



# NATIONAL ASSOCIATION OF CHRONIC DISEASE DIRECTORS

Promoting Health. Preventing Disease.

## NACDD Innovation, Leadership and Practice Initiative Year 1 Implementation/Action Plan

### PURPOSE

Through this project, NACDD provides practice-based learning, mentoring, and leadership development opportunities that support skill building, cross-training, and best practices and innovation to drive successful implementation of evidence-based chronic disease prevention and health promotion by the target population - the chronic disease prevention and health promotion workforce across all states, including communities and territories. Proposed training strategies and learning activities address Healthy People 2020 objectives, identified public health needs, and emerging public health trends, to improve public health practice and leadership at the state, territorial and local level. NACDD will apply coordinated and innovative methods that embrace the four chronic disease domain areas to disseminate successful approaches and evaluate outcomes. Methodologies include peer mentoring/learning, didactic training opportunities, online learning systems, a national Chronic Disease Academy, thought leader roundtables, chronic disease forums, publications, evaluation, partnership, and collaboration, and use of new technologies as well as other forms of leadership and capacity development.

### PROGRAM IMPACT

Using NACDDs Core Competencies and data tools, NACDD prioritizes leadership and development trainings and practice-based learning through the period of performance to achieve all short-term and intermediate outcomes:

#### Short-term

1. Increase peer-to-peer practice learning and sharing
2. Increase State Health Department organizational capacity
3. Increase dissemination of effective chronic disease prevention approaches and workforce development strategies among States
4. Increase in leadership and skills-based learning and training opportunities
5. Increase in Chronic Disease Director and staff leadership skills
6. Increase documentation and dissemination of successful leadership approaches
7. Increase documentation of systems and process improvements

#### Intermediate

1. Effective chronic disease prevention and workforce development strategies implemented
2. Increased implementation of evidence-based public health approaches
3. Increased effective use of public health tools and resources
4. Improved leadership capacity and skills
5. Increased availability and accessibility of learning opportunities addressing leadership and chronic disease prevention approaches
6. Improved systems and processes

## AUDIENCE

All chronic disease prevention and health promotion public health practitioners at the state, local, and territorial levels.

## STRATEGIES DEPLOYED

NACDD focuses program strategic learning priorities on two strategies: practice-based learning and leadership and development. All activities align with at least one of these strategies.

## ASSESSMENT DATA

To better understand the priorities of our members, NACDD gathered data from four primary sources to more fully meet the learning and leadership development needs of the target audience. 1) NACDD conducted an annual survey of states (November/December 2018); 2) conversed with the NACDD Regional Representatives Committee (representing all states) through a facilitated conference call in December 2018; 3) drafted summaries from the Chronic Disease Prevention Leadership meetings held between October 2017 – August 2018; 4) and met with the Board of Directors during the December Board Meeting to present the data for their review and input. Additionally, the Board of Directors finalized a NACDD Strategic Plan in October 2018 that informed focused strategies and action steps for implementation of practice-based learning and leadership development. See Attachment A for the Strategic Map.

The results from this prioritization process are outlined below by assessment mode.

### I. Survey of States: Learning Needs for Chronic Disease Staff

- Project management
- Infographics/visual presentations
- Policy analysis/policy process
- Writing for a broad audience
- Leadership
- Effective presentations
- Budget analysis/fiscal management

**II. Regional Rep Check In-** Compiled December 5, 2018 comprised of five questions addressed to each representative

**1. What are the challenges you are facing in your state?**

- Funding loss at the state or federal level
- Human Resources and Workforce Development
- Changes in leadership at the state level
- Funding and program silos
- Slow / inefficient contracting mechanism at the state level
- Limited funding to lead efforts that address upstream factors, including obesity and the social determinants of health
- Political context within and beyond state agencies
- Opioid crisis taking priority
- Staying aware of opportunities to improve public health practice relating to re-accreditation, organizational culture, scalability, and funding for local communities
- Access to needed data (Health system data and population data through BRFSS)
- Changes to federal grants, priorities, and processes
- Operationalizing Health Equity
- Uncertainty related to Medicaid Expansion and the Affordable Care Act
- Emerging issues: climate change, mental health and increase suicide rates

**2. Where is chronic disease heading and what are the opportunities for future innovation?**

- Root Causes and Prevention: Integration of the Social Determinants of Health, including behavioral health, mental health, addiction prevention at the federal, state and local levels.
- Multi-Sector Collaboration
- Priority areas: Data, including Electronic Health Records, Community Clinical Linkages (i.e. Community Health Workers, population health), Communications, Evaluation and Accountability. Policy, Systems and Environmental Changes
- Priority Populations: aging population, rural populations
- New Technology: Web-based meetings, Social Media
- Increased community feedback / engagement

**3. What do you need from NACDD/how can NACDD help?**

- Strengthen communication with states and partners
- Offer training, professional development and/ or technical assistance on a variety of topics (e.g., state policy approaches, grant-focused priorities) with relevance to all career levels
- Advocate at the federal level for funding and programs
- Provide state level policy support and model legislation
- Facilitate efforts to address root causes of disease
- Support organizational capacity development
- Convene states in person / support travel

- Facilitate communities of practice and opportunities for peer-to-peer communication/networking
- Liaise with CDC to provide feedback and support a coordinated approach
- Support chronic disease units by engaging state health officers and local health offices

**4. What are the parts of the strategic map that are most relevant to what is happening in your state? How can the strategic map be leveraged to help states?**

Respondents shared that the strategic map can guide NACDD's work, including a list of options for technical assistance and opportunities for peer-to-peer sharing of what is happening with respect to priority areas in states (e.g., policies, evidence-based innovation). States can use the strategic map by adopting/modeling parts to create synergy/alignment at the state level. Generally, the parts of the map that were most relevant to respondents were mostly B, followed by A then C. Least is D. The parts most frequently identified by states are shown below:

- A3: Develop model legislation / policy positions and statements
- A4: Advocate for a modern chronic disease surveillance system
- B1: Assess the current landscape to target and define upstream factors to be addressed
- B2: Integrate upstream factors into professional development
- B3: Pursue community investment for states to address upstream factors
- B4: Influence funders to allow grantees to address upstream factors
- B6: Improve access to health equity and social determinants of health data
- C1: Assure broad uptake of chronic disease competencies
- C3: Strengthen communication and collaboration with states and partners

**III. Board Priorities** (Collected December 2018 through a facilitated discussion at the NACDD

Board meeting -- No order)

- Workforce development
- Strategic communication
- Approaching work with a health equity lens, including health systems
- Policy development
- How to use the chronic disease competencies
- Health in all policies
- Current upstream priorities and current efforts in states
- Climate and culture

**IV. Chronic Disease Prevention Leadership Meetings** (Collected Oct 2017 – August 2018)

States discussed wanting more information from all states on the following topics (No order). Additional details about the 2017-2018 CDPLMs can be found in the full report.

- Opioid epidemic
- Community health workers
- BRFSS funding and innovations

- Short-term and Interim process / performance measures
- Local capacity
- Collaboration with economic development
- Root causes
- Health equity
- Quality improvement
- Asset-based data approaches

## FRAMEWORK

NACDD uses various learning methods/technologies to implement the different learning priorities including webinars, communities of practice, face-to-face learning sessions (Chronic Disease Academies, CDLP meetings), thought leader roundtable meetings, publications and information dissemination and other opportunities. These learning methods/technologies are implemented using innovative methods including ECHO Clinics and other platforms for peer learning. The NACDD work plan has been revised to include specific information about implementation and action steps for each activity. Design documents and an infographic for the following documents, ECHO Clinics, GEAR Groups and StEM specifically, can be found in the attachments.

Strategy: Practice-based Learning		
<b>Five Year Project Period Objective 1:</b> By September 30, 2023, NACDD will implement at least 60 opportunities to increase peer-to-peer sharing and learning.		
<b>Expected Outcome 1:</b> Increase peer-to-peer practice learning and sharing by at least 60 opportunities.		
<b>Annual Objective 1:</b> By September 29, 2019, NACDD will build on the existing peer-to-peer forum methodology and evaluation data to develop and convene at least 10 peer-to-peer forums that engage in problem solving and learning about effective workforce development and leadership and management strategies for the chronic disease prevention and health promotion workforce		
Planned Activities and Timelines (Q = Quarter)	Lead Staff:	Process Measures
1.1 Implement at least 5 GEAR Groups and a LHD partnering with SHDs (1) on domain and special topics. Timeline=Q2-4	PH Leadership and Innovation Lead	Rosters, agendas, final evaluation

1.2 Implement 1 peer-led GEAR Group specifically for the workforce practicing at the local level on leadership and development. Q2-4	PH Leadership and Innovation Lead	Rosters, agendas, final evaluation
1.3 Implement 4 peer-led ECHO “clinics” focused on priorities or emerging issues. Q2-4	PH Leadership and Innovation Lead	Rosters, agenda, final evaluation
<b>Action Plan Summary:</b>		
<p><b>1.1/1.2:</b> see design document for all GEAR Groups in Attachment B</p> <p><b>1.3:</b> see ECHO Clinic design document in Attachment C</p>		
<p><b>Five Year Project Period Objective 2:</b> By September 30, 2023, NACDD will assess capacity annually and develop and or revise an annual action plan using existing and new data sets.</p>		
<p><b>Expected Outcome 2:</b> Increase state health department organizational capacity through development and implementation of activities outlined in the action plan.</p>		
<p><b>Annual Objective 2:</b> By September 30, 2019, NACDD will build on existing assessment and data gathering tools and surveys to assess state health department organizational capacity and develop an action plan that details skill building and leadership development needs to prioritize work.</p>		
Planned Activities and Timelines (Q = Quarter)	Lead Staff:	Process Measures
2.1 Access NACDD National Longitudinal Impact Evaluation data to assess SHD organizational capacity and leadership. Q1	Assoc. Director for Performance Improvement	Assessment of survey data
2.2 Implement and use data from the existing annual NACDD Survey of States to assist in prioritizing leadership and capacity activities. Q1	Assoc. Director for Performance Improvement	Findings of survey data
2.3 Use NACDD board of director's strategic planning findings to assist in prioritizing leadership and practice-based learning. Q1	Assoc. Director for Performance Improvement	Prioritized list of strategic planning needs
2.4 Use aggregate data from NACDD Core Competencies Assessment Tool to discern gaps	Professional Development Specialist	Copy of Core Competencies

in capacity and leadership to design learning opportunities. Q1		assessment data/gaps
2.5 Use the member-led NACDD Learning and Professional Development Strategic Workgroup to assist in prioritizing learning needs. Q1	Professional Development Specialist	Copy of LPD Workgroup priorities
2.6 Develop an action plan that uses pertinent data sets and prioritization techniques to ensure focus on organizational capacity. Q1	Assoc. Director for Performance Improvement	Action Plan developed and in use
<b>Action Plan Summary:</b>		
<p>2.1: In quarter 2, NACDD and Washington University at Saint Louis convened to begin developing revisions to the longitudinal survey based on Administrative Evidence Based Public Health Practice. A contract has been executed for this work. WASHU has a specific implementation plan outlined in the budget documents.</p> <p>2.2: See above survey summary description and how the data is being used to drive program implementation.</p> <p>2.3: NACDD held a session at the December Board Meeting to align action steps with the Board Strategic Plan. See Attachment A for the Strategic Plan Map</p> <p>2.4: The Competencies Assessment tool will be introduced at the Chronic Disease Academy in April through a course training. The Competencies have been incorporated into ongoing activities including 1) part of the overall application for abstracts for the Chronic Disease Academy, 2) promoting use through the monthly General Member Webinars, and 3) incorporated into didactic learning offerings.</p> <p>2.5: The Learning and Professional Development Committee (LPDC) meets monthly. All strategies and approaches will be presented on the February LPDC call.</p> <p>2.6: Action plan for implementation of strategies and activities has been developed.</p>		
<p><b>Five Year Project Period Objective 3:</b> By September 30, 2023, NACDD will implement at least four new technologies to provide at least 90 workforce development strategies.</p>		

<b>Expected Outcome 3:</b> Increase dissemination of at least 90 effective chronic disease prevention approaches and workforce development strategies among States.		
<b>Annual Objective 3:</b> By September 30, 2019, NACDD will expand use of at least four technologies by developing and implementing at least 18 strategic learning opportunities in modes most accessible to state health department staff.		
Planned Activities and Timelines (Q = Quarter)	Lead Staff:	Process Measures
3.1 Collaborate with University of New Mexico to implement quarterly Grand Rounds on practice-based learning using <u>ECHO technology</u> . Q1-4	PH Leadership and Innovation Lead	MOU with UNM, agenda, rosters, evaluation data
3.2 Use learning management system and online course delivery platform to support distance-learning opportunities. Q1-4	Professional Development Specialist	Syllabi, rosters, evaluation data
3.3 Develop and disseminate practice-based courses using <u>online learning platforms</u> housed on the NACDD website. Q1-4	Professional Development Specialist	Listing of courses on website, number of participants
3.4 Provide technical assistance to states to expand use of technology and data. Q1-4	Professional Development Specialist	Listing and # of states receiving TA
3.5 Use the <u>General Member Webinar format</u> to improve leadership and development through 10 learning opportunities. Q1-4	Professional Development Specialist	Agenda, rosters, evaluation data
3.6. Use <u>podcast technology</u> to provide options to distance learning. Q1-4	Professional Development Specialist	Podcast listing and open rates
<b>Action Plan Summary:</b>		
3.1: see ECHO Clinic design document in Attachment C, additionally, four NACDD representatives attended the November training on the ECHO platform provided by the		

UNM training team in New Mexico. NACDD has requested three licenses for use with upcoming training offerings.

**3.2:** NACDD has secured the use of MOODLE, a learning management system to support courses developed under a separate funding source.

**3.3:** NACDD has posted five online learning modudules to the website for OnDemand learning aimed at:

- Adaptive Leadership
- Emotional Intelligence
- Leading through Change
- Budgeting
- Facilitation

Additionally, three on-demand tutorials on the competencies posted before the CD Academy.

**3.4:** NACDD will offer 2 courses at the Chronic Disease Academy aimed at using technology and data.

**3.5:** NACDD has a General Member Webinar (GMW) Planning committee that meets at the beginning of each quarter to plan the topics to be addressed through the GMW platform. See GMW Design document in Attachment D. Additionally, each of these topics incorporates at least one NACDD Competency.

**3.6:** Podcasts for the 2019 Board President's Challenge are in process and will be released broadly in February. These podcasts are focused on upstream approaches and board priorities that align with the NACDD Strategic Plan. See the President's Challenge slide deck for podcast deliverables in Attachment E.

#### Strategy: Leadership and Development

**Five Year Project Period Objective 4:** By September 30, 2023, NACDD will annually revise an implementation plan building on successful practices.

**Expected Outcome 4:** Increase leadership and skills-based learning and training opportunities through activities outlined in the implementation plan.

**Annual Objective 4:** By September 30, 2019, NACDD will build on successful practices to develop an enhanced implementation plan that describes activities to build leadership skills and competencies among Chronic Disease Directors and their staff.

Planned Activities and Timelines (Q = Quarter)	Lead Staff:	Process Measures
4.1 Build on existing implementation plan to develop and enhance leadership skills and competencies. Q1	Senior Director of Programs	Copy of Implementation Plan
4.2 Engage NACDD Regional Representative Committee to prioritize key leadership strategies and competencies. Q1	PH Leadership and Practice Lead	List of key strategies and competencies
4.3 Convene a select group of CDDs, key partners, and CDC to inform the implementation plan to prioritize leadership skills; assess current capacity; and establish opportunities to address competencies. Q1	Senior Director of Programs	Agenda, roster, enhanced implementation plan
4.4 Promote usage of NACDD Core Competency Assessment Tool. Q1-4	Professional Development Specialist	Copy of marketing plan
<b>Action Plan Summary:</b>  <b>4.1:</b> NACDD will continue to incorporate activities in the implementation plan as an ongoing strategy to ensure targets and outcomes are met.  <b>4.2:</b> See above about how the Regional Representative Committee was convened and continues to provide input into Association direction and leadership. This is also a committee that is used for horizontal communication and peer learning.  <b>4.3:</b> See above under Assessment Data section  <b>4.4:</b> The Competency Assessment Tool will be introduced through a course/training at the Chronic Disease Academy. An internal team has collaborated routinely with the newly hired Professional Development Lead to ensure incorporation of competencies into other work and to ensure the tool is maximized for efficiency and productivity when released. Three OnDemand learning opportunities will be developed about how to use the Competency Assessment Tool prior to the CD Academy in April.		
<b>Five Year Project Period Objective 5:</b> By September 30, 2023, NACDD will provide at least 120 leadership development opportunities.		

<b>Expected Outcome 5:</b> Increase Chronic Disease Director and staff leadership skills and competencies through at least 120 opportunities.		
<b>Annual Objective 5:</b> By September 30, 2019, NACDD will expand 24 workforce trainings to build identified leadership skills and competencies.		
Planned Activities and Timelines (Q = Quarter)	Lead Staff:	Process Measures
5.1 Develop, implement and evaluate 1 Chronic Disease Academy to promote skill building and leadership on crosscutting and emerging public health issues. Q1-3	Senior Director of Programs	Roster, agenda, post evaluation results
5.2 Collaborate with Washington University in St. Louis (WUSTL) to provide 2 regional EBPH courses and 1 state-based train-the-trainer course. Q3-4	PH Leadership and Innovation Lead	Roster, agenda, post evaluation results
5.3 Implement 2 UNC Gillings School of PH Systems Change for Health Course. Q3-4	PH Leadership and Innovation Lead	Roster, agenda, pre and post evaluation
5.4 Implement 10 First Thursday calls with CDDs to build leadership and management practice. Q1-4	PH Leadership and Practice Lead	Roster, agenda,
5.5. Engage state stakeholders and build partnerships through implementation of at least 2 State Engagement Meetings (StEM) meetings to promote state capacity on emerging issues. Q3-4	PH Leadership and Innovation Lead	Roster, agenda, post evaluation results, action plan
5.6 Implement and evaluate 6 STAR visits that include assistance with continuous quality improvement models and follow up technical assistance. Q1-4	PH Leadership and Practice Lead	Roster, agenda, post evaluation results, action plan
<b>Action Plan Summary:</b>		
5.1: The Chronic Disease Academy is scheduled for April 9 – 12 in Atlanta, GA. Five people from each state have been selected to attend (determined by the state Chronic		

Disease Director). Additionally, up to 20 people from the US Territories have been selected to attend. Regional Representatives and Board Members are included and in some cases are part of the agenda. A Save the Date and other communication has been ongoing since October. Registration and travel support arrangements will begin in February. See the CD Academy one pager in Attachment F for goals, objectives and daily descriptions.

5.2: 2 EBPH courses are scheduled for implementation in St. Louis, MO on April 15 - 18 and July 30 - Aug 2. The state based train-the-trainer course is scheduled the week of July 15 in CT. Up to 30 people for each of the regional courses have been selected through an RFP process. The state selection was recently completed and announced as well. A contract is in place with WASHU.

5.3: The first UNC Systems Change for Health Course will be delivered at the Chronic Disease Academy. The second course will be scheduled in June. Participants will be recruited from 9 states who are engaged with NACDD in training to implement the NACDD Health Equity tool. A contract is in place with UNC. Meetings have been convened with UNC and NACDD to plan each of these courses.

5.4: First Thursday calls are scheduled on the first Thursday of each month. The content is determined through collaborations with CDC Center Leadership and the NACDD team.

5.5: State Engagement Meetings (StEM) are being planned as a separate GEAR Group based on a selected public health issue. See the Infographic document for a description of the StEM design. Please note: through 1814 funding, 2 StEM states will be identified and 1 will be identified through CSTLTS funding. The Innovation Team continues to meet and has selected SPAN as a priority for state selection. This aligns with the focus of the upcoming Thought Leader Roundtables with ASTHO.

5.6: NACDD sent out a request for application to states to participate in the STAR activity. Six states were selected for STAR visits: Washington D.C. Feb. 26 – 27; Oregon March 19 – 20; Louisiana May 21 -22; and Wyoming June 18 – 19. Logistical coordination is ongoing with these states.

**Five Year Project Period Objective 6:** By September 30, 2023, NACDD will implement at least 40 leadership opportunities for the chronic disease prevention and health promotion workforce.

**Expected Outcome 6:** Increase dissemination of at least 40 successful leadership approaches.

**Annual Objective 6:** By September 30, 2019, NACDD will develop at least eight leadership development opportunities for the chronic disease prevention and health promotion workforce.

Planned Activities and Timelines (Q = Quarter)	Lead Staff:	Process Measures
6.1 Implement 2 Thought Leader Round Tables on high priority public health issues to engage CDDs, state health officials and national partners, such as ASTHO. Q2-4	PH Leadership and Innovation Lead	Rosters, agenda, evaluation data
6.2 Implement 4 Chronic Disease Prevention Leadership meetings to engage CDDs, CDC leadership and subject matter experts. Q1-4	PH Leadership and Practice Lead	Rosters, agenda, evaluation data
6.3 Manage and implement 2 new CDD Orientation Cohorts. Q2-4	PH Leadership and Practice Lead	Rosters, agenda, evaluation data
<b>Action Plan Summary:</b>		
<p><b>6.1:</b> NACDD is collaborating with ASTHO to convene a cohort of 10 State Health Officials and 10 Chronic Disease Director pairs from 10 states to attend 2 TLRTs. The convenings will be scheduled for June and September and will be aimed at obesity related policy issues.</p> <p><b>6.2:</b> The dates for the 2019 Chronic Disease Prevention Leadership Meetings have been set and all meetings will be in Atlanta. Day 1 is a travel day, Day 2 is a discussion of strategic chronic disease prevention (exact topics are not yet set), and Day 3 is a half day featuring training and networking with CDC's National Center for Chronic Disease Prevention and Health Promotion Division Directors. There is a limit of 13 Chronic Disease Directors per meeting. The dates are: February 18-21; May 14-16; September 9-11; October 21-23</p> <p><b>6.3:</b> Review and updates to the CDD Orientation curriculum has been completed. Orientation videos will be re-recorded by March 31 and speaker selection and content are in the process of being finalized. The CDD Orientation cohort 1 will be recruited by March 31 with a launch date of May 1 and the second cohort will be recruited by July 31 with a launch date of September 1.</p>		
<p><b>Five Year Project Period Objective 7:</b> By September 30, 2023, NACDD will disseminate, translate and model at least 60 successful leadership approaches.</p>		
<p><b>Expected Outcome 7:</b> Increase documentation and dissemination of at least 60 successful leadership approaches.</p>		

**Annual Objective 7:** By September 30, 2019, NACDD will disseminate at least 12 evidence-based leadership approaches to the chronic disease prevention and health promotion workforce.

Planned Activities and Timelines (Q = Quarter)	Lead Staff:	Process Measures
7.1 Prepare and submit for peer review at least 2 journal articles. Q1-4	PH Leadership and Practice Lead	Manuscripts, submission receipts
7.2 Develop and disseminate at least 4 practice-based case stories of state chronic disease prevention innovation. Q3-4	PH Leadership and Practice Lead	Manuscripts, electronic distribution records
7.3 Develop and disseminate 2 white papers to share best practices and program implementation on emerging issues. Q3-4	PH Leadership and Practice Lead	Manuscripts, electronic distribution records
7.4 Disseminate successful collaborative approaches through 4 NACDD channels: “ <i>What’s Working</i> ” database, website, chronic disease academy, and Impact Brief e-newsletter. Q1-4	Senior Director of Programs/Comm. Director	Electronic distribution records
<b>Action Plan Summary:</b>		
7.1: NACDD will convene in Q2 to determine the topics for two peer reviewed journal articles.		
7.2: Case stories will be generated during the upcoming GEAR Groups. The plan is to select states to share their case stories during the peer learning sessions. Additionally, the ECHO Clinics will use case stories shared through the state abstract selection process for the NACDD CD Academy and further develop those.		
7.3: White Papers will be drafted after each Thought Leader Roundtable (TLRT) and will be disseminated to NACDD and ASTHO members. A contract is in place with UNC to draft these once the TLRT are convened.		
7.4: The NACDD e-newsletter goes to all members each month; our website has been revised over a year of collaboration with several board members, general members, and senior leadership and includes expansion of program information and professional		

**development opportunities. Success stories are submitted to the What's Working Database through the work of the NACDD Consultants.**

**Five Year Project Period Objective 8:** By September 30, 2023, NACDD will develop and implement a comprehensive evaluation plan that integrates quantitative and qualitative data to document progress and impact of all proposed project activities.

**Expected Outcome 8:** Increased documentation of systems and process improvements aimed at evidence-based approaches including peer-to-peer practice learning and sharing as well as building leadership skills and competencies among the workforce using Tier 1 performance measures.

**Annual Objective 8:** By September 30, 2019, NACDD will collaborate with CDC to develop and implement a comprehensive evaluation plan that ensures continuous program quality improvement, documents successful learning and leadership development approaches, and informs decisions about workforce learning and strategies consistent with CDC's Data Management Plan.

Planned Activities and Timelines (Q = Quarter)	Lead Staff:	Process Measures
8.1. With CDC and project partners, develop a comprehensive evaluation plan to include Data Management Plan, evaluation questions, short-term and intermediate outcomes to track in NACDD Performance Measurement and Evaluation System. Q1-2	Assoc. Director of Performance Management, Director of Evaluation, Selected Program Partners	Evaluation Plan, Data Management Plan, key evaluation questions, identified outcomes
8.2. Use short-term and intermediate outcome measures to assess practice-based learning, leadership and development among the chronic disease promotion workforce. Q1-4	Assoc. Director of Performance Management, Program Data Manager	Summary report
8.3. Use the NACDD National Longitudinal Impact Evaluation data to promote quality improvement in programming Q1-4	Assoc. Director of Performance Management, WASHU	Performance management report
8.4. Use the NACDD Core Competencies Assessment data to document changes in workforce competency. Q1-4	Assoc. Director of Performance Management	Workforce competency documentation

8.5. Implement and use data from NACDD Annual Survey of States to identify changes in state level organizational capacity. Q3	Assoc. Director of Performance Management	Organizational capacity identified
8.6. Use data from all data sources to develop and disseminate report summaries to CDC and project partners. Q4	Assoc. Director of Performance Management	Summary reports
<b>Action Plan Summary:</b>		
<p><b>8.1:</b> NACDD is linking all learning activities and strategies to the ILPI evaluation plan. The Evaluation Plan is being developed and will ensure continuous program quality improvement, document successful learning and leadership development approaches, and inform decisions about workforce learning and strategies consistent with CDC's Data Management Plan.</p> <p><b>8.2:</b> NACDD is using all the short and long-term outcomes during the planning and implementation of each activity.</p> <p><b>8.3:</b> See above for how NACDD is using the longitudinal survey data in program planning and evaluation.</p> <p><b>8.4:</b> NACDD is incorporating its Core Competencies into didactic training and peer learning opportunities and is building the evaluation for each offering with these in mind in order to collect data at the end of the project year.</p> <p><b>8.5:</b> See above for how NACDD is using the state data for program implementation.</p> <p><b>8.6:</b> NACDD is planning to provide this data to the CDC in Q4 (or when requested) via multiple reports based on the data and training.</p>		
<p><b>Five Year Project Period Objective 9:</b> By September 30, 2023, NACDD will ensure maintenance of sound personnel and fiscal practices, increase the number of national partnerships and conduct quality management for accountability.</p>		
<p><b>Expected Outcome 9:</b> Increase documentation of personnel and fiscal processes, partnership opportunities and process improvements through fiscal practices and quality management.</p>		
<p><b>Annual Objective 9:</b> By September 30, 2019, NACDD will maintain appropriate staffing, sound infrastructure, fiscal systems, partnerships, and reporting.</p>		
Planned Activities and Timelines (Q = Quarter)	Lead Staff:	Process Measures

9.1 Retain project staff to implement all program activities. Q1-4	CEO, Senior Director of Programs	Contracts, staffing plan
9.2 Maintain and apply fiscal accounting, program accountability, and continuous quality improvement strategies. Q1-4	Senior Director of Operations, Senior Director of Programs	Fiscal reports, monthly reporting
9.3 Provide required reports to the CDC. Q1-4	Sr. Dir. of Programs	Copies of reports
9.4 Maintain or increase external partnerships, including with CDC funded partners. Q1-4	Sr. Dir. of Programs	Copies of MOUs, agendas
9.5 Implement a quality improvement practice to support programmatic accountability. Q1-4	Assoc. Director of Performance Management	Quality improvement process and reports
9.6 Ensure coordination and collaboration between other funded programs to maximize resources, reduce duplication. Q1-4	Senior Director of Programs	Matrix of activities, resources
<b>Action Plan Summary:</b>		
<p><b>9.1-</b> NACDD has retained all staff except the Associate Director of Performance. Interviews for this position are currently in process. Upon hire, a first priority for this position will be to implement a daily continuous quality improvement process to ensure efficient and effective implementation practices. Nancy Sutherland was hired in September to fill the Professional Development Position.</p> <p><b>9.2:</b> The NACDD Board of Directors accepted the 2018 Financial Audit completed in December 2018. A clean audit, with no findings, was shared.</p> <p><b>9.3:</b> NACDD has a progress mapping tool to ensure that all required reports are provided as requested and on time.</p> <p><b>9.4:</b> NACDD continues to outreach to public health partners to achieve its goals and promote healthy lifestyles while reducing chronic diseases. The NACDD CEO attends quarterly partner meetings with the CDC and its partners as well as engages with new partners through the Director of Public Affairs.</p>		

**9.5:** NACDD plans to develop the quality improvement system with the soon to be hired QPM. Other quality measures continue as per NACDD's standing practice of program review and reporting along with fiscal management.

**9.6:** NACDD reviewed all programs among all funding sources to ensure collaboration and is currently allocating personnel to manage multiple programs based on similar work activities.

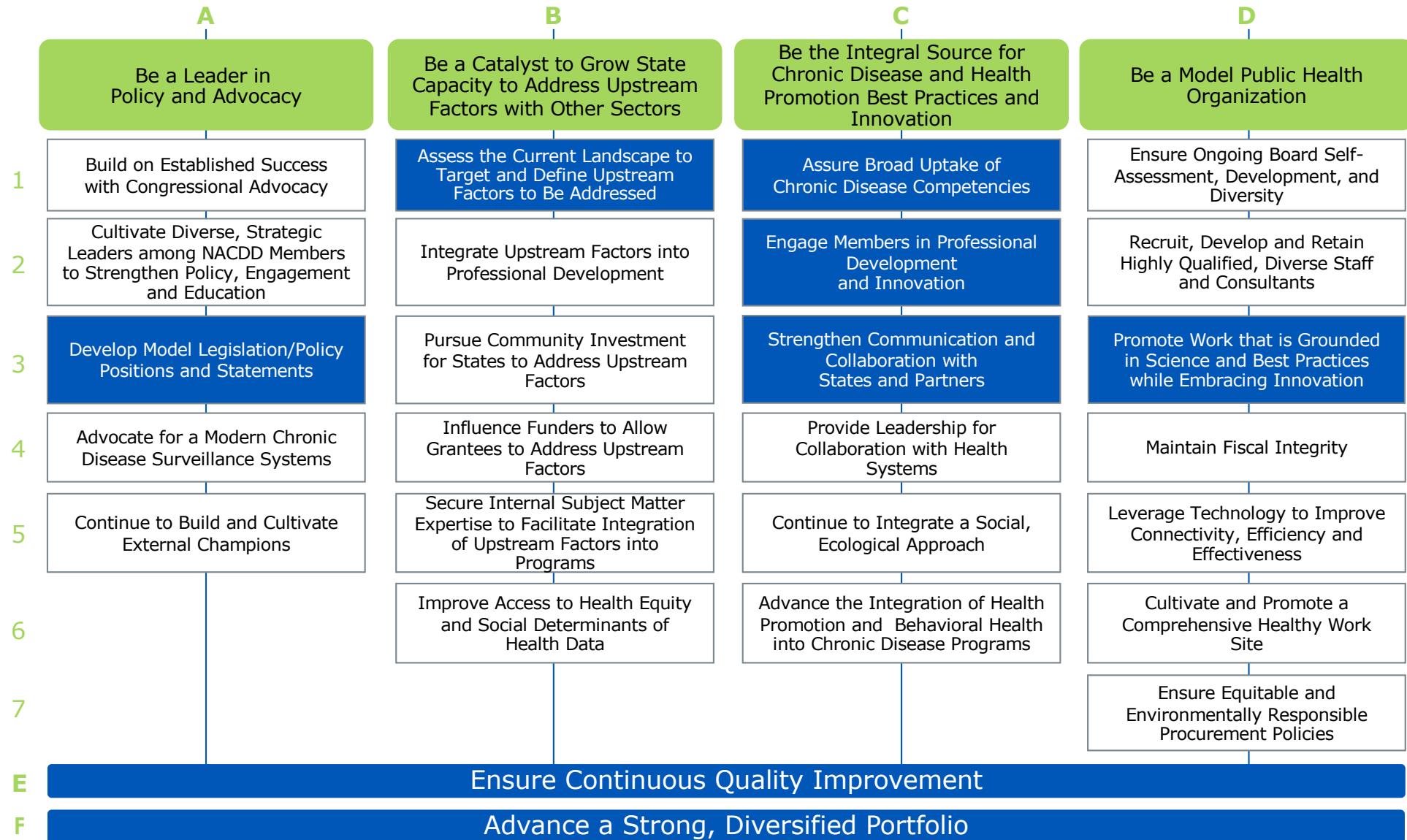
**List of Attachments:**

- A. Strategic Plan Map**
- B. GEAR Group Design Document**
- C. ECHO Clinic Design Document**
- D. General Member Webinar Document**
- E. President's Challenge slide deck**
- F. CD Academy One pager**
- G. Infographic slide deck for ECHO, GEAR and StEM**



## Strategic Map: 2019-2021

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



## Attachment B

### DESIGN DOCUMENT

#### **2019 GEAR GROUPS: Addressing Upstream Social Determinates of Health** *CHANGING PRACTICE through ACTION LEARNING*

##### **PURPOSE**

The purpose of this document is to describe the process by which NACDD will carry out the 2019 GEAR Groups. It describes the purpose and background of the GEAR Groups the 2019 approach using the ECHO model, the topics and the process by which they were selected, and a timeline for implementation.

##### **ABOUT GEAR GROUPS**

The purpose of the NACDD GEAR Groups is to engage the chronic disease prevention and health promotion workforce in problem solving and learning about effective workforce development, leadership, and management strategies. NACDD will facilitate problem solving and peer-to-peer sharing and learning opportunities through the implementation of GEAR Groups that focus on priorities identified through the NACDD strategic plan and feedback from the NACDD Board and Chronic Disease Directors.

##### **GEAR Groups provide opportunities for states to:**

- Explore strategies for addressing emerging challenges and opportunities in chronic disease prevention
- Share best or promising practices with each other on program implementation and integration
- Assess the landscape and initiate planning in their state related to emerging issues with the support of a peer group and subject matter specialists
- Create a sense of joint enterprise across states
- Jump start work on a special topic
- Facilitate deeper problem solving
- Develop personal relationships and build trust with practitioners in other states
- Address collective needs by tapping into the expertise of state and local practitioners

##### **NACDD GEAR GROUP BACKGROUND**

NACDD established the Generate, Educate, Activate, and Respond (GEAR) Group peer-learning model in 2016 and implemented the approach for three years. Each year, 5 GEAR Groups were hosted over a six-month period. Each Group had approximately 11 members. The GEAR Group Cohorts had separate facilitators. They met for one hour each month, over a six-month period. Adobe connect was used to allow for virtual face-to-face interaction.

Evaluation findings were positive, with members reporting greater knowledge of the subjects / topics address through the GEAR Groups. They desired additional opportunities to establish

peer-to-peer relationships across states. Some desired that the GEAR groups be more action oriented.

## **2019 GEAR GROUP APPRAOCH/FRAMEWORK: ACTION LEARNING THROUGH THE ECHO MODEL**

Starting in 2019, NACDD will pioneer the use of the ECHO model™ to meet the learning and development needs of state level chronic disease prevention practitioners through the GEAR Groups. The ECHO model™ is like the previous GEAR Group approach, but it differs slightly in the type of technology used and its structure. ECHO model™ uses [ZOOM technology](#), which is very similar to Adobe connect, to foster virtual collaboration.

The structure is different in that meetings will occur more frequently and for a longer duration, 1.5 hours instead of 1 hour. The 2019 GEAR Group structure is characterized by a balance between mentoring, case-based learning, and practice-based or “action learning”. Each of these defining characteristics are defined more below.

***MENTORING (Hub and Spoke Model):*** The ECHO model™ breaks down the walls between national experts and state/local chronic disease and health promotion professionals. It links subject matter specialists at the National Association of Chronic Disease Directors – the ‘hub’ - with professionals within state chronic disease units – the ‘spokes’ of the model. Together, they participate in teleECHO™ meetings every week, which include a state case presentation, mentoring, didactic presentations and discussion.

The clinics are supported by basic, widely available teleconferencing [technology](#). During teleECHO meetings, chronic disease prevention and health promotion professionals from multiple states present their chronic disease work to the subject matter specialists and to each other, discuss challenges or new developments relating to their work, and determine the best course forward toward systems change.

Subject Matter Specialists serve as mentors and colleagues, sharing their chronic disease prevention and health promotion knowledge and expertise with the participating state level professionals. Essentially, ECHO® creates learning communities where state level professionals receive support and explore the data, partnerships, interventions, and evaluation strategies they need to take their state to the next level. As a result of their participation they can provide more comprehensive, best-practice leadership within their state to prevent complex health conditions, right where they live.

***CASE BASED LEARNING (Peer-to Peer Learning Loops):*** The ECHO® model is characterized by an “All Teach All Learn” approach. This is best described through an analogy of the little school house, where all grades are combined, and students learn from one another, while working at their own pace on their assignments. In this example, some state members may represent a progressive state where actions to address the topic are already underway, while others will represent states taking on this work for the first time.

**ACTION LEARNING (*Developing Practitioners While Getting the Work Done*):** Action learning happens when individuals or small groups actively work and learn in the process of developing solutions for real-world problems. According to a recent study by the National Association for Talent Development<sup>j</sup>, this approach can take place in live situations or virtually (through electronic means). Action learning can be dual-purpose when leaders are developed by having them generate and test solutions to challenges. The 2019 GEAR Groups are different than past GEAR Groups in that state members are asked to assess opportunities and develop preliminary plans of action for possible implementation within their state. They can thereby apply their learning in real-time as well as seek the support and guidance from experts and peers throughout the process. This approach benefits the individual learner while helping meet important goals of the state health office.

- Developing/Implementing a root cause plan
- Chronic Disease Unit is leading efforts to address the root cause of disease

### **ASSESSMENT DATA FOR PRIORITIZING TOPICS**

The topics for the GEAR Groups are based on needs expressed by states through multiple channels including; the Survey of States, findings from the 2018 Chronic Disease Prevention Leadership Meetings, NACDD Board Member prioritization processes and input, as well as key informant interviews. These data provide clear direction on what is most needed and most critical for this practice and learning method. The topics selected support established priorities of the associations' leadership as determined through the data and prioritization process and align with one or more of the activities under the four pillars (NACDD Board of Directors Strategic Map, 2018).

### **TOPICSs**

This 2019 theme – Upstream Factors – explores several social determinants of health that play a causal role in chronic disease and thus represent important opportunities for improving health and reducing health disparities. The five GEAR Groups are:

- GEAR Group 1: Housing and Health [May]
- GEAR Group 2: Education and Health [June]
- GEAR Group 3: Race/Ethnicity and Racism [July]
- GEAR Group 4: Adverse Childhood Experiences [August]
- GEAR Group 5: Inclusive Neighborhoods and Built Environment (Practitioners from local health departments may be invited) [Sept]

Through participation, states will be encouraged and given tools to help them think through how to expand their current practice to address these upstream social determinants of health. Each GEAR Group will explore how to advance work to address the upstream factor through four participatory web conferences. Each web conference will be one and a half hours, once per week for four weeks. The focus of the meetings are as follows:

- Meeting 1: Proven or Promising Interventions or Policies
- Meeting 2: Internal and External Partnerships
- Meeting 3: Data Needs and Opportunities

- Meeting 4: Evaluation Needs and Next Steps (Fueling Progress through Evaluation)

Like the traditional ECHO model, a virtual mentoring platform will be established where a NACDD Consultant, CDD, or other individual will serve as the SME/mentor and states will learn from each and the mentor as they move through the series of meetings. Members may participate in a series of multi modal learning opportunities (pod casts, readings, presentations by leaders in the field, etc.). Members will be encouraged and given tools to support their development of a plan to expand their practice to address the selected upstream social determinant of health.

### **TECHNOLOGY**

The GEAR GROUPs will be implemented using ZOOM. Web cameras will be provided to all members who are in need.

### **FREQUENCY / DURATION**

GEAR Groups will meet weekly for a 1-month period (4 weeks). Each topic will be held during a specific month, as indicated above. Meetings will be convened for one and a half hours each session. Each GEAR Group will be invited to participate in pre-work and review of relevant resources throughout the four-week period.

### **AGENDA**

A proposed standard agenda is suggested below. This agenda is flexible based on several factors, including the availability of expert presenters and cases. It should also be noted that the first meeting of the group will focus on getting to know each of the members and a virtual ice breaker to facilitate trust and willingness to collaborate.

5min Introductions  
 3min Updates and announcements [Facilitator]  
 10min Case Presentation [using NACDD case presentation form]  
 2 min Case Summary [Facilitator]  
 5 min Questions from network members  
 5 min Questions from SME  
 10 min Recommendations from Network members  
 5 min Recommendations from SME  
 5 min Summary of recommendations related to the case [SME]  
 15 min Didactic Presentation [Expert]  
 5 min Questions for presenter  
 5 min Group Discussion  
 2 min Reminders and Closing [Facilitator]

### **IDENTIFICATION OF STATE CASE STORIES**

Each member state will be asked to present a case related to one of the topics of the week. If the state is not currently working on something related to that topic, they are asked to research

work in another state, share that state's efforts and describe how they would go about implementing that strategy within their own state.

### **INTENDED MEMBERS**

The intended audience for the GEAR GROUPs will be the Chronic Disease and Health Promotion workforce / staff. The CDD may elect to encourage these opportunities among select staff to assist in building capacity and developing future leaders (succession planning).

### **NUMBER OF MEMBERS**

2019 GEAR GROUPs will not be limited to a set number of participants. Any chronic disease prevention or health promotion staff person may elect to register, as long as they indicate support from their chronic disease director. The GEAR GROUPs may be from all states/territories. No more than two people from one state can participate in a GEAR Group at a time.

### **REGISTRATION**

Individuals or states will have the opportunity to register via [EVENTBRIGHT](#) no less than one month prior to each GEAR Group. Once the opportunity has reached maximum capacity registrants will be placed on a waiting list.

### **RECRUITMENT / MARKETING**

NACDD will provide information on each of the GEAR GROUP topics to the CDDs who can share it with their broader staff. In addition, NACDD may choose to do the following:

- Announce on the 1<sup>st</sup> Thursday Call
- Promote via social media
- Announce at the 2019 Chronic Disease Academy
- Post to the NACDD website

### **ROLES**

#### **• GEAR GROUP CONSULTANTS (HUB):** The NACDD GEAR GROUP Consultants will:

- Develop, collect feedback, and finalize the design document (Includes: background, framework, topic, frequency, duration, evaluation, marketing recruiting, scheduling, and implementation plan)
- Compile pre-work materials for each GEAR Group Topic.
- Develop, collect feedback, and finalize all communications (e-mail announcements, web content, social media, meeting invites, etc)
- Develop, collect feedback and finalize the case form.
- Schedule the GEAR GROUPs (using a standard invitation format where possible). (Potentially collaborate with the GG Coordinator(s))
- Coordinate usage of ZOOM. (Possibly coordinate with GG Leaders(s))

- Work with the SMS GEAR Group Facilitator to develop a plan for the didactic presentations that will be offered during each meeting. Assist the SMEs in presentation formatting.
- Work with the evaluator on specific questions/data to capture and notate from each call.
- Collaborate with the GEAR GROUP facilitator / SMS on any transitions or speakers needed in future calls.
- Inform the ILPI Team on the status of the GEAR GROUP calls.
- Make mid-point corrections, as needed.
- Maintain communications with the GEAR GROUP Facilitators and provide any support requested (as able).
- **GEAR Group FACILITATORS (HUB):** A NACDD GEAR Group Leader will be designated for each of the 5 GEAR Groups. This leader will be a Subject Matter Specialist on the topic. The GEAR Group leader will coordinate the logistics on all aspects of the implementation and evaluation of the GEAR GROUPs along with the NACDD GG / ECHO LEAD (Jennie Hefelfinger), the NACDD GG Consultant (Julie Dudley), communications team and evaluator. SMS GEAR Group Leaders will be recruited from NACDD consultant group and staff, possibly from NACDD Members and partners. This includes:
  - Collaborate with the GEAR Group Consultant to schedule the GEAR GROUPs (using a standard format).
  - Collaborate with the GEAR GROUP consultant on any transitions or speakers needed in future calls.
  - Work with the SMS GEAR Group Consultants to develop a plan for the didactic presentations that will be offered during each meeting.
  - Coordinate usage of zoom.
  - Facilitate the GEAR Groups meetings.
  - Some SMS / GG LEADERS will also serve as presenter for the didactic portion of the GEAR Group Meeting.
  - Take notes.
  - Maintain communications with the members of the GEAR GROUP and provide any support requested (as able).
  - Act as a subject matter expert on the linkages to domains and the social determinants of health.
  - Make mid-point corrections, as needed.
  - Complete IECHO reporting.
- **Subject Matter Specialists (SMS)**
  - Participate on each of the GEAR Group meetings related to the assigned topic.
  - Advise on who can be expert presenters – provide connections if needed.
  - Help identify resources and reference materials for pre-or post-reading.
  - Provide guidance and support to members.
  - Advise on direction and opportunities for improvement.

- **Expert Presenter (HUB):** Provide 10-15 didactic presentation on the select topic. Note: In some cases, the SMS will provide that didactic presentation and in other instances expert presenters will be recruited from states, national organizations or CDC.
- **GEAR Group Member (SPOKE):** GEAR Group Member agrees to the “All Teach All Learn” approach, meaning everyone has lessons to teach and learn no matter their level of experience. Members commit to presenting one case throughout the course of program. Members are encouraged to and will be given tools to help them to develop a plan within their state on the topic related to their GEAR Group.

### **MEMBER BENEFITS** (used for recruitment)

*Individuals* who participate have the potential to

- Develop professionally
- Increase their professional identity
- devise better solutions and make better decisions in their chronic disease programs
- Gain access to subject matter experts who may be able to help you focus and articulate developing ideas
- Participate in didactic learning opportunities
- Network with peers and increase his/her interaction among those peers
- Enhance professional identity
- Influence national practice

*Organizations* also benefit when their representatives participate in a GEAR GROUP. When an organization allows its personnel to join, it is potentially improving:

- Public health practices in their health department
- Employee efficiency, in terms of time and cost, in retrieving information and a reduced learning curve
- Industry benchmarking capacity
- Involvement in national initiatives
- Organizational reputation as a contributor in building new capabilities

### **EVALUATION**

The GEAR GROUP evaluation will align with the work plan requirements for process, impact and outcomes as well as milestones and outputs (see above). This can and should align with the overall program outcomes in the work plan and the NACDD strategic map. Areas of evaluation focus may include:

- Finding out “what works” and “what does not work”
- Improving capacity to identify and implement effective public health practices
- Demonstrating effectiveness of a GEAR GROUP to community stakeholders

Evaluation is a critical component of this effort. As such a small team will be designated as the GEAR Group Evaluation Team. This team may include one or more state members.

Furthermore, as part of the participatory process of GEAR GROUPs, all members are active players in all levels of the evaluation, which are described below.

- **Evaluation Level 1 – PROCESS** [What steps did NACDD carryout? Did NACDD follow its plan]  
**Evaluation Question:** Did we do what we said we would do?  
**Method:** Document Review. NACDD will capture information about the process used for marketing, recruiting, orientation, relationship development, scheduling, etc. and compare it to the design document and implementation plan. Findings of this process will be documented.  
**Use of Findings:** Findings will be reviewed by the GEAR GROUP Evaluation Team and a list of recommendations for improvement will be compiled.
- **Evaluation Level 2 - SHORT TERM IMPACTS** [Member Satisfaction/Knowledge/Attitudes/Relationships]  
**Evaluation Questions:** Did GEAR Groups meet member expectations? Did knowledge increase? Did attitudes change? Were peer-to-peer relationships established?  
**Method:** A survey will be distributed to members at the beginning and end of the ECHO implementation period to assess baseline and summative knowledge, attitudes, and relationships. ECHO recommends a retroactive pre-post approach as experience shows people think they have a higher knowledge of select topics pre-ECHO than they do. A survey after the fact will also capture the extent to which expectations were met and member satisfaction was achieved. Survey findings will be compared pre to post using statistical analysis.  
**Use of Findings:** Findings will be reviewed by the GEAR GROUP Evaluation Team and a list of recommendations for improvement will be compiled.
- **Evaluation level 3 - OUTCOMES** [State level implementation and impact – Did this process result in state level action]  
**Evaluation Questions:** Did states produce a plan of action? To what extent did state's implement their plan of action? What were the facilitators and barriers to implementing their plan of action?  
**Method:** Document Review, survey and targeted interviews. Each state will produce an action plan and be responsible for implementing the plan and reporting progress. This plan and progress reports will be requested and reviewed by NACDD. NACDD evaluation team will develop a survey and or a targeted interview to assess the extent to which the ECHO experience influenced their state level practice and accomplishment or program specific performance measures. If possible, the evaluation will collect qualitative data on facilitators and barriers to implementation.  
**Use of Findings:** Findings will be reviewed by the GEAR GROUP Evaluation Team and a list of recommendations for improvement will be compiled.

Potential Additional Evaluation Questions:

1. To what extent did members increase leadership competencies?

## **TIMELINE**

### **November 2018**

- Develop options for methods, frameworks, and topics - COMPLETE
- Attend ZOOM Training - COMPLETE

### **December 2018**

- Present and discuss options for method/framework topics, roles, and subject matter specialists - COMPLETE
- Analyze and present data to assist with topic selection - COMPLETE

### **January 2019**

- Finalize methods / topics / roles, etc. - COMPLETE
- Finalize design document and timeline - COMPLETE
- Develop PowerPoint presentation to describe the 2019 GEAR Group process - COMPLETE
- Draft marketing language - COMPLETE
- Propose timeline - COMPLETE

### **February 2019**

- Finalize marketing materials – By 2/15
  - Announcement e-mail
  - Web information
  - Registration language
  - Social media blurbs
- Develop and test registration tool – 2/22
- Recruit subject matter experts – By 2/15
- Develop plan for expert presenters with each SMS
  - Final list of experts for Housing and Health by 2/28
- Finalize evaluation plan (with the NACDD Evaluator) – by 2/28
- Develop evaluation tools (with the NACDD Evaluator) – by 2/28
- Develop GEAR Group Case Form – by 2/28
- Create GEAR Group member agreement – by 2/22
- Request ECHO logos – by 2/28
- Compile resource materials for each GG – by 2/28
- Test technology – by 2/15

### **March 2019**

- Announce Housing and Health GEAR Group Opportunity – by 3/# (Depending on ECHO clinic timing)
- Finish recruiting for Housing and Health GG - by 3/# (Depending on ECHO clinic timing)
  - Ensure member has the needed technology.
- Craft welcome e-mail to members

- Distribute meeting invitations to members

#### **April 2019**

- Recruit for Education and Health GEAR Group – by 4/26

#### **May 2019:**

- Recruit for Race/Ethnicity and Racism GEAR Group – by 5/17

<b>1. Housing and Health</b>					
<b>Week</b>	<b>Date</b>	<b>Case Presentation Topic</b>	<b>Expert Presenter</b>	<b>State Case</b>	<b>NACDD SME</b>
1	5/6/19	What works: Interventions/Policy		TBD	Julie Dudley (?)
2	5/13/19	Partnerships		TBD	Julie Dudley
3	5/20/19	Data		TBD	Julie Dudley
4	5/27/19	Evaluation		TBD	Julie Dudley

- Distribute evaluation to members – by 5/28 close by 6/14

#### **June 2019**

- Recruit for Adverse Childhood Experiences GEAR Group – by 6/14
- Analyze evaluation findings from GEAR Group 1 and apply lessons learned.

<b>2. Education and Health</b>					
<b>Week</b>	<b>Date</b>	<b>Case Presentation Topic</b>	<b>Expert Presenter</b>	<b>State Case</b>	<b>NACDD SME</b>
1	6/4/19	What works: Interventions/Policy		TBD	Abby Lowe-Wilson (?)
2	6/11/19	Partnerships		TBD	
3	6/18/19	Data		TBD	
4	6/25/19	Evaluation		TBD	

- Distribute evaluation to members

#### **July 2019**

- Recruit for Inclusive Communities GEAR Group - by 7/12
- Analyze evaluation findings from GEAR Group 2 and apply lessons learned.

<b>3. Race/Ethnicity and Racism / Income and Wealth</b>					
<b>Week</b>	<b>Date</b>	<b>Case Presentation Topic</b>	<b>Expert Presenter</b>	<b>State Case</b>	<b>NACDD SME</b>
1	8/6/19	What works: Interventions/Policy		TBD	Robyn Taylor (?)
2	8/13/19	Partnerships		TBD	

3	8/20/19	Data		TBD	
4	8/27/19	Evaluation		TBD	

- Distribute evaluation to members

### August 2019

- Analyze evaluation findings from GEAR Group 3 and apply lessons learned.

<b>4. Adverse Childhood Experiences</b>					
<b>Week</b>	<b>Date</b>	<b>Case Presentation Topic</b>	<b>Expert Presenter</b>	<b>State Case</b>	<b>NACDD SME</b>
1	7/9/19	What works: Interventions/Policy		TBD	TBD (Backup: Julie Dudley)
2	7/16/19	Partnerships		TBD	
3	7/23/19	Data		TBD	
4	7/30/19	Evaluation		TBD	

- Distribute evaluation to members

### September 2019

- Analyze evaluation findings from GEAR Group 4 and apply lessons learned.

<b>5. Creating Inclusive Communities</b>					
<b>Week</b>	<b>Date</b>	<b>Case Presentation Topic</b>	<b>Expert Presenter</b>	<b>State Case</b>	<b>NACDD SME</b>
1	9/3/19	What works: Interventions/Policy		TBD	Karma Harris (?)
2	9/10/19	Partnerships		TBD	Karma Harris
3	9/17/19	Data		TBD	Karma Harris
4	9/24/19	Evaluation		TBD	Karma Harris

- Distribute evaluation to members

### October / End of Year Tasks

- Analyze evaluation findings from GEAR Group 5. – by 10/6
- Conduct overall evaluation (Across all 5 GEAR Groups) by 10/18
- Write comprehensive evaluation report - by 10/31
- Identify opportunities for improvement and initiate plan for 2020 – by 10/31
- Host national webinar to share GEAR Group findings / learnings. (May be part of 1<sup>st</sup> Thursday or a general member webinar) – by 11/29

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*[Experiential Learning for Leaders: Action Learning, On-the-Job Learning, Serious Games, and Simulations](https://www.td.org/newsletters/atd-links/action-learning-for-leadership-development)*, <https://www.td.org/newsletters/atd-links/action-learning-for-leadership-development>

## Attachment C

### NACDD ECHO CLINICS DESIGN DOCUMENT

*Effective 11/27/18*

#### **PURPOSE**

This design document provides information on the framework and methodology for implementation of the National Association of Chronic Disease Director's (NACDD) ECHO "Clinics" (hereafter referred to as clinics). In collaboration with the ECHO Institute™ at the University of New Mexico Health Sciences Center (hereafter referred to as ECHO), NACDD will implement Chronic Disease ECHO Clinics supporting peer-to-peer learning and mentoring on special priorities and emerging topics based on workforce assessment data. These clinics will provide a "case management" focus to the topics under review and allow for in-depth discussion by the participants.

The clinics will leverage ECHO hub-and-spoke connectivity technology and will be open to all interested chronic disease directors and their leadership team. The clinics are framed around the methodologies and learnings from the GEAR Groups implemented by NACDD for the three-year period prior to this project and are founded on principles that support communities of practice and peer mentoring.

#### **RELEVANCE TO INNOVATION, LEADERSHIP AND PRACTICE INITIATIVE (ILPI)**

The clinics are intended to provide learning and mentoring opportunities to state health department practitioners working in chronic disease prevention and health promotion. The clinics are in support of NACDD's cooperative agreement with the National Center for Chronic Disease Prevention and Health Promotion for PPHF2018-National Organization for Chronic Disease Prevention and Health Promotion-financed in part by 2018 Prevention and Public Health Funds CDC-RFA-DP18-1814, or Innovation, Leadership and Practice Initiative (ILPI).

The clinics support two objectives; Objective 1.3 and 3.1 listed below:

Annual Objective 1.3: Implement 4 quarterly peer-led ECHO "clinics" focused on priorities or emerging issues. To be implemented within quarter 2 of the project period and completed by quarter 4.

Annual Objective 3.1: Collaborate with University of New Mexico to implement quarterly Grand Rounds on practice-based learning using ECHO technology. To be initiated through collaborative training between ECHO and NACDD in quarter 1 with full implementation and evaluation by quarter 4.

#### **OUTCOMES**

Short-term outcomes for these clinics as they relate to ILPI include:

1. Increase peer-to-peer practice learning and sharing
2. Increase dissemination of effective chronic disease prevention approaches and workforce development strategies among States

Intermediate outcome for these clinics as they relate to ILPI include:

1. Increased availability and accessibility of learning opportunities addressing leadership and chronic disease prevention approaches

## **EVALUATION**

Program implementation and evaluation of short-term and intermediate outcomes will be accomplished through several strategies including data collection and survey responses and will consider the numbers of people who participate, the number of offerings, as well as follow up on intermediate outcomes that consider practitioner work force improvement. The tables below provide details to the evaluation questions and measures as well as data sources as referenced in the NACDD work plan.

Table 1: Evaluation Overview – Process Measurements

<i>Evaluation Questions</i>	<i>Measures</i>	<i>Data Sources</i>
What peer-to-peer learning and sharing opportunities were provided? Who was reached?	# of peer-to-peer opportunities # of attendees % of attendees who agree goals were met/attendee satisfaction	Roster/schedules/agendas/ summaries Training records Post assessments

Table 2: Evaluation Overview: Outcome Measurements

<i>Evaluation Questions</i>	<i>Measures</i>	<i>Data Sources</i>
Have peer-to-peer learning and sharing opportunities been increased?	# of peer-to-peer opportunities presented # of workforce enrolled	Catalog and schedule of opportunities Rosters

## **METHODOLOGY**

The methodology for implementation of these two activities is built upon the successful strategies and methods for peer learning opportunities that NACDD has used over the past five years in other disease and program areas that support leadership and practice-based learning. Changes and improvements to this methodology include actions suggested through the annual evaluation by program participants.

## **ASSESSMENT DATA FOR PRIORITIZING TOPICS:**

The topics for the clinics are based on the review of specific state assessment data, NACDD Board Member prioritization processes and input, as well as information gleaned from the National Assessment of States Survey. These data provide clear direction to the program developers on the most critical need for this practice and learning method.

Linkage to the NACDD Board strategic map will be supported and required for all topics. Any topic suggested must support not only the established priorities of the associations' leadership as determined through the data and prioritization process, but must also align with one or more of the activities under the four pillars (NACDD Board of Directors Strategic Map, 2018,

incorporated by reference). For example, if the topic of “opioid use prevention” was selected as a topic for one of the clinics, it would align with the “Be A Catalyst To Grow State Capacity To Address Upstream Factors With Other Sectors.”

Where possible, topics will reflect the ideals and subject matter of the 2019 NACDD President’s Challenge that focuses on upstream factors ([see document](#)).

### **NACDD COMPETENCIES**

Each topic selected for the clinics and the ensuing agenda must relate to one or more of the following NACDD Competencies and at least one of their sub competencies. These competencies will be listed on the agenda and shared in the recruitment materials.

1. Build Support: Chronic disease practitioners establish strong working relationships with stakeholders, including other programs, government agencies and nongovernmental lay and professional groups to build support for chronic disease prevention and control.
2. Design and Evaluate Programs: Chronic disease practitioners develop and implement evidence based interventions and conduct evaluation to ensure on-going feedback and program effectiveness.
3. Influence Policies and Systems Change: Chronic disease practitioners implement strategies to change the health-related policies of private organizations or governmental entities capable of affecting the health of targeted populations.
4. Lead strategically: Chronic disease practitioners articulate health needs and strategic vision; serve as a catalyst for change and demonstrate program accomplishments to ensure continued funding and support within their scope of practice.
5. Manage People: Chronic disease practitioners oversee and support the optimal performance and growth of program staff as well as themselves.
6. Manage Programs and Resources: Chronic disease practitioners ensure the consistent administrative, financial, and staff support necessary to sustain successful implementation of planned activities and build opportunities.
7. Use Public Health Science: Chronic disease practitioners gather, analyze, interpret and disseminate data and research findings to define needs, identify priorities, and measure change.

### **FREQUENCY OF SESSIONS**

There will be two options to implement this activity:

1. Four sessions comprised of four different topics each or,
2. Two sessions that each has a topic that is spread over two consecutive sessions.

### **TIMING**

At least two sessions will be convened prior to the 2019 National Association of Chronic Disease Directors’ Academy in April, and two sessions will be completed following the academy. This timing will support and reinforce the specific learning sessions and workshops planned for the academy and will take advantage of the opportunity to allow for more in-depth learning during the academy.

### **LENGTH**

Each session will be scheduled for a minimum of one hour and 30 minutes to two hours to ensure plenty of time for information sharing by experts and problem solving and learning by participants.

### **PARTICIPANTS**

Members of these clinics will be recruited from the cadre of state chronic disease directors and or members of their leadership teams. These clinics are not intended for the new practitioner, but are geared toward those with enhanced knowledge and leadership within the state health department.

Membership will be limited to the first 5-7 eligible chronic disease directors or leadership team members who register for each session. The group size of up to 7 will allow for group discussion, peer mentoring, and group sharing.

### **FORMAT/AGENDA**

Each session will have an agenda that includes an introduction by a NACDD Team Leader followed by a 15-20 minute “expert” session speaker (depending on the topic). The group will then participate in a facilitated discussion sharing their success and challenges and an opportunity to react and respond.

Option 1: Two sessions that will cover one topic—this option will include an extended discussion period that also includes advanced learning at the academy with a session post academy for further discussion on activity and or implementation of ideas or practices from the first session.

Option 2: Four sessions on four different topics—this option will be a standalone session where participants will have just the singular opportunity to learn and share on specific topics.

### **TECHNOLOGY**

NACDD will require use of the ZOOM Platform for learning. This will allow face-to-face interactions that have been found to be integral to building relationships across states and support and encourage interaction. Members who wish to participate who do not have this technology through their place of employment will be offered the use of free webcams in order to fully participate.

### **SPEAKERS/SUBJECT MATTER EXPERTS/FACILITATORS**

NACDD will contract with selected experts in the field (as determined by the topic) who will share information both before (via documents to review), during the clinic (through expert presentations) and possibly post session during a follow up session.

NACDD employs subject matter experts who may be invited to participate depending on the topic to provide continuity to NACDD priorities and programs as well as provide longer-term technical assistance and share resources with the members.

A Facilitator will support the facilitated discussion. This may be a NACDD Team Lead or the invited expert. Discussion questions will be developed for potential use during the session. A note taker will record the key takeaways from each session. The clinics will not be recorded since participation is a required element.

### **FOLLOW UP**

Regardless of the option implemented, all members who participated in any of the clinics will have the “option” to attend a follow up clinic 3-6 months post session to share ideas and information with the other participants and to discuss any challenges or successes with implementation of ideas learned during the sessions.

### **RECRUITMENT**

NACDD will share information with the state health departments on the multiple numbers of leading and learning topics and methodologies available for various staffing capacities. NACDD will recruit participants for these clinics through an announcement that details the program parameters and minimum requirements.

### **PROJECT OUTCOMES REQUIREMENTS**

It is expected that whomever is selected to participate will fully engage in the discussion and dialogue and will act as either a mentor or a learner for these clinics. Participants will review any materials shared before, during or post clinic. A final “product” is not required for participating in the clinics. Information sharing within each individual member’s state is encouraged.

### **PROCESS/TIMELINE**

NACDD will develop the remaining framework, including topics, once the board develops their prioritized list of topics. Listed below is an estimated timeline for clinic implementation:

December 2018	<ul style="list-style-type: none"><li>• Finalize list of topics</li><li>• Determine dates</li><li>• Announce Offering to members</li><li>• Access/implement training on ZOOM Platform</li></ul>
January 2019	<ul style="list-style-type: none"><li>• Contact and confirm speakers and SMEs</li><li>• Registration opens</li><li>• Create pre-assessment and post assessment surveys</li></ul>
February	<ul style="list-style-type: none"><li>• Develop final list of participants</li><li>• Inform participants</li><li>• Develop discussion points/final agenda</li></ul>

	<ul style="list-style-type: none"> <li>• Release pre-assessment survey</li> <li>• Share topic documents for review</li> </ul>
March	<ul style="list-style-type: none"> <li>• Convened first set of calls</li> <li>• Release post-assessment survey (if option 2 only)</li> </ul>
April	<ul style="list-style-type: none"> <li>• Participants attend NACDD 2019 CD Academy</li> </ul>
May June July	<ul style="list-style-type: none"> <li>• Release topic materials for pre-reading to participants</li> <li>• Convene second clinic (option 1 only)</li> <li>• Release post-assessment survey (option 1 only)</li> </ul>
August	<ul style="list-style-type: none"> <li>• Draft Impact Brief on process of clinic</li> </ul>
September	<ul style="list-style-type: none"> <li>• Convene “optional” clinic to consider successes and challenges of practitioner implementation</li> <li>• Draft article on outcomes</li> </ul>

#### **INCORPORATED HERE FOR REFERENCE ONLY**

Specific Five-year and annual objectives as well as activities, key staff and process measures of the clinics are included below for reference (taken from the ILPI work plan):

Strategy: Practice-based Learning		
Five Year Project Period Objective 1: By September 30, 2023, NACDD will implement at least 60 opportunities to increase peer-to-peer sharing and learning.		
Expected Outcome 1: Increase peer-to-peer practice learning and sharing by at least 60 opportunities.		
Annual Objective 1: By September 29, 2019, NACDD will build on the existing peer-to-peer forum methodology and evaluation data to develop and convene at least 12 peer-to-peer forums that engage in problem solving and learning about effective workforce development and leadership and management strategies for the chronic disease prevention and health promotion workforce		
Planned Activities and Timelines (Q = Quarter)	Lead Staff:	Process Measures
1.3 Implement 4 quarterly peer-led ECHO “clinics” focused on priorities or emerging issues. Q2-4	PH Leadership and Innovation Lead	Rosters, agenda, final evaluation

Five Year Project Period Objective 3: By September 30, 2023, NACDD will implement at least four new technologies to provide at least 90 workforce development strategies.
Expected Outcome 3: Increase dissemination of at least 90 effective chronic disease prevention approaches and workforce development strategies among States.

**Annual Objective 3:** By September 30, 2019, NACDD will expand use of at least four technologies by developing and implementing at least 18 strategic learning opportunities in modes most accessible to state health department staff.

Planned Activities and Timelines (Q = Quarter)	Lead Staff:	Process Measures
3.1 Collaborate with University of New Mexico to implement quarterly Grand Rounds on practice-based learning using ECHO technology. Q1-4	PH Leadership and Innovation Lead	MOU with UNM, agenda, rosters, evaluation data



## 2019 NACDD General Member Webinar Schedule and To Do's

### Attachment D

MONTH	Topic	NACDD content coordinator	Guest speakers /organizations	Key Elements
JAN 24	<b>NACDD Plans for 2019 President's Challenge</b>	Marti	JR/ Gabriel Kaplan, Marti, Paige, Nancy	<ul style="list-style-type: none"><li>• NACDD 2018 highlights and planned activities for 2019</li><li>• President's Challenge</li></ul>
FEB 28	<b>Sugar and its impacts on Public Health and Chronic Disease</b>	JR/JP/ Marti/Nancy	Segmedica – Peter Simpson, principal, accepted 1/31	<ul style="list-style-type: none"><li>• Segmedica: Presentation about sugar and its evolution through history and transparency in labeling</li><li>• Research in prediabetes and the DPP.</li></ul>
MAR 28	<b>Artificial Intelligence and Chronic Disease Prevention and Control</b>	JP / Marti	<b>Sweetch</b>	Sweetch delivers the DPP through Artificial Intelligence
APR 25	<b>The new tobacco crisis and our youth</b>	Nancy/Samaha/ Jeanne	<b>OSH (office of smoking and health) “Campaign for tobacco free kids”</b>	<ul style="list-style-type: none"><li>• The vaping culture and dangers</li><li>• Progress of tobacco/ecigs cessation <a href="http://www.kickbuttsday.org/">www.kickbuttsday.org/</a> - March is their big day – could report out on success</li></ul>
MAY 23	<b>Building a healthy military</b>	Marti / Cat McCann	<b>Capt. Ellenberg</b> (potential follow up to plenary)	
JUN 27	<b>National DPP: ROI vs. cost savings</b>	Kelly McCracken.	<b>Panel coordinated by Kelly</b>	Panel made up of a representative from a DPP program who has done an ROI analysis, an employer/payer who has done an ROI, a Medicaid managed care plan who is doing this, and a state Medicaid agency. They are planned to vet with CDC.
JUL 25	<b>President's challenge Public Health 3.0 -</b>		Dr. Gabriel Kaplan	He is doing a presentation in May (NNPHI conf). Finishing podcasts for NACDD in May – possible: “what did we learn?” message

## 2019 NACDD General Member Webinar Schedule and To Do's

AUG 22	<b>Behavioral and mental health and chronic disease</b>	Paige / JR	<b>Possibilities:</b> <ul style="list-style-type: none"> <li>• Paige's contact: Rebecca Palpant Shimkets</li> <li>• MD Logix</li> <li>• CD directors</li> </ul>	
SEP 26	<b>TORCH</b>	JR	<b>Leavitt Partners</b>	Data synthesizing platform brings in 2000 data points. How can/should you be using this data?
OCT 24				

### OTHER IDEAS – NOT IN SCHEDULE

Possible future topic	Notes
<b>SBI</b> (screening and brief intervention) and alcohol	<a href="https://www.cdc.gov/ncbddd/fasd/alcohol-screening.html">https://www.cdc.gov/ncbddd/fasd/alcohol-screening.html</a> JR - Possible angle: Binge drinking - how has Uber changed habits?
<b>Opioids</b> and Chronic Disease	Marti/JR/Jeanne have interest
<b>Marijuana</b> laws and pain management	Possible angle: Are marijuana \$\$ being put back into health by some states?
How do <b>climate change</b> and <b>disaster preparedness</b> impact people with chronic disease?	
<b>Dementia</b> and chronic disease - the <b>BOLD</b> act	
<b>Innovations</b> and <b>successes</b> (from showcase)	
<b>Housing</b> and <b>health insurance</b>	<a href="https://www.multiphasingnews.com/post/amp/housing-health-care-must-join-hands-to-improve-well-being/">https://www.multiphasingnews.com/post/amp/housing-health-care-must-join-hands-to-improve-well-being/</a> (article from Jennie on LinkedIn)
How is evidence-based prevention being applied to the <b>prison population</b>	Nancy - Reach out to ECHO attendee...



# President's Challenge

***Dr. Gabriel Kaplan***

NACDD Board President

Chief, Health Promotion and Chronic Disease Prevention Branch, Colorado Department of Public Health and Environment



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# Socially Determined: Moving to Public Health 3.0

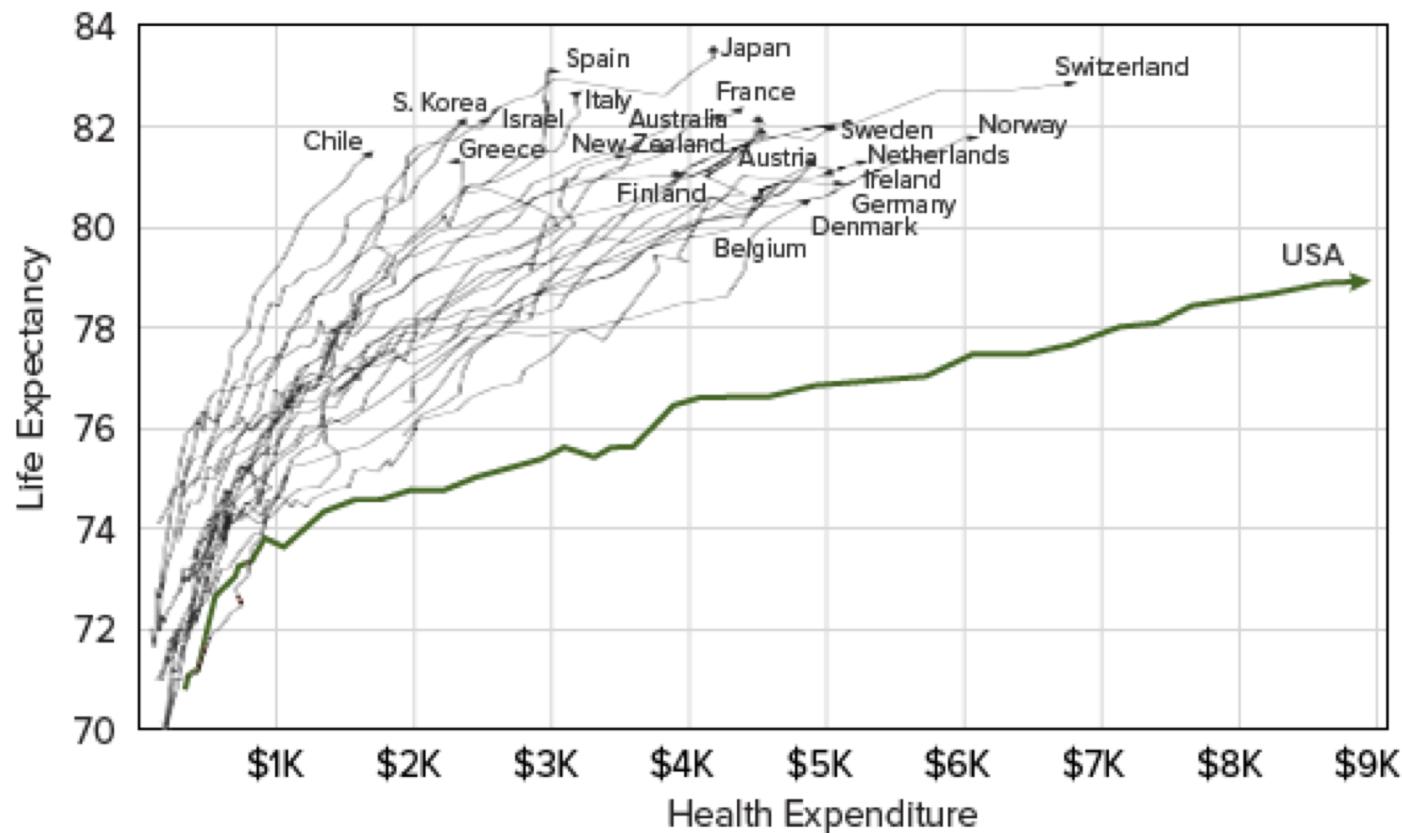
## Outlines of a Work Plan



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## 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.

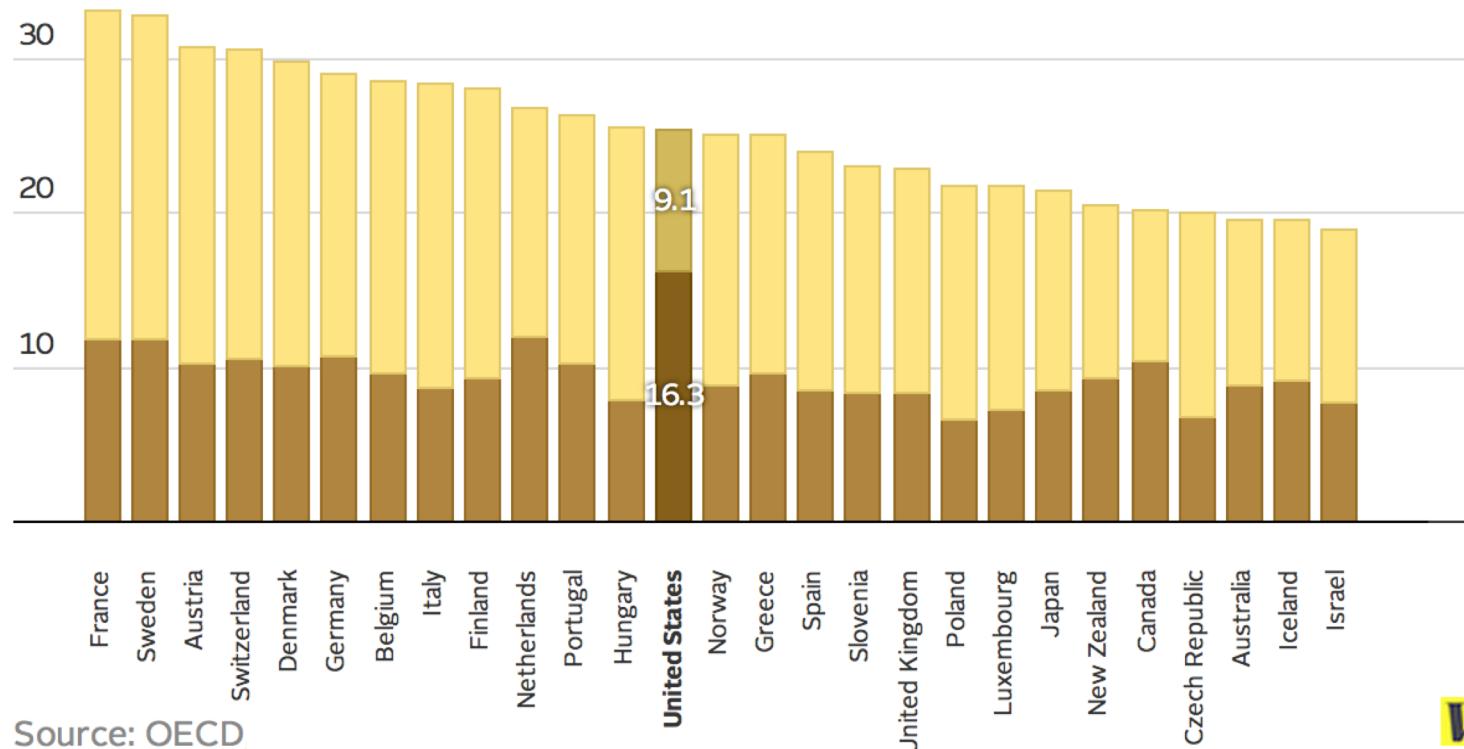


Source: Visual Capitalist

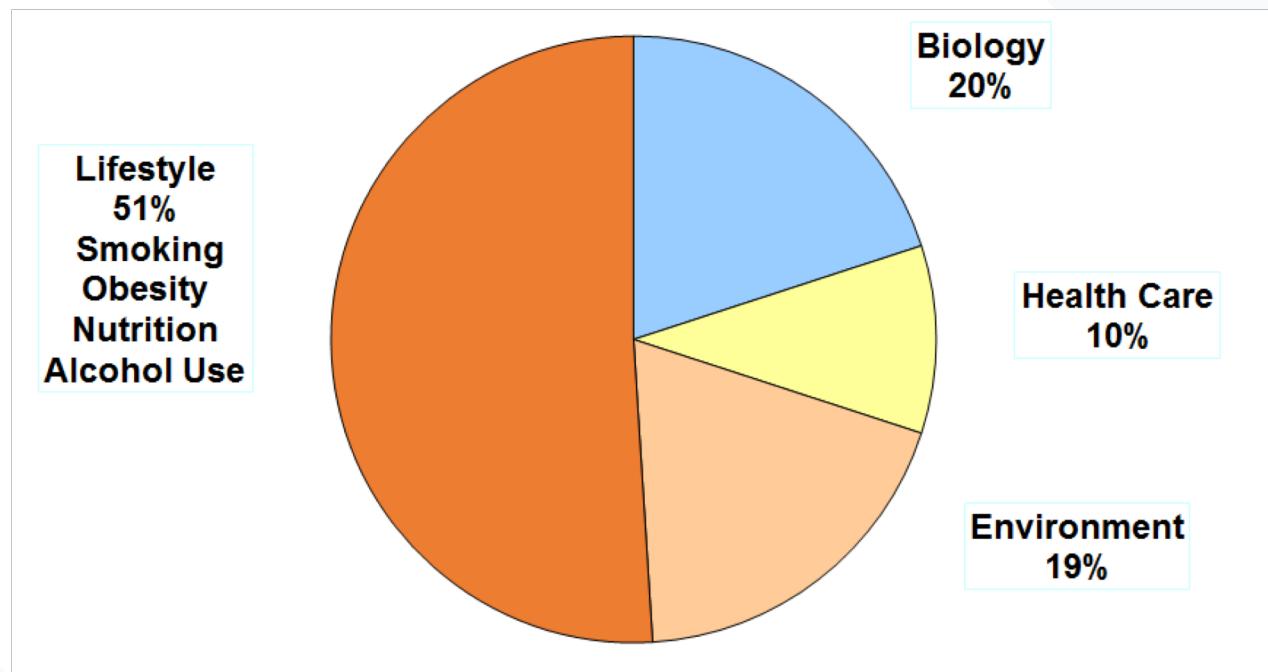


# The U.S. is an anomaly in health and social spending patterns

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



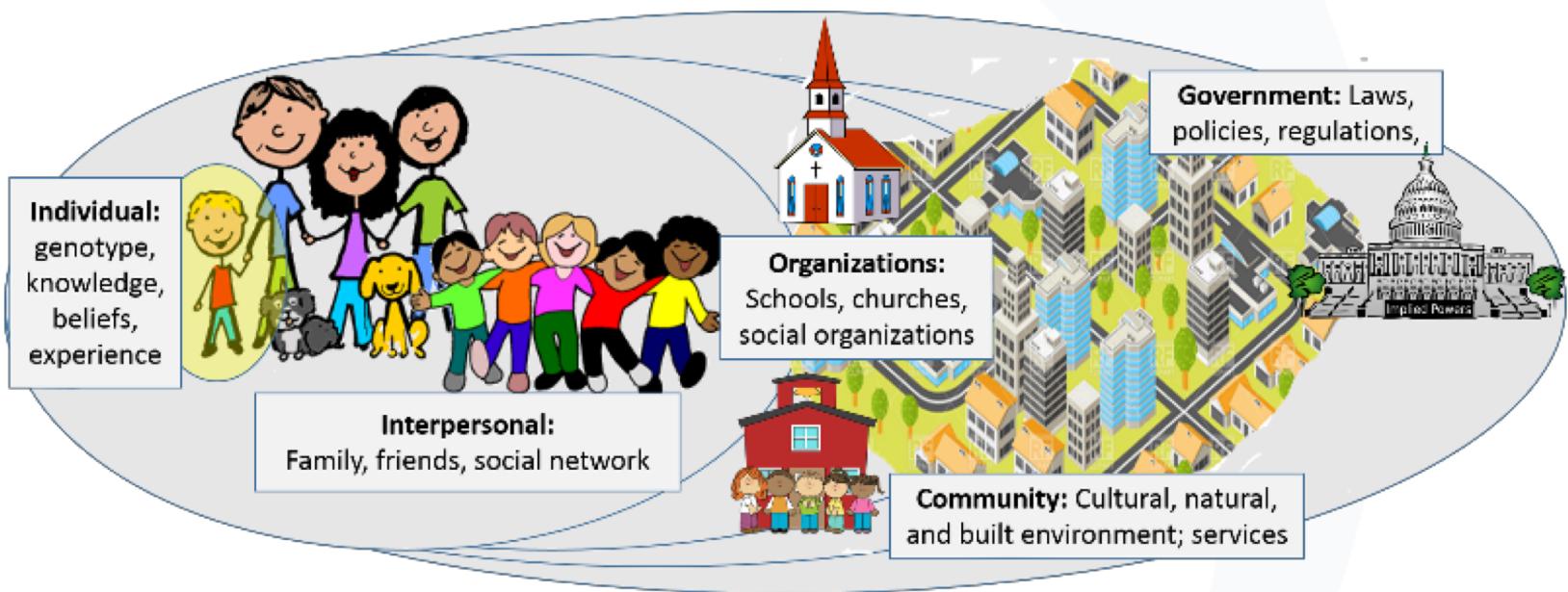
# Factors influencing health status



Source: McGinnis, J.M and Foege, W.H. (1993). "Actual Causes of Death in the United States," Journal of the American Medical Association.



# Socio-ecological model - how public health thinks



Source: Wayne W. LaMorte, MD, PhD, MPH, Boston University School of Public Health

[http://sphweb.bumc.bu.edu/otlt/MPH-](http://sphweb.bumc.bu.edu/otlt/MPH-Modules/QuantCore/PH717_ExposureAssessment/PH717_ExposureAssessment2.html)

[Modules/QuantCore/PH717\\_ExposureAssessment/PH717\\_ExposureAssessment2.html](http://sphweb.bumc.bu.edu/otlt/MPH-Modules/QuantCore/PH717_ExposureAssessment/PH717_ExposureAssessment2.html)

Date accessed: 7/25/2018. Date last modified: January 30, 2018.



# Future directions for public health



- Infection control through treatment - TB
  - Clinical preventive measures – immunizations
- 
- Policy and environmental change – Seatbelts, tobacco tax
  - Systems building – Diabetes Prevention Program
- 
- Social determinants of health – food, housing, transport
  - Partnerships – Education, Human Services, Transportation, Housing, Revenue....



# Principles for the development of Public Health 3.0

- Don't reinvent the wheel, learn from others
- Don't stop doing what you're doing
- Use your training
  - Adhere to the evidence-base
  - Get the model right - social-ecological, multifactorial
  - Work through partnerships
  - Lead with humility



# What public health does well

- Modeling disease processes
- Scientific rigor
- Collect and analyze data
- Acting as a trusted partner
- Leveraging resources

Use these strengths to find a way forward...



# Disruptive Public Health 3.0 Practices

- Develop new projects, programs or public health practices
- Leverage Public Health expertise
- Using resources to grease or leverage action in other sectors
- Taking a more muscular posture on existing incentives to manufacturing illness



# Public Health 3.0 - Potential projects

- Design a re-entry system with wrap-around services for previously incarcerated individuals
- Build systems of work based learning for those changing jobs or entering the labor force
- Build systems of prescription and referral from healthcare to social services
- Build accessible support and training systems for 16-25 year 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
- Build systems of affordable community banking and investment



# Public Health 3.0 - Leverage public health expertise

- Public health approach to community policing and safety
- Nurse-family partnership model for parents of school-aged children
- Design changes to street-scapes that encourage physical activity and active transportation
- Communities that Care model for community action
- Rotary Club-styled community health coalitions
- Hot-spotting pockets of need by block or census tract



# Public Health 3.0 - Resources to grease the Skids

- Grants to schools to adopt healthier vending options
- Financial assistance and training to improve food prep in child care
- Funding for operation costs of community health coalitions
- Assisting states in public health transformation and funding initiatives
- Assessing the population health potential of EHRs
- Building resource and referral inventories for social services
- Funding for streamlining applications for social services



# Public Health 3.0 - More Muscular Advocacy

- Raising tobacco taxes
- Looking at the food system critically - ag subsidies, portion sizes, sugar content
- Investments in pre-distribution
- Mass-transit, housing density, active transportation, design-based zoning
- Studies on guns, screen time, communications, and health
- Mass communication on the social determinants of health
- Mass communication/ ROI studies on benefits of Universal Pre-K, Basic income, paid family leave



# The Podcast Series

- Exploring the social determinants of health and the public health role
- Community action, civic engagement, and mobilization strategies
- Increasing popular understanding of the social determinants
- The Social Genome Project - a role for public health?
- ACES and their role in chronic disease
- Community development and health impact assessments
- Security - food security, income security and paid family leave





## Academy Goal

The goal of the 2019 Chronic Disease Academy is to build knowledge and skills among Chronic Disease Directors and their staff that will support the highest level of effective public health practice.

## Academy Objectives

At the end of the Academy, participants will be able to:

1. Lead a coordinated approach to chronic disease prevention and health promotion
2. Implement and amplify evidence-based best practices for chronic disease prevention and health promotion

### APRIL 9, 2019

#### What is new science saying about prevention of Chronic Disease?

Day one of the Academy will include a high-level discussion addressing progress that has been realized in chronic disease prevention and control and how new science and innovation will help us move forward. Throughout the day attendees will be introduced to innovations and science to improve chronic disease prevention. Day 1 will include colleagues from across the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) at CDC.

### APRIL 10, 2019

#### What are the opportunities for population health success?

During the second day of the NACDD Chronic Disease Academy the opening speaker will discuss the future of practice in population health. Abstract breakout sessions will feature state successes work over the past several years.

### APRIL 11, 2019

#### What are the opportunities for the public health workforce?

The third day of the Academy will explore opportunities for the public health workforce. Attendees will engage in course modules that will provide didactic learning opportunities.

### APRIL 12, 2019

#### Call to action to foster leadership in Public Health through NACDD

The fourth day of the Academy will be a call to action. Attendees will receive a charge that will inspire the new generation of the public health workforce and honor those experienced in the workforce. Attendees will have the opportunity to explore innovations and technology successfully used by their public health colleagues. Attendees will be better understand ways to get involved with NACDD and will learn how NACDD fosters leadership in public health.



# 2019 Peer to Peer Learning Activities

1. ECHO
2. GEAR Groups
3. StEM



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# 1. ECHO Clinics (2 topics / 4 sessions)

Rapid cycle planning to jump start action on emerging issues or opportunities.

Name: “ECHO Clinics”



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# ECHO Clinics

- **Purpose:** To engage states in a rapid cycle process to identify opportunities and next steps on emerging issues.
- **Audience:** Chronic Disease Directors
- **Possible Topics:** Upstream Factors, Health Equity
- **Outcome:** State specific list of short-term actions to address upstream factors / health equity
- **Subject Matter Experts:** TBD
- **Dates:**
  - March 2019 (before CDA)
  - Follow up evaluations June-Sept.



# ECHO Clinics

## Virtual Meeting 1



**Agenda**  
Welcome and Introductions  
Didactic Presentation  
Case Story  
Network Feedback  
SME Feedback  
Summary  
Wrap Up

## Virtual Meeting 2



**Agenda**  
Welcome and Introductions  
Didactic Presentation  
Case Story  
Network Feedback  
SME Feedback  
Summary  
Wrap Up

## Virtual Follow Up



**Follow Up**  
Survey and or  
Interviews at two points in time

Monitoring and Evaluation





## 2. GEAR Groups (5)

Action learning opportunities for staff to develop leadership and management skills while exploring upstream social determinates of health

# GEAR Groups

- **Purpose:** To develop management and leadership capacity among staff while addressing real-time state needs with SME and peer support
- **Outcomes:**
  - 1. Increase in knowledge, skills, and confidence in leadership and management.
  - 2. Planning for state-based actions related to upstream factors
- **Audience:** 4 states, 8 -10 people (up to 2 per state)
- **Dates:** Beginning in May 2019 - after the CDA\*

\*Prioritized topics tied to CDA content



# **GEAR Group 2019 Theme: Upstream Social Determinants of Health**

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**GEAR Group 1:** Housing and Health

**GEAR Group 2:** Education and Health

**GEAR Group 3:** Race/Ethnicity and Racism

**GEAR Group 4:** Adverse Childhood Experiences

**GEAR Group 5:** Inclusive Neighborhoods and the Built Environment (Practitioners from local health departments may be invited)



# Each GEAR Groups will Explore...

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**Meeting 1:** Data Needs and Opportunities

**Meeting 2:** Internal and External Partnerships

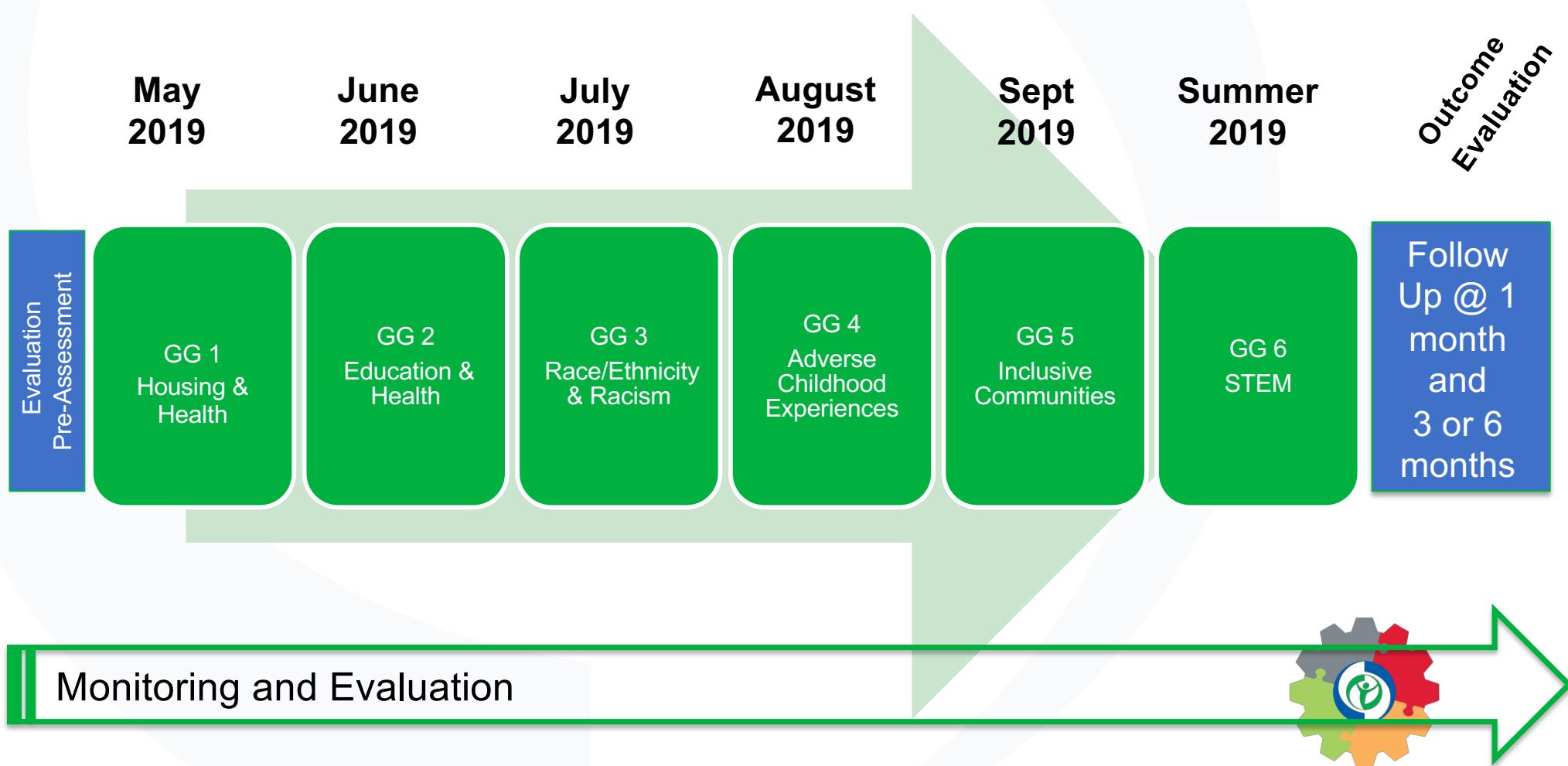
**Meeting 3:** Proven or Promising Interventions / Policies

**Meeting 4:** Evaluation Needs and Opportunities

*During each meeting states will reflect on what actions they can be taking in their state. Participants will be encouraged, but not required, to develop a preliminary plan of action related to the GEAR Group Topic.*



# 2019 GEAR Group Timeline



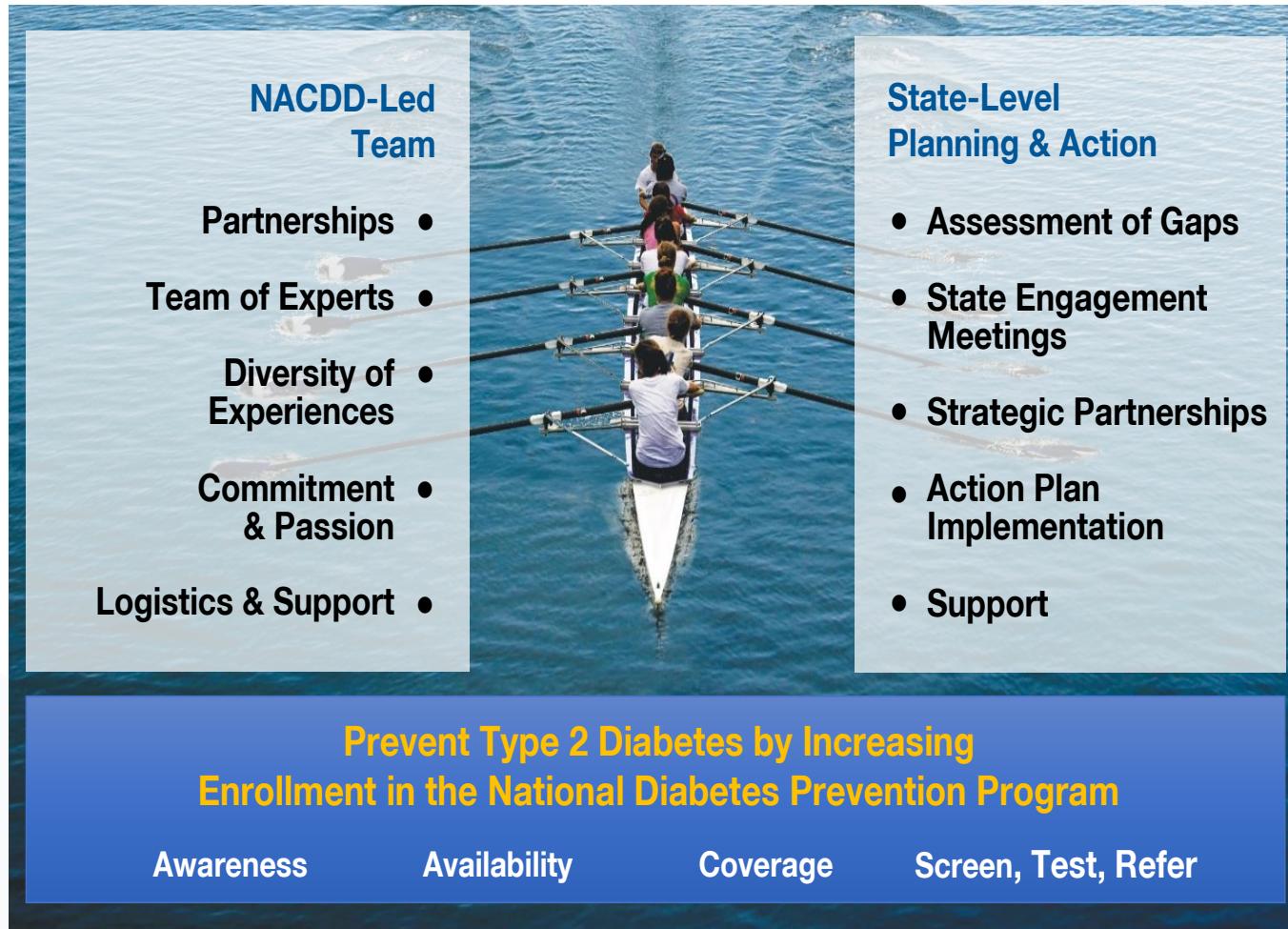


### 3. ILPI State Engagement Model (StEM) GEAR Groups

NACDD-led SME team to assist selected states to activate and sustain multi-sector collaboration to address a priority public health issue

# State Engagement Model Overview

## NACDD/CDC State Engagement Model *Catalyzing Action and Collective Impact of the National DPP*



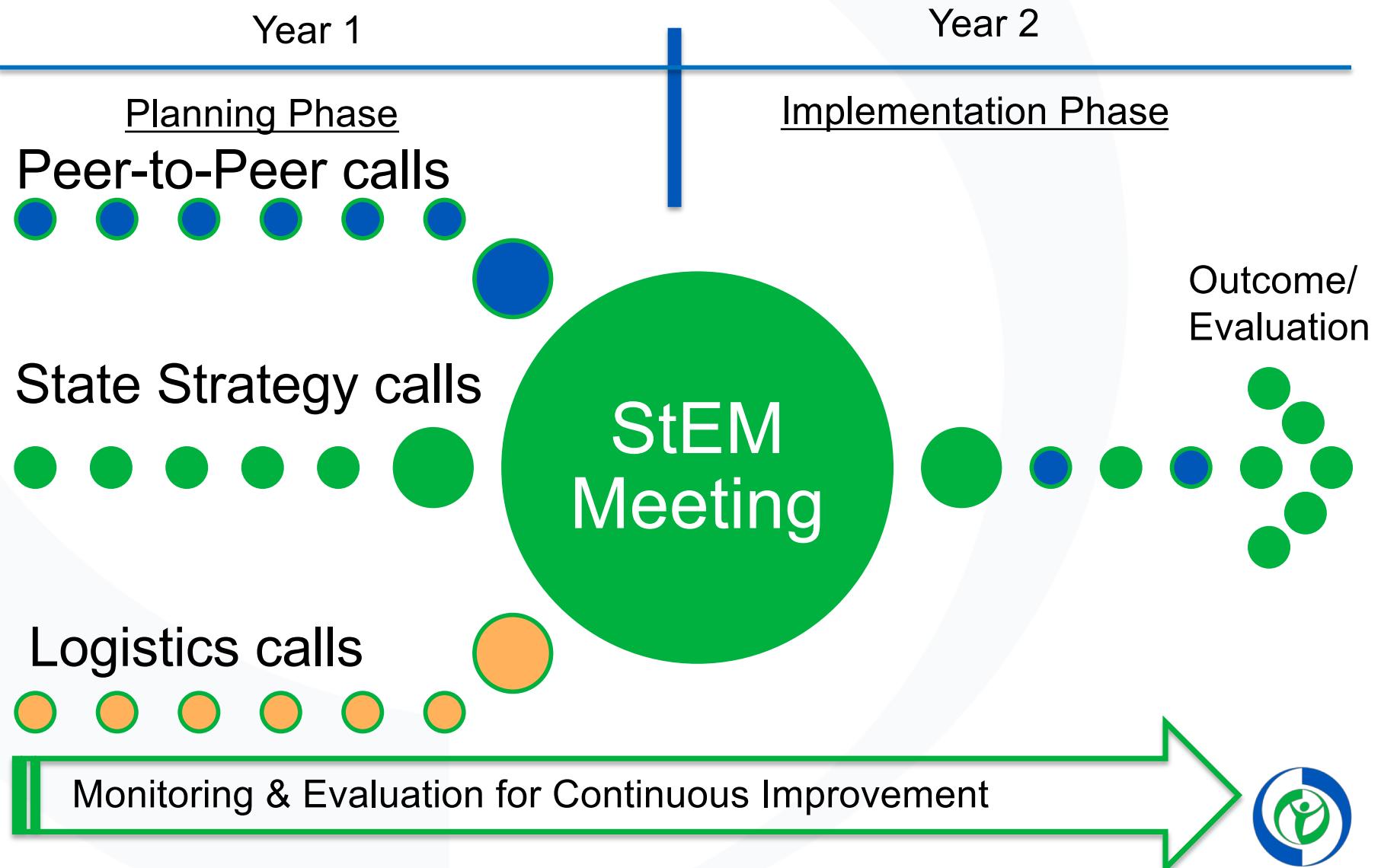
# ILPI State Engagement Model

## GEAR Groups Overview

- **Purpose:** To engage state and local level multi-sector partners in developing a collaborative plan to address a priority public health issue (Focus: State Physical Activity and Nutrition {SPAN} for states not funded by CDC)
- **Outcome:** Implementation of a state-based plan in each of three states to address the proposed public health issue
- **Audience:** Chronic Disease Directors and leaders from other state/local agencies and organizations
- **NACDD-led SME Team:** TBD based on topic/issue
- **NACDD Strategy Team:** Jennie, Ann, Tamara, Julie, others TBD
- **NACDD Logistics Team:** Michael, ILPI Project Coordinator, others TBD

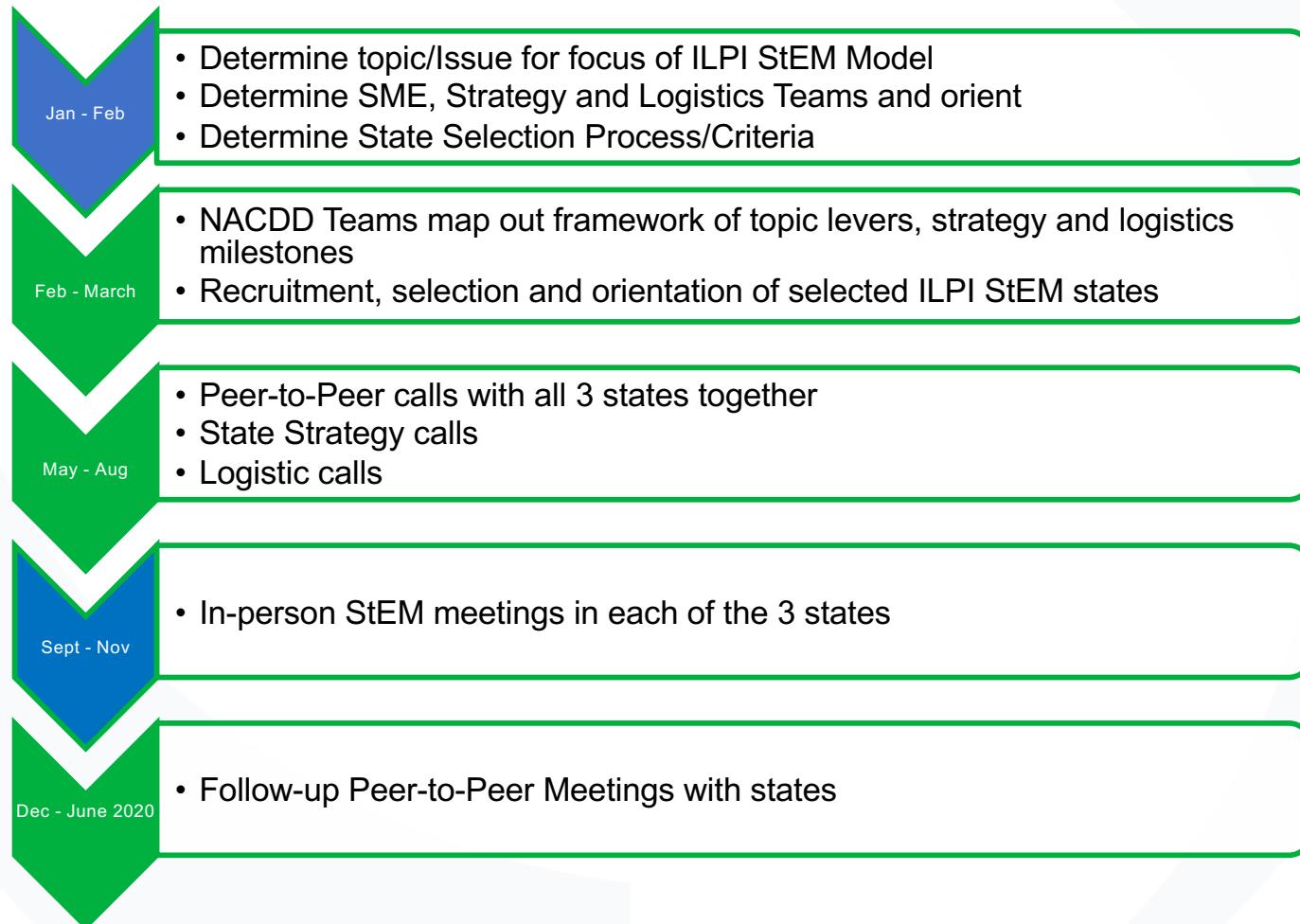


# ILPI State Engagement Model GEAR Group Proposed Framework



# ILPI State Engagement Model

## GEAR Groups Timeline



# ILPI State Engagement Model

## GEAR Groups Key Decisions

### **Key Strategy Decisions:**

- What is the topic or public health issue/topic that can be addressed with the StEM model/approach? Recommend the same topic for both states or we will need 3 sets of SMEs.
- Who are the SMEs that we can leverage for the selected topic/public health issue that are available and willing to devote time to the SHDs?
- What existing networks or relationships do the SMEs have in the selected states to assist with state and local partner engagement?
- What process and criteria do we use to select the 3 states?

