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

NACDD Chronic Disease Competencies
Updated June 2025

COMPETENCY AREA 1: BUILD SUPPORT Chronic disease practitioners establish strong working relationships and communicate strategically with communities and other partners, including other programs, government agencies, nongovernmental lay and professional groups, and communities of focus to build support for chronic disease prevention and control.	
#	**Competencies**
1-1	Establish and maintain key partnerships to build support in preventing chronic disease and promoting opportunities for access to optimal health for everyone?
1-2	Use effective collaboration strategies to build, nurture, and sustain meaningful partnerships.
1-3	Seek out, listen openly to, and create space for varied opinions, perspectives, and experiences?
1-4	Interact strategically with other major sectors and key organizational partners, such as health systems, the transportation sector, parks and recreation, education, and others?
1-5	Select and use facilitation tools and approaches that support co-design, joint decision-making, sharing power, and authentic engagement of all partners, including communities of focus?
1-6	Facilitate use of coalitions, key partners, and change agents for chronic disease prevention and control?
1-7	Facilitate integration of chronic disease programs and governmental agencies, departments, and divisions?
1-8	Effectively navigate organizational systems and apply institutional knowledge?
1-9	Identify and describe the roles of key organizations in chronic disease prevention nationally.
1-10	Communicate effectively verbally, visually, and in writing for both professional and general audiences.
1-11	Effectively present and communicate scientific information for both professional and lay audiences.
1-12	Use diverse media and technology to communicate information.
1-13	Effectively communicate the business case for chronic disease prevention.
1-14	Implement social marketing strategies.
1-15	Advocate for chronic disease programs and resources.

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	COMPETENCY AREA 2: DESIGN AND EVALUATE PROGRAMS Chronic disease practitioners develop and implement evidence-based interventions and conduct evaluation and qualitative improvement processes to ensure on-going feedback and program effectiveness.
#	**Competencies**
2-1	Use evidence-based decision-making principles to inform program selection, prioritization, planning, implementation, and evaluation.
2-2	Involve communities of focus, including individuals with lived experience, in the design of programs, policies, and other chronic disease prevention initiatives.
2-3	Identify and use public health and other data to develop, prioritize, and promote interventions and policies related to preventing chronic disease.
2-4	Use a systematic approach to design formative, process, outcome, and impact evaluation activities.
2-5	Use evaluation data to inform decisions about changing, continuing, scaling, or ending practices and programs.
2-6	Use research and evaluation findings to prioritize policies, programs, and grants that will advance access to optimal health for everyone?
2-7	Incorporate data and` information from communities of focus, through strategies like community-based participatory research, data disaggregation, and evaluation of community- originated intervention strategies.
2-8	Collaborate with partners to collect and interpret data.
2-9	Apply ethical principles to the collection, storage, use, and dissemination of data and information.
2-10	Use economic evaluation techniques, including cost-effectiveness, cost-benefit, and/or cost- utility analyses as appropriate.
2-11	Plan and apply scientifically sound qualitative and quantitative evaluation techniques.

	COMPETENCY AREA 3: INFLUENCE POLICIES AND SYSTEMS CHANGE Chronic disease practitioners implement strategies to change public and organizational health-related policy that shapes the health of populations.
#	**Competencies**
3-1	Prioritize the use of policy as a tool to prevent and address chronic disease.
3-2	Articulate the many facets of non-health factors that affect chronic disease at the population and individual levels?
3-3	Assess the impact of public policies, laws, and regulations on chronic disease and chronic disease prevention and control.

3-4	Identify a policy agenda that aligns goals and measures for chronic disease prevention programs.
3-5	Explain and apply principles of systems thinking and systems change.
3-6	Navigate and engage with government systems at all levels (local, state, federal).
3-7	Apply an understanding of healthcare systems, public health systems, and the relationship between the two to systems change initiatives.
3-8	Build capacity for advocacy, such as educating public officials, submitting comments, testifying, and writing policy statements.

	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.
#	**Competencies**
4-1	Provide leadership to articulate clear values, mission, and vision.
4-2	Facilitate integration and coordination across chronic disease programs.
4-3	Oversee the development and implementation of a statewide chronic disease plan that includes goals, measures of success, and specific activities.
4-4	Align individual and organizational work with Essential Public Health Services and core functions.
4-5	Apply leadership and management theory to public health practice.
4-6	Create and maintain an action-oriented culture that values integrity and high-quality performance.
4-7	Create and sustain a culture of innovation where new ideas are supported.
4-8	Use and apply quality improvement tools and principles throughout chronic disease prevention and internal administrative activities.
4-9	Respond with flexibility to changing needs and emerging issues in chronic disease prevention.
4-10	Apply effective problem-solving processes and methods.
4-11	Operationalize policies by creating organizational plans, procedures, and programs that are fair for all?
4-12	Demonstrate a commitment to integrating principles into public health practice that ensure fairness in health and society for everyone?
4-13	Demonstrate the ability to have open-mindedness towards people with different backgrounds and experiences?

4-14	Build capacity at all levels to identify and implement community solutions that allow everyone access to optimal health?
4-15	Coordinate and collaborate with communities of focus to identify strategic directions in chronic disease prevention?
4-16	Educate decisionmakers on program priorities, forecasted challenges, and budgetary and other needs.

	COMPETENCY AREA 5: MANAGE PEOPLE Chronic disease practitioners oversee and support the optimal performance and growth of program staff as well as themselves.
#	**Competencies**
5-1	Facilitate team and organizational learning and reflection.
5-2	Motivate individuals and teams to achieve goals.
5-3	Support professional and personal development for chronic disease unit staff.
5-4	Effectively manage staff.
5-5	Facilitate connections across programs.
5-6	Recruit and retain a diverse chronic disease workforce with a wide range of skillsets.
5-7	Apply equitable and effective recruitment, hiring, and retention practices.
5-8	Conduct fair and impartial performance appraisals with actionable feedback to staff?
5-9	Forecast staffing needs and match staff skills with tasks.
5-10	Invest in emerging leaders and prepare them for sustained engagement in the field of public health.
5-11	Mediate and resolve conflicts.
5-12	Manage time and priorities.

	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.
#	**Competencies**
6-1	Apply evidence-based decision-making tools and processes to chronic disease prevention practice.
6-2	Apply a lens to the development, implementation, and evaluation of programs that considers opportunities for optimal health for all?

6-3	Implement strategies that promote health and fairness in health outcomes for everyone regardless of background.
6-4	Manage chronic disease programs within budget constraints.
6-5	Set and monitor chronic disease program goals and objectives.
6-6	Apply project management principles and tools.
6-7	Manage planning and implementation of meetings and conferences.
6-8	Conduct internal and external assessments of organizational readiness, capacity, and effectiveness.
6-9	Provide technical assistance to partners, subcontractors, and others.
6-10	Adhere to public health laws, regulations, and policies related to chronic disease prevention and control.
6-11	Manage the resources needed to ensure effectiveness of multiple programs.
6-12	Develop a flexible, sustainable, diverse funding portfolio.
6-13	Develop and manage complex program budgets.
6-14	Manage funding agreements.
6-15	Manage budgets and contracts with both funders and contractors.
6-16	Navigate relevant fiscal systems in support of effectively managing programs and their budgets.

	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.
#	**Competencies**
7-1	Identify and apply current relevant scientific evidence and findings from published literature.
7-2	Establish and support structures that facilitate adoption, institutionalization, and scaling of evidence-based interventions in practice settings.
7-3	Monitor and analyze chronic disease epidemiology and surveillance data to identify burden, trends, and outcomes.
7-4	Identify and interpret relevant and appropriate data and information to support chronic disease prevention activities, including data from other sectors and non-traditional sources.
7-5	Describe behavioral, economic, environmental, and social factors that impact health or health outcomes.

7-6	Identify the factors that influence the delivery and use of public health programs and services.
7-7	Develop and adapt interventions to reach a variety of communities.
7-8	Articulate the medical and genetic factors that contribute to the development and management of chronic diseases.
7-9	Explain basic clinical terms and etiology for chronic diseases.
7-10	Make inferences from quantitative and qualitative data.
7-11	Identify credible epidemiological data sources about chronic disease.
7-12	Disaggregate data to measure differences in health experiences or outcomes.