



NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS

Promoting Health. Preventing Disease.

Partner with NACDD: a collaboration with NACEDA

John W. Robitscher, MPH

Chief Executive Officer

The National Association of Chronic Disease Directors
(NACDD)

August 4, 2020





About Us





Membership Mindset (past 30+ years)

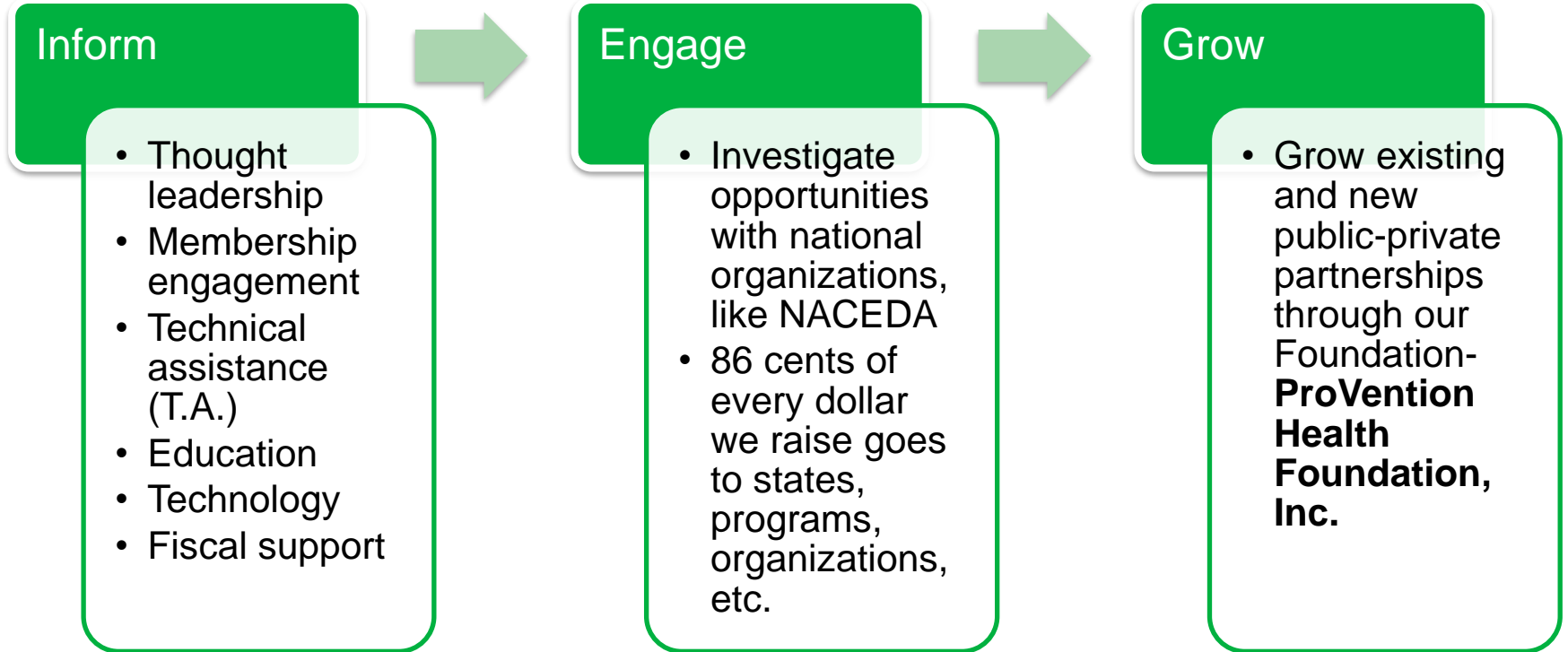
- We are a Member-based, Member-driven, Member-led organization
- We are a national body of thought leaders
- Our Members impact every area of chronic disease: programs, advocacy, education, communication and funding
- We leverage our work to support community development, housing, food security, transportation, mental health and other systems-level approaches to disease prevention



Mission Statement (adopted Mar. 2013)

- The National Association of Chronic Disease Directors improves the health of the public by strengthening state-based leadership and expertise for chronic disease prevention and control in states and at the national level.

NACDD's Capacity



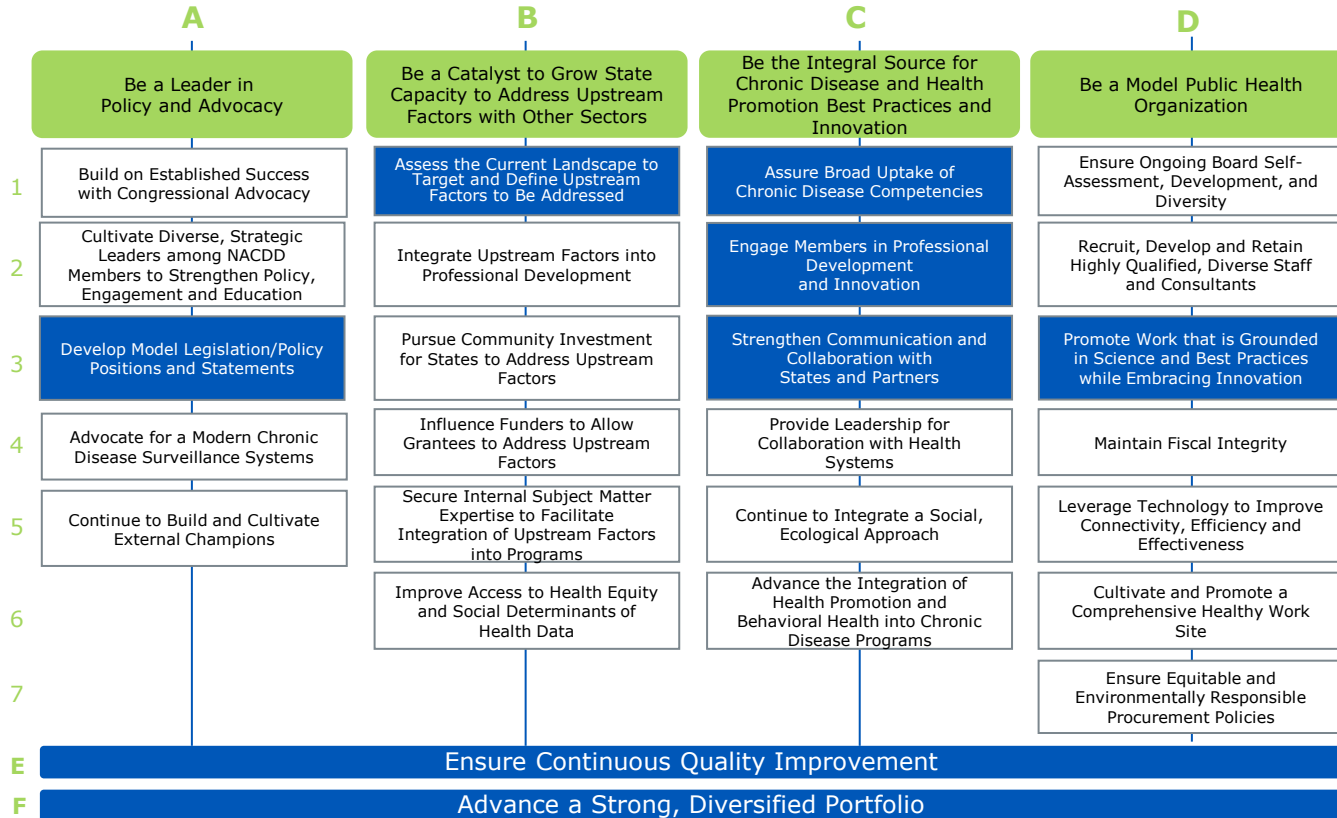
Using our SME model

- Exponential growth: from 12 to ~50 in a decade
- Flexible to serve funders' changing needs
- Ability to engage subject matter expertise (SME)
- Enables efficiency
- Contextual knowledge of states and communities
- High geographic dispersion
- Integral to NACDD's Value Proposition
- Drives collaboration and cross-training
- Advance policies that improve SDOH



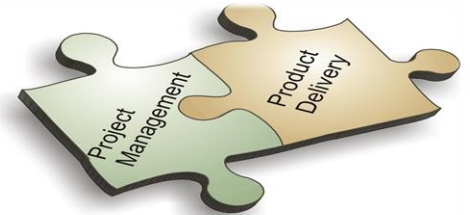
Strategic Map 2019-2021

Lead and Support States in Preventing Chronic Disease through Healthy Communities, Equitable Opportunities, and a Modernized Health System



Moving Forward Together

- We are interested in sharing our expertise with NACEDA and Community Development Corporations
- We have added the [NACEDA Partner Finder webpage](#) to our site
- Significant portions of our strategic map is working on upstream factors, including community development



Promoting the NACEDA – NACDD Partnership

- Implementing communications plan to promote work of State and Territorial Health Departments
- Presentations on media relations and communications through National Public Health Learning Network, highlighting NACDD expertise
- Engaging social media to promote our work
- Launching podcasts on working upstream with community developers
- Co-writing editorials and blogs



2017 Annual Report



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

info@chronicdisease.org

NACDD At-A-Glance

We are...
More than 7,000 public health professionals and thought leaders working in state and territorial health departments, national nonprofits, health systems, federal agencies, academia, and the private industry.

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

We offer...

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

Our A...

- Implement public
- NACDD Million
- The public
- Institute
- As a result
- and public
- benefit
- Prevent
- Leading
- health
- Nation
- DPP)
- and to
- Nation
- (Cover
- Capitol
- and C
- request
- states
- campaign
- director
- to bro
- aware
- cancer
- Teams
- 1-3, H
- walked
- than 1
- Ten co
- Comm
- result
- For more
- accom
- chronic

BY THE NUMBER

<p>~7,000</p> <p>members nationwide</p>	<p>21</p> <p>staff at NACDD Headquarters</p>	<p>48</p> <p>subject matter expert consultants</p>
--	---	---

[LEARN MORE AT CHRONICDISEASE.ORG](http://chronicdisease.org)





2018 MEMBER

HOME ABOUT US SERVICES PROGRAMS AND SERVICES STORES ADVOCACY LIBRARY LEARNING CENTER SIGN IN

Listen Now to NEW Population Health Podcast Series, "Health Yeah!"

INFORM

Webinars, Webcasts & Webinars (Upcoming)

ENGAGE

Webinars, Webcasts & Webinars (Upcoming)

SHOW

Webinars, Webcasts & Webinars (Upcoming)

CONNECT

Webinars, Webcasts & Webinars (Upcoming)

LATEST NEWS

[NACDD Announces New Manager for the State of...](#)
May 11, 2018

[NACDD Announces New Public Health Director...](#)
Apr 26, 2018

[NACDD Announces New Public Health Director...](#)
Apr 26, 2018

[NACDD Announces New Health System and...](#)
Apr 26, 2018

MEMBER SPOTLIGHT

WENDY ENGLISH, MEd, PhD

[is the Senior Director for the Center for Chronic Disease and Injury Prevention at the Centers for Disease Control and Prevention. She has 15 years of public health experience and holds two master's degrees in public health.](#)

UPCOMING EVENTS

[NACDD Announces New Manager for the State of...](#)
May 11, 2018

[The National Council of State and Territorial Health Officers \(NCSHCO\) will host a meeting on...](#)
May 25, 2018

[NACDD Announces New Health System and...](#)
Apr 26, 2018

SUCCESS STORY

[PHARMACEUTICALS HELP PATIENTS TAKE MEDICATION AS PRESCRIBED](#)

The Missouri Department of Health and Senior Services (DHSS) partnered with community health workers (CHWs) to help patients take their medications as prescribed. This success story highlights the impact of CHWs in improving medication adherence and patient health outcomes.



Our Growing Presence





Programmatic Areas of Focus

- Public Health Infrastructure
- Leadership and Workforce
- Data and Information Systems
- Communication and Information Technology
- Partnerships
- Programs and Services



Technical Assistance/Support/Training to NACDD Members



New Projects





The Health Equity Program

The Health Equity Council

- Facilitated Health Equity Council monthly meetings and Council SDOH webinars
- Completion of the *Moving to Institutional Equity Tool Pilot* (seven participating states)
- Impact Brief submissions
- April 2018 General Member Webinar on the Root Causes of Health Inequities – Over 200 attendees
- Awarded grant from I-Cohere to host a Health Equity Virtual Conference

Trainings, T.A. and Presentations

- Keynote presenter for Georgia Department of Health Chronic Disease Prevention Conference
- Keynote presenter for South Dakota's Better Choices, Better Health Annual Conference
- Presenter at the Georgia Health Policy Conference
- Contracts for the 'Foundations of Equity' Training to the CDC, New Jersey Department of Health and Well Ahead Louisiana
- Provided technical assistance to states

NACDD Programs and Projects

- Participated with the following programs:
 - 2018 Health Equity GEAR Group
 - Evidenced Based Public Health Practice
 - S.T.A.R.
 - State Chronic Disease Leadership Meetings
 - Diabetes Prevention Program



Partnerships



NACDD/CDC National Media Projects



CBS & Joan Lunden



Screen Out Cancer brand development



CDC in Times Square



DoIHavePrediabetes.org

A Pathway to Partnerships

- Established to support NACDD and its members through partnerships, grants, and financial donations

www.ProVentionHealth.org

- Georgia nonprofit corporation
- Current projects funded by:
 - Glaxo Smith Klein
 - New York Jets Foundation
 - Northwestern University
 - Novo Nordisk
 - Sanofi/Regeneron



PROVENTION
HEALTH
FOUNDATION

Promotion. Prevention. Innovation.

New Strategic Partners

• Contracts • Contacts • Conversations

- Aetna
- Ash.org
- American Dental Association
- Ballpark
- Bloomberg Foundation
- Build Healthy Places Network
- CBS Health
- Center for Healthcare Strategies
- Cappa Health
- Federal Reserve
- Fruitstreet
- Healthy Places by Design
- Hispanic Dental Association
- Hope 80/20
- Health Promotion Council
- Kognito
- Leavitt Partners
- Livongo
- **NACEDA**
- HUD
- National Alliances
- Neutron Media
- TAV Health
- Staywell
- Think Box Group
- Vibra Health
- Wellpass



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

Moving From What and Why to How: State Chronic Disease Programs and the Social Determinants of Health

Gabriel Kaplan, PhD, MPA-URP
Branch Chief, Health Promotion & Chronic Disease Prevention
Colorado Department of Public Health and Environment
Past-President, NACDD
August 4, 2020





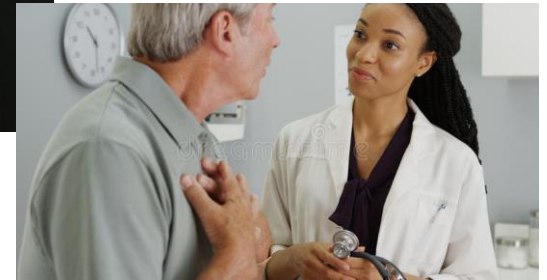
The problem of chronic disease

- As of 2019, more than 60% of American adults had at least one chronic condition, and more than 40% had more than one chronic condition.
- Chronic diseases such as heart disease, cancer, and diabetes are the leading causes of death and disability in the United States.
- Seven out of the 10 leading causes of death result from chronic diseases (1.75 million American deaths/yr.).
- More than 86% of the nation's healthcare costs relate to chronic diseases, and most of those costs are preventable.
- By 2035, the proportion of people who have any cardiovascular disease in the United States will increase to over 45%.
- 27% of young adults are too overweight to serve in the military.



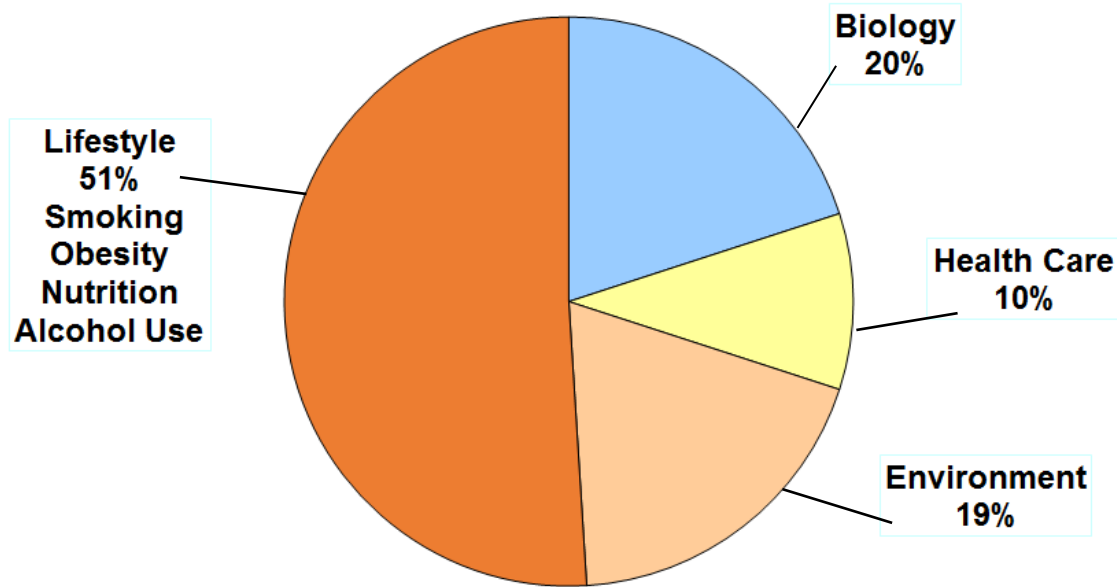
Traditional Chronic Disease

- Tobacco control – tobacco taxes, tobacco QuitLines
- Cancer prevention – increase screening rates
- Heart disease – improve hypertension management
- Primary, secondary, tertiary prevention





Factors Commonly Understood to Influence Modern Health Status



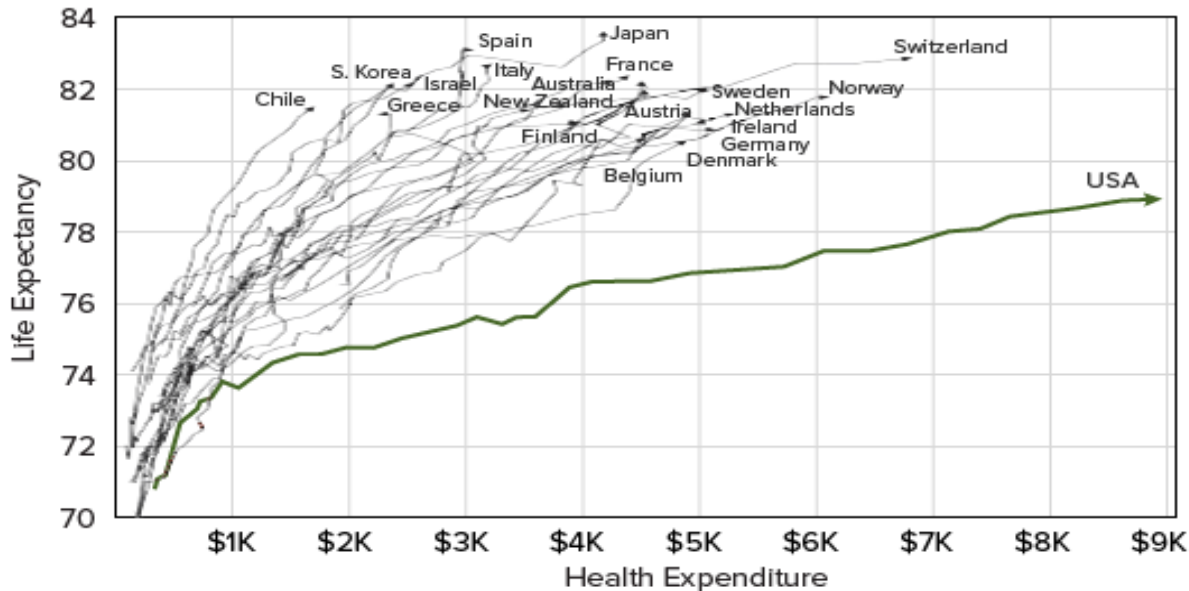
However....



Policy Matters

U.S. Life Expectancy vs. Health Expenditure

From 1970 to 2014, citizens of OECD countries have outlived their American counterparts – for a fraction of the associated costs.

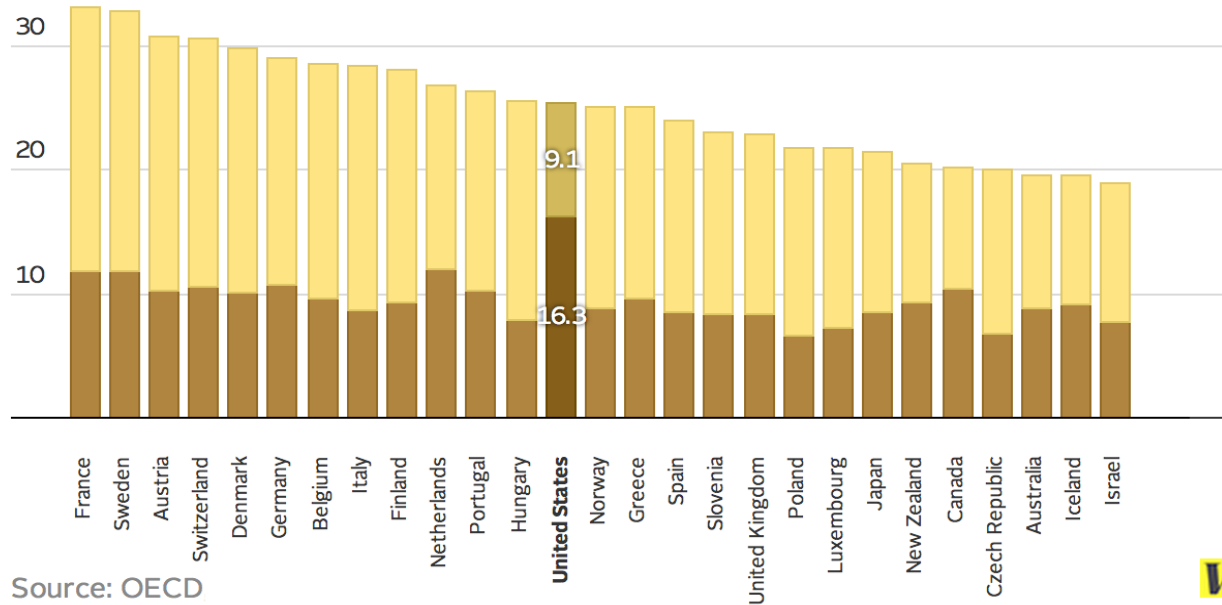


Source: Visual Capitalist



The U.S. is an anomaly in health and social spending patterns

■ Health expenditures as % of GDP ■ Social service expenditures as % of GDP



Source: OECD

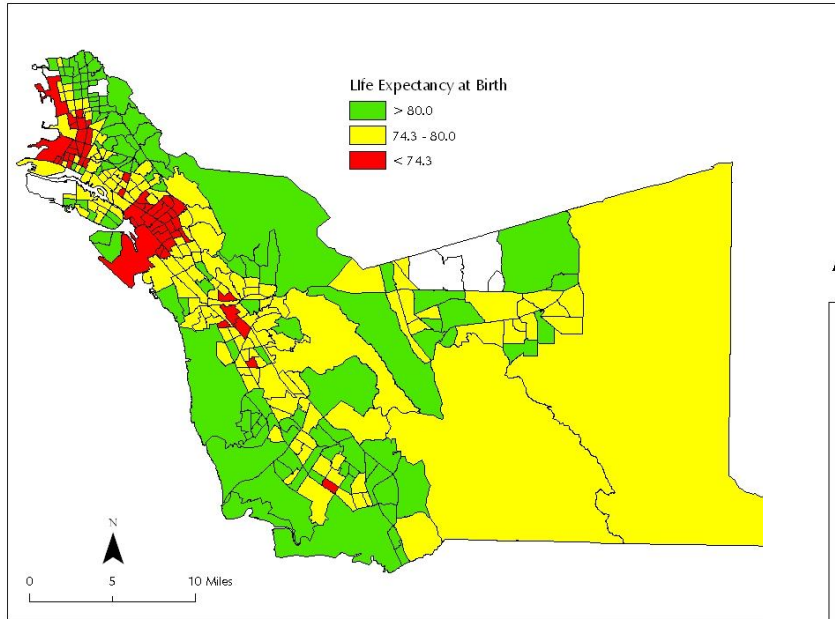




Place Matters



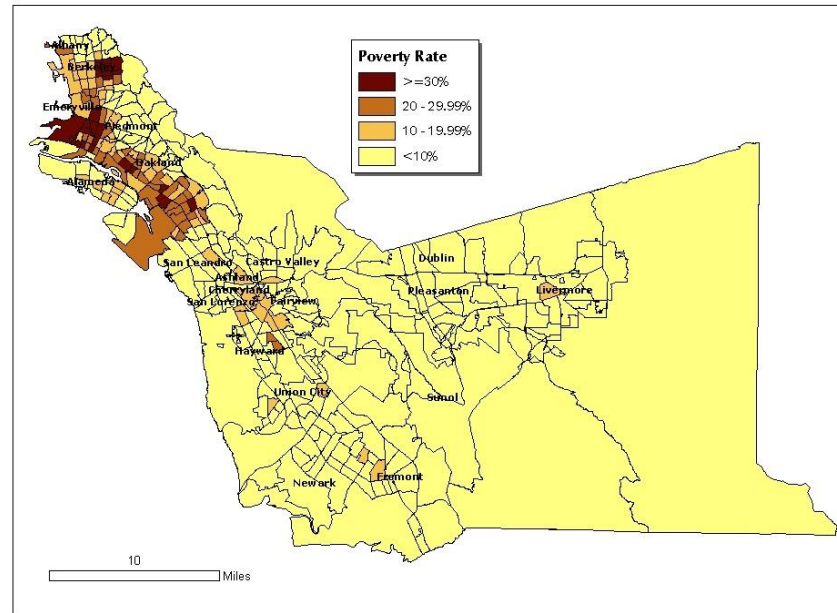
Life Expectancy by Tract



Source: CAPE, with data from vital stats

Alameda County, CA

Alameda County Poverty



Source: CAPE, Census 2000.



The Future of Public Health is NOW

Public Health 1.0

- Infection control through treatment— TB
- Clinical preventive measures— immunizations

Public Health 2.0

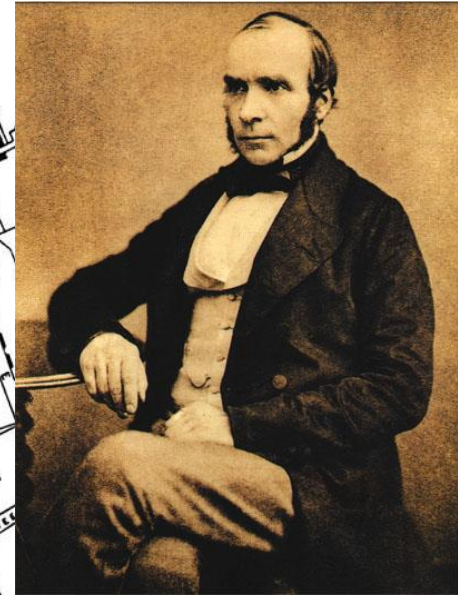
- Policy and environmental change— seatbelts, tobacco tax
- Systems building— Diabetes Prevention Program (DPP)

Public Health 3.0

- Social determinants of health— food, housing, transport...
- Partnerships— education, human services, transportation, housing, revenue....

John Snow: Icon of Public Health 1.0

- Father of modern epidemiology
- London Cholera epidemic of 1854
- Closing down the Lambeth Well



Public Health 2.0

SMOKING *and* HEALTH

REPORT OF THE ADVISORY COMMITTEE
TO THE SURGEON GENERAL
OF THE PUBLIC HEALTH SERVICE



U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service

THE EFFECTS OF SMOKING: PRINCIPAL FINDINGS

Cigarette smoking is associated with a 70 percent increase in the age-specific death rates of males, and to a lesser extent with increased death rates of females. The total number of excess deaths causally related to cigarette smoking in the U.S. population cannot be accurately estimated. In view of the continuing and mounting evidence from many sources, it is the judgment of the Committee that cigarette smoking contributes substantially to mortality from certain specific diseases and to the overall death rate.

Health care equity

Health Education

Activity Resources

Healthy food options

Individual Agency & Biology

Obesity

Tobacco Use

Diabetes

Cancer

Cardiovascular Disease

COPD

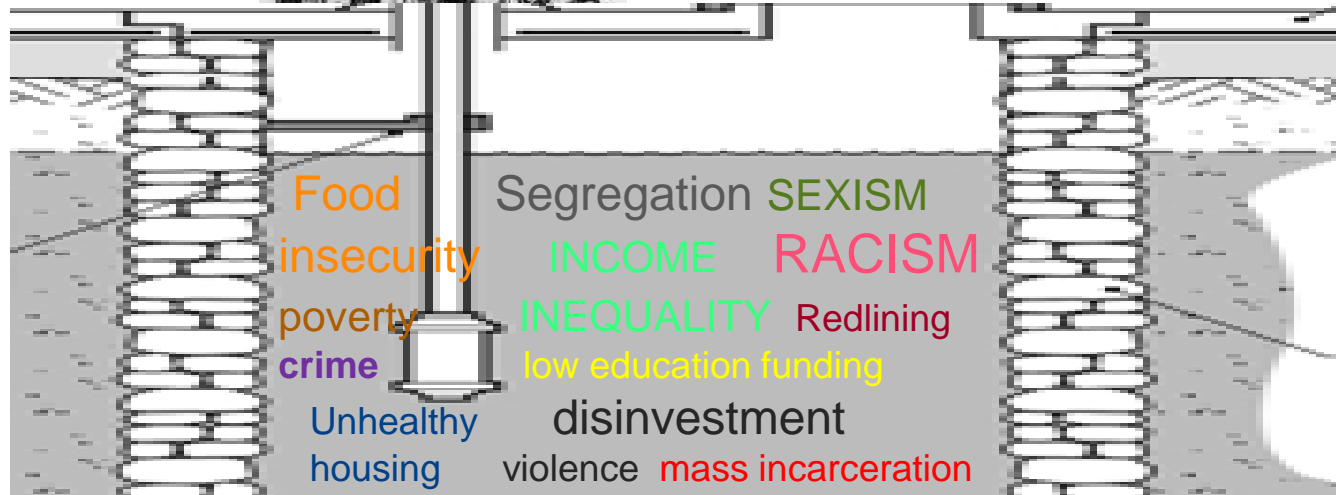
Asthma

Pollution

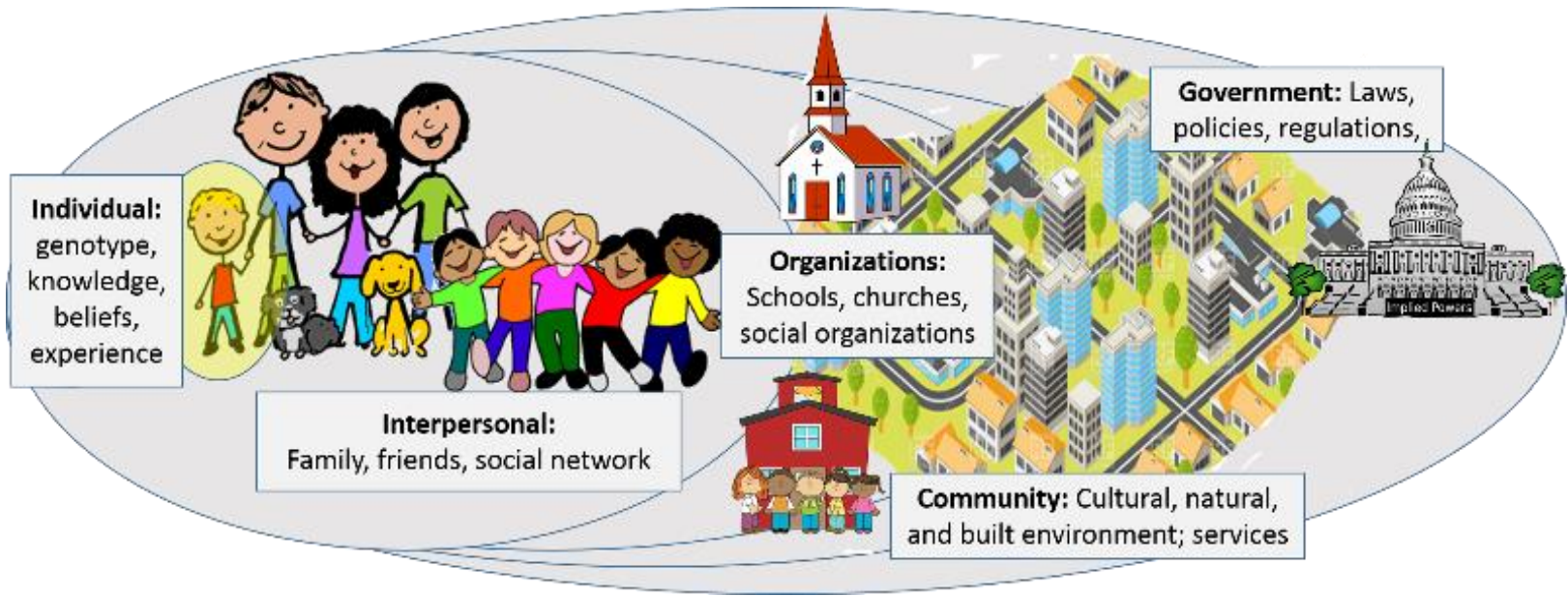
Public Health 3.0



We are all drinking from a poisoned well



Socio-ecological model



EXAMPLE: Mapping the Root Causes of Chronic Disease

- Differentiation**
- Race
 - Ethnicity
 - Gender
 - Sexual orientation
 - Class
 - Income
 - Ability

The Isms

Policies

*Segregation,
Disenfranchisement,
& Alienation*

*Civic participation
and power*

*Low levels of
investment &
economic
opportunity*

*Inequitable & low
performing
education
systems*

*Sources of
Stress – food,
income,
housing, crime*

*Crumbling
infrastructure*

*Pollution
Social
Connectedness*

*Health systems
inequity*

*Unjust food
systems*

*Inequitable
activity
options*

*Psycho-social
stress*

*Adverse
Childhood
Experiences*

**Individual
Agency
&
Biology**

Obesity

**Tobacco
Use**

Diabetes

Cancer

Cardiovascular
Disease

COPD

Asthma

MACRO
communities,
states,
nations

MESO
neighborhoods
social networks

MICRO
Individual

Public Health's Challenge

- **MACRO**
 - **MESO**
 - **MICRO**
- **Deconstruct** the *policies of oppression*
 - **Reconstruct** *neighborhoods & communities*
 - **Co-construct** systems that *let everyone achieve health*



Colorado Office of Health Equity

- Established in statute as the Office of Health Disparities - 2005
- Renamed in statute - Office of Health Equity – 2013
- 2018 RFA – switch from secondary prevention to upstream
 - ❑ Re-entry systems with wrap-around services for incarcerated individuals
 - ❑ Build work-based learning systems for those changing jobs or entering labor force
 - ❑ Build systems of prescription and referral from health care to social services
 - ❑ Build accessible support and training systems for 16-25 yr.-olds on life-skills, positive relationships, and employment training and matching
 - ❑ Advocate for policies that require health impact assessments in housing stock, education systems, community plans, local transportation systems, and human service systems
 - ❑ School district partnerships to assure health services to needy children, especially in areas of low educational attainment



Thank You

For more information, go to

<https://www.chronicdisease.org/page/PresChallenge>

- Podcasts of interviews with:
 - **Karen DeSalvo**, former Acting Assistant Secretary for Health
 - **Anthony Iton**, Senior Vice President for Healthy Communities, California Endowment
 - **Len Nichols**, Professor of Economics, George Mason University
 - **Monica Bharel**, Commissioner, Massachusetts Department of Health & **Ben Wood**, Healthy Community Design Coordinator
 - **Douglas Jutte**, Executive Director, Build Healthy Places
 - **Isabel Sawhill**, Senior Fellow, Economic Studies, Brookings Institution
 - **Ana Novais**, Deputy Director, Rhode Island Department of Health
 - **Jodi Spicer**, Adverse Childhood Experiences (ACEs) Consultant, Michigan Department of Health and Human Services
 - **Elizabeth Cuervo Tilson**, State Health Director and the Chief Medical Officer - North Carolina



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

Health and Community Development Partnerships in Massachusetts

Ben Wood, MPH

Director, Division of Community Health Planning and Engagement
Bureau of Community Health and Prevention
Massachusetts Department of Public Health
August 4, 2020

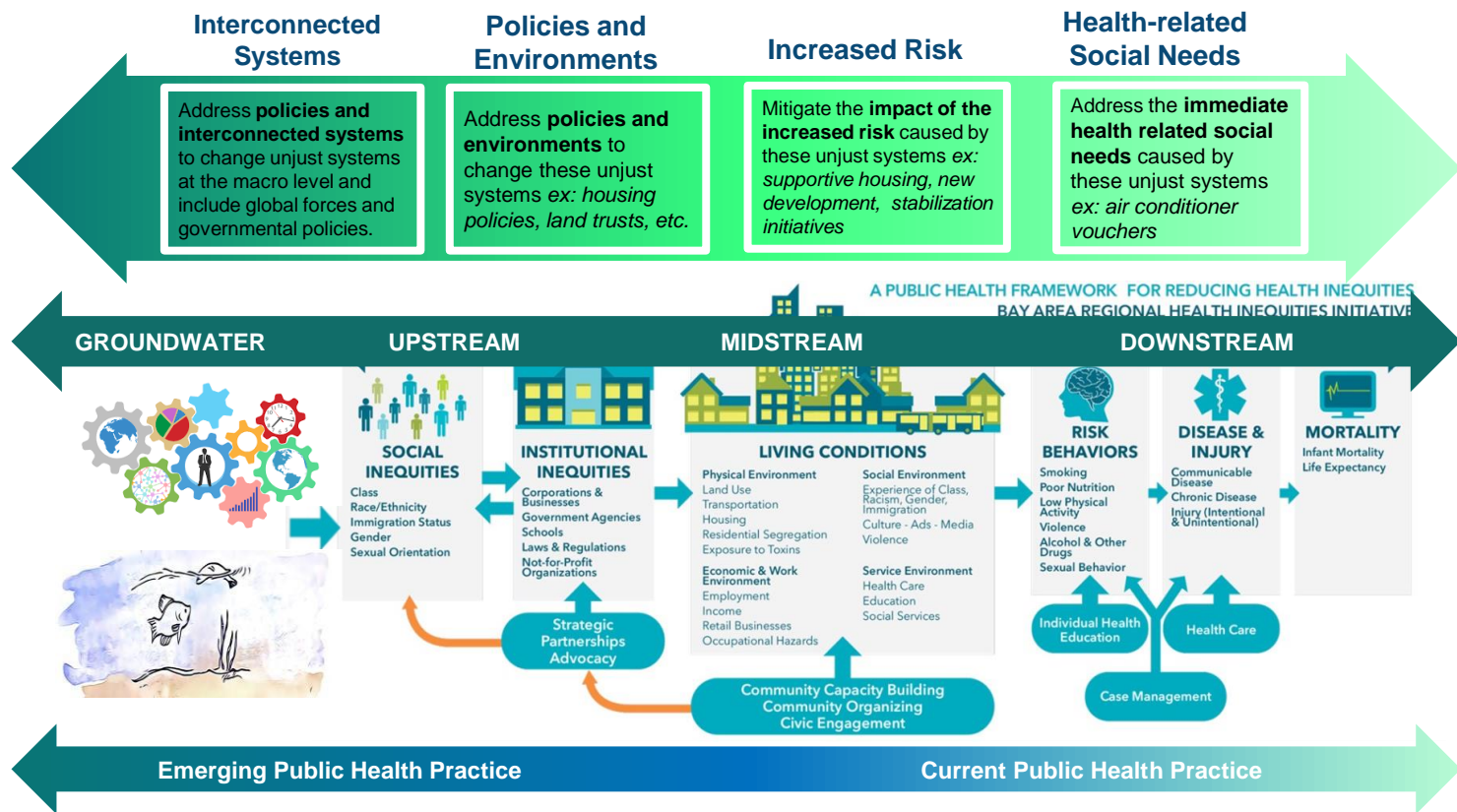




Massachusetts's public health and community development partnership

- Presentation will cover:
 - **Why** MDPH wanted to be in partnership with community development
 - **How** we started partnering
 - **What** has happened and examples of strategies and investments that have been made
 - **Opportunities** and Lessons Learned

Why would a health department want to partner with community development? To more fully address the Health Inequity Pathway



Sources: BCHAP SDOH Interventions Framework and Moving Massachusetts Upstream (MassUP) Conceptual Framework, both adapted from the Bay Area Regional Health Inequities Initiative White paper on "The Groundwater Approach: building a practical understanding of structural racism" by Bayard Love and Deena Hayes-Greene of the Racial Equity Institute



How did public health and community development build partnership in Massachusetts?

- Health Impact Assessments:
 - Place-Based
 - Healthy Neighborhood Equity Fund HIA
 - Policy analysis
 - Community Investment Tax Credit HIA

 Walkability/ Active Transport	 Safety from Crime	 Economic Opportunity	 Displacement/ Gentrification
 Affordable Housing	 Green Housing	 Social Cohesion	 Green Space
 Access to Healthy Affordable Food	 Safety from Traffic	 Air Quality	 Environmental Contamination

Community Development Activities

This HIA found that CDCs perform a multitude of activities depending on their mission, capacity, and constituency. Using the definition of community development provided in the CITC legislation and stakeholder feedback, the types of activities advanced by the CDCs were organized into four categories.

These categories were used to illustrate the steps through which community development activities influence health outcomes and chronic conditions such as obesity, stress, mental health, cardiovascular disease, respiratory disease, and injuries. The links between each category of activities and health are called pathways. Graphic representations of these pathways can be found on the following pages.



PHYSICAL DEVELOPMENT
AND COMMUNITY PLANNING



ECONOMIC DEVELOPMENT



ASSET DEVELOPMENT



COMMUNITY ORGANIZING,
BUILDING, AND EMPOWERMENT



Health and Community Development: Opportunities, Lessons and things to watch for

- Don't need to reinvent the wheel on building evidence: use existing work and resources because the case has been made.
 - It is more important to focus on execution and how CDC efforts uphold health equity principles and concepts. While CDCs are natural health partners, not all development is equal for health.
- Build your case for health impacts on more than just physical development (community engagement, financial empowerment, etc.)
- Find out who in your state governs community benefits. Learn the ins and outs and get educated: <http://www.communitybenefitinsight.org/>



Health and Community Development: Opportunities, Lessons and things to watch for

- Health stakeholders may want data collected either through formal contracted partnerships such as through accountable care organizations or as part of grant agreements: be prepared for this.
- Give time for the relationship. Learn the scope of work for the chronic disease programs at state and big city levels. Pay attention to what the health stakeholder is really meaning when they use the term Social Determinants of Health (is it really SDOH or is it health related social needs?)
- Opportunities and terms to look out for: low interest loans (*Anchor Investing*); *Accountable Care Organizations* or *Medicaid Waivers* (e.g., supportive housing; healthy homes); *Pay for Success*



Questions
