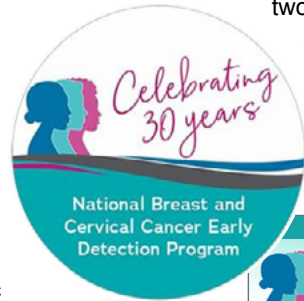
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Fostering Leadership and Building Capacity in State Health Departments

Enhancing Cancer Program Grantee Capacity Through Peer-to-Peer Learning

CDC Awardees representing more than 100 National Breast and Cervical Cancer Early Detection Programs (NBCCEDP) and Colorectal Cancer Control Programs (CRCCP) in states, tribes, tribal organizations, and Pacific Island Territories currently participate in NACDD's Peer-to-Peer (P2P) Learning Program.



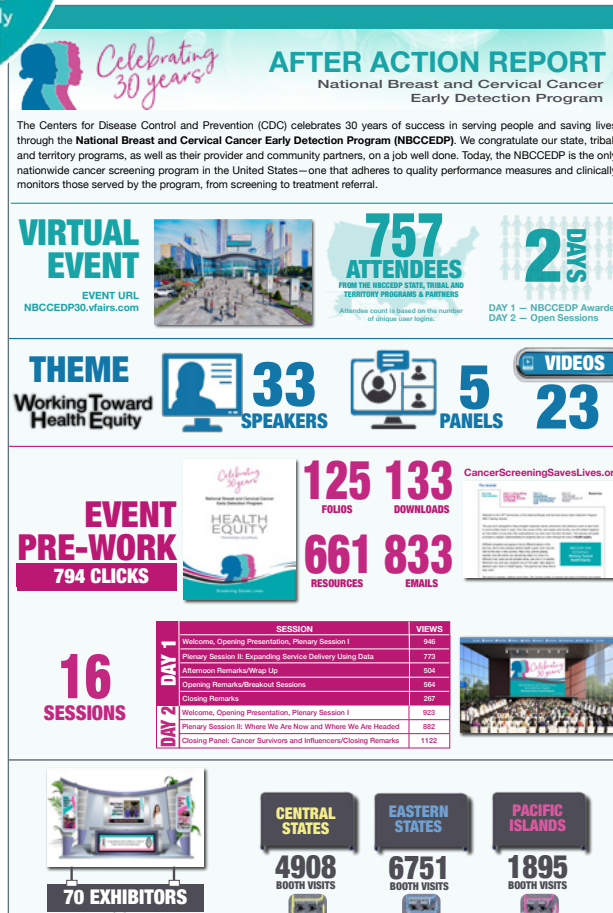
As part of this work in fall 2021, NACDD convened a virtual event to commemorate the 30th anniversary of CDC's NBCCEDP and to energize Awardees to advance their work. More than 1,000 people registered to attend the two-day event with the theme "Working Toward Health Equity." The live virtual platform featured space for a highly produced program that included 33 speakers, five panels, 23 videos, and testimonials from national experts, former CDC directors, and current and former members of Congress.

Seventy programs representing all 50 states, the District of Columbia, tribes and tribal organizations, and the U.S. Affiliated Pacific Islands were featured in five virtual exhibition halls via individual program booths, where they exchanged information with registrants through live chat, program videos, information sheets, and toolkits. The

exhibition booths received 20,194 virtual visits during the two days of the event, and 25,721 documents were downloaded from the booths.

NACDD's Health Equity team, with support from CDC, created a [Health Equity Training Journal](#) that included corresponding videos offering pre-event homework guidance and a framework

for health equity. This, along with other material, prepared attendees for in-depth training on partnership development and expanding service delivery using data during the "Awardee only" first day of the event.



Kudos from the 30th anniversary National Breast and Cervical Cancer Early Detection Program event, Working Toward Health Equity:

- "I found it very useful to interact with CDC partners and other grantees in more than an email setting."
- "The exhibit halls and downloadable resources were even better than an in-person poster presentation!"
- "EVERYTHING was useful. The sessions were awesome. The speakers were awesome. The exhibit hall was amazing. Most useful across the board is the focus on equity and tools and information to help us move forward."

All virtual event content is available at cancerscreeningsaveslives.org.

Innovation Leadership and Practice Initiative

Highlights of the year for the Innovation Leadership and Practice Initiative workforce development and capacity building programming include:

Generate, Educate, Activate, Respond (GEAR) Groups are peer-to-peer, case-based learning opportunities designed to catalyze planning for longer-term, state-level action. Participants expand knowledge of pressing topics, develop leadership skills, and network with other public health professionals at State Health Departments. Fifty-one participants from 26 states worked together in GEAR Groups in 2021. All [GEAR Group](#) topics focused on defining, understanding, and taking action to promote anti-racism. Sessions were titled as follows: Foundations of Addressing Systemic Racism as a Public Health Crisis, [Using Data to Promote Equity in Policy and Programming](#), [Supporting Communities in Building Resilience During Times of Crisis](#), [Not Racist is Not Enough: Journey Towards Anti-Racism](#).

Also in September 2021, NACDD led the charge on calling for action on the so-called health debt, including publishing an article in the Health Affairs Blog about this new national challenge or “the accumulated impact of changes in health behaviors during the pandemic that will have long-term negative effects on health.” The article notes that delayed or missed preventive screenings, disease treatments, and foregone disease management activities will have an overall negative impact on the nation’s public well-being. NACDD also convened a Thought Leader Round Table discussion with national experts to develop a set of recommendations for advancing health debt advocacy, and NACDD remains committed to continuing this call to action in the upcoming year.



GEAR Group participants have said:

- “It was so empowering to see what others are doing across the nation and how they are using similar funding sources as I have access to [to] do this work.”
- “I was impressed by the amount of information discussed in just four weeks. I think the case presentation format is really helpful to learn more about strategies/synergies in other states.”
- “Without extra time or dedicated funding to focus on this particular effort, the GEAR group was the encouragement/push we needed to say to ourselves, ‘If we aren’t going to focus on making these changes within our unit, who is?’”

Root Causes of Health Initiative (RoCHI) is a partnership between NACDD and the Institute for Healthcare Improvement that helps states create transformative change in addressing root causes of health. RoCHI training sessions occurred in 2020, with individualized coaching for each state (Arizona, Michigan, West Virginia, and Washington, D.C.) continuing into spring of 2021. An example of success driven by participating in RoCHI is the MiRACE (Michigan’s Real Adaptive Changes to Equity) initiative developed by the Michigan Department of Health and Human Services. MiRACE was developed to elevate racism as a public health crisis; to move from outrage to action, from outcomes to impact. MiRACE focused on conducting stakeholder workshops to hear what communities feel impacts their relationship with the health department and what creates barriers to potential partnerships. The resulting change is shifting from a top-down mindset to one of stewardship, sharing power, and incorporating community voice through authentic community relationships.

The **Chronic Disease Directors Forum** supported leaders during the COVID pandemic with advancing equity being a key topic. The forum is a monthly venue for Chronic Disease Directors to learn about best practices and share ideas and resources. In 2021-22, the Chronic Disease Directors Forum featured Arizona, Massachusetts, Michigan, New York, North Carolina, and Washington, D.C. as presenters on promoting racial and health equity and in becoming anti-racist public health practitioners. Also this year, the forum continued to provide an important safe space for sharing the very real challenges that COVID continues to place on Chronic Disease Directors, with topics recurring throughout the year, including balancing COVID response duty and supporting staff during this trying time. Needs identified in the forum are used to inform and tailor the workforce development and capacity building programming that NACDD offers more broadly to Members. Evaluation data

from Forum participants indicates that 78% strongly agree they learned something during their participation in the modules that would help them in their work; 84% thought the presentations were engaging and thought provoking; and 88% found the presentations relevant to their work.

Additional Capacity Building and Thought Leadership Work

STAR (STate Activation and Response) is an opportunity for both new and seasoned Chronic Disease Directors and staff to continually strengthen their organizational capacity. The NACDD STAR Framework has evolved in response to advances in the science of organizational effectiveness and the changing needs of Chronic Disease Units.

In 2021, the inaugural cohort of NACDD’s Public Health Practice Fellowship included 20 chronic disease practitioners from seven states who completed an extensive literature review and update of the STAR Framework. This updated model builds on previous versions of the STAR Framework and defines additional practices and capacity measures to support organizational effectiveness and advance health equity. The framework includes six practice areas:

1. Evidence-Based Public Health Practice
2. Leadership
3. Management and Administration
4. Climate and Culture
5. Partnerships and Relationships
6. Workforce Development

Thought Leader Round Tables are convenings of Chronic Disease Directors, national partners and experts, and CDC, where participants dive deep into discussing and understanding pressing issues in chronic disease

prevention. Outputs generated by Thought Leader Round Tables include innovative policy and practice change recommendations for government, funders, national partners, and states. Thought Leader Round Tables convened on the following topics:

- Collaborating with Prevention Research Centers to Advance Chronic Disease Prevention Practice
- COVID-Related Health Debt and Chronic Disease
- Putting Equity at the Root of Public Health Practice
- Strategies to Support State Work in Addressing the Root Causes of Health

“The quality of thinking and productivity at the sessions were very impressive! The sessions were well organized to progress toward the objectives.”

—July 2021 Thought Leader Round Table participant

General Member Webinars are learning opportunities designed to provide exposure to new research and promising practices, connections to experts in the field and peer leaders, and linkages to resources and tools for action. General Member Webinars covered a wide range of topics this year, including a strong focus on health equity and anti-racist public health practice, such as engagements on [“Making ‘Upstream’ Mainstream,”](#) [“Redlining and Chronic Disease: The Legacy of Racism on the Built Environment and on Health,”](#) and [“Chronic Disease Challenges and Inequities Laid Bare by the COVID-19 Pandemic.”](#) More than 2,000 Members attended General Member Webinars.



Center for Advancing Healthy Communities

Where you live matters, and access to healthy living opportunities should be available regardless of where you live. Yet, the COVID-19 pandemic has illuminated how groups that have been economically and socially marginalized throughout history, including people with disabilities, are impacted disproportionately by the coronavirus and its complications as well as the economic fallout from the pandemic. Additionally, social injustices continue to underscore the need to address racial inequities as a public health issue.

State and Local Health Departments have experienced tremendous change in the past two years while attempting to address these complex and interconnected issues. NACDD created the Center for Advancing Healthy Communities (CAHC) to better meet these evolving needs as well as provide state-based leadership around addressing risk factors and increasing overall community resiliency for chronic disease prevention.

The purpose of the Center for Advancing Healthy Communities is to foster healthy communities for all by advancing health equity and eliminating social barriers to health.



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Programmatic efforts focus on impacting food and nutrition security, safe physical activity access and built environment, obesity prevention, tobacco cessation, social connectedness, and chronic disease-related mental health while integrating root causes of health, social determinants of health, equity, and social justice principles throughout.

The CAHC leverages a framework of collaboration to implement the following programs:

- Advancing Arthritis Public Health Priorities through National Organizations
- Building Resilient Inclusive Communities (BRIC)
- Building Healthy Military Communities
- State Partnerships Improving Nutrition & Equity (SPINE)

- Walkability Action Institutes
- Worksite Wellness (i.e., Work@Health)

To grow knowledge and capacity, the CAHC provides thought leadership; provides technical assistance and training for program implementation; expands capabilities and resources; promotes healthful policy, systems, and environmental change; collaborates to foster mutually beneficial partnerships; and walks the talk by working in inclusive, equitable, and supportive ways.

NACDD envisions a future where the CAHC can support public health programs in being more equitable and more inclusive in communities across the nation. Learn more about the [Center for Advancing Healthy Communities](#).

Building Resilient Inclusive Communities

In collaboration with CDC's Divisions of Nutrition, Physical Activity, and Obesity (DNPAO) and of Population Health (DPH), along with a team of nationally recognized experts, NACDD implemented the Building Resilient Inclusive Communities (BRIC) program. A national, state, and local partnership, BRIC is working with 20 states to address food and nutrition security, improve safe access to physical activity, and reduce social isolation during and beyond the COVID-19 pandemic. The BRIC program seeks to achieve this using a policy, systems, and environmental change lens. BRIC states have engaged 63 high-burden communities. States are encouraged to consider equity not only in their selection of partner communities, but also throughout their planning and implementation of the program.



Operationalizing Health Equity

- New York State Department of Health is partnering with the New York State Office for the Aging and its network of 90 state and local organizations to conduct statewide training on addressing inequities, health disparities, and social connectedness.
- Hawai'i Department of Health is developing a statewide active transportation equity working group comprised of key organizations and individuals that are working in areas of social justice and advocacy for populations disparately impacted by mobility inequity (including Native Hawaiian and Pacific Islander [NHPI]/Filipino groups, people with disabilities, kupunas [older adults], and women/families).

As part of the National Technical Assistance Partnership, CDC, subject matter experts, and NACDD are providing strategic training, technical assistance, and support to states and their partner communities through:

- monthly webinars
- peer exchange sessions
- office hours
- one-on-one support
- special learning opportunities (such as the Social Connectedness Learning Series and Curbside Consulting)
- an e-newsletter, and
- a website for resource sharing.

In a Year 1 survey of BRIC states, 91% of respondents reported that their knowledge and understanding of health equity increased, and 81% reported that their capacity to plan and work towards policy, systems, and environmental changes in health equity was strengthened through their participation in BRIC technical assistance offerings.

[NACDD's councils](#) offer various leadership roles for Members (learn more about the [Arthritis](#), [Cancer](#), [Cardiovascular Health \(CVH\)](#), [Diabetes](#), and [Health Equity](#) Councils).

Innovating Best Practices in Health Promotion

Improving Laboratory Measurements of Chronic Disease Biomarkers

NACDD's Biomarkers project works to improve patient care and public health by promoting the use of accurate and reliable hormone assays and other biomarker tests in healthcare and research. Though these tests are essential for diagnosing a range of chronic diseases and for accurate public health surveillance, many laboratories do not use standardized assays, which can lead to misdiagnosis and incorrect treatment.

During the past year, NACDD has partnered with the Endocrine Society and the Partnership for the Accurate Testing of Hormones (PATH) to develop a series of four interactive, online modules to educate endocrinology fellows and endocrinologists on accurate hormone testing. The course focuses on different aspects of ordering and interpreting hormone assays and offers free continuing medical education (CME) credits for participants. Each module includes a lecture, clinical examples, and case-based questions to help physicians apply the information to patient scenarios.

The project also has been working to form partnerships with insurers to explore policy changes and educational interventions to increase the use of standardized tests.

As a result, NACDD collaborated with Avalon Healthcare Solutions to update their policy on testosterone testing to include language encouraging the use of CDC-standardized assays and to deliver an educational webinar and handout on the importance of using standardized tests.

Helping Families Communicate about Hereditary Breast or Ovarian Cancer

Breast cancer is the most common cancer in women in the United States. While breast cancer mostly occurs among older women, approximately 9 percent of breast cancer cases affect women under the age of 45. Risk for breast cancer among young women varies based on factors such as family and personal history of cancer.

The more patients know about their family's history of cancer, the better they can understand and address their risk. But conversations about health can be difficult. Finding ways to make these conversations easier and more productive can improve the patient experience and health outcomes. That's why many healthcare practitioners are embracing storytelling as a tool for communication and connection. In partnership with



CDC's Bring Your Brave campaign, NACDD has been creating and implementing a suite of digital resources to build healthcare providers' and chronic disease staff's capacity to support family discussions on known or unknown family history of cancer and cancer prevention strategies.

Healthcare providers can use these materials to help patients and families talk about hereditary breast and ovarian cancer. Providers also can benefit from viewing the materials, particularly the first-person stories, to improve their own understanding of why these conversations are challenging or sensitive for some patients.



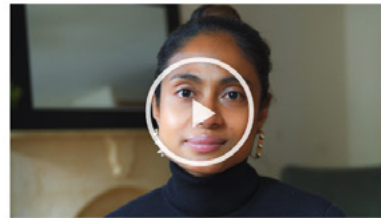


The materials include powerful first-person accounts from individuals who overcame fears, resistance, or other barriers to holding frank conversations with their families about hereditary cancer. Some stories were produced by professional filmmakers, and some came out of storytelling workshops in which participants wrote and produced their own stories. Resources also include a conversation simulation that provides an opportunity to practice talking about hereditary cancer before approaching family members, as well as fact sheets for healthcare providers and patients.

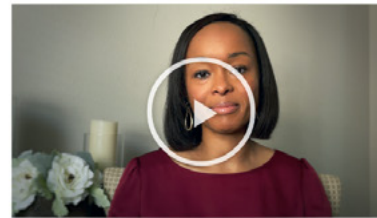
Although the effort to promote campaign materials to healthcare providers is ongoing, to date, social

Videos offering first-hand accounts of navigating difficult family conversations

Powerful first-person accounts from individuals who overcame fears, resistance, or other barriers to holding frank conversations with their families about hereditary cancer.



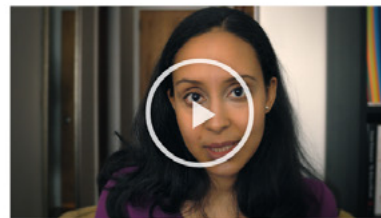
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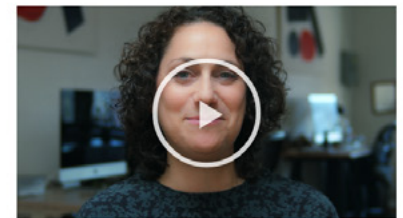
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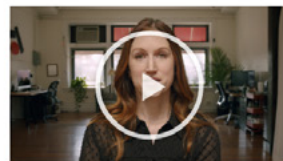
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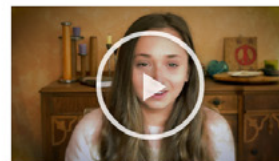
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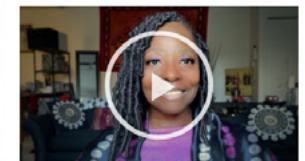
+ Lauren



+ Lexie



+ Ricki



+ Tallulah

media promotion has delivered more than 3.5 million impressions, more than 10,000 clicks to CDC's campaign website, and more than 125,000 engagements. In addition, a number of stakeholders promoted the campaign materials through their digital and social

channels, including the Health Care Services and Resources Administration, FORCE, Bright Pink, Touch, the Black Cancer Alliance, Family Medicine Education Consortium, and George Washington University Cancer Center.

Partnerships

NACDD provides significant opportunity to its Members through its diverse network of partners.

For nearly 35 years, NACDD has built its success on a bedrock of partnership, firstly with CDC and secondly with hundreds of public health partners, arrayed across health systems, government agencies, nonprofits, and private industry.

Our Association staff have a depth and breadth of experience on identifying, vetting, and partnering with organizations and corporations that align with public health goals and objectives. From software companies to media companies to advocacy associations, NACDD forges partnerships with groups that share its vision and mission to promote health and prevent disease. Such partnerships have resulted in text-based health campaigns, conversation simulation software, and movie theater messaging.

Because of these strategic partnerships, NACDD has been able to amplify evidence-based interventions that deliver the promise of public health.

Please contact John Patton, Vice President of the Center for Innovation and Partnerships, at jpatton@chronicdisease.org to discuss new ways to bring better health to the public.



FY 2021 Board of Directors

The [NACDD Board of Directors](#) consists of five officers (President, President-Elect, Secretary, Treasurer, and immediate Past President) and up to 14 Directors-at-Large. The Board of Directors establishes committees to help guide the overall vision and direction for NACDD as well as develops and maintains working relationships with partners and other similar organizations.

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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 pro-active, 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.
- What 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.





We spark innovation in public health.

That's our mission and our promise.

Bring us your project, your dream, your vision, your goal —
and we will be the catalyst to make it a reality.



ProVentionHealth.org



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