**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.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 | December 11, 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. |

| Agenda Item | Discussion | Actions |
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| **Welcome, Housekeeping and Polls**5 minutesMaryCatherine | Instructions for joining ZoomIf 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. |   |
| **New Member Introductions**5 minutesHannah | 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
* No new member introductions
 | 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). |
| **NACDD Updates**2 minutesMaryCatherine | **GIS Training for State Health Departments**Congratulations to Connecticut, Louisiana, Rhode Island and Utah for being selected for the 2020 CDC-NACDD-CEHI GIS training for state health departments!**CSTE Conference**CSTE Abstract submissions due Friday, January 10. Conference in Seattle takes place June 28-July 2, 2020 <https://cste.confex.com/cste/2020/cfp.cgi>**Travel Scholarships Available**NACDD Diabetes Council Travel Scholarship Application period open for 1815/1817 Staff Working on Diabetes Strategies. Due Thursday, January 2, 2020, 5:00 pm EST. Apply at [DiabetesCouncil2020TravelScholarshipApplication](https://nacdd.sjc1.qualtrics.com/jfe/form/SV_b8Bx8BWycAB7acJ).  We will acknowledge all applications received with an email at the end of each day during the application period. **NACDD Journal Club December Meeting: Using GIS to Address Chronic Disease Prevention****Thurs, Dec. 19, 2019, 3-3:30 p.m. ET**Dial-in: (866) 453-0947, code: 9431004.Please join your peers at this month's Journal Club to discuss [Application of Geographic Information Systems to Address Chronic Disease Priorities: Experiences in State and Local Health Departments](https://www.cdc.gov/pcd/issues/2019/18_0674.htm)**,** published in Preventing Chronic Disease in May 2019. Reading the article prior to joining is not required (we will provide an overview of the article during the session). Participants will have the opportunity to respond to the article summary and offer their insights related to applications of GIS in their health departments.  | Check the internal EEC webpage for meeting notes and updates: <https://www.chronicdisease.org/page/CVH_EEC> |
| **Update from Chronic Disease Director webinar**10 minutesJessie Fernandes (MT)  | NACDD’s First Thursday webinar for Chronic Disease Directors took place December 5. This is a monthly call for Chronic Disease Directors offered by the NACDD Public Health Leadership and Practice Team. The topic of the December call was the role of Chronic Disease Directors in supporting GIS capacity. Jessie Fernandes (MT) represented the perspective of epidemiologists on the call.Jessie Fernandes (MT) - NJ and MT Chronic Disease Directors participated in this discussion. I was able to sit on the call. We shared a few of the GIS products we have produced and how we have used them. The CDDs discussed the use of maps and spatial data for decision making and showing decision-makers where the issues are. They also talked about partnerships developed in this process, and the training and support they have given to staff to be able to build GIS capacity. NJ shared that they have a dedicated space for staff to work on GIS projects. The conversation moved on to how states have built up their GIS capacity. MT shared how our bureau has leveraged some ESRI credits to obtain additional GIS training for staff. Another topic of discussion was MT’s lunch-and-learn and the GIS workgroup we’ve developed. We watch ESRI webinars and discuss the topic of the webinar. We also use workgroups for people to share tips and tricks that they use in mapping. We’ve worked with the MT Association of Geographic Information Professionals to get a tract specific for public health at their conference. The conversation went back and forth on different data sources and the new products people are looking to produce, and the ability to have some dedicated staff working on GIS – staff whose title is “GIS Analyst.” We recently worked with HR to be able to create a position dedicated to GIS. NJ and some other states mentioned that they can now work on mapping resources and access or equity for services, and being able to use that for decision-making. We’re also engaging people in looking at their data by making it visual and spatial. Those are some of the highlights.MaryCatherine Jones (NACDD) – What about the GIS Hallmarks?Jessie Fernandes (MT) – The new, hot off the press GIS Hallmarks are a list of about 20-ish things that a working group identified as being key parts of building a GIS workforce and incorporating GIS into Chronic Disease Prevention work. The Hallmarks were discussed on the call and will be a really great resource for other states working with their CDD on building up GIS in their workforce.MaryCatherine Jones (NACDD) – We will put those files into the group chat so that everyone can see them. Does anyone have any questions for Jessie?Caitlin Pizzonia (ME) - I wanted to make all aware that one of the CSTE abstract submission topics for the Chronic Disease/MCH/Oral Health committee is Population & Place (Novel GIS Analyses) so if anyone has any interesting GIS analyses, I would encourage you to submit the abstract for the 2020 conference.Hannah Herold (NACDD) - I just shared a PDF related to the Hallmarks. We look forward to sharing the final version of the GIS Hallmarks in the coming months. While this document shared today does not capture the full depth and language of the Hallmarks, it provides a good overview of the Hallmark Categories and summarizes the content contained within each Category. Please contact MaryCatherine or me with any questions!Hannah (NACDD) - And "the coming months" have passed very quickly....we actually have the full Hallmarks document available to share. MaryCatherine and I will get that shared via the chat shortly. |  |
| **AMP Updates**5 minutesApril | Resources/conversations to follow on AMP.1815* + Cat B Evaluation Reporting Guidance for Year 3 - Effectiveness Brief
	+ Cat B Evaluation Reporting Guidance for Year 4 - Sustainability and Action Report (they created a page for this tool but don't seem to have actually uploaded the document to the page)
	+ Cat B Evaluation Reporting Guidance for Year 5 - Health Impact Statement

 1817* + AMP training video on PMs

This training video is aimed at showing Recipients how to use the Award Management Platform (AMP) to create, collaborate, and submit Performance Measures to the CDC. The link to this is in AMP Website support folder but not in Eval or PM folder so even those with AMP access may not be aware it's there unless they received the email about it or see that it's a "trending topic"[https://ondieh.adobeconnect.com/pb7jdvx7u0e9/](https://secure-web.cisco.com/1TFX4sW4BJjt1vcyJ6bzs57EW7sYAF0tCWVEqQglyEmv7YEenJN0y7quYZg-xF0gmT2bh-S8m52OmqannIw6TeTL3mmHiV71dcGUdYEaQxt9uq5sCnszLEcpbhVganQgsItDuuJMhWYK0-lKwjllYkfBomyHrmDNjS9ytWchhTkbAJdgrorT-BNZcTU0ci8zhlmULQSCr5Li_hD-r0QPjMp7Bv0u3JUxnTPp1zSYL8yM8dR4_cZCX9OTkWqvCqa1vaQpjjPJpFauF_yp3BbZhqw/https%3A//ondieh.adobeconnect.com/pb7jdvx7u0e9/) Has anyone else seen other resources we should note here or plan to send out to the group?Marla (CDC) – Some resources were posted to AMP a while back – has anyone else been able to access those? I will go back into AMP and check.April – Yes, I see it there now. Another resource was shared, it is a video that goes over the methods of entering performance measures into AMP. However I’m now unable to access that video.Marla – If there are things you’re unable to view please let me know and we will see if we can get that shared with you.April – I just refreshed and can see more resources now.Marla – Yes – there may be something going on with the CDC system, they might be working on it now.April – Who do we contact for support?Marla – Ampwebsupport@cdc.gov. There should always be someone from Deloitte manning that. This is the best place to contact because someone will get that message. However if you’re not getting a response or things aren’t being fixed on the website please let us know. |  |
| **Planning for EEC 2020**15 minutesHannah | We have held EEC calls monthly over 2019. We have had a good number of people joining and would like to hear from you about what has worked, what has not worked and what you would like to consider moving forward in 2020.EEC has evolved quite a bit in 2019. Major changes have included:-Moving from conference calls to a screen share format-Eliminating roll call at the start of calls-Developing an internal EEC webpage on the NACDD website that contains EEC meeting notes and resources from peers and CDC.What are some suggestions you have for EEC as we plan for 2020? Suggestions can be either how we can make this group look better or topics you would like to have focused discussions on.Ideas:* Recording calls
* Making transcripts available
* Using Zoom breakout rooms for discussions
* Posting EEC member bios and contact information on the EEC webpage

Emily (TX) – Things that are helpful for me include when other states share about their specific strategies, or things related to reporting and tracking data. While their specific examples may be different than what we do in TX, it gives us ideas of what we can do or what we should be thinking about doing. So specific state sharing opportunities.Adrian Zeh (MI) – There are ways to set up alerts in AMP – it would be great to have alerts when documents are added for epi/eval specific items.Linda (MD) – It would be interesting to see reports/data from other states, what their evalution plans look like, data that thev’ve collected for performance measures. I’m curious to see.Deirdre (San Diego) – I second that. One of our challenges is always finding data for our PMs. We have difficulty getting access to data. We often have to work individually with healthcare systems, and that calls for individual data agreements. We were never able to access medication data under 1422 because we don’t have an APCD. Lots of challenges, and it would be interesting to see how others have solved them. April – I third that idea. Looking at data that other states have helps you to conceptualize what is going on. Having other data would help.Linda (MD) – I think a couple presentations by states on each call (perhaps similar projects or evaluations of strategies) would be helpful. States could present on what they are doing and their findings. That would be helpful to me.Hannah (NACDD) – Would people find it helpful to have an EEC directory available, with names/contact/roles available on the internal EEC webpage?Deirdre (San Diego) – yesLinda Carter – yesOlushola Ogunleye – yesShelby (WI) – It is helpful to discuss what we could do on future calls, does anyone have criticism for things that should change?April Hendrickson - Appreciate the opportunity to connect with other states! You guys have been doing a great job!!MaryCatherine (NACDD) – Yes please, feel free to reach out to us with any comments or criticisms. |  |
| **How evaluation work gets done** 15 minutesMaryCatherine | Since evaluation and performance measurement has been an area most of us have been spending time on in the last few months, let’s talk about how evaluation roles and responsibilities are split up in your health department. Who manages evaluation? Is this the same person over performance measurement?How are teams involved?How do evaluation deliverables get pulled together?Any tricks or lessons learned about how this can be made more efficient?Caitlin (ME) – We are still in the process of ramping up program activities. In the past, PM have been a collaboration between eval and epi – this seems to be the case right now. In the future, we’d like to move towards having some PMs measured by epi, some by eval. The eval team puts together the eval plan, but it will be both epi/eval doing the PM measurements together. We are just going as we can and trying to be organized. We are using smartsheets to try to track things. Our eval team is contracted out at the University of New England. We’ve been able to have some face-to-face meetings but often use platforms like Zoom to collaborate. It is good that the eval team is an outside group because it helps us look through a different set of eyes. Deirdre (San Diego) - Our health officer decided to have epidemiologists do evaluation and I lead a small team that covers evaluation and performance management. It can be challenging! WE sometime use contractors, but we lead the effort at the health departmentEmily Styles (MN) - We have an Epi/Eval team of staff from our Diabetes and Cardiovascular Units that meets weekly or every other week depending on the time of year. One epi is responsible for all of the PMs and the other evaluators split up evaluation reporting.Mengy Li (KS) - KS decided to have epis do both eval and performance measure management. We do have an external evaluator for 1815 but Epi is leading on 1817 work.April (CO) – We have separate epi and eval, although we’re on the same team. Evals are mostly responsible for 1815/17 reporting, but we will pull in epi as needed. We collaborate quite a bit with stakeholders on different projects for evaluation, and they are the ones that typically manage the data. We also work closely with program staff on PMs. If the strategy isn’t necessarily part of the evaluation, the responsibility is more on the program staff to track that data. We are in the process of developing tools to help them with this tracking.Donald Perry (TN) – Emily - how many evaluators and epis do you have in total dedicated to 1815 or 1817 efforts?Emily (MN) – We have one dedicated Epi for each unit, one shared Epi, one shared Evaluator, and an additional evaluator in the Diabetes UnitCaitlyn Jasumbeck – UT has two Epi/Evaluators, one does all reporting (PM and evaluation) for Cat. A 1815 and 1817 and the other does everything (PM and evaluation) for Cat. B 1815 and 1817.Adiran Zeh – We have a category A evaluator and a Category B evaluator across the 2 grants. Emily Styles (MN) - Total of 5 staffJulie Cleaton (AK) - Alaska has one epi/evaluator for 1815 (no 1817), and I started recently so last year the 3 program managers tracked performance measures.Brittany Richo (NC) - we have two evaluators who do epi work as well across the board for 1807, 1815 ,1817Jessica Marcinkevage (WA) - WA has 1 evaluator each for Cat A and Cat B, and an eval supervisor who oversees all evaluation for all of our CDC grants. We try to rely on the program for some data collection and reporting, though that doesn't always pan out.Brittany (NC) - Our programs are also very responsive in our data collection.Linda Carter - Maryland has 1815 only; we technically have about 1.3 FTE evaluators, but I have also been covering the state BRFSS program. Ola is our new Epi - that position was vacant for most of the last year, so we'll start getting more epi help soon!Mengy Li (KS) - KS has one external evaluator dedicated for 1815 evaluation and partially supervising 1817 Cat B work. One epi responsible for both 1815 and 1817 PMs and 1817 eval reports. One additional epi supervise all the work. KS get funded for 1815 A and B and 1817 Cat B.Deirdre (San Diego) - Managing 1817 Category B evaluation at .30 FTE at the moment.Donald Perry - TN has 2 people in total (epi/evaluators) for all 1815 evaluation and performance measurement functions. However, these 2 people have responsibilities across all our chronic disease programs in the state as well. |  |
| **Adjourn-Happy Holidays from Your EEC Leads and Consultants!**Next meeting Wednesday, January 8 at 2pm ET. Please email any agenda items to MaryCatherine or Hannah |

# Other News and Updates

**Job Opening – Utah Department of Health Epidemiologist/Evaluator**

Utah Department of Health has a recruitment open for the following position in the EPICC Program working in heart disease prevention with health systems:

* Epidemiologist/Evaluator
* $24.49-$27.50
* This is a full-time, career service position with benefits.
* Requisition # 22234
* Closes: 01/02/2020 at 11:59 pm MST

In order to be considered for an interview for these positions, you will need to apply on-line at <https://statejobs.utah.gov>. If you have not done so already, you will need to create a job seeker account.