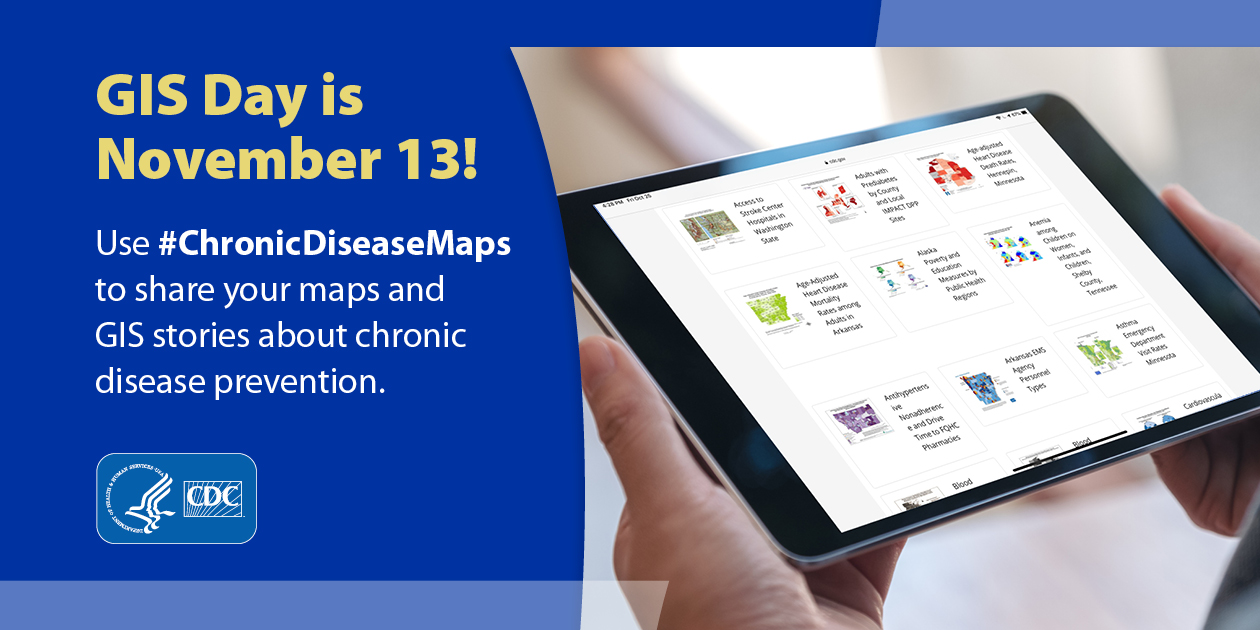
**Welcome to EEC!**

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| Register for EEC meetings here | <https://chronicdisease.zoom.us/meeting/register/d036cbbd925610a07510d14dfea9e911>  Please be sure to *download the appointment series* to your calendar.  If you are sharing a workstation, 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@heatlh.ny.gov](mailto:lara.kaye@heatlh.ny.gov)  Shelby Vadjunec (WI), [Shelby.vadjunec@dhs.wisconsin.gov](mailto:Shelby.vadjunec@dhs.wisconsin.gov)  Emily Peterson Johnson (TX), [Emily.johnson@dshs.texas.gov](mailto:Emily.johnson@dshs.texas.gov)  April Hendrickson (CO) AMP Liaison, [April.hendrickson@state.co.us](mailto:April.hendrickson@state.co.us) |
| NACDD Consultants | MaryCatherine Jones, [mcjones@chronicdisease.org](mailto:mcjones@chronicdisease.org)  Hannah Herold, [hherold@chronicdisease.org](mailto:hherold@chronicdisease.org) |
| Date | November 13, 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  Lara | Welcome, Housekeeping and Polls | 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.  Today is GIS Day and we encourage all EEC members who have maps to share to submit them to #ChronicDiseaseMaps. See below the agenda for complete information. |  |
| 5 minutes  Emily | New Member Introductions | 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   Danielle Stollar (GA) -  Julie Cleaton (AK) – Epidemiologist/Evaluator for 1815 | 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 Hannah ([hherold@chronicdisease.org](mailto:hherold@chronicdisease.org)). |
| 2 minutes  MaryCatherine | NACDD Updates | Welcome to April as our first ever AMP Liaison! April will be monitoring AMP to keep the rest of us posted on any conversations/content that would benefit EEC members and bring it into our meeting, either in the discussion or as resources to be aware of.  Hannah and MaryCatheirne have been working to find some solutions to Zoom calendar issues people have reported. We expect to shift to a new system that will allow us to put the appointments on all EEC member calendars directly. We’ll share more at the December meeting.  April shared quite a few resources, Hannah is in the process of uploading these to the EEC internal webpage. These should be up-to-date by COB 11/13/2019. | Check the internal EEC webpage for meeting notes and updates: <https://www.chronicdisease.org/page/CVH_EEC> |
| 5 minutes  April | AMP Updates | Resources/conversations to follow on AMP  Most 1817 evaluation resources have been uploaded to AMP (Reporting guidance, templates, submission instructions, slides from webinar, evaluation plan cover sheet, etc.)  Category A DPRP October report is also now available – this includes data submitted to CDC by recognized DPP. This data is state-level, aggregate. We’ve asked CDC if they can share more detailed data, so far they have not been able to do so.  Lara (NY) – How will these resources be organized? Can they be split into 1815/1817?  Hannah (NACDD) – I’m open to suggestions – currently the resources are all listed in a single table with resource name, type, source, contact name, contact email. Is there a better way to organize this? Please provide feedback if you have suggestions!  Heather Zook – is this EEC site within AMP or a separate website?  Lara (NY) – The EEC page is on NACDD’s website. The link to this EEC page is in the agenda. |  |
| 20 minutes  Lara | 1815 & 1817 | Feedback from 1815 Year 1 evaluation deliverables: How has this gone?  Most helpful feedback?  Surprises?  How can you apply this to Year 2 evaluation? 1817 evaluation?  Emily Styles (MN) – We received feedback on a couple Category A measures that the targets we set needed to increase from Year 1. When we set these targets we did it intentionally. Some of our work we don’t expect to see increases in year 2 because they’re just getting started. Other measures we can’t increase (for example everyone already has Medicaid coverage). But we received feedback that the targets needed to increase. I sent a question about it, because we set the targets realistically, but haven’t heard back. Has anyone else run into this situation?  April (CO) – We have received similar feedback. I found that setting up a call works well. Some of these things are difficult to explain via email. We’re having a call with our CDC evaluator to explain these things. Some of our targest are zero (we’re not working on them). We’re hoping to clarify this by getting everyone one the phone and discussing it.  Tiffany (ND) – We received similar feedback that some of our targets weren’t challenging enough. We had a call with A & B evaluators and explained it, but they asked that we put more details in the notes explaining why those targets are realistic.  Lara (NY) – Thanks, that’s great feedback. Has anyone had other challenges?  Jesseca Chatman (IN) - I agree we are also setting up a phone call. Open to recommendations on how to evaluate (Category B) B.2 and B.3.  Lara (NY) – Are these strategies that you identified to do the in-depth evaluations on?  Jesseca Chatman (IN) – Yes. The CDC feedback was so unclear, we’re open to hearing what other states are doing.  MaryCatherine (NACDD) – Would it be helpful if we sent out that question by email, asking for recommendations on evaluating those strategies?  Jesseca Chatman (IN) – Yes please.  Lara (NY) – Were folks asked to make changes to their evaluation report and performance measurement to resubmit, or were they asked to take into consideration and apply the changes the next year?  Mae Gagnon (?) – Take into consideration for next year.  Edward (FL) – We were told to incorporate into next year.  Heather Zook (?) - Our understanding was incorporate next year  Caitlyn Jasumback (?) – Next year  April Hendrickson (CO) - Colorado was not asked to resubmit but to take into consideration for next year.  Brittany Brown (UT) - I can't get unmuted. I think the approaches to evaluating strategies (B.2 and B.3) really depends on the interventions being implemented. The CDC has had EPLC calls by strategies, but they've been very specific to what 1-2 states are doing. May be helpful to collaborate with other states evaluating the same strategies and share ideas.  Lara (NY) – Are people able to apply feedback from 1815 into 1817?  Trina Filan (MT) - They suggested I add more quantitative indicators (or turn qualitative into quantitative), so I am trying to do that more for 1817 too.  Brittany Brown (UT) – In responding to Jesseca’s question, I think that that’s a difficult question without having more background on the interventions that are being implemented. The CDC has been great with coordinating these EPLC calls by different strategies, but it’s been only one or two states presenting what they’re doing. I don’t know if there is interest in collaborating about ways states are evaluating and the interventions they’re doing.  Lara (NY) – I appreciate those EPLC calls, but I have a similar sentiment. I don’t always feel like I can apply the evaluation strategies to what we’re doing in NY.  Trina Filan (MT) - They told us to take the input into consideration for next year. They suggested I add more quantitative indicators (or turn qualitative into quantitative), so I am trying to do that more for 1817 too.  Caitlyn Jasumback (?) - Yes. They suggested to add more detail on barriers and how we are going to address them. |  |
| 20 minutes  Emily | GIS for 1815/1817 | How have EEC members used maps to evaluate or plan programs for 1815/1817, including identifying priority populations, deciding where programs need to be expanded, etc.?  What kinds of communications have you used to share maps you’ve created for 1815/1817 (PowerPoint, ArcGIS Online, burden report, etc.)?  What are some of the barriers or challenges that limits the ability to use/create maps to evaluate or plan programs (GIS-trained staff, software expense, limited dedicated staff time)? Communicate/share maps you’ve created (e.g., internal approval process, data use agreements limitations, etc.)?  What data have you used or would you use to create maps for 1815/1817?  Emily (MN): We just released a report on [Geographic Variation in Hypertension in Minnesota](https://www.health.state.mn.us/diseases/cardiovascular/data/reports.html)  using data from the All Payer Claims Database that features a number of maps of hypertension prevalence across Minnesota and the Twin Cities metro.  We are providing prevalence data by zip code for the entire state in a supplement to the report, so this is the first time that this information will be available for many small communities in MN.  Ed (FL): Temporal prediabetes prevalence and CDC-recognized lifestyle change programs map  Caitlin (ME): Shared CHNA interactive website with county-level indicators (<https://www.maine.gov/dhhs/mecdc/phdata/MaineCHNA/>)  Emily (TX): 15-minute drive times to DPP programs in Smith Co., TX.  --------------------------  Emily (TX) – Does anyone have plans to use maps, or have you already started using them?  Lara (NY) – We have some plans to use maps for 1815 evaluation but we’re not there yet. We want to get a little further along. This plan is from Rachael’s work. The plan is to use maps for DPP and DSMES, and pharmacists working on diabetes management.  Trina Filan (MT) - We're going to be using maps to show where our various projects are for both grants, so we can determine overlap, reinforcement, and proximity to rural and frontier high-needs areas.  Cheryl Miles (IL) - Illinois used maps to determine the prevelance of diabetes and heart disease and strokes to determine which areas of the state to focus our activities on for the 1815 period.  Trina Filan (MT) - I also thought it would be nice to see how far apps extend the geographic reach of some of our projects. (Telehealth apps)  Paul Meddaugh (VT) – I’ve used maps a number of times for 1815 and back in 1305. I haven’t used them for evaluation, but I’ve used them for surveillance and communication. We use them to help target interventions and to talk with community partners. Maps haven’t historically been used by us very much, but we’re finding that community partners are really engaging with the maps. It’s sort of a novel way to see the information. I’ve done a project on GIS mapping for antihypertensive medication adherence. We’ve been trying to establish a network of pharmacy partners in the state. We’re working on a larger project to see what needs to be done and what can be done to address med adherence for Htn. We’re also working on maps for the diabetes program, specifically focusing on the distance learning portion of the DPP. We’re using the maps to identify areas with a population not within driving/commute time of a DPP site.  Kelli Niemeier (NE) - We're going to use maps in Nebraska to identify if program saturation is occurring, especially in our rural and frontier counties. We are going to map DSMES sites by diabetes prevalence and population density.  Trina Filan (MT) - We're developing a GIS Hub for community participants to add their local knowledge and experiences with CVH and DM projects. And we have story maps for those topics, as well. We're trying to figure out how to get people excited about the Hub.  Simone McPherson (GA) - I would like to map MTM services provided to manage HBP and Cholesterol at pharmacy locations across Georgia.  April Hendrickson (CO) – I would love to know, what is your data source for MTM?  Simone McPherson (GA) - As of now it would be working with Georgia Pharmacy Association and collecting through surveys.  Rodrigue Pierre (FL) - Florida used maps to assess the distribution of Federally Qualified Heatth Centers (FQHCs) across the state and determine the average hypertension control achieved by FQHCs in each county.  April Hendrickson (CO) - Colorado is working on mapping National DPP and DSMES locations and figuring out how to best include telehealth. Colorado is also developing maps using Tableau to show the distribution of health navigators across the state across counties categorized as urban, rural, and frontier. They will be dynamic maps that will be integrated into our health navigation workforce development webpage.  Kortnei Scott (AL) - Alabama has just started working with GIS. We are working on a resource directory using GIS Story maps and plan to use maps to communicate more about the initiatives conducted by our distrist outreach coordinators.  Trina Filan (MT) - We're also doing that, Kortnei, for our bi-directional e-referral work. Cool.  Rodrigue Pierre (FL) - Florida also used maps to determine heart disease death rates across the counties of the state stratified by sex for the period 2016-2018  Caitlin Pizzonia (ME) - Maine has mapped National DPP and DSMES locations and FQHC sites. This way we can overlay relevant point-level data with relevant prevalence data to identify priority issues. Maine also tweeted a diabetes prevalence map that is part of Maine's Shared CHNA (Communicty Health Needs Assessment) for GIS day. Maine's Shared CHNA is in Tableau and provides interactive maps using county-level data: <https://www.maine.gov/dhhs/mecdc/phdata/MaineCHNA/maine-interactive-health-data.shtml>  Kortnei Scott (AL) - Great! Would you tell me more about how you are using GIS for e-referrals?  Trina Filan (MT) – Sure. Let’s email!  April Hendrickson (CO) - Trina, would also be interested to hear how you're mapping e-referral  Emily (TX) – Does anyone have barriers or challenges regarding using maps?  Edward (FL) – One of the barriers for me is having the time needed to focus on the maps. This is not something we can work on on a daily basis. There’s a learning curve to get back up to speed.  Linda Carter (?) – Training for Desktop GIS is a barrier.  Brittany Brown (UT) - In Utah, we do not have any epi/eval staff currently trained in GIS, so getting training is our main barrier.  Caitlin Pizzonia (ME) - Limited staff time.  Jessica Marcinkevage (?) - I echo FL's sentiments re: staff time.  Emily (TX) – Is the call for applications for GIS training still open?  MaryCatherine (NACDD) – The State RFA has closed, but the local RFA is still open through Monday. We will be announcing recipients of the State RFA in the next week or so. We also have virtual training opportunities available – these are announced throught the GIS network. Please contact Hannah ([hherold@chronicdisease.org](mailto:hherold@chronicdisease.org)) if you need to be added to the mailing list.  Simone McPherson (GA) - My state has already received training in the past years so we unable to reapply for new staff that needs training. Time/capacity is also a barrier.  Emily (TX) – We had the fortune of participating in the training earlier this year, now staff are hosting informal internal trainings for newer staff. We’re trying to run through the same exercises by teaching each other.  Rodrigue Pierre (FL) - Software features availability is a barrier. Many times uers do not have access to all capabilities of the software.  Emily (TX) – Does anyone want to share data sources that they’ve used for 1815/1817 maps?  Jessie Fernandes (?) - If your state maintains a license agreement with ESRI, they may also have a certain amount of "credits" for training. You might check in with your state IT or Administration about any training opportunities through their agreement with ESRI.  Lara (NY) – In NY, after we got trained we found that different divisions had experience with mapping and we could rely on some of their skills and GIS utilization for collaboration.  Paul Meddaugh (VT) - Staff time has certainly been a barrier in VT as well. Something I've tried to do to address that is have planning and prioritization conversations with my program so that they see the time investment that's needed in my schedule in order to make a good map.  Rodrigue Pierre (FL) - I used data from the Health Resources and Services Adminstration and the Florida Bureau of Vital Statistics for my maps.  Emily (TX) – The HRSA source is a lot of FQHC data, this is a good place to download data or make a map on their website to get a good idea of what it looks like mapped.  Adrian Zeh (MI) - Michigan has a State GIS users group that is very handy to learn more about what other areas of State Government are doing. Staff time a barrier here as well.  Emily (TX) – Let’s see what maps people have developed.  Emily (MN) – We shared a map on twitter for GIS day: <https://twitter.com/mnhealth/status/1194623582657273856>. We used this map in a report <https://www.health.state.mn.us/diseases/cardiovascular/data/reports.html> on CVH. This whole report was getting our feet wet with APCD (the data source for these maps). It looks at all insured MN adults. The report and all maps were done by myself and my colleague Jim Peacock. The report was publishe din collaboration with our Health Economics group. They are the data stewards for the APCD here in MN. We shared the map on various social media (Twitter, Instagram, Facebook). We also shared the report through our state email distribution list. There was a short article in our local Twin Cities newspaper. We are hoping that this report provides local-level info on Htn prevalence. There is also a supplement document to this report that has data tables with prevalence data for any zipcode in the state.  Paul Meddaugh (VT) - Data sources I've used in mapping are BRFSS, YRBS, hospital discharge data, claims data, ACS data, GFTS, and others.  Edward Clark (FL) – (Sharing prediabetes prevalence map). Our state was trained in GIS earlier this year. We wanted to determine prediabetes and diabetes prevalence, and map where existing DPP sites were. We wanted to identify where we needed to expand DPP sites. We realized that some rural counties with higher prevalence didn’t have any DPP sites. Our goal is to develop one of these maps quarterly so that we can reflect DPP site expansion (or disappearance of sites). We’d like to identify how the funding is impacting DPP. We’re also tracking what recognition status the sites are in (pending, preliminary, fully recognized). We discovered we had a high concentration of DPP in certain areas of the state, so we’re planning on developing a more detailed map of that area. We’ve shared this map internally with programmatic staff within diabetes program. They’ve used this map for their TA calls with counties. We also intend to share this map more nationally with CDC partners and Rice University. We also plan to use this for our annual report to CDC. We intend to develop a map to illustrate T2 diabetes prevalence and DSMES site locations. Those maps are under development as we speak. What we learned with this first project is that the areas with highest burden of prediabetes/diabetes is a lower-population area. We still aren’t fully serving those areas with DPP. As we continue to develop these maps I’ll share more.  Caitlin (ME) – We did a tweet as part of the twitter blast today. We highlighted Maine’s Community Health Needs Assessment. Is has almost 200 indicators, the majority of them have county level data. We have key indicators, indicators by topic, health equity tab, district comparisons, SHIP indicators, etc. We have trend data, numerator/denominator, weighted data. When I click on one of these for diabetes, it should load the map that we’ve developed with this data. We can see state trends, data by age/sex/race/etc.. This county map is a highlight with the purple arrow indicating the state rate. We have icons overlayed on top of the county shapes to show if it’s better or worse than the state rate. One thing I’d like to point out is in Tableu, the significant difference is calculated by standard error. Other methods use non-overlapping 95% confidence intervals. The interesting thing about this health needs assessment is it’s a public private partnership. The SHD needs to do this assessment every couple years, and so do the hospitals, so the hospitals provide data to help this analysis.  Linda Carter (?) - For those that presented and others that have good data/map sites - how do you fund this work? What funding streams do use, and do you use vendors to develop and maintain the sites, or do so in-house?  Caitlin (ME) – This is a pretty large project, on the back end of this is an access database that gets updated. Our Performance Measurement and Improvement division/department started this. There was some contracting with JSI to get the database set up, but the Tableu interactive portion was developed in-house. I worked with a team of 8-10 epidemiologist to supply maybe half of the data used in the dashboard. Other programs supply data for a couple indicators. So really it’s a collaboration.  Emily (TX) – Linda, we can revisit your question in a future meeting, or perhaps MaryCatherine can send the question out to the group. |  |
| 5 minutes  Lara | Questions for Peers | Refer to any questions that came in through the chat box.  We don’t have time for questions today – please email MaryCatherin ([mcjones@chronicdisease.org](mailto:mcjones@chronicdisease.org)) or Hannah ([hherold@chronicdisease.org](mailto:hherold@chronicdisease.org)) and we will address them in future meetings. |  |
| Adjourn  Lara | Next meeting Wednesday, December 11 at 2pm ET. Please email any agenda items to MaryCatherine or Hannah | | |

# Other News and Updates

**Tweet Your Chronic Disease Maps on GIS Day**  
**Wednesday, Nov. 13, 2019**  
**Sponsors: CDC, NACDD and Children’s Environment Health Institute (CEHI) at Rice University**  
   
GIS Day is coming up on Nov. 13, 2019. CDC, NACDD, and CEHI invite you to celebrate by sharing your chronic disease GIS maps on Twitter! The goal is to get as many organizations and individuals as possible tweeting on GIS Day using the hashtag #ChronicDiseaseMaps. The tweets can highlight the important work you are doing with GIS for chronic disease surveillance, prevention, and treatment as well as include a JPEG/GIF image of a map.  
   
How can you participate?  
On Nov. 13, share your maps and explain in a tweet(s) how they contribute to chronic disease prevention. Feel free to include links to any related content. Make sure to include #ChronicDiseaseMaps in your tweet!