



# Diabetes Council Leadership Group

Roles, Responsibilities, and Benefits  
February 2019

The Diabetes Council includes more than 270 staff from State Health Departments representing all states, territories, and jurisdictions that are implementing diabetes prevention and control 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 \(DPI8-1815\)](#)
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 \(DPI8-1817\)](#)

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, advocates on behalf of all State Health Departments, and inspires strategic actions for diabetes prevention and control across the country. The Leadership Group's structure provides a mechanism to engage state public health staff and include their input on NACDD's programs, services, priorities, and emerging issues to improve the effectiveness and efficiency of diabetes prevention and control activities.

The Leadership Group includes 14 elected positions:

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

## Leadership Group Roles and Responsibilities

- Serve in advisory role to NACDD and CDC on State Health Departments' perspective on diabetes prevention and control
- 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 feedback through NACDD to CDC and from CDC to NACDD (proactive and reactive)
- 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 co-chairpersons for workgroups in the event a co-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; and
- 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

- 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; and
- 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; and
- Perform other duties requested by the Chair.
- Estimated time commitment: 3 calls per month, 7 hours

### Workgroup Co-Chair Roles and Responsibilities (4 Positions)

- 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 Peg Adams 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.
- Estimated time commitment: 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;
- Serve to connect external groups such as the Diabetes Advocacy Alliance to the NACDD Diabetes Council;
- Bring the diabetes perspective to NACDD cross cutting Forums/Committees/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
- There are seven Liaison positions that connect with the groups below:
  - **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.
  - **NACDD's Learning and Professional Development Committee** seeks information about and recommends programs and processes that support learning, career advancement, and professional

development opportunities for NACDD Members. The Committee is a key conduit to CDC for collaboration on learning and professional development.

- **NACDD's Cardiovascular Advisory 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 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.
- **NACDD's Government Affairs and Diabetes Advocacy Alliance**  
NACDD's Government Affairs Committee, in partnership with Cornerstone Government Affairs, trains and educates local, state, and national policy makers. They help inform state Chronic Disease Directors on national policy initiatives who subsequently inform state and local leaders on the latest policies and research in chronic disease prevention and control. Cornerstone Government Affairs is NACDD's lead partner in developing and sharing knowledge through their review, analysis, and production of policy research, reports, and ideas. NACDD uses the Government Affairs Forum and other innovative tools and events, to highlight their findings, legislation, success stories, best practices, and opportunities.
- **The Diabetes Advocacy Alliance™** (DAA) is a coalition of 24 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 Epidemiology and Evaluation Collaborative** is a group of more than 120 public health chronic disease epidemiologists and evaluators who convene by phone monthly to ask questions, share ideas and resources, and discuss common challenges related to epidemiology, surveillance, evaluation, and performance measurement associated with the CDC 1815 and 1817 awards.
- **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.

## 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 for State Health Department staff.
- 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 Members Say

### 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.

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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 control in all states, territories, and nationally. Learn more at [chronicdisease.org](http://chronicdisease.org).

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