Topic Sessions – Grantee Panels CCL panelists: purple/red means it's for you to read. Scroll until the end of document. There are comments in the margins too.

Engaging Health Systems
Day 1 – Tuesday at 1:00 p.m.
Engaging Health Systems
Facilitator: Amy Greene, NACDD
Peer-to-Peer Panelists: 1) Brenda Di Paolo, RI BC; 2) Lynn Butterly, NH CRC; 3) Crissy Hartsfield, TN BC; 4) Tinka Duran, Great Plains CRC
CDC Contact: Melonie Thomas

Selecting Evidence-Based Interventions
Day 2 – Wednesday at 8:45 a.m.
Facilitator: **Stephanie Melillo, CDC**
Facilitator and CDC Contact: Stephanie Melillo, CDC
Peer-to-Peer Panelists: 1) Suzanne Duckworth, KS BC; 2) Brian Boisseau, Kentucky CRC; 3) Sara Murgel, Montana CRC; 4) Illinois BC (TBC)

Planning and Implementing Health System Interventions
Day 2 – Wednesday at 10:45 a.m.
Facilitator and CDC Contact: Karen Boone, CDC
Peer-to-Peer Panelists: 1) Victoria Brenton, Iowa CRC; 2) Magen Phillips, Colorado BC; 3) Charlene Cariou, Idaho CRC; 4) Audra Putt, Michigan BC

Forging Community-Clinical Linkages
Day 4 – Friday at 8:45 a.m. Georgina's comment: Panel is 1 hour, 15 minutes
Facilitator and CDC Contact: Georgina Castro, CDC
Peer-to-Peer Panelists: 1) Andrea Carpitcher, RN, MSN, LT, USPHS Commissioned Corps Cherokee Nation BCCEDP 2) Jasmine Meyer Louisiana BC 3) Beth Pinkerton New Mexico BC 4) Trenessa Jones South Carolina BC
Note: No post presentation peer to peer sharing table discussion after this topic session

Panel Session Description: No slides, informal discussion with facilitator
Georgina's comments: Time limits in parentheses do not apply to us. I left them here since it's a good gauge of proportion.

1. Short presentation of key concepts from facilitator (5 minutes)
   Georgina's comments: Key concepts will come from the 3 CCL guidance documents that were e-mailed by your Program Consultant a few months ago and attached to my e-mail to you. Likely concepts: NBCCEDP CCL goal; evaluation/tracking CCL through completion of screening; facilitating partnerships between public health, clinic and providers, and community based organizations; grantee monitoring (e.g., if you are paying a clinic PN to do outreach, how do you know how much outreach he/she is doing, how much are they getting out of office, etc. Planning concepts: using data; referral efforts with social service or CBOs, may be a cheap and effective strategy; working within your own existing infrastructure to strengthen CCL verse hiring new staff, hiring a new contractor, or revamping totally; assessing what's in place in the state/grantee region, whether that's locally with chronic disease programs, or elsewhere in the state, for example, a CHW alliance, consortium that has been effective. Will tell grantees: CHWs now recommended by Community Guide, this is recent news.

Commented [CGD(1]: If you think you are a good example of this, please let me know. Cherokee, hepatitis project, may be a good example. (I am sure there's pros and cons to developing new activities vs tagging on to others.)

2. 4 grantee program representatives answering questions posed by the facilitator in an informal session. Questions are pre-determined; grantees will know questions in advance. (30 min – roughly 7 minutes for each grantee to share).
3. Questions and Answers (15 minutes)
4. At tables with mixed participants: questions for discussion and individual assessment about how grantee is doing with this topic (40 minutes) Georgina's comment: We do not have to do this part and may not have time. Though my thoughts are this: I may ask questions that grantees can answer to gauge their progress (self-test). Also, I could ask probing questions as an all audience activity (e.g.: stand up if you're collaborating with other programs, using established infrastructure (e.g. CHWs statewide). Then, I would call on someone who is standing, to mention a few words about that they're doing)

Draft Core Panel Questions

These can be adapted by topic facilitator and panelists for the specific topic being discussed

1. State name, program, and organizational setup (e.g., Health Department, University, etc.)
2. Briefly (2 minutes or less) describe your example in this topic area and your greatest outcome so far.
3. What do you wish you knew or had been prepared for before you started working on this effort?
4. What are the 1 or 2 things you would do again?
5. Add – a question related to the topic area The above questions are good, though I may not use them all and they may be tweaked. I plan to draft questions that ask you to describe how you approached the key concepts I introduce in my opening. For example, here are two:
   - Briefly describe your program's CCL intervention(s).
   - Describe your program's evaluation and the planning that took place. Who is responsible for doing what evaluation step? What did you do to plan, e.g. partnership discussions, etc?

April 9 grantee CCL call questions, we can also consider using. We received positive feedback about that call:

1) Planning that informed your CCL effort. Particularly, an assessment to identify:
   - Specific regions (e.g. zip codes, counties, neighborhoods) or communities (e.g. race/ethnic, rural, etc) of where to focus.
   - Collaborators and resources to leverage (e.g. existing CHW infrastructure, social service/community-based organization serving population of interest to provide referrals to your program).
   - Community-based partners and appropriate CCL activities for the region or community of priority.
2) Your community-clinical linkage effort (who, what, etc.).
3) How your program is evaluating CCL through the completion of screening verified by medical records.
4) How your program is providing oversight and monitoring of your CCL effort.

Suggestion from Trenessa/South Carolina: How did your program gain buy in and identify the health system and/or community resource that you used?

Topic Sessions – Grantee Presentations

Health System Assessment
Day 1 – Tuesday at 3:00 p.m.
Facilitator and CDC Contact: Jennifer Boehm, CDC
Peer-to-Peer Presenters: 1) Melissa Leypoldt, NE BC; 2) Felisha Dickey, FL CRC; 3) Anita Christie, MA BC, CRC

Evaluating Health System Interventions
Day 3 – Thursday at 8:45 a.m.
Facilitator and CDC Contact: Amy DeGroff
Peer-to-Peer Presenters: 1) Allison Cole, Washington CRC; 2) Gina O'Sullivan, NY CRC; 3) Fornessa Randal, University of Chicago CRC

Presentation Session Description:
1. Short presentation of key concepts from an expert facilitator (5 minutes)
2. Three grantee examples (30 minutes; 10 minutes per grantee presentation)
3. Questions and Answers (15 minutes)
4. At tables with mixed participants: questions for discussion and individual assessment about how grantee is doing with this topic (40 minutes)

Presentation 5 Slide Outline
1. State name, program, and organizational setup (e.g., Health Department, University, etc.)
2. Briefly describe your example in this topic area and your greatest outcome so far.
3. What do you wish you knew or had been prepared for before you started working on this effort?
4. What are the 1 or 2 things you would do again?
5. If you could change 1 thing in this effort what would it be – and why?

TIMELINE / DUE DATES FOR ALL TOPIC SESSIONS Georgina's comments: I will draft a list of questions and overall panel structure (my opening, time frames, etc). Once we get a near final, we should try convene on phone.

1. **May 1st deadline for topic assessment questions and panel questions or slides– sent to topic panelists or presenters to review**. Work with each other to organize your session. Select a date and time for 2nd call – or you can discuss over email.
2. Please include NACDD and SHC in all emails and 2nd calls.
3. **Early May if needed**: 2nd call with each session's facilitator and grantee panelist or presenters
4. **May 9th deadline for finalized topic assessment questions and panel questions or slides – sent to NACDD.**
5. **June 3 or 4**: On-site check in for all topic facilitators, grantee presenters or panel members