***Welcome to our new EEC format! We are piloting meetings without a roll call. When you are prompted by Adobe Connect for your name, please enter your first name, last name, and state/org (i.e., Lara Kaye (NY)). If you are sharing a screen, please be sure that all in your party add their full names and state into the chat box at the start of the call.***

**CALL IN LINE:** 1 877 273 4202, room **793-903-441. Please mute your line when you are not speaking.**

**ADOBE CONNECT:** [**https://chronicdisease.adobeconnect.com/eec/**](https://chronicdisease.adobeconnect.com/eec/)

|  |  |
| --- | --- |
| EEC Leads | Belle Federman (KS), belle.federman@ks.govLara Kaye (NY), lara.kaye@heatlh.ny.govShelby Vadjunec (WI), Shelby.vadjunec@dhs.wisconsin.gov |
| NACDD Consultant | MaryCatherine Jones, mcjones@chronicdisease.orgKayla Craddock, kcraddock@chronicdisease.org |
| Date | February 13, 2019 |
| Time | 11am PT/12pm MT/1pm CT/2pm ET |
| Objective | To provide opportunities for staff working on 1815/1817 epidemiology, evaluation, data and performance measurement to collaborate on their work through the exchange of questions, ideas, insights, and resources with their peers. |

| Time/Discussion Lead | Agenda Item | Discussion | Actions |
| --- | --- | --- | --- |
| 2 minutesLara | Welcome and Housekeeping | Instructions for joining Adobe ConnectJust like last month, we are testing holding meetings with no roll call. If you didn’t enter your firstname\_lastname(state) when you logged on, please enter it into the Chat using this format. |   |
| 5 minutesBelle | New Member Introductions | EEC is a community of peers and we love to know who is with us, especially those who are new in their positions and new to EEC. If you are new to EEC, please introduce yourself:* Name and state
* Epi/eval role
* Which part(s) of 1815/1817 you work on
* What you hope to get out of this group

Brianna Monahan (ND): Diabetes Coordinator, really wanting to learn more about the groupSahil Bhatia (MI): 1815 Cat A and BEd Clark (FL): 1815 and 1817 evaluator, primarily with Cat A. Our team works collaboratively across both strategies. We’re also working with 1817 Strat B. | EEC agendas and minutes are sent by email. If you are not on the EEC email list, please add your email address to the Chat and/or email MaryCatherine Jones.  |
| 5 minutesMaryCatherine | NACDD Updates | Introducing Kayla Craddock. Kayla will be working with EEC and the CVH Advisory Council.NACDD will be setting up a webpage for members to post documents to share. Accessing the webpage will require you to login on the NACDD website. The webpage will not be promoted outside of EECThere will be a disclaimer that the resources may be in draft form and are intended for peer exchange.We hope to have this completed by the March meeting.**Coming soon!**Virtual GIS training: Introduction to ArcGIS Pro and ArcGIS OnlineMarch 5-12, 2019Registration opens Tues., Feb. 19, 2019 at 2:00pm ET  Class Size Limited to the first 25 registrantsCourse does require work in between class sessions.Find details and registration link on the GIS webpage: <https://www.chronicdisease.org/page/GIS> |  |
| 5 minutesLara | 1815/1817 Grantee Meeting | EEC get-together Wednesday, 3/27, 5:15-6:15 Gathering will be informal and networking-focused with some icebreaker activities. What would we like to do during this time?Our CDC reps to EEC are also invited to attend.A number of EEC members expressed interest in the get-together. MaryCatherine and the EEC Leads will continue planning efforts and will share with the group in March. |  |
| 25 minutesBelle | 1815/1817 Discussion | * What do you think about the updated, final versions of 1815 Cat A and B Performance Measure Definitions?

CA: Can CDC provide us with long term performance measure data on chol for Cat B, as they are for Cat A?Marla (CDC): Based on feedback and discussion, we’re asking recipients to report the data from health systems that they are working with for Category B. This is not necessarily statewide.* Now that we have the performance measure definitions, what are you doing?
* Are you submitting a data management plan (DMP) for 1815? If so, how are you completing the DMP (e.g., template, narrative, matrix, links to other sources)?

From Rachael (NY, in absentia): for NYS 1815, we are submitting a data management plan because we want the opportunity to publish if we need it. We used the main elements required in the DMP from the CDC guidance and just wrote a paragraph for each data source. I’d be happy to share an example template if it is helpful.Several members said they would like the template. Lara said she will follow up with Rachael.Marla (CDC): Anything you will be reporting publicly needs to have a DMP. Anything you are reporting just to CDC does not need a DMP. The DMP should be updated periodically and as information changes.Stephanie (CT): We used headings from webinar, paragraphs on each data source. Planning to update every year.Belle (KS): We’ve made DMPs for data we plan to share We’ll update them as other data sources come online. Anyone using a different format or approach?Tiffany (ND): If we are collecting any data outside of PM, we thought we needed to do a DMP. Ours is bulleted has headings, answers questions, but will include data from health systems, pharmacy partners, etc. that are not just for PMs. We are selecting pharmacies that we’ll be working with. Our pharmacy assessment includes lots of information that’s not just PM. We did a DMP for this. We did a survey of our health systems, so we did a DMP as well. Marla (CDC): For 1815, a DMP is not needed if you’re collecting data that meet the requirements for the cooperative agreement and submitting it to CDC.If you are doing qualitative data collection and analysis for other types of eval data, you need a DMP. If you plan to publish data you’ll be sharing with CDC, you need a DMP. Internal sharing doesn’t count toward a DMP. Dora (RI): I thought DMPs relate to data we create or own, not like BRFSS.Marla: Yes. .Belle: If we are using grant funds to add additional questions to BRFSS, do those questions need to be included in the DMP?Marla: this is a gray area. For the qualitative data, it depends on the data use. If it’s only being reported to CDC, you don’t need a DMP. For BRFSS, not sure about this. If you’re doing a DMP for some of your data, err on the side of including this type of thing in there.Janna (ND): BRFSS has its own DMP that gets sent to the CDC folks over BRFSS. BRFSS data belong under that DMP, not under the program DMP. Marla: Did you add questions?Janna: Yes, the diabetes modules that were pre-approved by CDC. We’re not conducting it or in charge of it. Marla: Generally speaking, you don’t need one for BRFSS. Belle: In KS, we get and analyze our own data, added additional questions beyond what’s specified in the NOFO. So we thought we need a DMP.Mojde (NV): We decided to go with a DMP but have other states used this platform? Dora (RI): Yes, this was a big disappointment, even though it was strongly recommended. ICSPR website has some templates. DMPs were created for researchJessica (WA): Examples from CDC were simplistic. Other sources can be helpful when collecting deidentified data, especially when storing personal health information. Dora: You can find some examples and additional information here, but it’s really focused on research: <https://www.icpsr.umich.edu/icpsrweb/content/datamanagement/dmp/framework.html> Deirdre (San Diego): DMP are required for 1817?Marla: Yes. As long as the 5 elements are covered, the issue is the nature of the data collected and how it will be used. Make it simple. Lara will follow up with Rachael to get the sample template and send it to MaryCatherine to forward to all EEC members. * How are you selecting/did you select the 3 strategies per category to include in your 1815 EPMP for further evaluation? For those with 1817 funding as well, does the rigorous evaluation on 2 strategies for each category play a role in your 1815 strategy selection?

Adrian (MI): We scheduled meetings with program staff and talked through the strategies that were selected and which onces we were more interested in studying. 1817- was part of application; slight tweak in TR with less funding thatn expected. Had to revise workplan (Cat A). Otherwise 1817 was set from get go. Tiffany: For Cat B we had internal discussions about which ones we needed to evaluate. For Cat A, our turnover in staff meant we haven’t had time for this yet. We’re looking forward to having these conversations. Our CDC evaluator said they’re still figuring out PMs related to some of our questions. For 1305, we had some very specific dates for the measurement period, i.e.over the last 12 months for HBP control. This will be important for CDC to look at in combining data from states. It will be interesting to see whether this guidance will be forthcoming.Information on upcoming evaluation calls is available at the end of the Agenda. We understand that these will be recorded.* The year’s end deliverables for the 1815 Cat B EPMP are different than 1305 (i.e., implementation brief, strategy mapping, etc.). How does this change in deliverables each year impact your approach to developing a EPMP?

IN: Is there any chance we will get examples of what these should look like? Perhaps seeing something high levelTiffany: We have not done our EPMP because of lack of information, we expect lots of changes across the board.KS: We felt like if we have our eye on the impact brief on the end, the rest will fall in place because they are building blocks. We want to make sure we have these built in from the beginning. Marla: We would like to provide templates. We don’t have OMB clearance to provide them at this point in time, but this is our plan to share for all of the deliverables. We will have a plan for all 5 years that we are putting in for the OMB package. We can share high level information on the Y1 deliverable and what this will look like, but there may not be a clear template by November. We can outline the main components. Marla: Next Tuesday 3pm, there is the Cat B webinar for 1817 that will have the EPMP guidance and revised PMs. This will be recorded and we’ll send out the slides afterward. An email reminder with call in information will come out today. We have a request for anyone who is interested in being on our recipient eval planning group for the 1815 and 1817 eval group. We’re looking for evaluators and program folks, expect this to go out today. Depending on how many volunteer, we’ll consider states and LHDs as well as geographic location, size of state, etc. Please consider this if you’re interested.  |  |
| 10 minutesLara | Questions from States | Does anyone have questions they would like to ask of the group while we’re all on the call? Resources to share?Brittany (UT): I’d like to hear more about how many epi/evals/FTEs you have and what budget amount is allocated. What staff are dedicated to programs. Are people organized by Category or other?Janna (ND): For 1815, we have ave 5.75 FTEs including 50% of epi shared with tobacco. Contract for evaluation. Epi does not do epi/process evaluation. Really does surveillance.Melissa (TX) – 1 fulltime 1815; .25 for 1817; 1 FTE epi 1815; 50% epi funded inkind for 1817. Can folks share staffing info by email until our EEC peer exchange webpage is underway?Emily Peterson Johson (TX):For those states doing activities for 1817 B.7, what data sources will they primarily be using? For example, are they using data straight from the app, are they finding ways to link apps to EHR systems and then pulling the data from there, or are they using an app and then having patients report data into a separate system?Shelby (WI): For B7, we’re still trying to work this out. We are using the Pathways Community HUB model (Pathways) for Category B, overall. And,have identified an app (healthio) that can link to the Pathways Connect software. But still trying to figure out the best way and how the healthio/app information can captured in the meantime. Pathways – structure for community-based care coordination that healthcare extenders can use. healthio is 3rd party app for B7. Planned to use/write API within the Pathways Connect Software for IO data (ie. SMBP, weight, etc.) to be uploaded into Pathways. Given security reasons, that has been delayed.  |  |
| Adjourn | Next meeting Wednesday, March 13 at 2pm ET. Please email any agenda items to MaryCatherine |

# Other News and Updates

**1)      DP18-1817 Category B Recipient Webinar:**

**Evaluation and Performance Measurement Plan Guidance and Performance Measure Definitions Overview**

**When:**Tuesday, February 19, 2019

**Time:**3:00 – 4:00pm EST

**How to join the webinar**:

**To join the webinar**:

Click on the link to join the webinar at the specified time and date: [https://adobeconnect.cdc.gov/rueko1v98vvg/](https://secure-web.cisco.com/12xJVpfC1owoZcKXU6pInQoD_Twg7T5pbpjQWOZCSg3jaXeW3Pwd5plbxrGakSYj7K1NgUb1_NJ8MNqEJ4so0Z-jE_gGHqcJfX_9JPg7UyZU0-BBg5j9tE91bWrKPegEkg6zcWkV7YGK3qBsj8xJFZ5mU5tL9CbwTSpHZXivILxrnlspYrG3ANm26eXHyNU1w5y5ZT9RvYVuA7aaFmDpcEz-BtR_r_5O99cWpl8hOPt9TrjJQaxZROXwWTgVSBvOTDvYEVufCpFpwcNmGSRw-uhYNNXQ9eVn6bjV2uXDeCJQI8YYPKE-pkcyp4rezKJ_L3vTtXh9ssvkeMp0Qa67U6rWPDJQmXMVas4fYupHM-4k0oGSCwS_yi6N8y_LwFNVfkomfVChwyQRn-ZM-03JqedsIuDtiORmPPnxtIvMfuGjT31qZKW1mCwUfDBidWVq_fuMzr_JVEaG0qwAJFTYh5SiRjk1tffJ4DayL_KPm7uLG2_SiYSIPo16if8mLRlqz/https%3A//adobeconnect.cdc.gov/rueko1v98vvg/)

**To join the audio**: Dial-in to the conference line and enter the conference ID.

**Conference Number**: 1-888-790-1769

**Conference ID**: 6567615#

**Save the Date!**

**DP18-1815 Category A Evaluation and Performance Measurement Plan (EPMP) Webinar**

Dear DP18-1815 Principal Investigators and Evaluation Staff,

Evaluation and performance measurement are critical components of the **DP18-1815** cooperative agreement. The Division of Diabetes Translation (DDT) is hosting a webinar to provide recipient with an overview of the DP18-1815 Evaluation and Performance Measure (EPMP) requirements, key dates and deadlines.

|  |
| --- |
|  |
|  | C:\Users\oweni\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\80CB0F16.tmp |

**Thursday, February 28, 2019, 3:30 – 4:30PM ET**

**To join the webinar**:

Click on the link to join the webinar at the specified time and date:

<https://adobeconnect.cdc.gov/rlp7xsbxoeye/>

**To join the audio**: Dial-in to the conference line and enter the conference ID.

**Conference Number**: 1-888-790-1769

**Conference ID**: 6567615#

                **What We’ll Cover:**

•         Overview of DP18-1815 Category A Evaluation and Performance Measurement Plan (EPMP) requirements

•         Important Dates and Deadlines

•         Q&A Session

|  |
| --- |
|  |
|  | C:\Users\oweni\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\DBA132C2.tmp |

**Questions?**

Contact Nicolle Dally at ndally@deloitte.comfor any technical support issues.

Contact Kimberly Farris at kfarris2@cdc.govfor any questions about the webinar.

**Save the Date!**

**DP18-1817 Category A Evaluation and Performance Measure Plan Overview Webinar**

Dear DP18-1817 Principal Investigators and Evaluation Staff,

Evaluation and performance measurement are critical components of the **DP18-1817** cooperative agreement. The Division of Diabetes Translation (DDT) is hosting a webinar to provide recipient with an overview of the DP18-1817 Evaluation and Performance Measure (EPMP) requirements, updated performance measure definitions, and key dates and deadlines.

|  |
| --- |
|  |
|  | C:\Users\oweni\AppData\Local\Microsoft\Windows\INetCache\Content.MSO\7431A020.tmp |

**Thursday, February 21, 2019, 3:30 – 4:30PM ET**

**To join the webinar**:

Click on the link to join the webinar at the specified time and date:

<https://adobeconnect.cdc.gov/rza5qocrxj18/>

**To join the audio**: Dial-in to the conference line and enter the conference ID.

**Conference Number**: 1-888-790-1769

**Conference ID**: 6567615#

                **What We’ll Cover:**

•         Overview of DP18-1817 Category A Evaluation and Performance Measurement Plan (EPMP) requirements

•         DP18-1817 Updated Performance Measures Definitions

•         Important Dates and Deadlines

•         Q&A Session