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| 1305 Epidemiology and Evaluation Collaborative **May 9, 2018**  11am PT/12pm MT /1pm CT / 2pm ET  **CALL IN LINE:** 1 877 273 4202, room **793-903-441**  2086347 |  |

Present:

\_\_x\_ Brittany Brown\* UT

\_\_\_x Paul Meddaugh\* VT

X\_ Debra Hodges AL

\_\_\_ Kortnei Scott AL

\_\_\_ Tim Feuser AL

\_\_\_ Sharada Sarah Adolph AR

\_X\_\_ Sara Mann CA

\_\_\_ Catrina Chambers CA

\_\_\_ Victoria Mercado CA

\_\_\_ Abby Laib CO

X\_\_ Ian Danielson CO

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

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

X Stephanie Poulin CT

\_\_\_ Latrice Holt DC

\_\_\_ Ian Quan DC

\_\_\_ Rahel Dawit FL

\_\_\_ Jamie Forrest FL

\_\_\_ Keneshia Coates FL

X\_ Megan Macdonald FL

X David Gbogbo FL

X Elizabeth Otwell GA

\_\_\_ Monyette Childs GA

\_\_\_ Ranjani Starr HI

\_\_\_ Josh Holmes HI

\_\_\_ Alexis Barnett-Sherrill HI

\_\_\_ Robert Graff ID

X\_ Kara Mastalski ID

X\_\_ Janae Price IL

\_\_\_ Ethan States IL

X\_ Emily Ohannesian IN

X\_\_ Nicole Coton IN

X\_\_ 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

Exc. David Davis KY

\_\_\_ Sarojini Kanotra KY

\_\_\_ Annie Preaux LA

\_\_\_ Sanouri Ursprung MA

x\_ Dinesh Pokhrel MA

X\_\_ Meg Her MA

\_\_\_ Lori Kiel MA

X\_ Vicki Nielsen MA

\_\_\_ Lisa Gardner MD

X\_\_ Carly Stokum MD

\_\_\_ Linda Carter MD

\_\_\_ Pamela Albert ME

\_\_\_ Caitlin Pizzonia ME

\_x\_\_ Ashley Tetreault ME

\_\_\_ Michelle Mitchell ME

X\_ Kily Buta MI

\_\_\_ Adrian Zeh MI

Exc. Laura Hutton MN

X\_ Emily Styles MN

\_\_\_ Kyle Waller MO

\_X\_\_ Kathryn Metzger MO

X Zack Kemp MO

\_\_ Fei Teng MS

X\_ Jessie Fernandes MT

\_\_\_ Carrie Oser MT

\_\_\_ Sam Thompson NC

\_\_\_\_ Brian Traver NC

\_\_\_ Essete Kebede NC

X\_ Clint Boots ND

X\_\_ Kim Crawford ND

X\_ Ami Sedani NE

x\_\_ Liz Gebhart NE

\_\_\_ Karen Paddleford NH

\_\_\_ Uta Steinhauser NJ

\_\_\_ 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

X\_ Lara Kaye NY

\_\_\_ Tami Hardoby NYC

\_\_\_ Traci Capesius OH

\_ Carrie Hornbeck Fox OH

\_\_\_ Melissa Chapman Haynes OH

\_\_\_ 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

\_\_\_ Khosrow Heidari SC

\_\_\_ Kristian Myers SC

\_\_\_ Joshua Sellner SC

X\_\_ Ashley Miller SD

\_\_\_ Lisa Kocak TN

X\_ Donald Perry TN

X\_ Jacob Black TN

\_\_\_ Nimisha Bhakta TX

X\_ Danielle Hodgson TX

X\_ Melissa Dunn TX

X\_ Shahid Hafidh VA

X\_\_ Lavonda Harrison VA

\_\_\_ Djibril Camara VA

Exc. 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

Exc. Marla Vaughn CDC

Exc. Rachel Davis CDC

Exc. Aisha Tucker-Brown CDC

\_\_\_ Paris Brookins CDC

X\_\_ MaryCatherine Jones NACDD

\_\_\_ Miriam Patanian NACDD

X\_\_ Trina Thompson NACDD

X\_\_ Natasha McCoy NACDD

\*EEC Leadership!

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|  | **Agenda Item** | **Discussion** | **Action** |
| 5 minutes  **Paul** | **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  **Brittany** | **Introduction of New EEC members** | Welcome to our new members!  Kyla Buta (MI): 1422  Emily Ohannesian (IN): heart disease and diabetes  Megan Macdonald (FL): Epi and eval manager for 1305 and other grants  David Gbobo (FL): epi | 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! |
| 2 minutes  **MaryCatherine** | **NACDD Update** | MaryCatherine will be conducting two evaluation workshops for a state as part of their custom Chronic Disease Academy. One workshop is Compelling Eval Reports and Presentations, co-facilitated with Trina Thompson. Our workshop participants love to see evaluation reports and presentations from their peers. Please consider sharing yours.  MaryCatherine and Zarina Fershteyn will be conducting an eval 101 workshop as well. If you have questions about custom evaluation workshops, please let MaryCatherine know.  MaryCatherine will share workshop materials with EEC. You can view the slides from previous evaluation workshops [at the bottom of the EEC webpage](https://chronicdisease.site-ym.com/?CVHEpiSurvEval).  We will be looking for new EEC Leadership to direct the group in the fall. If EEC has been an important part of your work, consider volunteering to be an EEC Lead. Let MaryCatherine know if you’re interested and feel free to reach out to Paul, Brittany or Liz if you’d like to know more about the role. MaryCatherine will send out a written description.  We don’t know at this time whether EEC will be able to continue to support school health and PANO under their respective new NOFOs, but we plan to continue with HDSP and DDT. | Please send any reports/presentations you’d like to share to MaryCatherine  Please let your chronic disease director know if your staff is interested in NACDD conducting a custom evaluation workshop.  Let MaryCatherine know if you’re interested in moving into a leadership position with EEC in the fall. |
| 10 minutes  **Paul** | **Meeting with Janet Wright** | The CVH Network Leadership Team Executive Committee will be meeting with Janet Wright, Executive Director of the Million Hearts® Initiative, in Washington DC on May 24. Paul will be attending with Tara Trujillo (CO, Leadership Team Chair) and Hannah Herold (WY, Leadership Team Chair Elect).  This is a wonderful opportunity for Janet Wright to learn about EEC and hear how states are supporting Million Hearts from behind the scenes with data.   * What would we like Janet to know about the roles of epis/evals in supporting Million Hearts at the state level? * Do we have any “asks” from the Million Hearts team? Are there data, national level resources or technical assistance specific to Million Hearts® that could help to support our work?   Debra: Recently had a call with Million Hearts, including Janet Wright and federal partners re: past Million Hearts efforts. Currently has 4 years of EHR data from a Mobile Co HD with 9 clinics and a mobile van. Data represent >11,000 patients who have been diagnosed with HBP and DM in that dataset. Would really like to convey the challenges of getting into EHRs, using the data, and having the capacity to analyze it. These are very long processes. | Contact Paul with additional ideas ([paul.meddaugh@vermont.gov](mailto:paul.meddaugh@vermont.gov)) |
| 40 minutes  **Brittany** | **1305/1422 Hot Topics** | NOFO discussion items  **How epis/evals are involved in grant and grant writing, given that there aren’t epi/surveillance requirements? Do epis foresee that their roles will change as a result?**   * Not expecting big changes (Paul, Debra) * Has felt more involved/like having a larger role than predecessor was with 1305 grant writing (Elizabeth, Paul) * Some things that are not officially required will still need work behind the scenes, such as intermediate outcome measures that aren’t directly tied to activities and any performance measures beyond the minimum (Brittany, Debra)   **Data Management Plans**   * ***What level of detail should be in these?*** * ***A separate one for each data source or one high level?*** * ***Terms are not well defined, such as “public health data” and “new” collection. Does “new” data mean data we’re not already collecting? Should we include data for program improvement that isn’t “public health data”?*** * ***Should this be only for individual-level data?*** * 1807 FAQ explains well what is expected for that grant (Brittany) * Whether to do separate ones may depend on whether data source has protected health information (Debra) * Breast cancer data management plan, both the initial one submitted with the grant application and the final one were helpful to see. For the application, they just did a table format that was easy and logical, only took up a page (Elizabeth) * CDC hasn’t provided consistent DMP guidance or requirements across divisions. NY wrote very brief descriptions for datasets that were outside their typical public health surveillance system, such as performance monitoring for contractors (Rachael) * Some EEC members mentioned that they’ve seen DMPs in the research context, which is hard to translate to public health work. Ideally all of our data would be used for decision-making, which is one of the criteria CDC listed as requiring a DMP. * There was also some discussion about whether it should be one DMP per data source, per strategy/intervention, or even by domain/grant.   Several EEC members mentioned that they’ve submitted their questions to the [1815Comms@CDC.gov](mailto:1815Comms@CDC.gov) question site but not received responses. While this is frustrating, it was acknowledged that CDC may not have the answers and it may take time for them to figure out how to respond. It was also noted that the DMP probably won’t make or break the application, so as long as people do their best it may not be worth stressing over.  **What methodologies do people recommend for identifying priority pops/targeted areas?**   * Since we’re working through the healthcare system, we’re thinking about who is reached by that system. For example, FQHCs reach the low income population. We have framed the whole problem statement in terms of high burden populations. * We use FQHCs to target high BP/chol populations * We started with counties where there were healthcare providers in clinics that had indicated an interest in working on the strategies. We paid attention to population, geography, population density, and local BRFSS data (Belle) * We also looked at our partnerships, where they are/where they aren’t. Looked at hospital needs assessments to see whether they’re interested in working on these areas. * Balancing burden with CDC’s requirement for reach and impact is a challenge, as some states have very rural populations or have high burdens in rural areas. Also have to consider the capacity and interest of the local community and ability to move the needle (Brittany, Mojde). * You can justify the population you choose to CDC even if it’s not high reach and impact (Mojde) | We weren’t able to answer this question during our meeting. Please send your ideas to Don ([Donald.perry@tn.gov](mailto:Donald.perry@tn.gov)) and copy MaryCatherine ([mcjones@chronicdisease.org](mailto:mcjones@chronicdisease.org)).  For 1807 NOFO, A high level logic model is presented on page 5 of the NOFO in which general short-term outcomes are described.   They all have the same format as follows:   demonstrating progress on 1) food service guidelines, 2) supportive breastfeeding, 3) community planning and transportation, and 4) ECE PA and nutrition standards.  What constitutes “demonstrating progress”?  Please send your other questions for your peers to MaryCatherine to distribute to the group. |
| **Paul** | **Adjourn** | June 13 meeting will be rescheduled due to CSTE | Stay tuned for a reschedule |