**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 | Shelby Vadjunec (WI), Shelby.vadjunec@dhs.wisconsin.govEmily Peterson Johnson (TX), Emily.johnson@dshs.texas.govJulie Cleaton (AK), julie.cleaton@alaska.gov April Hendrickson (CO) AMP Liaison, April.hendrickson@state.co.us  |
| NACDD Consultants | MaryCatherine Jones, mcjones@chronicdisease.orgHannah Herold, hherold@chronicdisease.org |
| Date | May 13, 2020 |
| Time | 11am PT/12pm MT/1pm CT/2pm ET |
| Theme | Thinking about now through September |
| Dress Code | Unshaved faces, anti-wrinkle face masks and pajamas welcome! We know there will be dogs and kids around, so please mute your line when you are not speaking.  |
| Closed Captioning | You can access live closed captioning by clicking on the “CC” button on your Zoom window. |

| Agenda Item | Discussion | Actions |
| --- | --- | --- |
| **Welcome, Housekeeping and Polls**3 minutesJulie | Minutes from April meeting are in the appointment for today.Please enter your First Name, Last Name and State abbreviation into the Chat so we know who’s here. Today we have a shorter meeting and different format so you can EEC-scape with your buds. We will repeat the polls from last time so we can see how our 1815/1817 epis/evals continue to be reassigned to COVID response.Poll #1: Assignment to COVID-19 responsePoll #2: Responsibilities for normal work w/COVID-19 responsePoll #3: Conference travel | 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). |
| **AMP Update**5 minutesApril | Multiple updates available below and on the internal EEC page <https://www.chronicdisease.org/page/CVH_EEC>April - There are many new updates available on AMP. CDC has posted recipient and strategy profiles for each of the 1815 awardees. They also uploaded quite a few guidance tools. A lot of them are from previous years reporting deliverables. I think CDC is just trying to get them all onto AMP. There were 51 separate recipient profiles on AMP, but those were combined for upload to the EEC website.Hannah – As the person who uploads to the EEC website, thank you so much for combining those 51 separate files. |  |
| **1815/1817**10 minutesEmily | Year end reports for 1815 are due in September.-How are folks approaching preparation for these reports with all that is going on?-How are folks involving their partners compared to Year 1?-Question from Alyssa (HI): Has anyone pivoted on how they’re collecting 1815-related data from health systems amid COViD? -Question from Courtni (ME): We are starting the process of exploring texting survey links to participants.  I’d like to hear from folks on the call regarding any recommendations or warnings. Emily – I wanted to open the conversation with Year 1 reports for 1815 which are due in September. How are folks approaching the preparation for those reports in light of COVID and everything else going on?Tiffany (ND) – We just had a call with our Cat. B evaluator, they indicated that they may be changing. The reports, templates, documents, and expectations may all be looking a little different in light of COVID. I’m not sure what that means or what that may look like.Emily – That was your PO?Tiffany (ND) – Yes, PO and evaluator. I think they know that our staff have little time. Most of my time has been reassigned to COVID, and a lot of our partner work has stalled or been paused. That needs to be reflected in our reports, and CDC needs to acknowledge that and has accepted that.Ed Clark (FL) – We likewise had a call with our CDC PO and evaluator and they said something similar and they are working with us to see how we can amend the evaluation plan. It is largely our subrecipients who are doing the work who will be affected. We got the same feedback from CDC that they will be working closely with us to pull those reports together.Emily – Is there someone on CDC on the line who can speak to those changes about amending eval plans or templates?Marla (CDC) – Part of the messaging we have now is not that we’re going to send out new blanket guidance. We’re working with states to have those discussions and understand whats going on. As we talked about last month, we have an internal forum we’re using to share documents and look at each health department’s impact on staff being reassigned, strategy changes, etc. Based on the internal discussions we’ve had on our team, it may be a little different within each state based on the context of what they’re able to do and not do. WE’re working with each health department’s unique circumstances.Emily – It sounds like we shoudn’t expect some new blanket template but work with our individual POs to explain the situation in our state.Catilin Pizzonia (ME) - We have been discussing updates to PMs, but haven't discussed updating the PM tool just yet. We are waiting on guidance from US CDC. We want to focus on updating the Data Management Plan in the next month or two to make sure that is out of the way.Deidre Browner (San Diego) - WE had our call with CDC yesterday and our PO and Evaluator advised that we both track changes and look to ways to leverage some of the changes in healthcare in our work. Donald Perry (TN) - Was the compilation of AMP materials sent out. I'm not seeing it anywhere.April (CO) – Hannah included them in a zipped file in the meeting plannerHannah (NACDD) - All recently uploaded files to AMP are also available on the EEC internal webpage on NACDD's website. I will post the link. If anyone does not have access please let me know and I will work with our membership team to get you access.Alyssa (HI) - Has anyone pivoted on how they’re collecting 1815-related data from health systems amid COViD? Julie (AK) – I’ve done a little bit of pivoting. We had a couple events where we were supposed to collect data from data summits. Now we’re going to try online surveying instead.Melissa (OH) – External contractor from OH. We have worked with ODH to lean into data collection on COVID specifically. We had a number of interview surveys already planned, and we’ve integrated questions related to COVID, telehealth, online referrals, etc. We have two scheduled interviews and will hopefully capture information there.Emily – Thanks for sharing. I think it’s a good idea to focus on organizations that have transitioned and identify what has supported them in that transition.Courtni Jeffers - We had intended to do an individual barriers survey to larger gatherings. Now we are focusing on having the instrument ready for year three and possibly doing two different modalities--online and eventually in person when we can. Kristine Zimmermann (IL) - Yes. In Illinois, the external evaluators are delaying some data collection with health systems until it seems appropriate to do so--even if that means we won't be able to report everything in Sept.April (CO) – We’re planning some similar approaches in terms of working with providers in health systems. We’re anticipating delaying some of our survey and focus groups. We’re hoping that in July we can continue with surveying providers but if there’s a resurgence of COVID we may have to postpone until year 3. We’re planning to conduct focus groups with National DPP participants virtually. In terms of National DPP providers we’re reaching out and tracking if they’ve moved to telehealth/virtual sessions and if they anticipate any new groups moving forward. One other big implication from COVID is some National DPPs receive state funding to implement the program. Due to state budget cuts, some National DPPs may receive less funding.Rachael Austin (NY) - In NY we are modifying our pre and post health system assessment tool to collect the impacts of COVID on some of our work, including how it may change the way we implement some of our strategies with our next cohort.Deidre Browner (San Diego) - We've transitioned our health systems and pharmacy assessments to survey/follow up phone call.Jim Peacock (MN) - In MN, we are working on a survey instrument to allow all of our partners to report on how COVID-19 has impacted their operations and their ability to do their contracted/consulting workEmily – I wanted to return to a question sent in prior to the call by Courtney. They are exploring texting survey links to participants. Are there any folks who have recommendations or experience with texting survey links?COurntey – We have been struggling with response rates and so we’d like to consider texting links. We would modify the survey to make it shorter. We are currently using webcap for surveys but we would need carrier information (e.g. ATT). So we’re looking for a survey or software where we can just input phone numbers without the carrier info.Courtney (SC) – I would recommend considering that just because a person have a cell phone does not mean they’re able to access a link and know what they’re doing with the cell phone. You may need to have an additional webinar or phone call with the participants to ensure they are capable of accessing the text message survey.Emily – Any other folks who have experience with texting survey links or similar resources to participants?Julie Cleaton (AK) – My only experience was through providers so we could just go one at a time to each participant.Emily – This has been productive but in the interest of time lets move to the next section.Marla (CDC) – Can I ask one more question? I’m seeing that somme folks are saying they’re gathering information from partners about how they’re making changes or how COVID-19 has impacted their work. I’m hoping that people will be including that in their evaluation work so that CDC can also see that information as we’re all trying to make sense about what is going on during this time. We’re expanding the scope of the data we’re collecting and trying to hone in on other issues. I would encourage people to include that not only for their own use but also in reporting to CDC.MaryCatherine (NACDD) – This may be something that we can talk about in a future EEC meeting.  |  |
| **COVID-19 and You**15 minutesJulie | 1. Is your state in the process of re-opening, and is that affecting your work situation?
2. What is one coping strategy or personal development that is helping you get through ?
3. Any web links or attachments you’d like to share with the group?

Julie Cleaton (AK) – We have started the process of reopening certain businesses. Our HD has decided to keep working from home.April (CO) – Part of CO is reopening under Safer at Home order, most 1815/17 staff are still telecommuting and it sounds like that may continue through the summer.Peter (WA) – We’re having a slow reopening of things in four phases. Businesses aren’t open yet across the state. The DOH rumors are that we’ll be working from home through the end of the year. When they do open up the offices it’ll be at 30% capacity, only for those that must come into the office.Tiffany (ND) – Very opposite of Washington, everything is open. Bars, restaurants, massage parlors, manicures, hair stylists. Everything is open at their own discretion and will. All state capitol staff are still telecommuting indefinitely at this point.Emily Johnson (TX) - Texas is in the process of opening, but some local cities/counties are delaying reopening for nowCourni Jeffers (NE) - UNE has stated that they will have students back on campus in the Fall, however we aren't sure how our center will be impacted by the phasing back in of professional staff. Deidre Browner (San Diego) - We are developing a re-opening plan with plans to social distance at work with daily symptoms checks and masks required. Flexing telework with work from home.Selam Tilahun (MN) - MN is still in Stay at Home order. Staff are teleworking from home. Alyssa Yang (HI) - HI has changed from Stay at Home orders to Safer at Home and is in the process of re-opening businesses slowly. Staff are still teleworking from home until May 30th.Donald Perry (TN) - Tennessee is opening up businesses gradually but the TDH is working from home at least through May 26. Paul Meddaugh (VT) - VT is opening slowly. Some businesses and elective medical procedures now have the option of opening. State employees will be working from home for the foreseeable future. Our stay at home order may be extended but unsure on that yet.Courtney (SC) - SC is a anticipating that at all no essential workers will be back in the office by June 1Lena Swander (WI) - WI allowing small, standalone businesses to open with less than five people at any given time in the building. WI stay at home order in effect until May 26. WI DHS employees likely at home through June.Julie Cleaton (AK) – Does anyone have new coping strategies they’d like to share?April (CO) – I started seeds from seedling for the first time from my garden. I’m looking forward to planting them. We have a very short season.Julie (AK)– Are there any weblinks or attachments they’d like to share with the group? Hannah (NACDD) – ESRI is offering a free COVID-19 response package to nonprofits working on response to the pandemic. More info here: <https://www.esri.com/en-us/disaster-response/request-assistance/>Lena Swander (WI)- SAS was offering up to 10 free ebook downloads, not sure if that offer has expired. <https://support.sas.com/en/books/free-books.html>Lara Kaye (NY) - If interested in seeing the NYS Regional Tracking Dashboard - https://forward.ny.gov/regional-monitoring-dashboard |  |
| **GIS Hallmarks**10 minutesEmily | Thinking about the third page of the GIS Hallmarks infographic, Building GIS Use into Chronic Disease Prevention Work, to what extent have you seen these indicators at play with the COVID-19 response? (This document can be found in the May 13 EEC appointment)If you use GIS, have you been tasked with developing maps related to COVID?To what extent has the COVID response increased the perception of GIS as a valuable tool?Would anyone like to take a moment to describe any maps that they have developed or are working on, COVID or otherwise? There is a graphic on page 3 that shows ways GIS can be used. Is anyone’s SHD using GIS for COVID response?Ed Clark (FL) – FDH actually has an interactive GIS map that tracks COVID cases. This should be readily available on our website. <https://experience.arcgis.com/experience/96dd742462124fa0b38ddedb9b25e429>Paul Meddaugh (VT) - VT has used some GIS for COVID. We have a COVID dashboard on our website that has case counts and rates by county.Donald Perry (TN) - TN updates a case map by county on a daily basis as well as other dashboardsDeirdre (San Diego) - San Diego received an award for our dashboard, very similar to the Hopkins dashboard.? (CA) - In California we used GIS and dashboard state and county levelsMaryCatherine (NACDD) – Are people seeing more discussion around equity and COVID?Emily (TX) – I saw something come out of a university in Houston that showed poverty indicators and other things that may be important for a potential outbreak.Jim Peacock (MN) - Question for the group -- have your state responses to COVID-19 utilized the expertise of Chronic Disease Epis and Evaluators to support the response? Not just reassigning to whatever activities is needed at the time, but including chronic disease thinking and expertise into the response? Focusing on priority populations, using modeling, etc...Lena Swander (WI) - WI is transferring a lot of data visualizations over to Tableau (maps included). Also geo-spatial data is being made available by counties on our state’s GIS open data portal.April Hendrickson (CO) - Colorado's Governor established a COVID-19 Health Equity Response TeamDeidre Browner (San Diego) - We were pulled into case investigation and after hours call. That is our local priority.Dora Dumont (RI) - Piggybacking Jim's question: has anyone been in discussions re how chronic disease surveillance might change in the future?Lena (WI) – One of our state partners through a membership organization collects health system and clinic/provider level EHR data and publishes it online. They’ve worked with University of Wisconsin to publish a map of chronic conditions by zip code. They are trying to get an idea of which areas of the state might be most impacted by comorbidity of chronic conditions. I can dig through the email pile and send that to the group if that would be of interest. <https://nhp.wisc.edu/> Deirdre Browner (San Diego) - My question is if data on treated/controlled hypertension and hyperlipidemia are being tracked to determine whether individuals are still at higher risk if their disease is under control.Emily (TX) – It sounds like people have questions about how data can be collected to understand the relationship between chronic disease and COVID as well as uses for collecting and displaying data. Maybe these are things we can return to on another call. Are there any more questions/comments on GIS before we close?The next meeting is June 10th at 2pm ET. If you have questions or ideas you would like to discuss please feel free to send them in to MaryCatherine, Hannah, or EEC leads. Thank you everyone for your contrinbutions and participation today. |  |
| **Adjourn-Next Meeting Wednesday, June 10 at 2pm ET.** |

# Communications

Check the internal EEC webpage for meeting notes and updates. You must login to access this internal page. <https://www.chronicdisease.org/page/CVH_EEC>

Not getting Off the Cuff, NACDD’s weekly Monday newsletter? Email Hannah for assistance hherold@chronicdisease.org

# Other News and Updates

ASTHO COVID-19 Tracer Training

Introductory online course for entry-level COVID-19 contact tracers, for use by health agencies in rapid training of new contact tracers. The training will be augmented by state/local specific training required to orient individuals to jurisdiction-specific protocols. This training focuses on building knowledge for remote contact tracing; a subsequent release will include a module on field services.

<https://learn.astho.org/p/ContactTracer>

NACDD, CDC and the Children’s Environmental Health Initiative at Rice University have released a [508-compliant infographic](https://www.chronicdisease.org/resource/resmgr/website-2020/consultants/cvh/gis/GIS-Hallmarks_-_508_Complian.pdf) on the GIS Hallmarks. NACDD’s [Cardiovascular Health Council](https://www.chronicdisease.org/page/CVHAdvisoryCouncil?&hhsearchterms=%2522cvh+and+council%2522), including Shelby (WI) and Rachael (NYS), helped to develop the Hallmarks to promote health department chronic disease GIS capacity by:

1. developing a GIS-savvy workforce,
2. using GIS to improve partnerships and relationships,
3. using GIS to address health equity and social determinants of health, and
4. providing financial and administrative resources to support the use of GIS with chronic disease prevention and health promotion programs.

### AMP Update

* Improving the Use of Program Evaluation for Maximum Health Impact: Guidelines and Recommendations

Evaluation is a systematic method for collecting, analyzing, and using data to examine the effectiveness and efficiency of programs and, as importantly, to contribute to continuous program improvement (see Appendix A for key definitions). CDC has a deep and long standing commitment to the use of data for decision making, as well as the responsibility to describe the outcomes achieved with its public health dollars. When programs conduct strong, practical evaluations on a routine basis, the findings can both meet accountability mandates as well as improve program effectiveness.

* Evaluation Reporting: A Guide to Help Ensure Use of Evaluation Findings

CDC’s Division for Heart Disease and Stroke Prevention (DHDSP) evaluation guides are a series of evaluation technical assistance tools developed for use by CDC-funded programs. State health departments, tribal organizations, communities, and partners working in a variety of public health areas may also find these tools helpful. The guides clarify approaches to and methods of evaluation, provide examples specific to the scope and purpose of DHDSP programs, and identify resources for additional reading. The guides are also intended to aid in skill building on a wide range of general evaluation topics while recognizing that funded programs differ widely in their experience with, and resources for, program\* evaluation.

* Calculating Medication Adherence for Antihypertensive and Antidiabetic Medications: A Guide for State Evaluators

The purpose of this evaluation guide is to provide a resource for evaluators and data analysts to assist with calculating the proportion of days covered (PDC) value for heart disease and diabetes performance measures related to medication adherence. While PDC is not the only method for calculating medication adherence, it is the leading method used to calculate medication adherence at a population level. It is also supported by the Pharmacy Quality Alliance (PQA) and a similar method is used by the Centers for Medicare and Medicaid Services in their Star Rating methodology, and is therefore considered the preferred method for assessing medication adherence, as specified in the relevant performance measures (for more information, see <http://www.pharmacytimes.com/contributor/michael-crowe-pharmd-mba-csp-fmpa/2015/07/do-you-know-the-differencebetween-these-adherence-measures>).

* 2018 State DSMES Report

The data attached are for 2018 diabetes self-management education and support (DSMES) encounter data provided by the American Diabetes Association (ADA) and the Association of Diabetes Care and Education Specialists (ADCES). The data includes the number of new programs, number of closed programs, total number of programs, and total number of encounters. For 2019 data, please see: [2019 State DSMES Data](https://amp.cdc.gov/articles/Resource/2019-State-DSMES-Data?anonymousBody=List%3CResource__kav%3E+articleIds+%3D+%5BSELECT+Id%2C+KnowledgeArticleId%2CRecordTypeID%2C+%0A++++++++++++++++++++++++++++++++++Associated_Community__c%2C+Summary%2C+Summary__c%2C%0A++++++++++++++++++++++++++++++++++%28SELECT+Id%2C+DataCategoryName+FROM+DataCategorySelections%29++%0A++++++++++++++++++++++++++++++++++FROM+Resource__kav%0A++++++++++++++++++++++++++++++++++WHERE+PublishStatus+%3D+%27Online%27%0A++++++++++++++++++++++++++++++++++AND+Attachment_Info__c+%21%3D+null%0A++++++++++++++++++++++++++++++++++AND+Language+%3D+%27en_US%27%5D%3B%0A+%0AList%3CResource__kav%3E+listResource+%3D+new+List%3CResource__kav%3E%28%29%3B%0Afor%28Resource__kav+article+%3A+articleIds%29%7B%0A++++String+Oid+%3D+KBManagement.PublishingService.editOnlineArticle%28article.KnowledgeArticleId%2C+false%29%3B%0A+++++++++++++++++++system.debug%28Oid%29%3B%0A++++Resource__kav+temp+%3D+new+Resource__kav%28%29%3B%0A++++temp.id+%3D+Oid%3B%0A++++%0A++++%2F%2FVisible+to+Customer+checkbox+checked%0A++++if%28temp.IsVisibleInCsp+%3D%3D+false%29%7B%0A++++++++temp.IsVisibleInCsp+%3D+true%3B++%0A++++%7D%0A++++%0A++++listResource.Add%28temp%29%3B%0A%7D%0Asystem.debug%28listResource.size%28%29%29%3B%0Aupdate+listResource%3B%0A&_=1586446808140). We will continue to work with ADA and ADCES to ensure that states have these data and additional information that can assist with program planning and evaluation moving forward. If you have any other questions, please contact Gia Rutledge, Team Lead for the Division of Diabetes Translation Performance Improvement and Evaluation Team (hez6@cdc.gov).

* Performance Measurement and Evaluation: Definitions and Relationships

This publication supersedes GAO-05-739SP, Performance Measurement and Evaluation: Definitions and Relationships, June 2005. Both the executive branch and congressional committees need evaluative information to help them make decisions about the programs they oversee--information that tells them whether, and why, a program is working well or not. In enacting the Government Performance and Results Act of 1993 (GPRA), Congress expressed frustration that executive and congressional decisionmaking was often hampered by the lack of good information on the results of federal program efforts. To promote improved federal management and greater efficiency and effectiveness, GPRA instituted a governmentwide requirement that agencies set goals and report annually on performance. Many analytic approaches have been employed over the years by the agencies and others to assess the operations and results of federal programs, policies, activities, and organizations.

* 1815 Y1 Category A PM Snapshot

The DP18-1815 Category A Performance Measures Snapshot provides aggregate data for all performance measures reported by recipients during Year 1 of the DP18-1815 cooperative agreement. A new Performance Measures Snapshot will be provided each year. Please note that the data for each performance measure in the snapshot is specific to states implementing the respective strategies and represents valid data submitted by recipients.

* 1815 Y1 Category A Recipient Profiles

The DP18-1815 Category A Recipient Profiles offer a snapshot of each recipient’s activities and progress reported for each strategy implemented during Year 1 of the DP18-1815 cooperative agreement. The profiles are based on the Year 1 Annual Performance Reports (APRs) and Year 1 Performance Measures reported by recipients. The profiles will be updated annually to reflect recipient activities and progress throughout the cooperative agreement. (NOTE: There were 51 separate files on AMP which have been combined into one file)

* 1815 Y1 Category A Strategy Profiles

The DP18-1815 Category A Strategy Profiles offer a snapshot of the types of activities implemented for each strategy and aggregate progress reported by recipients during Year 1 of the DP18-1815 cooperative agreement. The profiles are based on the Year 1 Annual Performance Reports (APRs) and Year 1 Performance Measures reported by recipients. The profiles will be updated annually to reflect recipient activities and progress throughout the cooperative agreement.

* 1817 Category A Performance Measure Definitions

Official guidance and definitions for DP18-1817 Category A Performance Measures. Please contact your CDC Category A Evaluator with any questions.

* 1817 Category A Guidance Documents

This document provides guidance on implementing each of the Category A strategies in 1817 (Innovative State and Local Public Health Strategies to Prevent and Manage Diabetes and Heart Disease and Stroke). For each strategy, there is a section on the intent of the strategy, key terms and definitions, removing barriers to participation for high burden populations, examples and ideas for state and community level interventions, activities not allowed in the strategy, performance measures, and technical assistance and training resources. Strategies in 1817 include: Bidirectional E-referral, Increasing Participant Enrollment in CDC-Recognized Lifestyle Change Programs, Marketing the National DPP and Increasing Enrollment, Lifestyle Coach Advanced Training, Participation and Retention in DSMES and National DPP, Telehealth, Diabetes Clinical Care Improvement, and Chronic Kidney Disease (CKD) Early Detection through the Electronic Health Record (EHR)

* 1817 Category A EPMP and Performance Measurement Overview Webinar February 21, 2019

The DP18-1817 Category A webinar on February 21, 2019 provided an overview of the Category A evaluation and performance measurement plan and highlighted updates to performance measure definitions based on recipient feedback. The slide deck and written Q&A from the call are attached. To listen to the recording of the entire presentation and discussion, please access the included link. <https://adobeconnect.cdc.gov/pvaizw9jl7wm/>

* DP18-1817 Category B Evaluation and Performance Measurement Plan (EPMP) Guidance

Official guidance for DP18-1817 Category B Evaluation and Performance Measurement Plans. This version was distributed February 19, 2019. Please contact your CDC Category B Evaluator with any questions.

* DP18-1817 Category B Performance Measure Guidance and Definitions

Official guidance and definitions for DP18-1817 Category B Performance Measures. Version 2 includes updates and clarifications based on recipient feedback and was distributed February 19, 2019. Please contact your CDC Category B Evaluator with any questions.

*Related to past evaluation reporting*

* 1815 Year 1 Annual Performance Measure Reporting Webinar (August 8, 2019)

A webinar was held on August 8, 2019 for DP18-1815 Year 1 Annual Performance Measure Reporting. A link to the recording is provided, and the slides and Q&A transcript are attached.

<https://adobeconnect.cdc.gov/pwmo751xf2kr/>

* DP18-1815 Category A Recipient-Led Annual Evaluation Report Guidance: Year 1 Evaluation Report (revised)

Each year Category A DP18-1815 recipients are required to submit an evaluation report that describes findings from the previous year’s evaluation of their three selected strategies across each of the core areas outlined in the DP18-1815 Evaluation and Performance Measurement Plan Guidance. Developing the annual evaluation report provides recipients the opportunity to reflect on their program implementation, facilitators and barriers, as well as their evaluation design and methodologies. The sections below provide examples of the specific information that should be included in the Category A Evaluation Report.

* DP18-1815 Category A Recipient Evaluation Reporting Guidance: Year 1- Evaluation Report –Technical Assistance Tool

Category A Evaluation Report: This report should be developed based on data collection and analysis for the Year 1 period that aligns with the Comprehensive Category A Evaluation Plan. The evaluation report should include the following components, and describe early outcomes for data collected for Year 1: Evaluation Purpose and Evaluation Questions; Project Background; Evaluation Design and Data Collection Methodology; Findings and Conclusions. Additional guidance can be found in the Category A EPMP Guidance Document.

* DP18-1815 Category B Year 2 Evaluation Reporting Deliverable Guidance and Technical Assistance Tool

This document provides guidance and a technical assistance tool for the DP18-1815 Category B Year 2 Evaluation Reporting Deliverable that is due September 30th, 2020. It summarizes the elements that should be included in the Efficiency Improvement Plan and Process Model. The technical assistance tool included in this document may be used by recipients for reporting their DP18-1815 Category B Year 2 Evaluation Reporting Deliverable.

* DP18-1817 Category A Year 1 Evaluation Report Guidance - Technical Assistance Tool

This technical assistance tool may be used by recipients to accompany their DP18-1817 Category A Year 2 Evaluation Plan due on December 31, 2019. The Category A Year 2 Evaluation Plan Coversheet provides an overview of the updates made to the Year 1 evaluation plan.

*Previously uploaded to AMP/Already available on EEC Resources*

* DP18-1817 Year 1 Evaluation and Performance Measure Reporting Webinar Recording & Slides

A webinar was held on October 8, 2019 for DP18-1817 Year 1 Annual Performance Measure Reporting for Category A and B. A link to the webinar recording is provided. Also, PDF versions of the presentation slides and Q & A transcript are attached.

* 1817 Performance Measure Reporting Tool

This resource is an optional tool that can be used for reporting performance measures to fulfill the Year 1 reporting requirement. This tool was demonstrated during a webinar on October 8th, 2019.

* 1817 Cat A and B Year 1 Evaluation and Performance Measure Reporting Submission Instructions

Attached are submission instructions for the DP18-1817 Year 1 Annual Evaluation and Performance Measure Reporting Deliverables.

* DP18-1817 Category A Evaluation Reporting Guidance (this was uploaded again under the name of DP18-1817 Category A \_Evaluation Reporting Guidance)

Provides guidance for Category A evaluation reporting for Year 1.

* DP18-1817 Category B Year 1 and Year 2 Evaluation Reporting Guidance

Provides guidance on evaluation reporting for Category B in Year 1 and Year 2