

## **Diabetes Council – Recruiting New Leaders April 11, 2018**

Learn about the Diabetes Council, the new Leadership Group roles and responsibilities, and the benefits of serving in a leadership role on the Diabetes Council.

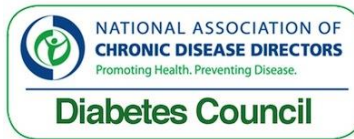
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### **About the Diabetes Council**

The long standing Diabetes Council is comprised of more than 250 members including program managers and staff representing all states, territories and jurisdictions. The Diabetes Council supports state health departments implementing diabetes prevention and control strategies which are primarily associated with CDC's Division of Diabetes Translation-funded activities. The Diabetes Council is governed by the Leadership Group, an elected body comprised of representatives from state health departments. The Leadership Group acts as a collective voice for change and advocates on behalf of state health departments, connects with colleagues across the country and inspires strategic direction for diabetes prevention and control.

### **Leadership Group Roles and Responsibilities**

- Serve in advisory role to NACDD and CDC on state public health perspective on diabetes prevention and control
- Provide mechanism for engagement of state public health staff and input on NACDD's programs, services, and priorities, and emerging issues to improve the effectiveness and efficiency of public health diabetes prevention and control programs, and enhance professional development of the members in order to improve the health of the nation
- Identify gaps and opportunities in national partnerships that would support state public health diabetes activities
- Solicit and provide feedback through NACDD to CDC and from CDC to NACDD (proactive and reactive)
- Perform proactive role in prioritizing diabetes strategic vision



Below is an overview of the roles and responsibilities for the specific Diabetes Council Leadership Group Positions. An approximate time commitment per month is also included. The Leadership Group serves as the Nominations Workgroup and will solicit candidates for office from the membership, and prepare a slate of candidates for each position to be filled. The Leadership Group has support from NACDD Consultants.

### **Chair Roles and Responsibilities:**

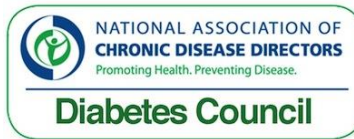
- Provide leadership and direction for the Diabetes Council and help set priorities;
- Ensure preparation of an annual work plan that aligns with the NACDD Strategic Plan, NACDD Operational Plan, and the Diabetes Council strategic direction/plan;
- Provide input and feedback on Council related work plans and deliverables
- Appoint chairpersons for workgroups in the event a Chair leaves their position 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;
- Work with NACDD Consultant to solicit CDC/DDT Liaisons to serve on each Diabetes Council standing workgroup.
- Time commitment (on average): 3 calls per month, 7 hours

### **Chair-Elect Roles and Responsibilities:**

- Serve in the absence of the Chair;
- Succeed to the Office 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 committee;
- Serve as Lead of the strategic planning efforts for the Diabetes Council
- Time commitment (on average): 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;
- 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.
- Time commitment (on average): 3 calls per month, 7 hours

#### **Workgroup Co-Chair Roles and Responsibilities:**

- Provide support and input on Diabetes Council work and assist the Chair in achieving Diabetes Council goals.
- Co-Chair the workgroup meetings and oversee the overall direction of the workgroup.
  - The Mentoring Workgroup provides mentoring activities through the Peer-to-Peer Program.
  - The Professional Development Workgroup assesses professional development needs of the Council members and plans and implements professional development opportunities to meet these needs.
- Time Commitment (on average): 2 calls per month, 3 hours

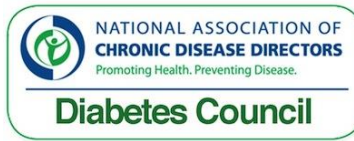
#### **Liaison Positions Roles and Responsibilities (7 positions):**

- Provide support and 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.
- Bring the diabetes perspective to NACDD cross cutting Forums, Workgroups, and the NACDD Board.
- Inform the Diabetes Council leadership group of activities of these other areas.
- There are currently seven Liaison positions:
  - NACDD Professional Development Forum
  - Government Affairs Forum
  - Act on Data Liaison to Epi/Evaluation Forum
  - NACDD Board
  - CVH Council
  - School Health Council
  - Health Equity Council.
- Time commitment (on average): 2 calls per month, 3 hours

## **Benefits from Serving on the Diabetes Council Leadership Group from Diabetes Council Leaders**

#### **Invitations to Provide Input to CDC**

- Winter/Spring 2017 - Leadership Group members invited to participate in Listening Sessions with CDC about current and future work in diabetes public health efforts.



The Diabetes Council leaders provided comments about the benefits that they have gained from serving on the Diabetes Council. Below are the comments provided to the Diabetes Council Leadership organized in three themes.

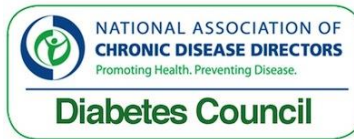
### **Networking, Communication, and Problem Solving on Common Issues**

- “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.**”
- “Immediate feedback from peers and states around what is happening in their state/work place, what is going on or not going on in other locations, the reasons/challenges and so forth. More importantly, **how these challenges are managed.**”
- “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 DC 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 resources they provide, from webinars and scholarships to site visits and guidance.”
- “Access to **mentors** for new diabetes program staff”
- “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**-brands the work-this is very important. It becomes **national work** rather than a single states’ 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.”
- “Ongoing focus on involving state programs in initiatives that compliment CDC 1305, 1422 and other requirements - resulting in additional information sharing, resources, etc.”
- “The Diabetes Council provides an important function **as liaison for states with CDC.**”