**Welcome to EEC!**

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| EEC Members | Please be sure to enter the First Name\_Last Name (State) to the Chat for all members of your party so we can track attendance. For example ***MaryCatherine Jones (NACDD)*** |
| EEC Leads | Lara Kaye (NY), lara.kaye@health.ny.govShelby Vadjunec (WI), Shelby.vadjunec@dhs.wisconsin.govEmily Peterson Johnson (TX), Emily.johnson@dshs.texas.govApril Hendrickson (CO) AMP Liaison, April.hendrickson@state.co.us  |
| NACDD Consultants | MaryCatherine Jones, mcjones@chronicdisease.orgHannah Herold, hherold@chronicdisease.org |
| Date | February 12, 2020 |
| 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. |

| Agenda Item | Discussion | Actions |
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| **Welcome, Housekeeping and Polls**5 minutesShelby | Please enter your First Name, Last Name and State abbreviation into the Chat so we know who’s here.  |   |
| **New Member Introductions**5 minutesLara | EEC is a community of peers and we love to get to know each other. We also know that there’s a lot of talent in this room. Any recent professional accomplishments or kudos you’d like to share? Hannah Walters (MA) – Epidemiologist, working on 1815/17 A and B but tend to do 1817 B primarily. Ginny (KY) – Chronic Disease prevention, focus on all chronic disease programs, use of BRFSS data.Li Kuang (NJ) – 1815 epidemiologistHannah Walters (MA) – I successfully roasted an eggplant for the first time.Sarojini Kanotra – I’ve been painting recently. | If you did not receive a calendar appointment for this meeting, please add your email address to the Chat and/or email Hannah (hherold@chronicdisease.org). |
| **NACDD Updates**2 minutesMaryCatherine | Social Determinants of Health and BRFSS: NACDD and CSTE workgroup is looking for examples of social context/social determinants questions that states have used in state surveys, including but not limited to BRFSS. Ideally, we’d like to hear how states have used the questions in planning/policy efforts. If you are able to share your questions and use case with us, please contact Bao-Ping Zhu (bzhu@chronicdisease.org) and copy me.We have a vacancy on our EEC Lead team. If you would enjoy helping to plan these calls and facilitate these meetings, please let me know. You are welcome to reach out to any of our current EEC Leads with questions about the position.  | Check the internal EEC webpage for meeting notes and updates: <https://www.chronicdisease.org/page/CVH_EEC> |
| **AMP Update**2 minutes April  | No new evaluation news for 1817.For 1815 – there is a category A evaluation plan coversheet on AMP. |  |
| **1815**30 minutesShelby | We’re in the midst of 1815 Y3 workplans and APRs:How are APR project narratives going? What are strengths and challenges people are finding? Julie (AK) – I’m not participating in writing it but I’m looking over to make sure things are consistent with the evaluation plan.Rachael (NY) – We’ve contributed evaluation data and info to program partners who are taking lead on these narratives. We do have some evaluation activities written in so we are addressing those particular barriers or updates.How does your state cultivate cooperation between program staff and epi/eval?-What challenges/barriers do states experience?-What challenges/barriers have folks addressed/overcome, and how? -What could improve the collaboration?Lara (NY) – We shared evaluation results with our program on a call, we asked them to review some of the open-ended qualitative responses. This has gotten pushed out a few months due to demands on their time, so it is going to slow down the process a bit. The program is interested in helping but it slows the process.Emily (TX) – I have worked with my program to develop a list of performance measure priorities about halfway through the grant year. We look towards targets and use these measures to help program staff course correct or ensure they are on track to complete the measures. This helps raise conversation about where we’re going long term, as well as what should we prioritize in the short term, what issues there are, etc. We use this to look at barriers, facilitators, and work on prioritization in the last half of the grant year.Lara (NY) – That sounds like a really useful process. How much work was it to pull that data together to share?Emily (TX) – In TX we receive data from contractors on a quarterly basis. We take data from these reports and use it to determine if we’re on track to complete. Emily Ohannesian (?) - Those who have shared in the previous agenda segment about the APR for 1815- To me, you seem to be saying that the evaluators do not take on a major role in the writing of the APR. I felt that seemed to imply that the program staff for 1815 is writing the APR and the 1815 evaluators are just looking things over for accuracy and not actively involved in the creation of the report. Is this correct? Am I missing any details?? – We have worked with program staff to help them be more proficient at collecting these performance measures. With 1815/17 the performance measures are a lot more program-driven so we’re trying to figure out how to work together on these measures. We’re trying to develop different data collection and tracking tools for them to be more involved. We are not involved with the APR though.Julie Cleaton (AK) - Yes, in AK the program staff wrote the APR. Our situation may be a little different though because I only started a few months ago, so the program staff are very familiar with the evaluation work since they were involved in planning and executing it. Yes, in AK the program staff wrote the APR. Our situation may be a little different though because I only started a few months ago, so the program staff are very familiar with the evaluation work since they were involved in planning and executing it.Tockie Hemphill (?) - Hi Emily. The Program Director is writing the narrative, but I have been asked to provide any information for the APR.Emily Ohannesian (?) - Thank you all so much, this is great information!Simone McPherson (GA) – Our program staff write the narrative piece, but we’re always working as a team on the workplan to involve the evaluation piece. As they are developing ideas for year 3 we are trying to see if it is feasible to collect, track, and monitor this info. We check to see if the data aligns with performance measures (short, intermediate, and long) so we can see progress. We collaborate on this. We make sure we leave standing points in the agenda for evaluation talk. I want to make sure that we plan ahead for Year 3 activities, so we’ll begin meetings to discuss this in March. Simone (GA) – The only barrier I foresee right now is the timeframe for reporting because our measure reporting timeframe doesn’t match the outcome reporting timeframe. Shelby Vadjunec (WI) – Yes, I think that this can be troublesome. It is difficult to forecast when the timing is off.Trina Filan (MT) - In MT, the program staff and epis/evals work side-by-side (literally), so we communicate with each other all the time about program and eval alignment. Our main challenge to overcome is making sure we include EVERYONE in any discussion about program+eval, so diverse perspectives and existing work are taken into account.Olushola Ogunleye (VA) - In VA, the program staff are involved in writing the APR and work plan, with support from the epidemiology/evaluation staff. For example, the epi/eval staff are helping to update data sources for the PMs, Year 2 progress data, and Year 3 targets.EL Clark (FL) - In FL, the programmatic staff and evaluation team worked collaboratively to respond to the APR. We also meet regularly to ensure that the work plan activities are in alignment with the performance measures we are reporting on.Lara Kaye (NY) – Going back to Simone’s question about the lag in timeframe for reporting. In previous grant years, APRs and performance measures were all due at the same time, and that created other changes related to time for cleaning and running the data. Perhaps CDC is staggering it to try to alleviate that challenge.Rachael Austin (NY) – I remember that was the case, I know for us personally it was a challenge because we weren’t able to have the full year of data in time for reporting. The performance measure piece gave us time to collect data throughout the full grant year and report it on that report. We also have a lot of quarterly reporting so we can report more frequently using that info, but it was helpful for us to have the due date for reporting a bit later.Marla (CDC) – Yes, Rachael explained it, but we realized there were problems in the past with the APR in the continuation application. It caused issues with the data people were reporting. It’s scheduled the way it so we can allow for a full year of data reporting.MaryCatherine (NACDD) – Marla, have your teams at CDC seen any good examples of program/epi working together? Marla (CDC) – The people on this call have already provided lots of great examples of these collaborations. There are several states who have regular meetings to walk through these things. We also meet regularly with Project Officers at CDC. It is helpful for us to understand what challenges they are seeing and for them to understand what the evaluation needs are. Caitlyn (UT) - In UT, our barrier is that program staff is unaware of what data is being tracked among DSMES, therefore the Epi/Eval staff has decided to create an environmental scan to better understand what DSMES programs are tracking in order to see what data we could possibly get and possible data sharing agreements.Others:-What is your state doing to measure program effectiveness?-How are you developing Y3 performance measure targets?April – For a couple strategies we’re evaluating, (bi-directional e-referral and media campaign), the strategies are referring to evidence-based programs. It has been challenging to determine how to evaluate these in terms of what to consider “outcomes”, (i.e., should effectiveness be based onthe number of referrals or outcomes of the program the strategy is referring to (e.g., weight loss).Shelby (WI) – Yes, it is difficult when enrollment is an intermediate performance measure. The role is to have bi-directional referrals, media campaigns, etc. that increase enrollment and participation. In terms of effectiveness, we’ve been taking the approach of “are activities effective and driving public to the programs” and using this to get to the ultimate end goal of impact.April – Yes, that’s where we ended up, its just a little different than most evaluation plans as those are typically considered to be process measures that impact outcomes/effectiveness. Another challenge with a media campaign, is that we don’t have a clear way to determine if enrollment is increasing due to the campaign.Shelby (WI) – Yes, it’s been difficult to assess or evaluate the effectiveness or reach of certain media campaigns.Marla (CDC) – Yes, some of these things can be considered process or outcome. We know it will take some time to get to long-term outcomes you can report, and that this will vary across states, but we hope you will report on those outcomes whenever possible. It sounds like you are on the right track.Lara – I was thinking about the media campaign. Can you do a sample of folks who enroll and ask them how they heard about the program? This will help give a snapshot of how many enrollees heard about it through the campaign.April – Yes, referral source is part of the DPRP data already, and media campaign is an option but we don’t know for sure if the participant was thinking of our campaign when they select this option.Shelby (WI) – Thank you everyone for the discussion. I’m going to pass it over to Lara for 1817 discussion. |  |
| **1817 Evaluation**15 minutesLara | Feedback on 1817 Year 1 evaluation reportsLara - By now, most states have received feedback on their Y1 reports. Did anyone have feedback or questions on this? Has anyone not received feedback?April – We received feedback from CDC on the bi-directional e-referrals that they wanted more evidence to support effectiveness. This is tricky because it’s an innovative grant, and there isn’t a lot of existing evidence – this is why we’re doing this work. Has anyone ran into this problem?Brittany (UT) – We got feedback on performance measures and have had a lot of conversations with our evaluator about this. We contracted with our local health departments to work with clinics in their health districts. The denominator number of clinics changes every year based on who the local health departments are working with. We’ve had conversations about this about how our denominator is likely going to change, and we received feedback about how we need a solid denominator.Deirdre (San Diego) – We’ve had challenges with performance measures because it’s hard for clinic to give information on patient population. How are they defining their patient population? In some of our work we are only getting aggregate data, which makes it impossible to do time-series because we don’t have the individual data. With our FQHCs, many have their own internal program (evidence-based program) so they don’t refer out to community programs. Getting over these programmatic challenges is the biggest barrier prior to determining how we can do evaluation.Trina Filan (MT) – We are also evaluating bi-directional referrals for 1817 A1. Similarly, a lot of the places we’re working with already have referrals to partners within their EHR (internally). Convincing them to send referrals using this mechanism instead of a note has been challenging. Convincing them to use the EHR internally and e-referral system externally is challenging.Lara – We’ve experienced similar challenges in NY, especially around the issue of referral systems not internal to EHRs. We don’t want to burden the practice.Brittany (UT) – We also got feedback that our deliverable was late, even though it was submitted on time we didn’t have some Y1 info so it was determined to be late. Information we receive from clinics has been delayed (they run annual reports) so when the report is due December 31st, we don’t have that year’s patient report yet for blood pressure control. We indicated this in the measure notes. Those patient measures are always going to be a year behind.Lara – Did anyone else have this issue, where they submitted on time but it was considered incomplete or late because they didn’t have y1 actual data yet?Marla (CDC) – Brittany let’s talk offline about this, I’m not aware of this. This isn’t our standard language when there is missing data. As long as people document the issues and what they’re working on, it isn’t late. Let’s follow up offline. |  |
| **Adjourn-Next Meeting Wednesday, March 11 at 2pm ET.** |

# Other News and Updates

Check out the HRSA Hypertension Control Dashboard: Using information from the Uniform Data System (UDS), the Hypertension Dashboard provides a multilevel view of hypertension control (high blood pressure control) in HRSA-funded health centers. Users can compare annual health center- and state-level UDS hypertension data to national benchmarks. <https://data.hrsa.gov/topics/health-centers/hypertension-control>

[Multidimensional Index of Deep Disadvantage](https://www.ruralhealthinfo.org/updates/forward?utm_source=racupdate&utm_medium=email&utm_campaign=update020520&item=r13768&url=https%3A%2F%2Ftableau.dsc.umich.edu%2Ft%2FUM-Public%2Fviews%2FIndexofDeepDisadvantage%2FCountiesCitiesMap%3F%253Aiid%3D4%26%253AisGuestRedirectFromVizportal%3Dy%26%253Aembed%3Dy&k=nCL83)
Categorizes counties and cities based on an index that examines disadvantage based on health indicators, poverty, and social mobility data. Provides a profile for each county that includes its rural/urban status, population, and index-related indicators. Identifies the 100 most disadvantaged counties.
Additional links: [Full Data Set](https://www.ruralhealthinfo.org/updates/forward?utm_source=racupdate&utm_medium=email&utm_campaign=update020520&item=r13768&url=https%3A%2F%2Fdocs.google.com%2Fspreadsheets%2Fd%2F1i_Voy-hmA66pSQ2fx44Q5g7AIrjtV2VbG3E-aar2jk8%2Fedit%23gid%3D1674430546&k=z.TNA), [Understanding Communities of Deep Disadvantage](https://www.ruralhealthinfo.org/updates/forward?utm_source=racupdate&utm_medium=email&utm_campaign=update020520&item=r13768&url=https%3A%2F%2Fpoverty.umich.edu%2Fprojects%2Funderstanding-communities-of-deep-disadvantage%2F&k=tZeuw)