NACDD CORE CHRONIC DISEASE COMPETENCIES

UPDATED JUNE 2016

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

If you require this document in an alternative format, such as large print or a colored background, please contact NACDD at (770) 458-7400.

TABLE OF CONTENTS

BACKGROUND

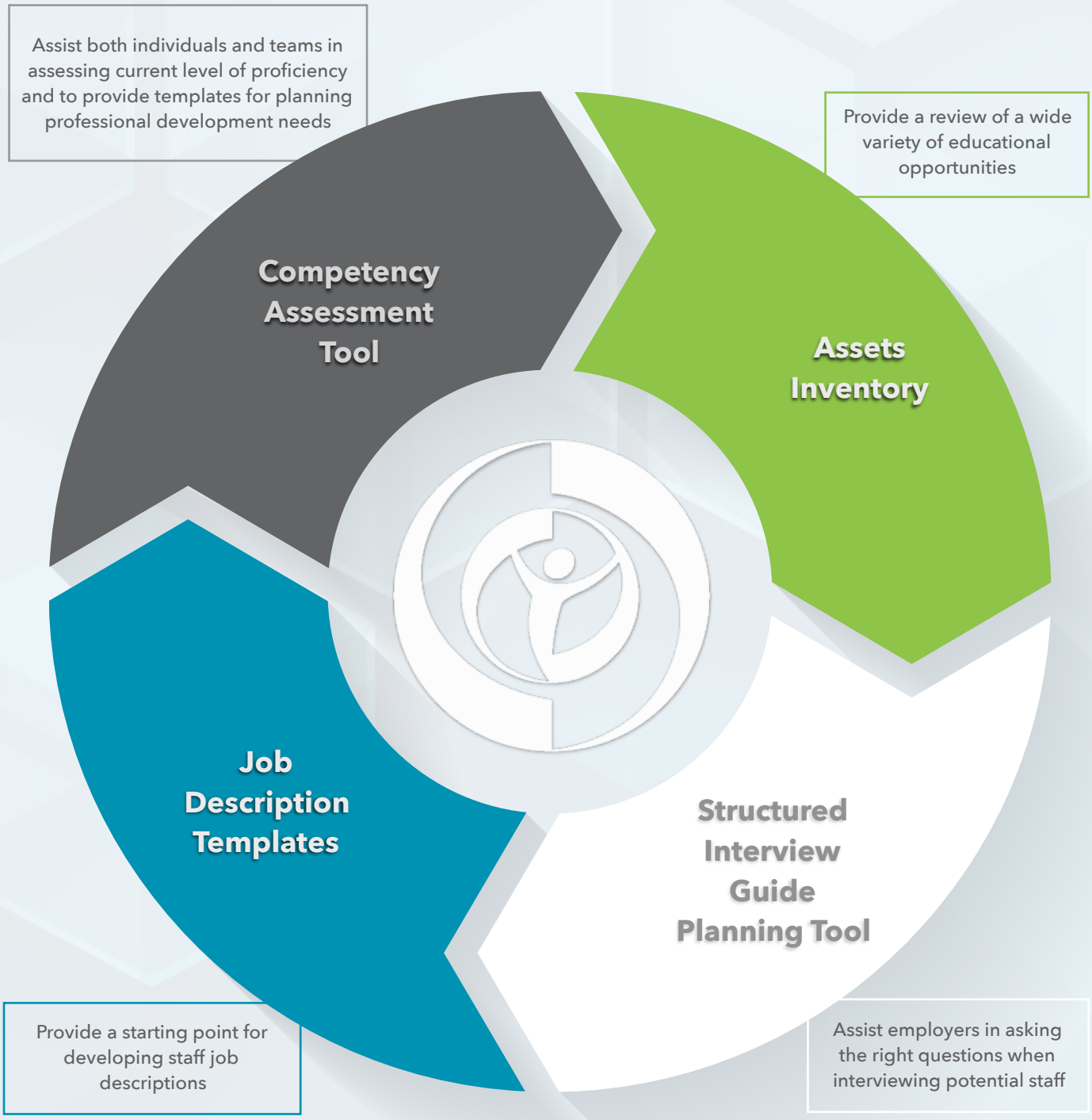
The National Association of Chronic Disease Directors (NACDD) is a non-profit public health organization committed to serving the chronic disease program directors of each state and U.S. jurisdiction. The organization was founded in 1988 and now connects more than 6,500 chronic disease practitioners to implement preventive policies and programs, encourage knowledge sharing and develop partnerships for health promotion. NACDD is a national leader in mobilizing efforts to reduce chronic diseases and their associated risk factors through state and community-based prevention strategies.

NACDD supports state efforts by:

- Providing educational and training opportunities for members
- Developing legislative analyses, materials, policy statements and other resources
- Educating policymakers about the importance of funding for state chronic disease prevention and control efforts
- Providing technical assistance and mentoring to state public health practitioners
- Developing partnerships and collaboration with public health and scientific communities, health care providers, federal agencies, universities and the private sector to pursue common goals
- Advocating for the use of epidemiological approaches in chronic disease services planning and chronic disease data collection

A foundational component of NACDD's services is developing, maintaining, and sustaining a capable workforce of state and local practitioners of chronic disease prevention. To support this effort, NACDD developed the **Competencies for Chronic Disease Practice in 2006-07**, and a set of practical, skill-based competency tools to complement the core competencies.

Used together or separately, these documents provide states with a useful toolkit for increasing their capacity and workforce competency. The changing landscape in public health practice, especially within the field of chronic disease prevention and control, led to a charge to NACDD's Professional Development Committee to update the core competencies to align with the current practice in the field. The Committee also plans to update the remaining Toolkit components, as they supplement the core competencies.



INITIAL DEVELOPMENT

NACDD COMPETENCIES FOR CHRONIC DISEASE PRACTICE

NACDD Chronic Disease Competencies were developed in 2006-07[1] from extensive review of accepted competencies and examination by content experts in the field. The intent was to provide a specific framework for chronic disease practice and professional growth. As originally developed the competencies were categorized into seven major areas, called domains, as follows (also in **Appendix B**):

- **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.

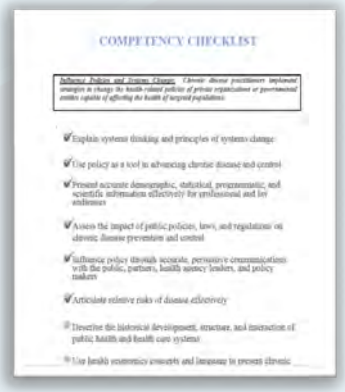

NATIONAL ASSOCIATION OF CHRONIC DISEASE DIRECTORS

Competencies for Chronic Disease Practice

- **DESIGN AND EVALUATE PROGRAMS:** Chronic disease practitioners develop and implement evidence-based interventions and conduct evaluation to ensure on-going feedback and program effectiveness.

- **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.

- **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.


COMPETENCY CHECKLIST

- **MANAGE PEOPLE:** Chronic disease practitioners oversee and support the optimal performance and growth of program staff as well as themselves.

- **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.

- **USE PUBLIC HEALTH SCIENCE:** Chronic disease practitioners gather, analyze, interpret and disseminate data and research findings to define needs, identify priorities, and measure change.

Each domain had within it a set of competency statements. Collectively there are 104 competency statements in the original set of competencies. (Appendix B) The competencies were designed to assess professional development needs at the 1) individual level and 2) management level. At the individual level, practitioners use the competencies to determine areas of strength and weakness in core concepts. NACDD's Competency Assessment Tool (CCAT) was designed to identify proficiency level in any of the domain areas. Developers also promote the CCAT as a useful tool to inform professional growth and career planning.

Overall the competencies served as a resource for evaluating workforce proficiency and for professional development planning.

[1] Slonim, A., Wheeler, F. C., Quilan, K. M. & Smith, S. M. (2010). Designing competencies for chronic disease practice. Preventing Chronic Disease, 7(2).

UPDATE

NACDD COMPETENCIES FOR CHRONIC DISEASE PRACTICE

The Process

NACDD's Professional Development Committee (PDC) began the task of updating the competencies by reviewing current perspectives on public health competencies and gathering feedback from members on the update. The complete process included:

A. Review of original competencies by the committee
B. Comparison of NACDD competencies with the Public Health Accreditation Board (PHAB) Domains
C. Survey/feedback of NACDD members and Councils
D. Draft recommendations provided to NACDD leadership and CORE Team members for review and feedback
E. Solicitation of key stakeholder feedback
F. Final recommendations to NACDD Board, NACDD leadership and CORE Team

A. Review of original competencies

The PDC met monthly to review and discuss the original competency set in order to orient the committee to the purpose, definitions, and content of the current competencies. This process was intended to capture recent and relevant principles, terms, and concepts that were not included in the original version and to ensure that the updated competencies reflected current approaches to public health workforce development.

Several concepts were not specifically addressed in the original set of competencies, including health equity, cultural competence, and quality improvement. Broad concepts considered as a way to capture new ideas for competency development were healthcare delivery system concepts and reimbursement models, social determinants of health, health disparities, and communicating with health payer communities.

The PDC reviewed the original language for each specific domain, reviewed the comments/suggestions submitted by survey respondents, grouped the comments together by theme and reviewed all for commonalities.

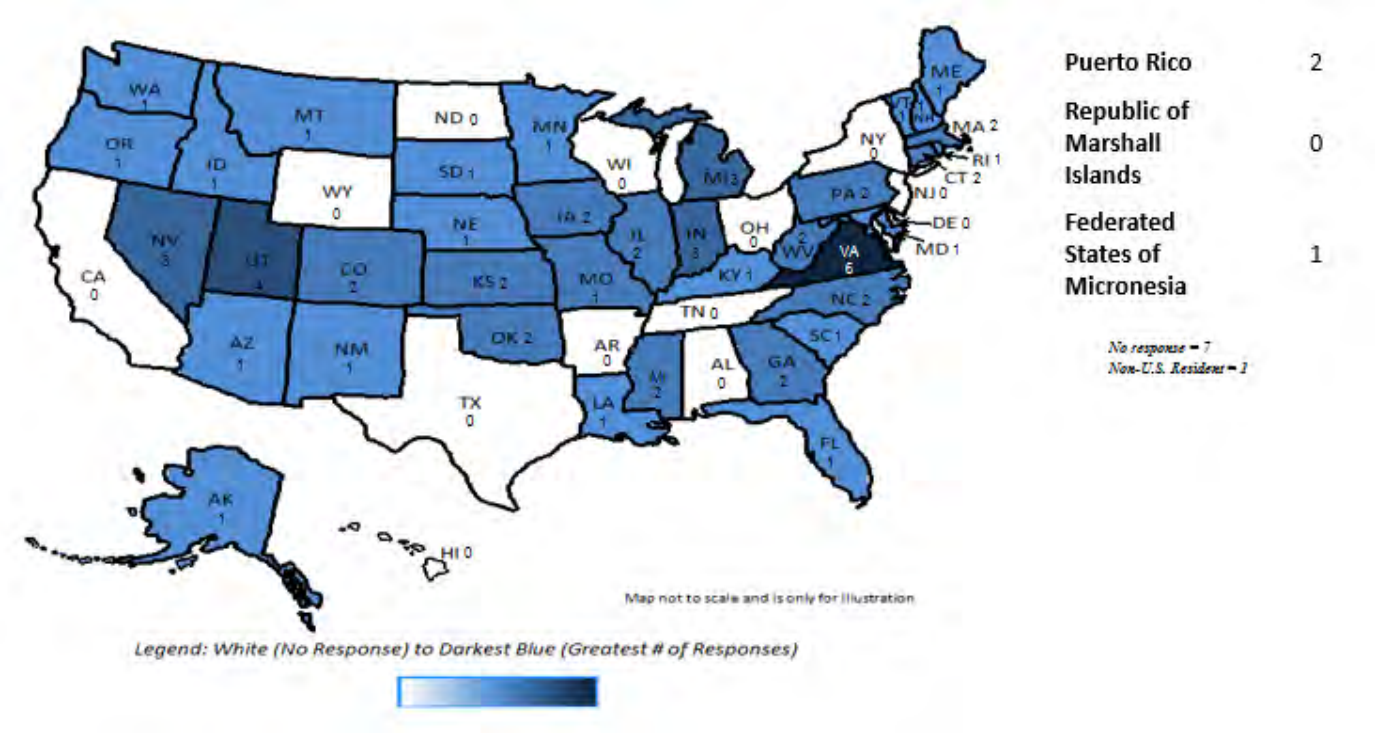
B. Comparison of NACDD Competencies with Public Health Accreditation Board (PHAB) Domains

The PDC then conducted a cross-sectional comparison with the PHAB domains and found that all PHAB domains are addressed and covered by NACDD's Competencies for Chronic Disease Practice. A comparison matrix between the NACDD Competency Areas and the PHAB Domains is found in **Appendix C**. The findings from the cross-sectional comparison were shared with the PHAB's President and CEO, Kaye Bender, who was very pleased with the findings and suggested a collaborative press release with NACDD to announce and disseminate the findings once the update was completed.

C. Survey/Feedback from NACDD Members and Councils

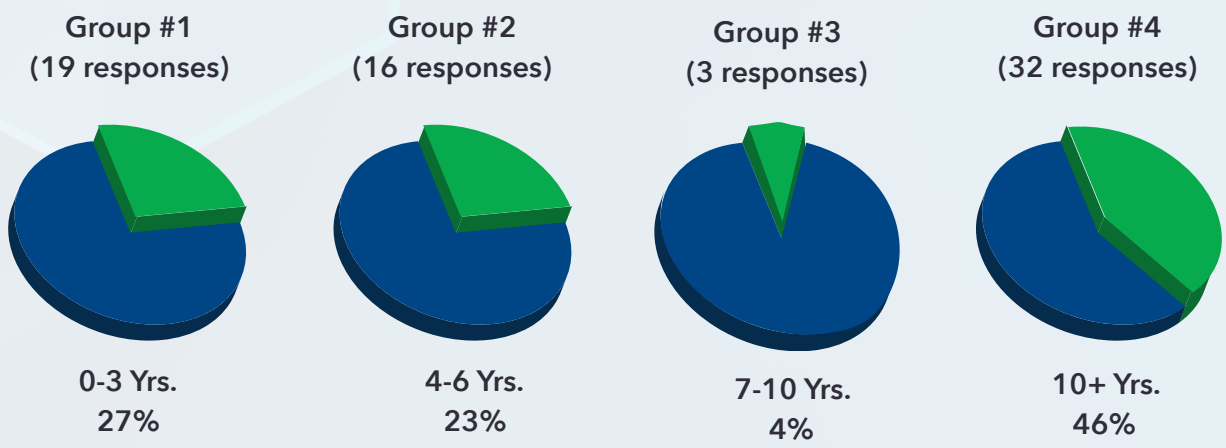
NACDD obtained feedback from core constituents who are in effect the end-users of the competencies. A survey was distributed to members of NACDD Councils and a random sample of association members in July 2015, resulting in 74 responses. NACDD's Diabetes Council provided its feedback collectively. Respondent's location is shown in the map below (when asked where they currently live.)

Survey Response: Select the state (or US territory) where you currently live.



The respondents work experience in chronic disease varied in length as shown in the chart below.

Survey Response: How long have you worked in chronic disease?

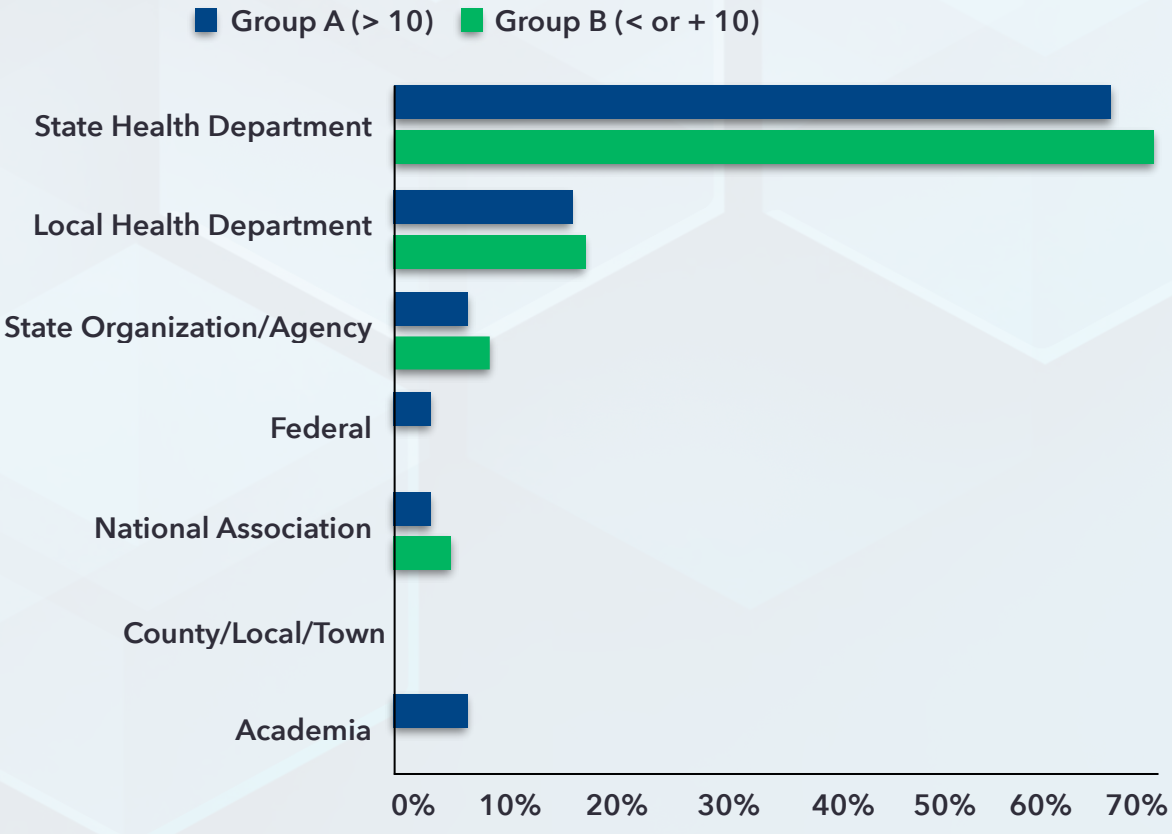


In order to explore any potential theme that might be related to length of work experience, the PDC looked at responses of practitioners with more than 10 years of experience compared to those with 10 years or less. These respondent groups were categorized as follows:

Group A (n=32) - Respondents who reported 10+ years of experience
Group B (n=38) - Respondents who reported 0-10 years of experience (combined 0-3, 4-6, and 7-10 subgroups)

The chart below shows workplace setting of each group (10+ years and 0-10 years).

Survey Response: Workplace Setting?



D. Key Stakeholder Feedback

The PDC also sought feedback from key stakeholders including NACDD Board members, NACDD leadership, NACDD consultants, regional representatives and a sample selection of general members on the proposed update. A brief feedback form was sent to these groups with a resulting 17 surveys completed. Stakeholder responses provided additional considerations for the update. As a result, several recommendations were based on the stakeholder feedback.

E. Presenting Final Recommendations to NACDD Board, NACDD Leadership and CORE Team

With Board acceptance of this Report and Recommendations taking place in September 2016, the PDC plans to

- work with the NACDD Communications Team to design an update competency reference manual and to plan the dissemination of the new competencies,
- work with NACDD to guide adoption and use of the newly revised and branded competencies, and
- revisit and update the PHAB Domain Comparison Matrix generated as part of this update process in order to release a joint announcement/promotional piece with PHAB.

Moving forward, the PDC will be instrumental in updating related documents such as the Competency Assessment Tool, Assets Inventory, Structured Interview Guide Planning Tool and Job Description Templates that are part of the comprehensive resource toolkit for state reference and use.

The following section contains the recommendations developed by the PDC for updating NACDD's Competencies for Chronic Disease Practice which are also found in table form in **Appendix A** for ease of reference and use as a planning tool for professional development.

RECOMMENDATIONS

2016 RECOMMENDATIONS FOR UPDATES

The following recommendations describe suggested language changes and inclusion of new content. The Committee also includes recommendations for aligning existing tools with this document and continued, sustainable promotion and use of the competencies for members' benefit.

I. Competencies Nomenclature

The PDC recommends revising competencies nomenclature as follows:

a. Maintain the generic title of competencies for Chronic Disease Practice" but refer to the "Seven Competency Domains" as the "Seven Competency Areas." The suggestion to change the term "Domain" to "Competency Area" is made because the word domain is used differently by other entities that work with states. For example, there are four chronic disease domains developed by the National Center for Chronic Disease Prevention and Health Promotion at CDC to guide the work of state grantees and the PHAB has developed 12 domains to guide health departments in achieving national accreditation. The PDC recommends adjusting the domain and title nomenclature to minimize category confusion for users.

b. Change statements that were originally called 'competences' to "sub-competencies."

Making these suggested nomenclature changes will result in seven overarching Competency Areas and 126 Sub-competencies in the revised Competencies for Chronic Disease Practice.

Nomenclature Revisions

Original Nomenclature		Suggested Change
Competencies for Chronic Disease Practice	→	No Change
Domains (7)	→	Competency Areas (7)
Competencies (104)	→	Sub-competencies (126)

II. Competencies Order

The PDC recommends reordering the sub-competency statements based on the value rankings of the survey respondents which were different among those with less than 10 years of experience compared to those with 10+ years of experience. The PDC's preference is for ordering the sub-competencies based on the priority rankings of Group A (10+ years of experience).

III. Content

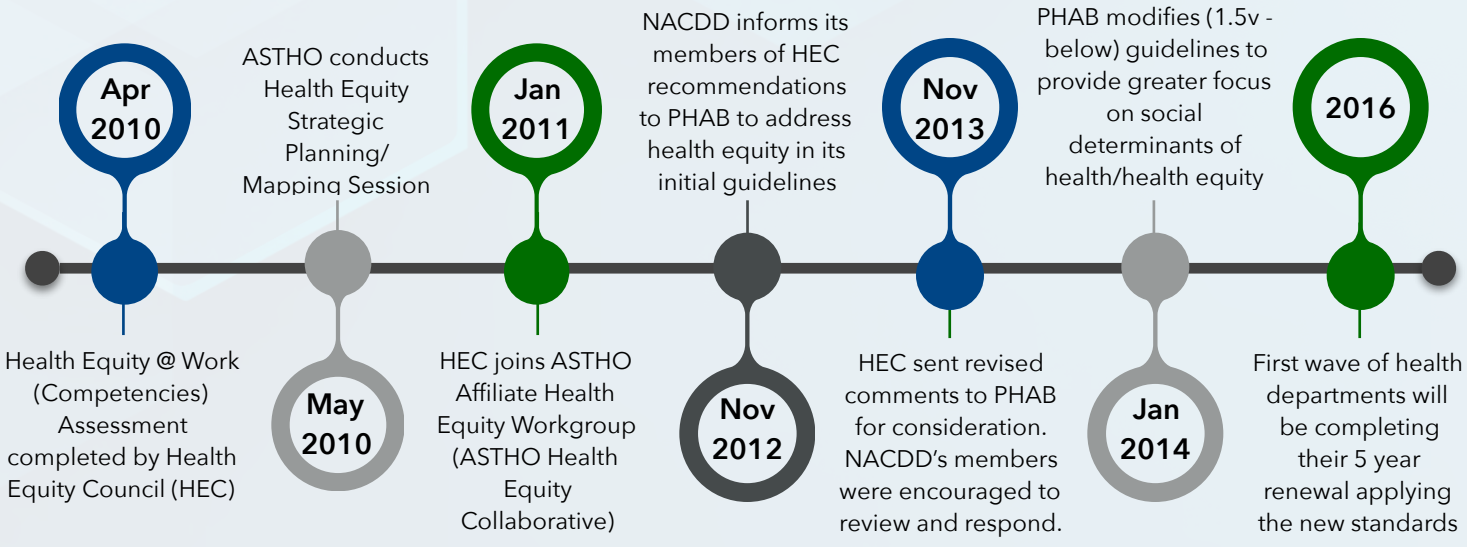
The PDC recommends updating the sub-competency statements as outlined in the tables in **Appendix A**. In the tables the statements are arrayed in the new suggested rank order and contain the original competency wording. Column 1 (New #) shows the new recommended order of the statements. Column 2 (Original #) lists the sub-competency number based on the original order and serves as a point of reference for the update process. The original sub-competency language is listed in Column 3 and the suggested update in Column 4 with any additional comments or qualifiers in Column 5. Some sub-competency statements were modified slightly or simply clarified, some were updated to reflect new ideas, concepts and principles, and a few are entirely new. These new sub-competency statements are noted using the term "New." Overall, there are 126 sub-competencies, an increase from the original 104. The order and location of each new sub-competency is based on the PDC members' deliberations, taking into account the guidance from the original competencies framework as well as current thinking.

The PDC aimed to update the competency language to reflect current professional themes and new concepts while at the same time keeping the content broad enough to promote sustainability related to technological advances and changes in the public health and healthcare landscape. For example, rather than refer to the Affordable Care Act specifically, the PDC suggested using phrases like healthcare delivery system concepts, reimbursement models and health payer communities.

The PDC further recommends that **health equity language** be added to each competency area as appropriate and provided language suggested by NACDD's Health Equity Council. The NACDD Health Equity Council has been involved in setting the health equity standards developed by the PHAB and other organizations, and has played a progressive role in advancing health equity across state and national platforms. They brought a unique and critical dimension to the competency update process.

The timeline below outlines the Health Equity Council's active role in the development and modification of PHAB Guidelines.

NACDD Health Equity Timeline: Development and Modification of PHAB Guidelines



The following table identifies the health-equity related sub-competencies by competency area. These items are also listed under each competency area in **Appendix A.**

Table 2. Health Equity Sub-Competencies by Area

	Competency Area	Health Equity Related Sub-competency
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.	Develop and support partnerships among public, nonprofit and private entities to provide a comprehensive infrastructure. It would increase awareness, drive action, and ensure accountability in efforts to remove health disparities and achieve health equity across the lifespan.
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.	Understanding how to invest in community-based participatory research and evaluation of community-originated intervention strategies in order to build capacity at the local level for ending health disparities.
		Develop skills to expand and transfer knowledge generated by research and evaluation for decision-making about policies, programs, and grant-making related disparities and health equity.
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.	Clearly articulate the impact of social determinants of health policies on health (include non-traditional partners such as housing, transportation, community design, for example).
		Ensure the availability of data of all racial populations and transferring knowledge related to racial, ethnic and underserved 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.	Demonstrate ability to build capacity at all levels of decision-making to promote community solutions for ending health disparities.
		Demonstrate ability to improve coordination, collaboration and opportunities for soliciting community input on funding priorities and involvement in research and services.
		Demonstrate ability to invest in young people to prepare them to be future leaders and practitioners to end health disparities.
5	**Manage People:** Chronic disease practitioners oversee and support the optimal performance and growth of program staff as well as themselves.	Demonstrate ability to develop and support the health workforce and related industry workforces to promote the availability of cultural and linguistic services, program development, etc.
		Demonstrate ability to increase diversity and competency of health workforce and related industries through recruitment, retention and training of racially, ethnically, and culturally diverse individuals and through leadership action by healthcare organization and systems.

	Competency Area	Health Equity Related Sub-competency
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.	Demonstrate ability to implement strategies to promote health equity and investing the resources to that end.
		Demonstrate ability to apply a health equity lens to the development, execution and evaluation of programs.
7	**Use Public Health Science:** Chronic disease practitioners gather, analyze, interpret and dissemination data and research findings to define needs, identify priorities, and measure change.	Demonstrate a commitment to social justice and health equity.
		Integrate principles of social justice into public health practice and promotion.
		Demonstrate cultural sensitivity towards underserved populations.

IV. Supplemental Materials

The PDC recommends that the Competency Assessment Tools (individual & team), Structured Interview Guide Planning Tool and Job Description Templates be updated to supplement the updated competencies. The Competency Assessment Tools aid the chronic disease workforce in assessing proficiency in various levels of skills and knowledge. The Competency Assessment Tools can be used to:

1) Identify strengths, weaknesses, and areas of improvement
2) Determine where additional training and development are needed in terms of chronic disease practice
3) Identify gaps and opportunities in learning
4) Aid job performance evaluation
5) Build a professional development or work plan

The other documents and templates serve as practical tools to assist states in their work. More information on the supplemental tools is found in **Appendix D**.

The PDC also recommends that NACDD support the creation of a Workforce Development Competency Matrix/Roadmap based on the recognition of a difference in rank order of competencies and sub-competencies between individuals with less or more than 10 years of experience. The suggested matrix/roadmap would highlight the relationship between skill-sets and a user's work-life continuum.

The PDC supports the development of a Lexicon of Terms to define language related to new concepts, programs, and principles such as healthcare transformation and community-clinical linkages, with reference to the new Community Clinical Linkages Toolkit developed by CDC and partners. Having a dictionary of sorts can benefit chronic disease professionals and can be easily updated and expanded as new terminology and concepts emerge.

The PDC recommends that the updated competencies be offered in a newly-designed package, complete with Fact Sheets, a Guide, Competency Matrix/Roadmap, Structure Interview Guide Planning Tool, Job Description Templates, video vignettes, recorded webinar info and related documents. This newly-designed package, with increased interactivity potential, would likely promote increased utilization of the materials by the chronic disease workforce.

V. Competency Promotion

To promote the use and impact of the updated competencies and related products, the PDC recommends that NACDD:

- Engage partners with updated information on the competencies
- Increase reference to the competencies during professional development activities, meetings, and webinars by specifically mentioning that and citing examples of how the activity is aligned with competencies
- Highlight the potential positive impact on the profession and the practitioner
- Increase marketing and promotional efforts related to the updated competencies
- Implement a new policy to support and encourage use of updated competencies
- Feature competency update as a General Member Webinar topic

To encourage use of the framework, the PDC recommends that NACDD:

- Provide association-wide educational opportunities, training, tools and resources related to the updated competencies.
- Ensure that all NACDD consultants are aware of the competencies and how they relate to NACDD projects
- Include competency references in evaluations of NACDD projects and activities.

To continue to sustain the framework, the PDC recommends that NACDD:

- Implement a new policy to require periodic review (i.e.: every 2 years) of competencies to ensure that competencies remain updated and aligned with current trends, concepts and practitioner needs
- Ensure that all chronic disease staff are aware of and have an updated copy of the competencies and related resources

In summary, wide dissemination of the newly updated competencies along with increased collaboration and promotional activity with others such as PHAB to promote the NACDD competencies would likely increase awareness and utilization at the national, state and local levels.

PDC COMMITTEE

The list represents the Professional Development Committee Members who participated in and contributed to the competency update process and their focus area as of June 2016.

Name	State	Focus Area
Heather Borski, MPH, CHES	UT	PDC Co-Chair
April Dunham	ID	CVH, Lead for Domain 3/Domain 4
Ann Forburger, MCH	VA	Diabetes Consultant, NACDD
Marjorie Franzen-Weiss, MPH	NV	Diabetes
Judith Gabriele, MPH	NM	NACDD Board Member
Steven Garrett, MA, MS	WA	Cancer
Patricia Herrmann, MS	LA	Diabetes Consultant, NACDD
MaryCatherine Jones, MPH	UT	CVH Consultant, NACDD
Jon Lowry, MPH	OK	PDC Co-Chair
Stephanie Mathews, MPH	GA	Health and Environment Consultant, NACDD
Jill Maughan, MEd	TX	Cancer Prevention
Marisa New, MPH	OK	Health Equity
Miriam Patanian, MPH	GA	CVH Consultant, NACDD
Ruth Petersen, MD, MPH	NC	NACDD Board Member
Beth Richards	MO	Arthritis
Robyn Taylor, MBA	OH	Health Equity
Evelyn Walker, MD, MPH	MS	NACDD Board Member
Terry Meek	IA	CVH, Domain 3
Ali Jaglowski, MSH	VA	Diabetes Consultant, NACDD

ACKNOWLEDGEMENTS

The Professional Development Committee especially thanks the Board of Directors and NACDD leadership and staff for their time and support during this competency update process.

Special thanks is also due to the Co-Chairs of the Professional Development Committee, Heather Borski and Jon Lowry, for their tireless efforts in leading the PDC. We are grateful for your tremendous leadership and guidance throughout the process.

The PDC would also like to thank those who participated in the survey and who provided feedback during the process.

Deep appreciation and thanks goes to the members of the PDC for their tireless efforts, their dedication to a thorough review of the original competencies, and for providing subject matter expertise in the development of new competency language as well as new competencies.

The PDC thanks NACDD's Health Equity Council for their commitment and dedication in supporting and participating in the update process and PDC activities.

The PDC is very appreciative of the PHAB Comparison Review Subcommittee's work to conduct a comparison of NACDD competencies with PHAB domains and providing the committee with the results.

APPENDIX A:

NACDD Sub-Competency Tables of Recommended Revisions

Appendix A: NACDD Sub-competency Tables of Recommended Revisions

COMPETENCY AREA 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.

New #*	Original #	ORIGINAL BUILD SUPPORT COMPETENCIES	SUGGESTED UPDATE (SUB-COMPETENCIES)	NOTES
1	1	Establish and maintain linkages and/or partnerships with key stakeholders, (including other programs, government agencies and nongovernmental lay and professional groups to build support for chronic disease prevention and control.		
2	8	Use effective collaboration strategies to build meaningful partnerships.		
3	4	Listen to others in an unbiased manner, respect points of view of others, and promote the expression of diverse opinions and perspectives.		
4	2	Interact effectively with other major sectors (including the healthcare industry, transportation, parks and recreation, education and private sector)	Interact effectively with other major sectors and key stakeholders. (including the healthcare industry, transportation, parks and recreation, education and private sector).	
5	7	Facilitate integration between chronic disease programs and other state health-related programs (e.g., surveillance, oral health, maternal and child health, Medicaid, state employee health insurance, emergency service providers and planners).		
6	3	Communicate effectively in writing for professional and lay audiences		
7	5	Communicate effectively orally for professional and lay audiences		
8	10	Prepare and present the business case for chronic disease prevention effectively.	Prepare and present the business case for chronic disease prevention effectively. (e.g. ROI, Reimbursement Models and related language, communicating public health impact in non-public health terms).	
9	11	Facilitate use of coalitions as effective change agents for chronic disease prevention and control.		
10	6	Advocate for chronic disease programs and resources		
11	14	Work collaboratively with partners on data collection and interpretation.		
12	15	Use the media, advanced technologies, and community networks to communicate information.	Use the media, social media, advanced technologies, community networks and public relations concepts to communicate information.	
13	9	Lead and participate in groups to address emerging chronic disease issues.		
14	13	Facilitate group interactions and decision-making.	Facilitate group interactions, verbal exchange, roundtable discussions to support informed decision-making.	
16	12	Develop enough social capital and political savvy to navigate the appropriate organizational systems quickly.		
17	17	Participate in national work groups to facilitate effective implementation of chronic disease programs.		
18	16	Identify and describe the roles of the key players on a national level.	Identify and describe the roles of the key stakeholders on a national level.	
19	New Health Equity	>>>>>	Develop and support partnerships among public, nonprofit and private entities to provide a comprehensive infrastructure to increase awareness, drive action, and ensure accountability in efforts to end health disparities and achieve health equity across the lifespan.	

Table 1: Original Competency Statements for Build Support and suggested updates.
** Based on received survey rankings from members*

COMPETENCY AREA 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.

Recommended # *	Original #	ORIGINAL DESIGN AND EVALUATE PROGRAMS COMPETENCIES	SUGGESTED UPDATE (SUB-COMPETENCIES)	COMMENTS/NOTES
1	1	Use program evaluation findings to improve program performance		
2	3	Identify and use public health data as a tool to develop and prioritize community-based interventions or policies for chronic disease.	Identify and use public health data as a tool to develop and prioritize interventions or policies for chronic disease.	
3	2	Select appropriate program and intervention activities.		
4	5	Develop evaluation plans for chronic disease programs and activities.		
5	4	Apply principles of cultural appropriateness to program design.		
6	7	Apply cost-effectiveness, cost-benefit, and cost-utility analyses as appropriate.		
7	8	Identify a data analysis agenda for state chronic disease programs.		
8	6	Know program-specific content areas.	Identify program-specific content areas.	
9	New	>>>>>	Apply and use scientifically sound evaluation techniques.	
10	Move	>>>>>	Present accurate demographic, statistical, programmatic, and scientific information effectively for professional and lay audiences.	Suggest move from Influence Policy and Systems Change Competency Area
11	New	>>>>>	Use and apply economic evaluation techniques.	
12	New	>>>>>	Incorporate GeoMapping techniques into data analysis.	
13	New	>>>>>	Report and communicate data effectively (visually and verbally).	
14	New Health Equity	>>>>>	Understand how to invest in community-based participatory research and evaluation of community-originated intervention strategies in order to build capacity at the local level for ending health disparities.	
15	New Health Equity	>>>>>	Develop skills to expand and transfer knowledge generated by research and evaluation for decision-making about policies, programs, and grant-making related to health disparities and health equity.	

Table 2: Original Competency Statements for Design and Evaluate Programs and suggested updates.

** Based on received survey rankings from members*

COMPETENCY AREA 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.

Recommended # *	Original #	ORIGINAL INFLUENCE POLICY AND SYSTEMS CHANGE COMPETENCIES	SUGGESTED UPDATE (SUB-COMPETENCIES)	COMMENTS/NOTES
	3	Present accurate demographic, statistical, programmatic, and scientific information effectively for professional and lay audiences.		Suggest move to Design and Evaluate Programs Competency Area
1	4	Assess the impact of public policies, laws, and regulations on chronic disease prevention and control.		
2	8	Use health economics concepts and language to present chronic disease programs in a convincing manner to appropriate audiences.		
3	2	Use policy as a tool in advancing chronic disease and control.		
4	5	Influence policy through accurate, persuasive communications with the public, partners, health agency leaders, and policy makers.	Build advocacy for policy and systems change.	
5	6	Articulate relative risks of disease effectively.		
6	1	Explain systems thinking and principles of systems change.	Explain systems thinking and principles of systems change through ROI, payment reform, care coordination models.	
7	7	Describe the historical development, structure, and interaction of public health and health care systems.		
8	New	>>>>>	Identify local government structures. Demonstrate skill in engaging local government, health discussions, planning, etc.	
9	New Health Equity		Clearly articulate the impact of social determinants of health policies on health (include non-traditional partners such as housing, transportation, community design, for example).	The skills to take a Health Equity in All Policies approach to policy development & implementation strategies which targets the key social determinants of health through integrated policy response across relevant policy areas with the ultimate goal of supporting health equity. The approach is closely related to concepts such as 'inter-sectoral action for health', 'health public policy' and 'whole-of-government approach'.
10	New Health Equity		Ensure the availability of data of all racial populations and transferring knowledge related to racial, ethnic and underserved populations.	Ability to illustrate, discuss, compare and contrast policy implications for various groups, (racial. Ethnic, sex, religion, geography, etc.)

Table 3: Original Competency Statements for Influence Policy and Systems Change and suggested updates.
** Based on received survey rankings from members*

COMPETENCY AREA 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.

Recommended # *	Original #	ORIGINAL LEAD STRATEGICALLY COMPETENCIES	SUGGESTED UPDATE (SUB-COMPETENCIES)	COMMENTS/NOTES
1	1	Demonstrate critical thinking.		
2	3	Leverage resources.		
3	6	Apply effective problem-solving processes and methods.		
4	4	Provide leadership to create key values and shared vision.		
5	8	Create a culture of ethical standards within organizations and communities.		
6	9	Develop budget initiatives based on priorities to sell to decision-makers.	Educate decision makers on budget initiatives based on priorities.	
7	11	Translate policy into organizational plans, structures, and programs.		
8	2	Respond with flexibility to changing needs.		
9	7	Facilitate integration among chronic disease programs.	Facilitate integration and coordination across chronic disease programs.	
10	12	Identify policy agenda for state chronic disease programs.	Create and/or identify policy agenda to align goals and measures for chronic disease programs.	
11	5	Generate, share, and accept new ideas and incorporate them.		
12	10	Oversee the development and implementation of a statewide chronic disease plan.	Oversee the development and implementation of a statewide chronic disease plan that incorporates named goals, measures of success, and actions to align goals and measures.	
13	13	Identify individual and organization's responsibilities within the context of the Essential Public Health Services and core functions.	Identify individual and organizational responsibilities within the context of the Essential Public Health Services and core functions.	
14	New Health Equity	>>>>>	Demonstrate ability to build capacity at all levels of decision-making to promote community solutions for ending health disparities.	
15	New Health Equity	>>>>>	Demonstrate ability to improve coordination, collaboration and opportunities for soliciting community input on funding priorities and involvement in research and services.	
16	New Health Equity	>>>>>	Demonstrate ability to invest in young people to prepare them to be future leaders and practitioners to end health disparities.	

Table 4: Original Competency Statements for Lead Strategically and suggested updates.
** Based on received survey rankings from members*

COMPETENCY AREA 5 - MANAGE PEOPLE: Chronic disease practitioners oversee and support the optimal performance and growth of program staff as well as themselves.

Recommended # *	Original #	ORIGINAL MANAGE PEOPLE COMPETENCIES	SUGGESTED UPDATE (SUB-COMPETENCIES)	COMMENTS/NOTES
1	5	Recruit and retain a diverse chronic disease workforce.	Recruit and retain a diverse chronic disease workforce (culture, age, gender, race, etc.).	
2	1	Manage a team of professional staff effectively.		
3	12	Support professional and personal development for chronic disease program staff.		
4	8	Recruit, mentor and support a diverse interdisciplinary team.	Recruit and mentor a diversely-skilled interdisciplinary team.	
5	17	Motivate individuals and teams to achieve goals.		
6	6	Implement processes so that staff from multiple programs can identify underlying common goals and outcomes.		
7	13	Negotiate budgets and contract requirements/objectives with both funders and contractors.		
8	11	Promote team and organizational learning.	Promote team and organizational learning and collaboration.	
9	4	Practice effective time management.		
10	9	Mediate and resolve conflicts effectively.		
11	10	Conduct performance appraisals and give guidance/feedback to staff regularly.		
12	2	Balance multiple tasks.		
13	7	Match staff skills to tasks.		
14	14	Navigate relevant fiscal systems effectively.		
15	3	Prioritize work responsibilities of self and staff.		
16	16	Employ effective interviewing and questioning strategies.		
17	15	Manage meetings and conferences.	Effectively manage meetings and conferences.	
18	New Health Equity	>>>>>	Demonstrate ability to develop and support the health workforce and related industry workforces to promote the availability of cultural and linguistic services, program development, etc.	
19	New Health Equity	>>>>>	Demonstrate ability to increase diversity and competency of health workforce and related industries through recruitment, retention and training of racially, ethnically, and culturally diverse individuals and through leadership action by healthcare organizations and systems.	

Table 5: Original Competency Statements for Manage People and suggested updates.

** Based on received survey rankings from members*

COMPETENCY AREA 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.

Recommended # *	Original #	ORIGINAL MANAGE PROGRAMS AND RESOURCES COMPETENCIES	SUGGESTED UPDATE (SUB-COMPETENCIES)	COMMENTS/NOTES
1	1	Manage chronic disease programs within budget constraints.		
2	3	Set program goals and objectives of chronic disease programs.		
3	4	Monitor chronic disease program performance.		
4	9	Implement strategies for transition from planning to implementation.	Apply strategies to transition from planning to implementation.	
5	2	Navigate cooperative agreements with the CDC.		
6	6	Balance needs, requirements, partnerships, work load, etc. for multiple projects/programs.		
7	12	Assess an organization's implementation readiness, capacity, and effectiveness.		
8	5	Identify and assess potential funding opportunities.		
9	11	Develop and justify a line-item budget.	Merge 11 and 14 into one: Develop and justify a line-item budget that aligns with program activities.	
10	10	Provide technical assistance to partners, subcontractors and others as needed.		
11	8	Prepare proposals for funding from a variety of sources.		
12	13	Conduct internal and external needs and assets assessments to inform program planning.		
13	7	Adhere to public health laws, regulations, and policies related to chronic disease prevention and control.		
14	17	Apply organizational theory to professional practice.		
15	15	Apply current techniques in decision analysis and planning for chronic disease.		
16	18	Develop a plan for chronic disease information systems.	Understand basic principles and concepts of information system design and collaborate with others to develop a plan to collect and use data.	
17	14	Develop and justify an activity-based budget.		Merge 11 and 14 into one. See above at 11.
18	16	Conduct regular and purposeful site visits with grantees.		
19	New	>>>>>	Develop and manage budgets that cross multiple award and funding cycles.	
20	New	>>>>>	Apply project management principles.	
21	New	>>>>>	Apply economic principles and concepts to program management.	
22	New	>>>>>	Develop a diverse funding portfolio: federal and state, foundations, hospital community benefit, and university-obtained grant dollars.	
23	New HE	>>>>>	Demonstrate ability to implement strategies to promote health equity and investing the resources to that end.	
24	New HE	>>>>>	Demonstrate ability to apply a health equity lens to the development, execution and evaluation of programs.	

Table 6: Original Competency Statements for Manage Programs and Resources and suggested updates.
** Based on received survey rankings from members*

COMPETENCY AREA 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.

Recommended # *	Original #	ORIGINAL USE PUBLIC HEALTH SCIENCE COMPETENCIES	SUGGESTED UPDATE (SUB-COMPETENCIES)	COMMENTS/ NOTES
1	2	Discuss the underlying causes and management of chronic diseases, including behavioral, medical, genetic, environmental and social factors.	Discuss the underlying causes and management of chronic diseases, including behavioral, medical, genetic, environmental and social factors using applied ethical principles.	
2	5	Describe socioeconomic and behavioral determinants of health disparities.		
3	6	Develop and adapt approaches to problems that take into account differences among populations.		
4	8	Apply ethical principles to the collection, maintenance, use, and dissemination of data and information.		
5	4	Recognize and apply current relevant scientific evidence.		
6	11	Monitor and analyze chronic disease epidemiology and surveillance data to identify burden, trends, and outcomes.		
7	3	Articulate key chronic disease issues.		
8	10	Identify relevant and appropriate data and information sources for chronic disease.	Identify relevant and appropriate data and information sources for chronic disease (GIS, electronic health records, and other emerging methodologies).	
9	12	Identify the factors that influence the delivery and use of public health programs and services.		
10	19	Define and interpret non-traditional data to address chronic disease prevention and control (e.g. transportation data, cigarette sales).	Define and interpret non-traditional data to address chronic disease prevention and control (e.g. transportation data, electronic health records, cigarette sales).	
11	7	Explain relevant inferences from quantitative and qualitative data.		
12	15	Select and use appropriate data collection methods.	Select and use appropriate data collection methods and maintain current standards of data collection.	
13	16	Discuss issues of data integrity and comparability.		
14	14	Know and apply the Chronic Disease Indicators.		
15	13	Guide the translation of research into chronic disease programs and activities.		
16	9	Discuss quantitative evaluation.		
17	18	Discuss qualitative evaluation.		
18	20	Implement social marketing strategies.		
19	21	Maintain up-to-date knowledge on the development of genetic advances and technologies relevant to chronic diseases.		
20	17	Explain basic clinical terms and etiology for chronic diseases.		
21	New HE	>>>>>	Demonstrate a commitment to social justice and health equity.	
22	New HE	>>>>>	Integrate principles of social justice into public health practice and promotion.	
23	New HE	>>>>>	Demonstrate cultural sensitivity towards underserved populations.	

Table 7: Original Competency Statements for Use Public Health Science and suggested updates.

** Based on received survey rankings from members*

APPENDIX B:

Competencies for Chronic Disease Practice (Original Text)

Appendix B: Competencies for Chronic Disease Practice (Original Text)

Introduction:

The Competencies for Chronic Disease Practice define the skills and knowledge identified as specific to leading and managing chronic disease programs that improve the health of the public. Developed by the National Association of Chronic Disease Directors (NACDD) through a comprehensive review of other competencies and an extensive review by content experts, the competencies are designed to assist practitioners in their professional growth. It is not expected that every individual working in chronic disease programs will be proficient in each competency; rather, the competencies paint a picture of the "ideal" toward which individuals will strive as they grow in experience and excellence in their practice. Improvement in the capabilities of practitioners is expected to lead to improved outcomes in chronic disease programs and policy.

The competencies are organized into seven major domains: Build Support, Design and Evaluate Programs, Influence Policies and Systems Change, Lead Strategically, Manage People, Manage Programs and Resources, and Use Public Health Science. Each of these domains represents a grouping of related competency statements. Each domain consists of a different number of specific competency statements, based on the complexity of activities and functions included in that domain. In total, there are 104 competencies. It is important to note that domains may have different levels of relevance to different chronic disease practitioners. For instance, a program manager will have day-to-day responsibilities in the domain "Manage Programs and Resources"; however, if s/he does not supervise staff, the domain "Manage People" will have less relevance to daily job performance.

For the individual, the competencies provide a unique framework to assess and address professional development needs. Through the use of the NACDD Competency Assessment Tool (available at www.chronicdisease.org), the practitioner can identify their current level of proficiency in each of the seven domains, and use their assessment to guide both their professional growth and career planning.

As a management tool, the competencies have a wide spectrum of possible uses, including the development of strong teams through competency-based job descriptions, structured interview questions, and performance appraisals. Competency- based evaluations can assist in structuring professional development plans for the individual employee, as well as setting goals for future performance. Competencies may also be used to develop effective work groups by identifying the domains required for a successful program or project and recruiting team members or partners skilled in those domains.

NACDD supports the development of a strong, capable chronic disease workforce to promote public health and prevent disease. The Competencies for Chronic Disease Practice are an important resource for assisting state and local health programs to develop and maintain this workforce and build efficient and effective programs and activities.

Domains and Competencies:

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.

- Establish and maintain linkages and/or partnerships with key stakeholders (including traditional, nontraditional, and academic partners).
- Interact effectively with other major sectors (including the healthcare industry, transportation, parks and recreation, education, private sector).
- Communicate effectively in writing for professional and lay audiences.
- Listen to others in an unbiased manner, respect points of view of others, and promote the expression of diverse opinions and perspectives.
- Communicate effectively orally for professional and lay audiences.
- Advocate for chronic disease programs and resources.
- Facilitate integration between chronic disease programs and other state health-related programs (e.g., surveillance, oral health, maternal and child health, Medicaid, state employee health insurance, emergency service providers and planners).
- Use effective collaboration strategies to build meaningful partnerships.
- Lead and participate in groups to address emerging chronic disease issues.
- Prepare and present the business case for chronic disease prevention effectively.
- Facilitate use of coalitions as effective change agents for chronic disease prevention and control.
- Develop enough social capital and political savvy to navigate the appropriate organizational systems quickly.
- Facilitate group interactions and decision-making.
- Work collaboratively with partners on data collection and interpretation.
- Use the media, advanced technologies, and community networks to communicate information.
- Identify and describe the roles of the key players on a national level.
- Participate in national work groups to facilitate effective implementation of chronic disease programs.

DESIGN AND EVALUATE PROGRAMS: Chronic disease practitioners develop and implement evidence-based interventions and conduct evaluation to ensure on-going feedback and program effectiveness.

- Use program evaluation findings to improve program performance.
- Select appropriate program and intervention activities.
- Identify and use public health data as a tool to develop and prioritize community-based interventions or policies for chronic disease.
- Apply principles of cultural appropriateness to program design.
- Develop evaluation plans for chronic disease programs and activities.
- Know program-specific content areas.
- Apply cost-effectiveness, cost-benefit, and cost-utility analyses as appropriate.
- Identify a data analysis agenda for state chronic disease programs.
- Create and interpret logic models for chronic disease programs.
- Guide the application of basic research methods and theories used in chronic disease prevention and control.

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.

- Explain systems thinking and principles of systems change.
- Use policy as a tool in advancing chronic disease and control.
- Present accurate demographic, statistical, programmatic, and scientific information effectively for professional and lay audiences.
- Assess the impact of public policies, laws, and regulations on chronic disease prevention and control.
- Influence policy through accurate, persuasive communications with the public, partners, health agency leaders, and policy makers.
- Articulate relative risks of disease effectively.
- Describe the historical development, structure, and interaction of public health and health care systems.
- Use health economics concepts and language to present chronic disease programs in a convincing manner to appropriate audiences.

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.

- Demonstrate critical thinking.
- Respond with flexibility to changing needs.
- Leverage resources.
- Provide leadership to create key values and shared vision.
- Generate, share, and accept new ideas and incorporate them.
- Apply effective problem-solving processes and methods.
- Facilitate integration among chronic disease programs.
- Create a culture of ethical standards within organizations and communities.
- Develop budget initiatives based on priorities to sell to decision-makers.
- Oversee the development and implementation of a statewide chronic disease plan.
- Translate policy into organizational plans, structures, and programs.
- Identify policy agenda for state chronic disease programs.
- Identify individual and organization's responsibilities within the context of the Essential Public Health Services and core functions.

MANAGE PEOPLE: Chronic disease practitioners oversee and support the optimal performance and growth of program staff as well as themselves.

- Manage a team of professional staff effectively.
- Balance multiple tasks.
- Prioritize work responsibilities of self and staff.
- Practice effective time management.
- Recruit and retain a diverse chronic disease workforce.
- Implement processes so that staff from multiple programs can identify underlying common goals and outcomes.
- Match staff skills to tasks.
- Recruit, mentor, and support a diverse interdisciplinary team.

- Mediate and resolve conflicts effectively.
- Conduct performance appraisals and give guidance/feedback to staff regularly.
- Promote team and organizational learning.
- Support professional and personal development for chronic disease program staff.
- Negotiate budgets and contract requirements/objectives with both funders and contractors.
- Navigate relevant fiscal systems effectively.
- Manage meetings and conferences.
- Employ effective interviewing and questioning strategies.
- Motivate individuals and teams to achieve goals

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.

- Manage chronic disease programs within budget constraints.
- Navigate cooperative agreements with the CDC.
- Set program goals and objectives of chronic disease programs.
- Monitor chronic disease program performance.
- Identify and assess potential funding opportunities.
- Balance needs, requirements, partnerships, work load, etc. for multiple projects/programs.
- Adhere to public health laws, regulations, and policies related to chronic disease prevention and control.
- Prepare proposals for funding from a variety of sources.
- Implement strategies for transition from planning to implementation.
- Provide technical assistance to partners, subcontractors and others as needed.
- Develop and justify a line-item budget.
- Assess an organization's implementation readiness, capacity, and effectiveness.
- Conduct internal and external needs and assets assessments to inform program planning.
- Develop and justify an activity-based budget.
- Apply current techniques in decision analysis and planning for chronic disease.
- Conduct regular and purposeful site visits with grantees.
- Apply organizational theory to professional practice.
- Develop a plan for chronic disease information systems.

USE PUBLIC HEALTH SCIENCE: Chronic disease practitioners gather, analyze, interpret and disseminate data and research findings to define needs, identify priorities, and measure change.

- Articulate evidence-based approaches to chronic disease prevention and control.
- Discuss the underlying causes and management of chronic diseases, including behavioral, medical, genetic, environmental and social factors.
- Articulate key chronic disease issues.
- Recognize and apply current relevant scientific evidence.
- Describe socioeconomic and behavioral determinants of health disparities.
- Develop and adapt approaches to problems that take into account differences among populations.
- Explain relevant inferences from quantitative and qualitative data.
- Apply ethical principles to the collection, maintenance, use, and dissemination of data and information.
- Discuss quantitative evaluation.

- Identify relevant and appropriate data and information sources for chronic disease.
- Monitor and analyze chronic disease epidemiology and surveillance data to identify burden, trends, and outcomes.
- Identify the factors that influence the delivery and use of public health programs and services.
- Guide the translation of research into chronic disease programs and activities.
- Know and apply the Chronic Disease Indicators.
- Select and use appropriate data collection methods.
- Discuss issues of data integrity and comparability.
- Explain basic clinical terms and etiology for chronic diseases.
- Discuss qualitative evaluation.
- Define and interpret non-traditional data to address chronic disease prevention and control (e.g. transportation data, cigarette sales).
- Implement social marketing strategies.
- Maintain up-to-date knowledge on the development of genetic advances and technologies relevant to chronic diseases.

APPENDIX C:

NACDD Competency Area/PHAB Domain Comparison

Appendix C: NACDD Competency Area/PHAB Domain Comparison

This chart illustrates the primary considerations and applications as well as a few secondary applications.

NACDD Competency Areas		PHAB Domains	
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.	1	**Assess:** Conduct and disseminate assessments focused on population health status and public health issues facing the community
		3	**Inform and Educate:** Inform and educate about public health issues and functions
		4	**Community Engagement:** Engage with the community to identify and address health problems
		7	**Access to Care:** Promote strategies to improve access to health care
			Secondary Considerations
		5	**Policies and Plans:** Develop public health policies and plans
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.	1	**Assess:** Conduct and disseminate assessments focused on population health status and public health issues facing the community
		2	**Investigate:** Investigate health problems and environmental public health hazards to protect the community
		9	**Quality Improvement:** Evaluate and continuously improve processes, programs, and interventions
		10	**Evidence-based Practices:** Contribute to and apply the evidence base of public health
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.	3	**Community Engagement:** Engage with the community to identify and address health problems
		5	**Policies and Plans:** Develop public health policies and plans
		6	**Public Health Laws:** Enforce public health laws
		10	**Evidence-based Practices:** Contribute to and apply the evidence base of public health
		12	**Governance:** Maintain capacity to engage the public health governing entity
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	**Policies and Plans:** Develop public health policies and plans
		7	**Access to Care:** Promote strategies to improve access to health care
		9	**Quality Improvement:** Evaluate and continuously improve processes, programs, and interventions
		11	**Administration and Management:** Maintain administrative and management capacity
		12	**Governance:** Maintain capacity to engage the public health governing entity
5	**Manage People:** Chronic disease practitioners oversee and support the optimal performance and growth of program staff as well as themselves.	5	**Policies and Plans:** Develop public health policies and plans
		8	**Workforce:** Maintain a competent public health workforce
		11	**Administration and Management:** Maintain administrative and management capacity
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.	6	**Public Health Laws:** Enforce public health laws
		8	**Workforce:** Maintain a competent public health workforce
		11	**Administration and Management:** Maintain administrative and management capacity
		12	**Governance:** Maintain capacity to engage the public health governing entity

NACDD Competency Areas		PHAB Domains	
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.	1	**Assess:** Conduct and disseminate assessments focused on population health status and public health issues facing the community
		2	**Investigate:** Investigate health problems and environmental public health hazards to protect the community
		3	**Inform and Educate:** Inform and educate about public health issues and functions
		8	**Workforce:** Maintain a competent public health workforce
		9	**Quality Improvement:** Evaluate and continuously improve processes, programs, and interventions
		10	**Evidence-based Practices:** Contribute to and apply the evidence base of public health
			Secondary Consideration
		5	**Policies and Plans:** Develop public health policies and plans
		7	**Access to Care:** Promote strategies to improve access to health care
		12	**Governance:** Maintain capacity to engage the public health governing entity

Conclusion: NACDD Competencies address/include all PHAB Domains.

APPENDIX D:

Additional Tools and Resources

Appendix D: Additional Tools and Resources

Find the Competency Assessment Tool, Structured Interview Guide Planning Tool and Job Description Templates by visiting the webpages below:

Competency Assessment Tool:
www.chronicdisease.org/resource/resmgr/workforce_development/competenciesassessmenttool.pdf

Structured Interview Guide Planning Tool:
www.chronicdisease.org/resource/resmgr/workforce_development/structuredinterveiwguideplan.pdf

Job Description Templates:
www.chronicdisease.org/resource/resmgr/workforce_development/jobdescriptiontemplates.pdf

STAFF

John W. Robitscher, MPH
Chief Executive Officer
jrobitscher@chronicdisease.org

Zarina Fershteyn, MPH
Director of Program Evaluation
zfershteyn@chronicdisease.org

Schwanna C. Lakine, MBA
Director of Finance and Operations
slakine@chronicdisease.org

Marti Macchi, MEd, MPH
Director of Programs
mmacchi@chronicdisease.org

John W. Patton
Director of Partnership Development
jpatton@chronicdisease.org

Slavomira "Cici" Roberts, MBA
Director of Human Resources
sroberts@chronicdisease.org

Paige Rohe, MPH
Associate Director of Communications
prohe@chronicdisease.org

David Doyle
Grants Management Specialist
ddoyle@chronicdisease.org

Anissa Hackett
Staff Accountant III
ahackett@chronicdisease.org

Dyrelle Haynes
Administrative and Logistics Assistant
dhaynes@chronicdisease.org

Margaret "Gillan" Ritchie, MS
Communication and Member Services Coordinator
mritchie@chronicdisease.org

Tamika Smith
Member Engagement and Creative Services Manager
tsmith@chronicdisease.org

Kevenshay Tarver, MPH
Project Coordinator
ktarver@chronicdisease.org

Sabrina Taylor
Operations Coordinator
staylor@chronicdisease.org

Charles Williams, MBA, CPA
Senior Accountant
cwilliams@chronicdisease.org

Keisha Wilson, CSEP
Senior Meeting Planner
kwilson@chronicdisease.org

CONSULTANTS

California
Jeanne Alongi, MPH, DrPH
Tamara Engel
Margaret "Peggy" Grillo
Susan Lopez-Payan

Colorado
Stefanie Hansen
Abby Laib
Kelly McCracken, RD, CDE

Florida
Karma Edwards, MPH
Jennie Hefelfinger, MS
Catherine McCann, PhD, MSPH
Trina Thompson, MA

Georgia
Wendy Childers, MPH, MA
Doug Joiner, MPH
Stephanie Mathews, MPH
Carol McPhillips-Tangum, MPH
Miriam Patanian, MPH

Kansas
Paula Clayton, MS

Louisiana
Patricia Herrmann, MS
Natasha McCoy, MPH

Massachusetts
Susan Svencer, MPH

Mariana Islands
Lynette Tenorio

Maryland
Amy Greene, MSW, MPH
Tasha Moses
Tiffany Pertillar, MSW, MPH, CHES
Peggy Yen, RD, MPH

Maine
Randy Schwartz, MSPH

Michigan
Paulette Valliere, PhD

Mississippi
Ellen Jones, PhD, CHES

Missouri
Carol Brownson, MSPH

North Carolina
Rachelle Chiang, MPH

North Dakota
Tera Miller, MBA, RDN, LRD

Nevada
Gwen Hosey

New York
Mari Brick, MA

Ohio
Frank Bright, MS

Oklahoma
Adeline Yerkes, MPH

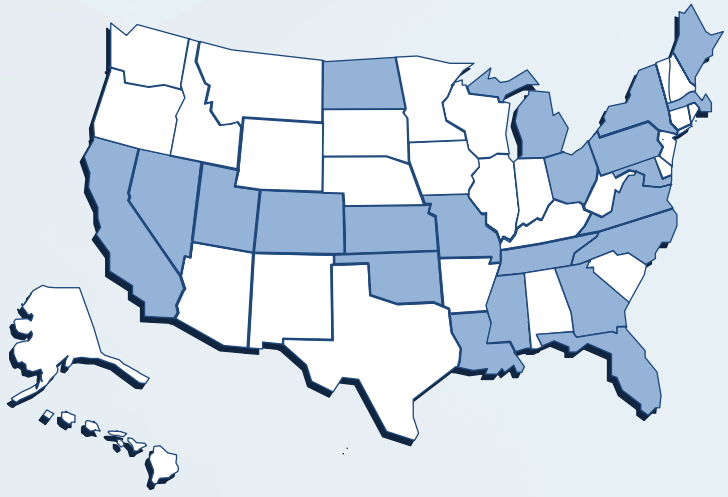
Pennsylvania
Leslie Best

Tennessee
Barbara Park, RDH, MPH

Utah
MaryCatherine Jones, MPH

Virginia
Ann Forburger, MS
Amanda Martinez, MPH, MSN, RN
Alice Patty, MSH
Julia Schneider, MPH

To connect with any of NACDD's 43 subject matter experts visit, www.chronicdisease.org and select the "NACDD Team" link under "About NACDD" on the navigation bar.



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

2200 CENTURY PARKWAY
SUITE 250
ATLANTA, GEORGIA 30345
(770) 458-7400 P (770) 458-7401 F
WWW.CHRONICDISEASE.ORG