

Diabetes Council Leadership Group

Roles, Responsibilities, and Benefits

The National Association of Chronic Disease Directors' (NACDD) Diabetes Council serves over 270 State Health Department (SHD) Staff working on diabetes strategies. The Council is member led and driven so SHD members determine yearly priorities that meet cross cutting state needs and works collaboratively with the Centers for Disease Control and Prevention's (CDC) Division of Diabetes Translation. The purpose of the Diabetes Council is to provide an opportunity for SHD members to connect, inspire innovation, and advocate for diabetes prevention and management and strengthen their capacity as leaders in public health.

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

The Leadership Group includes 12 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 (5)

behalf of SHDs, 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.

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 Diabetes Prevention Program (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 SHD staff a national perspective on diabetes prevention and management.
- Provides opportunities to inform policy responses on topics related to diabetes prevention and management.
- Provides opportunities for State Health Department staff to help coordinate national webinars in collaboration with CDC.

Leadership Group Roles and Responsibilities

- Serve in advisory role to NACDD and CDC for SHD 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 SHDs 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 during the annual election. The Leadership Group receives ongoing support from NACDD staff and consultants.

Chair Roles and Responsibilities

- Serve as Chair-Elect for a one-year term (see below) before advancing to Chair
- Provide leadership and direction for the Diabetes Council and help set cross cutting priorities to assist states.
- Succeed to the role of Past Chair after serving a one-year term as Chair (see below).
- 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 complete.
- Act as spokesperson for the Diabetes Council in collaboration with the Leadership Group, advance the purposes and positions of the Diabetes Council through appropriate means.
- Coordinate and integrate activities with other NACDD Councils and Workgroups, as needed.
- Call and preside over meetings of the Leadership Group and meetings of the Diabetes Council membership.
- Provide periodic reports of activities to NACDD and Diabetes Council Members.
- Estimated time commitment: 2 calls per month, 5 hours per month

Chair-Elect Roles and Responsibilities

Preferred experience: current Leadership Group Member, or at least 2 years' experience working on state diabetes efforts

- Serve in the absence of the Chair.
- Assist the Chair in providing leadership and direction for the Diabetes Council and helping to set cross cutting priorities that are applicable to states.
- 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: 2 calls per month, 5 hours per month

Immediate Past Chair Roles and Responsibilities

- Serve as Chair during the Leadership Group meetings in the absence of both the Chair and Chair-Elect.
- Assist the Chair and Chair-Elect in providing leadership and direction for the Diabetes Council and helping to set cross cutting priorities that are applicable to states.
- 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 consultant to the Chair and Chair-Elect.
- Perform other duties requested by the Chair.
- Estimated time commitment: 2 calls per month, 5 hours per month

Mentoring Workgroup Co-Chair Roles and Responsibilities (2 Positions)

Preferred experience: at least 1 year experience working on state diabetes efforts

- Provide support and input on Diabetes Council work and assist the Chair in achieving 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 Mentoring Program.
- Estimated time commitment: up to 3 calls per month, 3 hours per month

Professional Development Workgroup Co-Chair Roles and Responsibilities (2 Positions)

Preferred experience: at least 1 year experience working on state diabetes efforts

- Provide support and input on Diabetes Council work and assist the Chair in achieving Leadership Group goals.
- The **Professional Development Workgroup Co-Chairs** assess professional development needs of Diabetes Council Members and plans and implements professional development opportunities to meet these needs, leads discussion with the Leadership Group on needs and priorities for professional development opportunities; provides input on objectives and potential presenters for learning opportunities.
- Connects with Peer Mentoring Workgroup, as needed, to listen for professional development needs.
- Estimated time commitment: up to 3 calls per month, 3 hours per month

Liaison Positions Roles and Responsibilities (5 Positions)

Preferred experience: 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.
- Connect the Diabetes Council to other NACDD areas to ensure integration and synergy across the Association.
- Connect external groups to the NACDD Diabetes Council.
- Bring the diabetes perspective to NACDD cross-cutting groups.
- Inform the Leadership Group of activities in these other areas.
- Estimated time commitment: 3 calls per month, 4 hours per month, unless otherwise noted

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

- **NACDD's Cardiovascular Health Council**, a national group of SHD program managers, staff, epidemiologists, and evaluators working to improve diagnosis and management of hypertension in their states. The Council supports SHDs 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. This position networks and highlights opportunities for coordination between the two Councils. **Estimated total time commitment of 1 call, 3 hours a month.**
- **NACDD's Center for Health Policy and the Diabetes Advocacy Alliance™**
NACDD's Center for Health Policy 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 25 member organizations, 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 SHDs, 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.
- **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. Estimated total time commitment of 2 calls, 3 hours per month.

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.”



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

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.

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