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| 1305 Epidemiology and Evaluation Collaborative **April 11, 2018**  11am PT/12pm MT /1pm CT / 2pm ET  **CALL IN LINE:** 1 877 273 4202, room **793-903-441** |  |

Present:

X Liz Gebhart\* Facilitator NE

\_\_\_ Debra Hodges AL

x\_\_ Kortnei Scott AL

\_\_\_ Tim Feuser AL

\_\_\_ Sharada Sarah Adolph AR

Exc. Sara Mann CA

\_\_\_ Catrina Chambers CA

\_\_\_ Victoria Mercado CA

\_\_\_ Abby Laib CO

X\_\_ Sara Wakai (UConn) CT

X\_\_ Eric Horan (UConn) CT

Exc. Stephanie Poulin CT

\_\_\_ Latrice Holt DC

x Ian Quan DC

X\_\_ Rahel Dawit FL

X\_\_ Rodrique Pierre FL

\_\_\_ Jamie Forrest FL

\_\_\_ Keneshia Coates FL

X\_ Elizabeth Otwell GA

\_\_\_ Monyette Childs GA

\_\_\_ Ranjani Starr HI

\_\_\_ Amber Bowie HI

\_\_\_ Josh Holmes HI

\_\_\_ Alexis Barnett-Sherrill HI

\_\_\_ Robert Graff ID

x\_\_ Kara Mastalski ID

\_\_\_ Janae Price IL

\_\_\_ Ethan States IL

\_\_\_ Amber Blackmon IN

\_\_\_ Nicole Coton IN

\_\_\_ Lindsey Sanner IN

\_\_\_ Brad Richardson IA

\_\_\_ Anne Abbott IA

\_\_\_ Cathy Lillahoj IA

\_\_\_ Yumei Sun IA

X\_\_ Belle Federman KS

\_\_\_ Ghazala Perveen KS

\_\_\_ Karen Cinnamond KY

\_\_\_ David Davis KY

\_\_\_ Sarojini Kanotra KY

Exc. Annie Preaux LA

\_\_\_ Sanouri Ursprung MA

x\_ Dinesh Pokhrel MA

Exc. Meg Her MA

\_\_\_ Lori Kiel MA

x\_ Vicki Nielsen MA

\_\_\_ Lisa Gardner MD

x\_\_ Carly Stokum MD

x\_\_ Pamela Albert ME

x\_\_ Caitlin Pizzonia ME

x\_ Ashley Tetreault ME

\_\_\_ Michelle Mitchell ME

x\_\_ Adrian Zeh MI

Exc. Laura Hutton MN

x\_\_ Emily Styles MN

\_\_\_ Kyle Waller MO

\_\_\_ Kathryn Metzger MO

\_\_\_ Fei Teng MS

x\_ Jessie Fernandes MT

x\_ Carrie Oser MT

\_\_\_ Sam Thompson NC

\_\_\_\_ Brian Traver NC

\_\_\_ Essete Kebede NC

x\_\_ Clint Boots ND

x\_\_ Kim Crawford ND

\_X\_ Ami Sedani NE

\_\_\_ Karen Paddleford 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

\_X\_ Ann Lowenfels NY

\_X\_ Lara Kaye NY

\_\_\_ Tami Hardoby NYC

\_\_\_ Traci Capesius OH

\_ Carrie Hornbeck Fox OH

x\_ Melissa Chapman Haynes OH

Exc. Joyce Lopez OK

x\_\_ Joyce Samuel OK

\_\_\_ Fahad Khan OK

x\_\_ Beth Vordertrasse OR

\_\_\_ Jackie Williams PA

\_\_\_\_ Kristina Zwolenik PA

\_\_\_ Clare Lenhart PA

\_\_\_\_ Lyndsay Nybeck PA

\_\_\_ Tiffany Thigpen Pitt Co NC

\_X\_ Dora Dumont RI

\_\_\_ Elise George RI

\_\_\_ Khosrow Heidari SC

\_\_\_ Kristian Myers SC

\_\_\_ Tiara Rosemond SC

\_\_\_ Joshua Sellner SC

\_\_\_ Ashley Miller SD

\_\_\_ Lisa Kocak TN

x\_\_ Donald Perry TN

x\_\_ Jacob Black TN

\_\_\_ Nimisha Bhakta TX

x\_\_ Danielle Hodgson TX

Exc. Brittany Brown\* UT

\_\_\_ Shahid Hafidh VA

\_\_\_ Grace Villines VA

\_\_\_ Djibril Camara VA

Exc. Paul Meddaugh VT

x\_ Angela Kemple WA

x\_ Jessica Marcinkevage WA

\_\_\_ Cheryl Farmer WA

x\_ Peter Dieringer WA

\_\_\_ James Oloya WA

\_\_ Megan Elderbrook WI

\_x\_ Shelby Vadjunec WI

x\_\_ Lena Swander WI

\_\_\_ Brittany Richo WV

\_\_\_ Jing Fang CDC

x\_\_ Kamesha Ellis CDC

x\_\_ Marla Vaughn CDC

x\_\_ Rachel Davis CDC

x\_\_ Aisha Tucker-Brown CDC

\_\_\_ Paris Brookins CDC

X MaryCatherine Jones NACDD

\_\_\_ Susan Svencer NACDD

x\_\_ Miriam Patanian NACDD

\_\_\_ Trina Thompson NACDD

x\_\_ Natasha McCoy NACDD

x\_\_ Jeanne Alongi NACDD

\*EEC Leadership!

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|  | **Agenda Item** | **Discussion** | **Action** |
| 5 minutes  **Liz** | **Roll Call & Meeting Notes** | 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 ([mcjones@chronicdisease.org](mailto:mcjones@chronicdisease.org)). |
| 5 minutes  **Liz** | **Introduction of New EEC members** | Welcome to our new members!  --Rodrique Pierre (FL intern). Excited to see what this group is. | If you are not in the directory and would like to be, please enter your information [here](https://www.surveymonkey.com/r/EECDirectory). Also, as folks move on to new positions, please let MaryCatherine know so our list of members stays up to date! |
| 5 minutes  **MaryCatherine** | **NACDD Update** | Cancellation of EEC Roundtable 4/12: we had planned in advance that this would be canceled if a DDT/HDSP NOFO came out. In the next part of the agenda, we’ll talk about what our options are for moving forward, given that this topic is very relevant to folks while they’re working on the NOFO.  GIS Network: Call for submissions to PCD by 8/31. EEC members who are part of the GIS Network will have received an email from me today about this. If you’re not listed on the GIS Network but use GIS as part of your work, let me know and I’ll add you to the list. I’ll send out additional information about the call for submissions with the minutes after today’s EEC call.  CSTE Conference 6/10-13: Who is going? Options to meet up. Pam (ME), Rahel (FL), Carly (MD), Jessica (WA), Dora (RI), Peter (WA), Ami (NE).  AEA Conference 6/17-20: Who is going? Options to meet up. Elizabeth (GA), Mojde (NV), Elise (RI), |  |
| 15 minutes  **Liz** | **Upcoming EEC meetings** | Meetings May and June  -1815 NOFO is out. Another NOFO 1817 is expected 5/1. There also is a NOFO planned for DNPAO. Epi/eval is a core component of these, so EEC chairs have talked with MaryCatherine about how we should proceed. We decided to ask our members about their thoughts. We want to support you and have conversations as needed but recognize that it’s a busy time. Any initial reactions/thoughts about whether to continue meeting in May/June?  -Danielle (TX): we have a really long internal review process, so if we’re holding calls related to the NOFO, earlier would be helpful.  What is the role of NACDD and CDC throughout the grant application process? NACDD and CDC can’t provide TA to individual states on the application, but NACDD welcome states to use EEC for cross-cutting discussions on topics that are not specific to the NOFO, such as working with program staff on evaluation.  -Kim (ND): New NOFOs coming out of CDC are requiring data management plans. I saw this in School Health and 1815 and it’s new for me. It might be helpful for us to explore this terminology and. what it’s supposed to look like. It seems extremely complex.  -Rachael (NY): We did a data management plan for Arthritis. We hadn’t done one of these before but were able to tap into our Cancer program to learn about theirs.  -Dora (RI): Yes, we did a plan for Arthritis. Would help to get clarification on what you do and don’t need. There are a few instances where it’s unclear.  -Belle (KS): One of the things that’s challenging for us is that the SH NOFO how to put what’s requested within the page limits of the grant. Would like to share examples.  Liz: Sounds like having conversations around the data management piece could be helpful. We’re having similar conversations in NE.  MaryCatherine: Should we keep the meetings 1 hour long?  Lara (NY): Yes, keep them at the length they are. We recognize that some people won’t sign on if they’re too busy or can’t. We understand if people can’t attend.  MC: Other thoughts about meeting length/frequency? How can we pick up Showcasing the Value roundtable?  Lara (NY): Could we extend the meeting longer? Perhaps to 1.5 hours to incorporate the deeper discussion.  Dora (RI): This could be a compromise  Liz (NE): We’re using this meeting as a start to a conversation that could be continued with a roundtable post-NOFO. The handout from ND was really helpful.  Thoughts and ideas for moving forward?  How can EEC be a resource for you at this busy time?  Let MaryCatherine know your thoughts. | CDC will be hosting a conference call on the 1815 NOFO on 4/23.  MaryCatherine to work with EEC leads and roundtable facilitators to plan next opportunities. We’ll keep May and June meetings on the calendar. |
| 15 minutes  **Kim** | **Crucial Conversations** | Two analogies and ideas that have advanced dialogue on the role of evaluation and performance measures with program staff (See handout).  This handout is based on my 20+ year career in evaluation.  When we try to convey evaluation information, sometimes we need to use a real world thought process to make it more understandable for non-evaluators.  Problem #1:  Program staff not making connections between performance measures and program activities.  Partners/contractors are not always selected based on ability to contribute to workplan/performance measures (PM).  How can evaluators encourage staff to use data/PMs and grant requirements to inform their decisions about which partners/contractors to include? How can evaluators make sure that contracts and workplans are written in ways that advance the PMs?  The 1305 Bus: If we’re all on the bus together and trying to get somewhere, who is driving the bus? Who is in charge of the bus and driving it? In talking with staff, I’ve tried to help them understand that the PMs and grant requirements need to drive the bus and drive the decision-making, determine where we’re going to go, how to get there, who the passengers are. Sometimes it’s easy for great ideas to get on the table, but if they’re not going to get us toward our outcomes/PMs or grant requirements, we have to ask why they’re on the bus or why we’re going there right now. Sometimes we even run into situations where we ask “why is this partner still on the bus” if they’re not moving us toward where we’re going or produced outcomes. We need to get them off the bus. In this conversation with staff, I make sure the staff each has a list of the PMs for their domain and not think of the evaluator as the one who needs to be the only one. I am not the keeper of the evaluation thought process.  If you decide to share this with staff, I’d encourage you to:  -bring this up as you’re working on the NOFOs, as it’s a good time to remind staff  -use an interactive activity to talk about this instead of a lecture format, something to get them involved in the thinking process  -know that this is an ongoing conversation  -Some staff may already think like evaluators  -We want to build a relationship with staff. We shouldn’t be separate or be seen as people who are grading them on what we’re doing.  It’s also important to ask program staff to involve you in reviewing contracts that relate to the workplan. Once contracts are signed off, it’s hard to get anything else in.  Problem #2: Partners or contractors not making the connection to PM. We ask them to collect data for PM. For us as evaluators, we know data collection is a first step to data-driven decisions. For people who aren’t in eval roles, it’s not necessarily intuitive. We ran into this with a partner. We sometimes see workplans and data that are totally disconnected, decisions that are not rooted in data. Partners who are not familiar with our grant or exactly what we’re being asked to do but funded to do things may not grasp ideas the way we do.  The Home Improvement analogy: encouraging partners to use their data to set priorities. They may want to add some nice wallpaper border to their walls, but if their toilet or pipes are broken, the wallpaper border isn’t the priority. With this analogy, we need partners to consider what the budget allows them to do. States have to prioritize what CDC tells us to do. We collect data to help us prioritize tasks.  When you start work together, use this discussion to show how the data connect to the activities and how the data and PMs relate. If you can be part of conversations with program staff and partners, you can really catch things before contracts/workplans are approved. How can the evaluator be involved in reviewing before the contracts get signed?  Evaluators need to ask to be involved from the beginning.  Connecting with program staff is really important. We should be working together, help them to think like the evaluator. This is an ongoing conversation for EEC.  Liz: Any reactions/thoughts?  Mojde (NV): Thank you for sharing this. In NV, our program manager was previously the 1305 evaluator, which makes it easier for me to communicate what I need to do. Anytime we need to review workplan or scope of work, it needs to be seen by the evaluator. Program coordinators, evals, and managers all review contracts and are able to look at how performance measures relate to work getting done.  Angela (WA): Thank you for the presentation. We’re facing very similar issues. I’ve been really picky as an epi/eval. One thing that might help is to get back to the logic model. The 1305/1422 grants gave us logic models. Working within the domains and getting down to the activities and linking them to the PMs can help drive the conversation better. We’ll try to engage a little bit more with our contractors and partners around these.  Dora (RI): Our first 1305 eval constructed a complicated logic model and the program didn’t understand it. Our current eval is planning to create the logic model with program staff.  Kim (ND): That’s part of Engaging Stakeholders. If we’re developing the whole evaluation, we’re not engaging the program staff. Sometimes it’s easier to do it yourself, but we can get a lot out of involving others in the process.  Brittany (UT): Thank you for sharing this. In thinking about program support and being involved in the grant process, have you all had difficulties getting support from leadership and program staff on developing your health impact statements? Has the importance of those been communicated from CDC to program staff other than evaluators? With the NOFO out, it has been difficult to maintain leadership support for the importance of the HIS.  Angela (WA): I’ve had problems getting on people’s schedules because they’re so busy moving forward. I’ve tried to do 1:1 meetings when I can and asking a few questions and getting input that way. It’s hard to get a whole group together. That said, my team does feel that it’s important and wants to help get the statements together.  Elizabeth (GA): We have great meetings every 1-2 weeks where I put a HIS as a standing agenda item. I’ve added a question or two, an update, what I need from them, etc. This gives us time to talk about them. I also do little mini-interviews and ask them very specific questions to get input. My people understand that this is important. I’ve been able to promote the HIS as a way to promote our work to partners and other partners.  Kim (ND): I don’t remember CDC talking about this as being what we were expected to do at the beginning of the grant cycle. I buy into the concept, but it wasn’t brought up till the end of Y4. It would have helped if this were discussed way before this time period in our grant cycle, and we could have built things in earlier if this had been the case.  Lara (NY): One last thought—we had our CDC update call yesterday and at the end of the call, our evaluator mentioned the HIS in passing. It was a very small part of the call, but now I’m wondering if CDC is trying to elevate the importance of these with program staff.  Adrian (MI): Our evaluators lit a fire under us early on with a deadline, which was helpful in getting buy-in. Might help if there are success stories.  Mojde (NV): I told them I want to capture all the great work they are doing. I created an initial draft and they edited it.  Brittany (UT): Please contact me if you have other ideas. |  |
| **Liz** | **Adjourn** | Next meeting May 9, 2018  11am PT/12pm MT /1pm CT / 2pm ET |  |