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| Epidemiology and Evaluation Collaborative **October 10, 2018**11am PT/12pm MT /1pm CT / 2pm ET**CALL IN LINE:** 1 877 273 4202, room **793-903-441** |  |

Present:

\_X\_\_ Paul Meddaugh\* VT

\_X\_\_ Liz Gebhart\* NE

\_\_\_ Debra Hodges AL

\_\_\_ Kortnei Scott AL

\_\_\_ Sam Hyde-Rolland AK

\_\_\_ Sharada Sarah Adolph AR

\_\_X\_\_ Catrina Chambers CA

\_\_\_ Lisa Rawson CA

\_\_\_ Ian Danielson CO

\_X\_\_ Sara Wakai (UConn) CT

\_X\_\_ Eric Horan (UConn) CT

\_X\_\_ Stephanie Poulin CT

\_\_\_\_ Latrice Holt DC

\_\_\_\_ Ian Quan DC

\_\_\_ Jamie Forrest FL

\_\_\_ Keneshia Coates FL

\_\_\_ Megan Macdonald FL

\_\_\_ David Gbogbo FL

\_\_\_\_ Elizabeth Otwell GA

\_\_\_ Monyette Childs GA

\_\_\_ Lance Ching HI

\_\_\_ Kara Mastalski ID

\_\_\_ Janae Price IL

X\_\_ Jennifer Wellman IL

\_X\_\_ Emily Ohannesian IN

\_X\_\_ Jack Kinsey IN

\_X\_\_ Lindsey Sanner IN

\_\_\_ Brad Richardson IA

\_\_\_ Anne Abbott IA

\_\_\_ Cathy Lillahoj IA

\_\_X\_ Belle Federman KS

\_\_\_ Ghazala Perveen KS

\_\_\_ Mengyi Li KS

\_\_\_ Karen Cinnamond KY

\_\_\_ David Davis KY

\_\_\_ Sarojini Kanotra KY

\_\_\_ Allie Merritt KY

\_\_\_ Annie Preaux LA

\_\_\_ Sanouri Ursprung MA

\_X\_\_ Dinesh Pokhrel MA

\_\_\_ Meg Her MA

\_\_\_ Lori Kiel MA

\_\_\_\_ Vicki Nielsen MA

\_\_\_ Lisa Gardner MD

\_\_X Linda Carter MD

\_\_\_\_ Carly Stokum MD

\_\_\_ Pamela Albert ME

\_\_\_ Caitlin Pizzonia ME

\_\_\_\_ Ashley Tetreault ME

\_\_\_ Michelle Mitchell ME

\_Exc. Adrian Zeh MI

\_X\_ Emily Styles MN

\_\_\_ Kyle Waller MO

\_\_X\_ Kathryn Metzger MO

\_\_\_ Fei Teng MS

\_\_\_ Jessie Fernandes MT

\_X\_\_ Carrie Oser MT

\_\_\_ Sam Thompson NC

\_\_\_\_ Brian Traver NC

\_\_\_ Essete Kebede NC

\_X\_\_ Clint Boots ND

\_X\_\_ Kim Crawford ND

\_\_\_ Janna Pastir ND

\_\_\_ Liz Gebhart NE

\_\_\_ Karen Craver NH

\_\_\_ Uta Steinhauser NJ

\_X\_\_ Humphrey Costello NM

\_\_\_ Wayne Honey NM

\_X\_\_ Laura Feldman NM

\_X\_\_ Mojde Mirarefin NV

\_\_\_ Lisa Sheretz NV

\_\_\_ Masako Berger NV

\_X\_\_ Rachael Austin NY

\_\_\_ Ann Lowenfels NY

\_Exc. Lara Kaye NY

\_\_\_ Traci Capesius OH

\_\_\_ Melissa Chapman Haynes OH

\_\_\_ Joyce Lopez OK

\_\_\_ Joyce Samuel OK

\_\_\_ Fahad Khan OK

\_X\_\_ Beth Vorderstrasse OR

\_X\_\_ Jackie Williams PA

x\_ Kelly Gagnon PA

\_\_\_\_ Mary Hawk PA

\_X\_\_ Dora Dumont RI

\_\_\_ Kristian Myers SC

\_\_\_ Tiara Rosemond SC

\_\_\_\_ Joshua Sellner SC

\_\_\_\_ Ashley Miller SD

\_\_\_ Lisa Kocak TN

\_\_\_ Donald Perry TN

\_\_\_ Jacob Black TN

\_\_\_ Nimisha Bhakta TX

\_X\_\_ Danielle Hodgson TX

\_X\_\_ Melissa Dunn TX

\_X\_\_ Brittany Brown\* UT

\_\_\_ Shahid Hafidh VA

\_\_\_ Lavonda Harrison VA

\_\_\_ Djibril Camara VA

\_X\_\_ Angela Kemple WA

\_\_\_ Jessica Marcinkevage WA

\_X\_\_ Peter Dieringer WA

\_\_X\_ James Oloya WA

\_\_\_ Megan Elderbrook WI

\_X\_ Shelby Vadjunec WI

\_X\_ Lena Swander WI

\_\_\_ Jing Fang CDC

\_\_\_ Kamesha Ellis CDC

\_X\_\_ Marla Vaughn CDC

\_\_\_ Rachel Davis CDC

\_X\_\_ Aisha Tucker-Brown CDC

Exc. MaryCatherine Jones NACDD

Exc. Miriam Patanian NACDD

Exc. Trina Thompson NACDD

\_X\_\_ Natasha McCoy NACDD

\*EEC Leadership!

\*\*Several states were under hurricane warnings and had closed state offices

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|  | **Agenda Item** | **Discussion** | **Action**  |
| 5 minutes**Paul** | **Roll Call**  | Welcome!Please mute your phone when you are not speaking to minimize background noise..  | If you would like to be added to the EEC membership and distribution list, please email MaryCatherine Jones (mcjones@chronicdisease.org). |
| 25 minutes**Paul** | **1305/1422 Wrap Up** | * 1422 Health Impact Statements due Dec.

If folks are interested in peer review, MaryCatherine has set up a Google drive for this. Instructions for accessing the Google drive were sent out after our September meeting.* 1305 D3/D4 and 1422 performance measures also due Dec. Any questions or concerns?

Paul (VT) – Anyone done this already?Emily (MN) – we’ve already done them for 1305 and 1422 b/c evaluator retired. We updated D3 and D4 measures when we did D2, so hopefully not much to change.Brittany (UT) – will we be receiving updated DPP, AADE reports for DSME, etc. measures before updating final D4 measures?Angela (WA) – can ask on our evaluation call tomorrowCatrina (CA) – we did start to submit Kim (ND) – DPRP and DSME were not required to be reported on, as far as I know.Brittany (UT) –I thought for D4 that CDC said they would provide the numbers to us but we had to update it in the APR template based on the reports sent by CDC.Kim (ND) – maybe there is different info from different evaluators. CDC told us that if we had not been tracking it, we did not have to moving forward.Brittany (UT) – that makes sense that people may be hearing different things from different evaluators because there are differences in what DNPAO was requiring relative to DDT.Angela (WA) – regardless of it gets into APR, nice to have more current info as we are starting the new grants and see where we are at and add it to the info we have in-house. I can ask D4 evaluators tomorrow. Will share with MaryCatherine and then you all.Lindsey (IN) – we have an email from back in May that says they are due to be updated in 2018 – the DPRP standards, etc., CDC will not be providing DPRP reports and you should use last quarterly data. Maybe they have updates now that procedures are finalized.?? – Question regarding 1422 final reporting – Did the guidance email did mention the subawardee measures? Are they supposed to be updated for final report as well? Aisha (CDC) – they can be updated if you have new numbers, but they don’t have to be. Anything new from grantee and sub-awardee numbers? The 1422 narrative guidance came out, and it is supposed to be similar for 1305. Liz (NE): Should we focus on state level or sub-awardee work? How are you going to highlight in final narrative?Angela (WA) – find a balance between them and report on both. Our evaluators requested we report on sub-awardees activities as well. A challenge with limited space. ?? - Would be nice to know if CDC has a preference on that. We will likely focus on sub-awardees b/c they were implementors. If not what CDC wants, we need to know.Liz (NE) – We have struggled with that as well. Not sure what CDC would prefer but a lot of work happened at sub-awardee level.Aisha (CDC) – reach out to project officers for guidance on narrative. Best equipped to answer those.  | If you’d like peer feedback on your 1422 health impact statements and don’t have Google drive instructions, please contact MaryCatherine |
| 30 minutes**Liz** | **1815/1817 Startup** | * Are folks setting up meetings with their project officers and/or evaluators?
* How are EEC member positions and teams being restructured with the new funding?
	+ Are people still working with 1807?

Liz (NE) – eval calls for 1815 and 1817 coming up. We want to get a jump start to hear what is changing in your state. Have you set up calls with CDC? Know who you will be working with over the next few years?Paul (VT) – we did hear who project officer is, but not rest of the teamStephanie (CT) – we received email with PO and evaluators and have a call set up at the end of this month. Carrie (MT) – we did hear, and think we have PO mtg, not sure about evaluatorLaura (NM) – evaluator call scheduled Danielle (TX) – do have eval call set up for 1815 and 1817.Jennifer (IL) – also have our evaluator meeting scheduled for 1815Liz (NE) – are your positions being juggled and changed? How will new grants look within your state?Paul (VT) – my position is being shifted to focus on 1815, so not D2 type work anymoreDanielle (TX) – continue to work on 1807, partly due to a vacancy, but I think eventually it will be divided across grants.?? - Roles here staying the same. Hoped to add a new position, but not sure with smaller 1817 award.Jessica (WA) – similarly, we are in same roles, but also taking on additional responsibilities. Some on our team taking on 1815 and 1817, as well as WISEWOMAN. Will be very busy.Brittany (UT) – we did get 1807 and 1817, but less than requested, so in the middle of how that will be structured. Can’t hire as many as we were hoping. With a focus on rigorous eval in 1817, that could be interesting. Helpful to have this group. Liz (NE) – Do people here have enough capacity and ability to rebuild their epi/eval teams?Brittany (UT) – we lost two epis at beginning of this year, and we had not filled those positions, b/c we were waiting to hear about funding. So we do have some filling and capacity building to do, but also have some existing capacity. Combo to figure out moving forward.Liz (NE) – in other states? MaryCatherine sent out a barrage of positions opening up, so are teams staying the same?Emily (MN) – our epi team is staying the same. 3 epis who have been onboard for 3 or more years for 1305 and 1422. Our evaluator did retire, so we are replacing her.Rachael (NY) – our team is staying the same. Those on 1305 and 1422 are coming together to support 1815 and 1817. For more rigorous evaluations, have contracts with other orgs that have capacity in those areas to work on those projects.Liz (NE) – part of reason we are curious, is to make sure EEC can still provide TA and support and help onboarding your staff. So in particular, things you’d like EEC to dive into as you learn more about 1815 and 1817 performance measures.Brittany (UT) – in UT, we’ve always had combined positions where the epi/eval team was over a specific category and they did both epi/surveillance and eval work for all of those. How do other states do it who have an epi and an evaluator – how do you divide up those roles?Dora (RI) – we may be redefining that for our next grant. There was a clearer division in 1305/1422. With the new grants, it seems like a different relationship between epi and eval. Will know more when we hear from CDC, I suppose. Still figuring out what intensive evaluation will look like in 1817.Danielle (TX) – we have had epi and eval staff separate. Eval team works on design and with program staff. Epis handle surveillance data and when we receive health outcomes data down the line. How we did it on 1305 as well. Liz (NE) – we have divided it bec epi on performance measures, evaluator on reporting. Come together and work hand in hand together and also with program staff. Like collaborative set up we have. Emily (MN) – have epi and eval shared by CVH and diab units. In addition, each unit has their own extra epi that helps support the team of the two of us, the primary contacts on the grant. Kathryn (MO) – epi and eval for 1815, and I do have another person on eval team that does data support.Paul (VT) – we are structured similarly. I am epi for Dib and CVH. Our evaluator sits in chronic disease prevention division. He works on a number of programs as well, and we come together regularly. Once a month, we also host 1815 eval/epi meeting to get their input and present things to them as we work.Jackie (PA) – my position coordinates with external evaluators and shared epis for 1305 for all domains. Will continue doing that for 1815 and 1807 where I will interact with all data support people and epis to get performance measure data and communicate with evaluators to get any data points they need. Liz (NE) – a lot of similarities, but variety as well. What can EEC do to support you moving forward?Kim (ND) – after eval call, a place to post questions or send to MaryCatherine would be good. I’m sure things will come up, so that would be useful. Also depends how quickly it is operational after the call. A few weeks? A month? No one knows. The process will produce its own set up questions and discussion, so group will be valuable. On 1815 kick off call, I asked about data management plan. Response was that it won’t be required unless actually publishing data. Some additional discussions will be coming out about that, but that is different than what we knew in the writing process of the grant. Marla (CDC) – to clarify, that is for 1815 specifically. A data plan is required for 1817. Laura (NM) – when was the 1815 kick off call? We were not on it. Marla (CDC) – last Tuesday, and eval call is tomorrow afternoon at 3 pm ET.Kathryn (MO) – What is the call next Thursday? What is that?Marla (CDC) – 1817 eval kick off call. If you don’t have info for these calls, reach out to you PO or evaluation contact for info on all upcoming calls.Liz (NE) – last year, EEC discussed holding roundtables where we can dive into a particular topic. Are you all interested or rather focus on 1815/1817 before diving in more deeply on specific topics? Preferences?Kim (ND) – I love the idea of a roundtable, but might be a lot of silence b/c not knowing what to say or what to talk about yet. As we get into things, there will be more to talk about. Like pharmacy, I’ve reached out to other states, and think it will more naturally come out as we get into it. Valuable to have more targeted discussions down the line.Liz (NE) – I can see that. Anything else EEC should have on our radar at this point? Kim (ND) – I am nervous about APRs. Sounds like we’ll be on the same reporting time. We are on a 9 month year, so we are going to get started and have to report right away. Challenging to report on outcomes that quickly, developing workplan, etc. How are others feeling about that? Wondered if timeline would be adjusted, but doesn’t sound like it.Liz (NE) – Feel better to have you saying that. Timeline to even get sub-awards out of our state contracting system will make it challenging, so think it will be something CDC will have to consider.Jackie (PA) – I was confused on that as well. We will just be finishing our assessment of where we are starting, so is it maybe just gathering baseline information? Hard to get an outcome in short timeframe.  | Following the meeting, Marla clarified that any public-facing documents will require a DMP for 1815 and that a DMP is required for 1817 regardless. |
| **Paul** | **Adjourn** | November 1411am PT/12pm MT /1pm CT / 2pm ET | Email any agenda items to MaryCatherine |