***EEC is now on Zoom! When you are prompted by Zoom 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.***

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| EEC Leads | Lara Kaye (NY), lara.kaye@heatlh.ny.gov  Shelby Vadjunec (WI), [Shelby.vadjunec@dhs.wisconsin.gov](mailto:Shelby.vadjunec@dhs.wisconsin.gov)  (this could be you! If you’re interested in becoming an EEC lead, please contact MaryCatherine and Kayla) |
| NACDD Consultants | MaryCatherine Jones, [mcjones@chronicdisease.org](mailto:mcjones@chronicdisease.org)  Kayla Craddock, [kcraddock@chronicdisease.org](mailto:kcraddock@chronicdisease.org) |
| Date | July 10, 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 |
| --- | --- | --- | --- |
| 5 minutes  Shelby | Welcome and Housekeeping | Instructions for joining Zoom  If you didn’t enter your firstname\_lastname(state) when you logged on or if there are multiple folks sharing a login, please enter everyone’s names and states into the Chat using this format.  We have a vacancy for our third EEC lead. If you have ever been curious about the glamorous, star-studded lives of an EEC lead, Lara and I are happy to discuss the position and our experiences with you!  EEC Internal Webpage. Find meeting minutes and resources from your peers. Access the page here: <https://www.chronicdisease.org/page/CVH_EEC>  \*This link is for EEC members only. Please do not share beyond this group. | Contact Kayla for assistance with accessing the page and/or submitting documents to share ([kcraddock@chronicdisease.org](mailto:kcraddock@chronicdisease.org)). |
| 5 minutes  Lara | New Member Introductions | New Diabetes Council Liaison: Ed Clark: [Edward.clark@flhealth.gov](mailto:Edward.clark@flhealth.gov)  Welcome Ed, who has been elected to serve as the EEC liaison to the Diabetes Council.  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   Welcome to new members: Ericka Welsh (Kansas); David Dauphine (California); and Banita McCarn (Illinois) | 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 Kayla ([kcraddock@chronicdisease.org](mailto:kcraddock@chronicdisease.org)). |
| 2 minutes  MaryCatherine | NACDD Updates | 1815 Cat A/B evaluation call 6/20 resources available on the internal webpage.  2019 *All In*National Meeting  *October 15 - 17, 2019 in Baltimore, MD*    Across the country, communities are working to improve population health and whole-person wellness through partnerships that bring diverse sectors together to unleash the full potential of their data. The *All In* National Meeting is the premiere in-person event that brings these data sharing pioneers together to share solutions and accelerate our progress toward improved health equity for all. For the first time, registration is open to anyone who wants to participate! The meeting will feature inspiring plenary discussions with leading experts, community breakout sessions sharing practical lessons and advice, opportunities to network with those with similar interests, and much more.  Learn more and register at:  <https://web.cvent.com/event/dd5e13c1-8010-4b3c-85a3-37559b4acc53/summary> |  |
| 5 minutes  Shelby | National Summit on Social Determinants of Health | Update on conference held 6/22-25, Washington DC.  There were a lot of different perspectives and it was very interesting. Something that stood out was the public health language we use – it is not universally understood by health systems and payers. For example, “to work upstream” and “social justice” were defined at the audience’s request because the vast majority did not know what was meant. We must be cognizant of what we mean and the language we use.  I was also very interested in the players in attendance. There were payers, health systems, community-based organizaitons, and government. You could tell that everyone acknowledges they play a role for the issues for social determinants of health, yet no one is taking ownership. |  |
| 20 minutes  Paul | Peg Adams Peer to Peer Program Update | Update from guides and learners in the PTP program about hot topics related to 1815/1817 evaluation, issues and resources emerging through small group discussions.  Lara Kaye (NY) – I would like more background about the group. Is it designed to be a pairing or more of a grouping?  Paul (VT) – The NACDD Diabetes Council manages the program. The purpose of the program is to pair “learners” or new staff with a “guide” or more experienced staff. Once a year, it’s open for interested staff to apply. Within the application, learners identify their personal learning objectives and the guides identify their expertise such as epi and evaluation. They try to pair learners’ personal learning objectives with guides that are strong in these areas. It is not to say that they will not be paired with someone else, but that is the goal. Pairing is about the strength of the guide and the learning objectives identified by the learner when they applied to the program. Each guide will be assigned to 3 or less learners. The basis of the program is a collaborative peer process coming together, etc. It can take take on a lot of different forms as it’s up to each guide and its learners. For example, some groups have focused a lot on GIS, even if they do not use GIS programs themselves.  Don (TN) – I am a guide. Our sessions have covered sessions on CHWs, what are they doing on pharmacy strategies, how people are not integrated into program teams, how team members are approaching data collection – as it went from statewide in 1305 to system specific in 1815. We discussed at length the EPMP, etc. It is always fantastic when the group gets together.  Mojde (NV) - Our group discuss strategies one by one. Everyone tries to share with others what their state is doing. Moreover, we have exchanged some emails on how to calculate PMs.  Paul (VT) – Our group also talks a lot about EPMP and the feedback we have received.  More about the program: The program is generally a year. Meetings are up to the group – could last an hour or longer or less. Some people have lots of email communication between meetings, but it depends on the topic and guide.  Dora (RI) – I have served as a guide, but often feel I do not feel I am providing enough support. There are a lot of data, etc. needs.  Paul (VT) – Great idea – PtP has not really talked about doing anything like this yet. We are trying to figure out how to better serve the guides and people in the program. We want to enhance and make more useful.  Dora (RI) – I will try what Don suggested – working through the strategies in a more organized manner.  Don (TN) – It is still kind of up to the groups based on what they want to talk on. It’s where people seem to be having the most questions and issues. Example – pharmacy, CHWs. It does seem to work out pretty well this way.  Mary Catherine (NACDD) – Have there been topics or themes that we should have a deeper discussion on that would benefit your group?  Dora (RI) – One issue from my group is that we feel a little overwhelmed, even though the grants are more manageable in terms of performance numbers. Our question is where do you start on the difficult measures? Would a survey be helpful – example – would people prioritize CHWs?  Paul (VT) – There does seem to be a lot of data gathering that seems unique to my work in VT.  To learn more about the program and how to join, visit:  <https://www.chronicdisease.org/page/pegadams?&hhsearchterms=%22peer+and+peer%22> |  |
| 20 minutes Shelby | Managing Cat A and B Differences | CDC 6/20 webinar  Performance measure crosswalk idea  Other suggestions?  We understand there are issues between the Categories.  Webinar: Overview of what would be good format with evaluation plan. Went through examples and expectations for Cat A – more comprehensive for all 5 years; Cat B – stepwise approach. Reminders of deadlines and answered questions. The slides, recording, and QA from the webinar were sent out and are also available on our EEC Internal Webpage (see link above).  Any other comments or feedback/reactions?  Based on our EEC calls and the webinar,we want to think about how EEC can serve a role to help with some of the frustration and get some answers. One idea we discussed was doing a crosswalk of the performance measures. Then asking CDC to answer what some of the similarities/differences are. Then we would have things in writing as a way to potentially help with frustrations for Cat A and B differences. If that would be helpful??  April (CO) - The challenge with the inconsistencies seems to be more about the differences in the evaluation plan design and reporting requirements  CDC tried to address this. We can bring this to their attention, however this may not change. In the interim, a crosswalk would be helpful/idea.  April (CO) - Category A and B will inherently have different performance measures as they address different content areas  Data sources with overlap, etc. Example – pharmacy, CHWs, there is some overlap.  McPherson (GA) – more information on difference between system vs organization. Cat A uses organization, and with Cat B uses systems. Pharmacies and pharmacists are not considered as a system(Cat B) but are considered an organization (Cat A). In GA working with organizations, but cannot count because they are not within definition of health system.  Rachel (NY) - Given the differences in the eval plan approach and reporting between the Categories, maybe it would be helpful to have EEC members share how they are handling or adapting to those differences? If someone has a good way to maximize alignment between the plans, that could be helpful for others.  Paul (VT) – We did single evaluation for Cat A, B, and WISEWOMAN. A lot of effort to do this, but it looks like this might pay off in the end. It did present some challenges, but we think we were able to design something that met individual requirements for each category. Have same evaluation questions, etc.  Rachel (NY) - We have the same plan for both Categories essentially and are just reporting on them and describing them differently.  April (CO) - It may be helpful to cross walk the different guidelines on PM reporting (e.g., whether to start a baseline at 0 to reflect work that has been done via 1815/1817 funding). I would find it helpful to hear from EEC members to share how they're managing the differences.  Shelby (WI) – Thank you for your comments even though we sprung it on you. We will have this as an agenda item for future calls.  Lara (NY) – If anyone is interested in helping with developing/sharing some of these resources, reach out to MCJ and Rachel.  Michelle (MI) - Is there a way that we can set up a forum on the EEC site to discuss some of these topics (e.g. crosswalk)?  NACDD – the EEC site cannot be used in this way, but perhaps AMP can allow for discussion. | Paul, Modje, and Lara offered to help develop a crosswalk. |
| 10 minutes  Lara | 1817 Hot Topics | Are there questions/issues specifically related to 1817 that folks have for the group?  Meeting with partners – have been using team meetings to trouble shoot and problem solve, but we are not hearing about all areas of the program on the areas that we do not need the same level of feedback. The team meetings are limited to topics that require additional support vs. looking across all program activities. Have other evaluators struggled with similar issues or handling these issues?  Modje (NV) - There was a coffee break on rigorous evaluation plan yesterday. I asked CDC evaluators if they can have a good example of 1817 evaluation plan and show us how it aligns with CDC evaluation framework and/or CDC requirements? CDC said they will take it to their leaders.  Peter (Washington) – Part of the grants have statements that funds cannot be used for research, but because this is innovative and it should be rigorous there is also the need to have a publication at the end to expand the evidence base. We look at that as needing an IRB because that kind of classifies this as research. How have others handled this type of problem?  Lara (NY) – Great question. Have others been involved with this topic?  Dora (RI) – Our works is divided between our Dept. of Health and Dept. of Corrections. They have been supportive of population health in correctional facilities. We regularly publish to build work. We tend to implement this differently to avoid the IRB process. The work legitimately covers a wide range of work and requires an intensive evaluation. It is still legitimate to publish without IRB requirement.  Overall question: Is there a clear distinction between that and research?  Peter (WA) – We generally have to take through IRB process. We typically get an exemption due to it being for program evaluation. One of the determinations is to expand the evidence base. Yet, we have gotten a lot of feedback about sample size, etc. Further down the road and publishing….if this was done through CDC funds, but in the grant this says this cannot be research.  April (CO) – We are planning to work with our internal IRB to determine what we may need to do.  Adrian (MI) : Same in MI. We typically run things by our IRB chair if we feel like we may be in a gray area.  Rachel (NY): If there is a gray area, we will check with IRB to see if it is exempt. CDC usually won't approve plans that include research activities, so that should be added protection as well.  Modje (NV): We edited our evaluation plan to include topics like objective, primary outcome, secondary outcome, intervention group, control group, sample size calculation, evaluation tools.....It is what is done in the research setting which makes sense. Without this information we cannot publish.  Miriam (NACDD) – a few thoughts:   1. Have you talked with your CDC evaluator about this? 2. Generally have categories for PH to publish for chronic disease. If still facing challenges, CDC could, if they wanted to, one approach down the road – having conversation with journal for states that have received this funding.   Lara (NY) – instead of 50 states contacting CDC, perhaps we can we request a definition from CDC on what is considered “research.” |  |
| Adjourn  Lara | Next meeting Wednesday, August 14 at 2pm ET. Please email any agenda items to MaryCatherine or Kayla | | |