



Diabetes Council

Diabetes Council Leadership Group

Roles, Responsibilities, and Benefits

The Diabetes Council, with more than 270 members from State Health Departments and the District of Columbia, connects State Health Departments across the nation for the purpose of implementing diabetes prevention and management strategies. NACDD and CDC work collaboratively to help ensure that Diabetes Council activities align with national objectives. Members who become actively involved in the Diabetes Council benefit from access to networking, training, and other opportunities that support implementation of diabetes objectives.

Diabetes Council members implement strategies funded by two CDC Division of Diabetes Translation cooperative agreements:

1. [Improving the Health of Americans through Prevention and Management of Diabetes and Heart Disease and Stroke](#) (DP18-1815)
2. [Diabetes and Heart Disease and Stroke Prevent Programs-Innovative State and Local Public Health Strategies to Prevent and Manage Diabetes and Heart Disease and Stroke](#) (DP18-1817)

The Diabetes Council is led by the Leadership Group, an elected body of State Health Department diabetes staff. The Leadership Group is a bridge between CDC and State Health Departments, making it easier for states to fulfill grant requirements and achieve success. Their collective voice for change enables them to advocate on behalf of State Health Departments,

The Leadership Group includes 13 elected and appointed positions:

- Executive Team – Chair Elect, Chair, Immediate Past Chair (3)
- Mentoring Workgroup – Co-Chairs (2)
- Professional Development Workgroup – Co-Chairs (2)
- Liaisons – for various topics/groups (7)

connect colleagues across the country, and inspire strategic direction for diabetes prevention and management. Together, NACDD and CDC provide guidance, foster leadership, and enable the Leadership Group to set and achieve goals that benefit diabetes-related public health efforts nationwide.

Leadership Group Roles and Responsibilities

- Serve in advisory role to NACDD and CDC for State Health Department perspectives on diabetes prevention and management
- Provide professional development opportunities for Members to improve the health of the nation
- Identify gaps and opportunities in national partnerships that support state public health diabetes activities
- Solicit and provide proactive and reactive feedback to NACDD and CDC
- Prioritize cross-cutting issues for all State Health Departments and develop practical and strategic solutions to move the work forward

Below is an overview of the roles and responsibilities for the specific Diabetes Council Leadership Group positions. In addition to the following, the Leadership Group serves as the

Nominations Workgroup, which solicits and prepares a slate of candidates for each position to be filled. The Leadership Group receives ongoing support from NACDD Consultants.

Chair Roles and Responsibilities

- Serve as Chair-Elect for a one-year term before advancing to Chair
- Provide leadership and direction for the Diabetes Council and help set priorities
- Succeed to the role of Past Chair after serving a one-year term as Chair
- Ensure preparation of an annual work plan that aligns with NACDD's Strategic Map
- Provide input and feedback on Council-related work plans and deliverables
- Appoint Leadership Group Members when a Leader resigns before their term is up
- Act as spokesperson for the Diabetes Council in collaboration with the Diabetes Leadership Group, advance the purposes and positions of the Diabetes Council through every appropriate means possible
- Coordinate and integrate activities with other NACDD Forums, Councils, and Workgroups, as needed
- Call and preside over meetings of the Diabetes Council Leadership Group and meetings of the Diabetes Council membership
- Provide periodic reports of activities to NACDD and Diabetes Council Members
- Estimated time commitment: 3 calls per month, 7 hours

Chair-Elect Roles and Responsibilities

Experience preferred for election: current Leadership Group Member, or at least 2 years experience working on state diabetes efforts

- Serve in the absence of the Chair
- Succeed to the role of Chair after serving a one-year term as Chair-Elect, or immediately, in the event of the Chair's resignation
- Perform other duties requested by the Chair
- Attend at least two conference calls annually for each standing workgroup
- Serve as lead of strategic planning efforts for the Diabetes Council
- Estimated time commitment: 3 calls per month, 7 hours

Immediate Past Chair Roles and Responsibilities

- Act as chairperson during the Diabetes Council Leadership Group meetings when the Chair and Chair-Elect are not present
- Succeed to the role of Mentoring Workgroup Co-Chair for one year after a one-year term as Past Chair
- Chair the Nominations Workgroup
- Serve as needed on the Diabetes Council Guiding Rules Committee
- Serve as consultant to the Chair and Chair-Elect
- Perform other duties requested by the Chair
- Estimated time commitment: 3 calls per month, 7 hours

Workgroup Co-Chair Roles and Responsibilities (4 Positions)

Experience preferred for election: at least 1 year experience working on state diabetes efforts

- Provide support and input on Diabetes Council work and assist the Chair in achieving Diabetes Council Leadership Group goals
- Co-Chair the workgroup meetings and oversee the overall direction of the workgroup
 - The **Mentoring Workgroup** provides mentoring activities through the Peg Adams Peer-to-Peer Program. In conjunction with CDC, the workgroup also

- offers peer-to-peer workshops to assist state staff in drafting workplans that clearly communicate their intent and fully address chosen strategies.
 - The **Professional Development Workgroup** assesses professional development needs of Council Members and plans and implements professional development opportunities to meet these needs, including offering conference scholarships.
- Estimated time commitment: 3 calls per month, 3 hours

Liaison Positions Roles and Responsibilities (7 Positions)

Experience preferred for election or appointment: at least 1 year experience working on state diabetes efforts

- Provide input on Diabetes Council work and assist the Chair in achieving Diabetes Council goals
- Serve to connect to other parts of NACDD to ensure integration and synergy across the Association
- Serve to connect external groups to the NACDD Diabetes Council
- Bring the diabetes perspective to NACDD cross-cutting groups and the NACDD Board
- Inform the Diabetes Council Leadership Group of activities in these other areas
- Estimated time commitment: 2 calls per month, 3 hours

Liaisons connect with the below NACDD groups and/or offerings:

- **NACDD's Board of Directors** consists of the five officers (president, president-elect, secretary, treasurer, immediate past president) and up to 14 at-large Members. The Board of Directors establishes committees to help guide the overall vision and direction for NACDD as well as develops and maintains working relationships with partners and other peer organizations. This position is appointed by the NACDD Board President.
- **NACDD's Cardiovascular Health Council**, a national group of State Health Department program managers, staff, epidemiologists, and evaluators working to improve diagnosis and management of hypertension in their states. The Council supports State Health Departments in implementing population health improvement strategies in healthcare and community systems work that primarily is associated with CDC's Division for Heart Disease and Stroke Prevention-funded activities.
- **NACDD's Government Affairs Forum and the Diabetes Advocacy Alliance™**
NACDD's Government Affairs Forum monthly calls provide up-to-date information on the status of NACDD advocacy efforts and current policy news from Washington, D.C. On the calls, participants hear from NACDD's leadership as well as consultants from Cornerstone Government Affairs about NACDD's efforts to educate and engage legislators and policymakers about improving the resources available for chronic disease prevention.

The Diabetes Advocacy Alliance™ (DAA) is a coalition of 27 members, representing patient, professional and trade associations, other nonprofit organizations, and corporations all united in the desire to change the way diabetes is viewed and treated in America. The DAA was formed and began activities in 2010. Three members of the DAA serve as co-chairs: American Diabetes Association, Pediatric Endocrine Society, and Novo Nordisk Inc.

- **NACDD's Health Equity Council (HEC)** connects all HEC program staff and those interested in health equity, for knowledge sharing, brainstorming, problem solving and best practice dissemination. The HEC works together to identify issues that make it difficult to close the gaps in health status and works toward solutions by partnering with State Health Departments, national organizations, and federal agencies to serve as a collective voice.
- **Liaison for NACDD Learning and Professional Development** seeks information about and recommends opportunities that support learning, career advancement, and professional development opportunities for Diabetes Council Members. The Liaison attends monthly NACDD General Member Webinars, reviews NACDD communications, and shares relevant opportunities and information with the Diabetes Council Leadership Group and the Diabetes Council Professional Development Workgroup. Estimated total time commitment of 3 calls, 4 hours per month.
- **Liaison for Outreach and Member Engagement** works to recruit active Members and leaders and to promote the Diabetes Council and its activities. The Liaison will collaborate with the Executive Team and NACDD Consultants to develop content for the website, The Connector newsletter, social media, and other opportunities.
- **Evaluation Peer Network** brings evaluators and epidemiologists working in DP18-1815 and DP18-1817 categories A and B together to share resources, ask questions of each other, and share approaches to evaluation, epidemiology, surveillance, and performance measurement. The Liaison for this group is appointed by the Evaluation Peer Network.

Benefits of the Leadership Group

- Facilitates opportunity to provide input to CDC on topics such as current and future work in diabetes public health efforts, the National DPP Customer Service Center, and CDC trainings and technical assistance offerings
- Provides leadership development opportunities
- Provides opportunities for networking and peer-to-peer program support
- Provides State Health Department staff a national perspective on diabetes prevention and management
- Provides opportunities for State Health Department staff to help coordinate national webinars in collaboration with CDC

What Our Leadership Group Members Say

Past and current Leadership Group Members shared the value of participating in the Leadership Group. Listen to [short audio clips](#) to learn more.

Networking and Peer-to-Peer Program Support

- “Networking across the country enhances motivation for the work. You are not alone, others are having the same issues and concerns-helps us find common solutions to **achieve better outcomes.**”
- “Opportunities to **build relationships across state lines**, and share/compare info, which assists our Health Department internal colleagues in finding peers to connect with when questions/problems arise. The Diabetes Council fuels **beneficial networking** that I could not envision functioning without.”

- “The networking that the Diabetes Council provides. It has allowed me to get to know staff working on diabetes activities in other states, which has made it easier to reach out to other states when I need help with something that they may have experience with.”
- “The Diabetes Council provides a **structured opportunity to communicate** with other State Health Departments and the NACDD.”

Skill Building/Training/Resources

- “Ongoing, valuable all Member calls that address cross-cutting topics for chronic disease. These provide added knowledge that assist with development of skills that we can share with other chronic disease programs. They **build confidence and competence.**”
- “The Diabetes Council has been able to help states build capacity in their work to reduce the burden of diabetes by **conducting training, establishing communities of practice** that enable states to **share best practices with peers**, and through the **mentoring** program. The **resources and tools** that are developed by the Council are timely and spot on.”
- “The Diabetes Council provides **organized opportunities to connect with and learn** from diabetes programs in other states, via conference calls, webinars, sharing lessons, and outputs from CDC-funded grants to NACDD, etc.”

National Perspective/Liaison/Collective Voice

- “It helps to put faces to names and on the work, personalizes the work. It **connects states/territories to CDC** [which] is very important. It becomes **national work**, rather than a single state’s effort.”
- “The Diabetes Council has the ability represent all states that receive funding from CDC. The council has been **our voice to CDC and other partners** in working to reduce the burden of diabetes.”



Since 1988, the National Association of Chronic Disease Directors and its more than 7,000 Members have worked to strengthen state-based leadership and expertise for chronic disease prevention and management in all states, territories, and nationally. Learn more at chronicdisease.org.

National Association of Chronic Disease Directors
325 Swanton Way
Decatur, GA 30030
chronicdisease.org
info@chronicdisease.org

If you require this document in an alternative format, such as large print or a colored background, please contact the Communications Department at publications@chronicdisease.org. Alternate formats can be made available within two weeks of a request.

The “Diabetes Technical Assistance and Support for State Health Departments” project is supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$6,600,000 with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.