

National Association of Chronic Disease
Directors
CVH Network Leadership Team

2019 Election Results



Chair



**Brittany Brown,
Utah**

Brittany Brown is the Epidemiology and Evaluation Manager for the Utah Department of Health, Healthy Living through Environment, Policy, and Improved Clinical Care Program. She oversees all epidemiology and evaluation for the 1807, 1815, and 1817 grants. Prior to this role, she worked in cardiovascular health and led statewide Million Hearts efforts. She has loved serving as an NACDD Epidemiology and Evaluation Collaborative (EEC) Lead for the last two years and representing the epidemiology and evaluation perspective in the CVH Network Leadership Team. Brittany is passionate about improving the health across our nation, and utilizing a combination of evidence-based interventions and evaluation to do so. She hopes to provide a better connection between the programmatic perspective and the epidemiology and evaluation perspective, and find ways to incorporate these perspectives more seamlessly. Brittany is looking forward to being an advocate for states to ensure questions and concerns are being heard and addressed, needs for technical assistance are met, and opportunities for networking are provided.



Chair Elect



**Janna Pastir,
North Dakota**

Janna Pastir is the Division Director of Health Promotion in North Dakota. Janna has been a member of the National Association of Chronic Disease Directors since 2012 and was a Steering Committee Member of the George Washington Institute Cancer Control Council between 2016-2018. Janna has a background in program development and management and has worked for several years facilitating and implementing evidence-based strategies addressing cancer and chronic disease to prevent, screen, treat, manage and improve quality of life. “As the Chronic Disease Director in North Dakota I am often connecting with our peers in other states, both in our region and out to discuss shared barriers, opportunities to replicate, feedback about strategies that have and haven’t worked and opportunities to work together with border states. Because I have worked across the immunization, cancer and chronic disease programs, I often leverage experiences, partners, and resources to work more comprehensively on the policy, system and environmental strategies we share. This culture of collaboration expands our collective impact.”



At Large



**Alexis Barnett-Sherrill,
Hawaii**

I am honored and humbled to be nominated as a member-at-large for the CVH Network Leadership Team. Leadership in an organization is a privilege that shouldn't be taken lightly. Professionally, I have volunteered for positions to be a voice for underrepresented populations because, as a child, I fit into many of the communities we serve. And I welcome new opportunities to learn. In public health, I have worked as a public health educator, health system specialist, and a program coordinator in the states of Kansas and Hawaii.

As a member of the National Association of Chronic Disease Directors for the past three years, I have benefited from the content specific tools, webinars and Chronic Disease Academies that have been offered. With this in mind, I would like to serve on this team to bring a different perspective that will represent state interests. My state is positioned in the middle of the Pacific Ocean and we work with communities presenting unique challenges because our counties are separated by water and true melting pot of culture and race. I believe being a member of this leadership team will bring a voice to and opportunities for my state and other states and territories with geographical challenges that are not common in the contiguous states.



At Large



**Kristina Dawkins,
Michigan**

For six years, I've furthered Heart Disease and Stroke Prevention interests within numerous projects in Michigan including the 1305 and 1422 CDC collaborative grants, ASTHO Million Hearts Learning Collaborative, CMS State Innovation Model Initiative, Paul Coverdell National Acute Stroke Program, Michigan Association for the Prevention of Sudden Cardiac Death of the Young, our statewide Health Information Network, MDHHS Health Systems Workgroup, and as co-lead of Michigan's Million Hearts Network. In that time, I've advanced to a senior-level HDSP clinical and public health consultant position whose role is to perform higher level work to represent our comprehensive interests.

Over the next five years, I will be focusing on both 1815 and 1817 grants. Because this is the beginning of two new funding cycles, I look forward to relaying the needs of states, Michigan in particular, to the CVH Leadership Team and bringing communications back. Michigan has chosen to work on all 1815 strategies and all but B.4 in 1817. Cholesterol is a health measure that we haven't captured in the past and I believe we will need plenty of support to bolster those activities. As an At-Large member, I look forward to representing the technical assistance needs of my geographically and demographically diverse state, as well as supporting those needs of other states, alongside other public health leaders.



At Large



**Desiree Jonas,
Florida**

By serving on the Leadership Team I hope to bring a variety of different perspectives regarding cardiovascular health. This year Florida has been awarded three grants from the Centers for Disease Control and Prevention including 1815, 1816 (WISEWOMAN), and 1817. Since this is our first year being a part of the WISEWOMAN program I hope to lend a fresh perspective on developing and starting this program. I also hope to connect with others to provide insight into how to make our programs better. Serving on the Leadership Team this past year gave me different perspectives on other states and how we can collaborate and share ideas to push forth our efforts. Currently I oversee the 1815, 1816, and 1817 grants, and I've been able to analyze the different ways in which these grants collaborate and build upon each other. I focus on several different areas that play a key role in heart health, including faith-based organizations, community health workers, health systems, universities, as well as the Native American population. By partnering with our local county health departments, I have established heart disease programs based off 100 Congregations for Million Hearts in over 60 churches throughout Florida. I have also worked with the University of Florida to implement programs which train community health workers to do Medication Therapy Management Support, in which they work in conjunction with a pharmacist to address medication adherence barriers in different communities. If elected to this position I would like to lend my perspective on health equity as it relates to cardiovascular disease as well as share my work with all three grants. I would also like to learn from my fellow colleagues across the country and develop potential partnerships for future endeavors.



At Large



**Victor Sutton,
Mississippi**

I am currently Director for the Office of Preventive Health with the Mississippi State Department of Health. I manage several Bureaus, Community and School Health, Injury and Violence Prevention and Chronic Disease which includes Diabetes, Cardiovascular Health, Cancer and Obesity programs. I have recently been funded by the National Heart, Lung and Blood Institute of Minority Health and Health Disparities to establish the Community Engagement Center (CEC) for the Jackson Heart Study (JHS). JHS is the largest single-site study of cardiovascular health and disease in African Americans. The goal of CEC is to implement innovative evidence-based programs that will promote cardiovascular health and prevent disease. In addition, I have served as the President of the Board of Directors for NACDD and currently support the organization through my work on the Finance Committee.

I would like an opportunity to participate on the CVH Network Leadership Team to further promote states efforts around CVH to the Centers for Disease Control and NACDD. I strongly believe in the work of NACDD and recognize the importance of supporting states and listening to state challenges. I would like to emphasize practical, evidenced-based work to assist state and territorial health departments in their everyday work at the state level. It is also important that states are aware of the latest research, evidence and innovation around cardiovascular disease and I would be a strong advocate for these and other opportunities for states.



GIS Liaison



**Rachael Austin,
New York State**

My name is Rachael Austin and I'm the lead evaluator for New York State's 1815 and 1817 projects. I'm seeking to serve on the CVH Network Leadership Team to represent the needs of state epidemiologists and evaluators working in cardiovascular disease prevention and control to the CDC and NACCD. As a 2018 Leadership Team At-Large member, I've had the opportunity to identify state priorities, inform professional development offerings, and communicate local needs to our national partners. This year, I'm running for the position of GIS liaison so that I can continue to promote the use of GIS mapping to inform and evaluate CVH initiatives. Having participated in both the capacity building and advanced blood pressure GIS trainings sponsored by CDC and NACDD, and as someone who has used GIS in practice for 7 years, I know firsthand the value of integrating maps into our chronic disease work. If elected I will continue to support and expand the use of GIS by state and local staff working on 1815 and 1817, identify GIS learning opportunities and communicate the needs of GIS staff to partners at the national level.



Government Affairs Liaison



**Crystelle Fogle,
Montana**

As the Cardiovascular Health Program Manager for Montana, I've worked on heart disease and stroke prevention grants since 2000. I've been a long-time member of the Cardiovascular Health Council Steering Committee (serving on its Advocacy and Policy Committee) and the CVH Network Leadership Team. Since 2004, I've been involved with NACDD's Government Affairs Committee and understand the basic Appropriations process. It would be an honor to continue as the Government Affairs Liaison for the CVH Network Leadership Team. It's vital that CDC and NACDD receive input on the state perspective. The Government Affairs Liaison position also will let me share updates on federal funding and advocacy issues during the Leadership Team calls.



Health Equity Liaison



**Cheryl Farmer,
Washington State**

Cheryl Farmer MD currently works for the WA State Department of Health. She has been with the state since 2014, and has served as the Program Manager for the Heart Disease, Stroke, and Diabetes Prevention program since 2015. Cheryl has long-standing interest and significant passion for Health Equity and works avidly to address issues of inequity at both the institutional and community level. She maintains deep connections with community organizations that strive to increase health equity, reduce disparities, and empower communities facing heavy disease burden through education and usable tools that improve outcomes. Cheryl has been an active member of the NACDD Health Equity Council Leadership Team for several years. She contributed to and participated in the development of the *Moving to institutional equity: A tool to address racial equity for public health practitioners* that was published in 2017. As a physician both physical and mental health has always been an important aspect of the support and guidance she offers. She continuously leverages her experience and medical training to enhance the work she does for the State of Washington. Cheryl recognizes the importance of cardiovascular health and the impact that cardiovascular disease has had nationally and sees the impact it is having within Washington State. She recognizes that being part of the Cardiovascular Health Network Leadership Team would allow her to share her years of experience and leverage partnerships supporting innovative paths to addressing Health Equity. As the Health Equity Council Liaison, she would be able to address cardiovascular inequities and leverage opportunities of guidance from the Health Equity Council to address those issues and share information and/or potential solutions back with the CVH Network Leadership Team.



Peg Adams Peer to Peer Program Liaison



**Paul Meddaugh,
Vermont**

Paul Meddaugh has been working in the field of epidemiology and public health going on nine years. Currently he is a Public Health Analyst at the Vermont Department of Health's in the Division of Health Surveillance for Vermont's Prevention and Management of Diabetes and Heart Disease and Stroke (1815) grant and previously worked on all domains of the state's Public Health Actions 1305 grant. He is responsible for all epidemiology and surveillance related to diabetes and cardiovascular disease, providing the most up-to-date information available from a multitude of different types of data sources by routinely producing surveillance data, documents, and Geographic Information Systems (GIS) maps for program staff/stakeholders and the public. Paul also supports evaluation activities related to these topic areas through evaluation planning/design, data collection and analytic support to the program evaluator. For the past two years Paul has also served as one of the leads for NACDD's Epidemiology & Evaluation Collaborative (EEC) and the Cardiovascular Health Leadership Team where, with his fellow co-leads and NACDD consultants, he worked to facilitate collaboration across states supporting membership epidemiology/surveillance, performance measurement, and evaluation needs for the 1305/1422 and 1815/1817 grants. As Paul steps aside from this role to make room for EEC leadership, he will be co-leading a group of newer state staff working on 1815/1817 epidemiology and evaluation through the Peg Adams Peer to Peer mentoring program. As the Program Liaison to the Leadership Team, Paul will help to communicate the needs and interests of NACDD members participating in the program to the Leadership Team.

