

Cardiovascular Health State Programs

2003 Institute

Summary Evaluation Report

Prepared for

Centers for Disease Control and Prevention

Cardiovascular Health Branch

By

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TABLE OF CONTENTS

Introduction.....	1
Methodology.....	2
Results.....	3
Findings, Conclusions, and Recommendations	6
TABLES.....	8
Table 1: Pre-Institute Assessment Data	9
Table 2: Overall Evaluation Results	11
Table 3: Plenary Evaluation Results	13
Table 4: Small Group or Workshop Evaluation Results.....	17
APPENDICES	24
Appendix A: Agenda	25
Appendix B: Pre-Institute Assessment	29
Appendix C: Overall Institute Evaluation Form.....	31
Appendix D: Plenary Evaluation Form.....	33
Appendix E: Small Group or Workshop Evaluation Form.....	34
Appendix F: Six-Week Post Institute Evaluation Form	35

Introduction

State Heart Disease and Stroke Prevention Program

In 1998, the U.S. Congress provided funding for the CDC to initiate a national, state-based heart disease and stroke prevention program with funding for eight states. Currently, 32 states and the District of Columbia are funded, 22 as capacity building programs and 11 as basic implementation programs.

Program Goals

The goals of the CDC State Heart Disease and Stroke Prevention Program are:

- To increase state capacity for planning, implementing, tracking and sustaining population-based interventions that address heart disease, stroke, and related risk factors.
- To conduct surveillance of cardiovascular disease (CVD) and related risk factors and assessment of policy and environmental supports for heart disease and stroke prevention within states.
- To identify promising practices to promote heart-healthy interventions in states.
- To promote cardiovascular health in a variety of settings (health care, work site, schools, and community) through education, policy, systems, and environmental changes.

Population-based strategies focus on an identified population (e.g., women aged 35-65) or a specific geographic area (e.g., residents of a state) rather than on individual behavior change. Heart disease and stroke risk factors to be addressed by population-based strategies include high blood pressure, high blood cholesterol, tobacco use, physical inactivity, and poor nutrition. These strategies should include both policy and environmental changes and education and awareness initiatives about the need for these changes to support cardiovascular health.

State Heart Disease and Stroke Prevention Program Competency-based Training

Beginning in 1998, the Cardiovascular Health Branch (CVH) at the Centers for Disease Control and Prevention (CDC) has held an annual institute to allow state Heart Disease and Stroke Prevention Program Coordinators to increase knowledge about 1) evidenced-based risk reduction programs, 2) data used to define the burden of heart disease and stroke, 3) surveillance systems, and 4) evaluation methods. The Institute also provided opportunities to exchange ideas, form collaborations, and learn about international initiatives to combat heart disease and stroke.

In 2003, the CVH Branch implemented a comprehensive five year training program to provide Cardiovascular State Program Coordinators with core competencies required to develop and implement a fully functioning state program. Two core competencies are emphasized each year. The annual Practitioners Institute is a part of this training program, serving as a vehicle for delivering training and offering opportunities for networking, mentoring, and expertise-sharing such as web site for resources, case studies, and best practices. Additionally, the Practitioners Institute serves as a vehicle to encourage more states to apply to CDC for CVH State funding and to allow funded states to collaborate on and develop current projects.

The institute offered in the first year of the training program took place May 13-16, 2003, in Dallas, Texas, where the headquarters of the American Heart Association (AHA) is located. The AHA provided invaluable support by providing speakers and ancillary services. The four-day institute was attended by 120 public health professionals from health departments in U. S. states and territories as well as AHA offices nationwide. This represented a significant expansion from previous institutes, which were only open to approximately 30 participants.

This institute offered plenary sessions, panel discussions, 24 skill-building small group sessions and workshops, and an exhibit area for state exchange of information and networking. All of the small group sessions and workshops were focused on skill-building for environmental and policy change and developing partnerships, the two core competencies selected for the first year of the training program. The decision to focus on these issues was based on current CVH branch initiatives, previous research, and the planning team discussions.

Purpose of this Evaluation

The purpose of this evaluation was to assist CVH in assessing and understanding the training, technical assistance, and resource needs of state health departments and their partners in developing policy and environmental change programs directed at cardiovascular health and stroke prevention. The evaluation results will also serve as a guide for future development of training and resources, national conferences, and alternative learning strategies, including distance learning. Improved training and resources that are available to all health departments, both funded and unfunded, will increase the possibility that additional states will apply for State CVH program funding, that new inter-state and intra-state partnerships will be established, and that states will take their own actions to address their CVD issues. This report provides a summary of the participants' evaluations of content, format, and logistics of the institute and how they have applied what they learned in the following six-week period.

Methodology

The evaluation focused on the content and quality of the presenters, materials, sessions, and the participants' overall experience in order to identify and improve future training and resource development. Three types of evaluation were conducted:

- Pre-Institute
- Post-Institute
- Six-Week Follow Up

Pre-Institute Evaluation

The purpose of the pre-institute evaluation was to establish a baseline measurement of skills and knowledge in the topic areas presented at the institute. Participants were asked to rate their level of proficiency in each area. This data was later compared with the post-institute evaluation data to determine changes in skills and knowledge that could be attributed to the training.

Post-Institute Evaluation

Evaluation was conducted both during and at the close of the institute. During the institute, each session and presenter was evaluated through anonymous, individual questionnaires. Two different questionnaires were used: one for the skill-building sessions and one for the plenary

sessions. An overall evaluation was administered at the close of the institute. The evaluations were designed to capture both quantitative and qualitative data about the participants' experiences.

Participants were consistently reminded to complete their questionnaires and turn them in immediately following each session. All of the questionnaire forms were collected, collated, and entered into a database for analysis. The quantitative responses were tallied, the qualitative feedback was typed verbatim, and every session was analyzed, resulting in individual reports.

Six-Week Follow Up Evaluation

In addition to the evaluations completed and collected at the institute, a six week follow-up questionnaire was sent out via e-mail to identify the steps that had been initiated by the states to 1) collaborate with new partnerships, 2) utilize their new skills and resources with others, or 3) to access any of the institute's training and resource materials.

The overall evaluation results were determined by comparing the pre- and post-evaluation data, which rated the participants' experiences. The six-week follow-up questionnaire data was analyzed separately.

Results

Overall Post-Institute Evaluation

The response rate was high for all the sessions with an average response rate of 50%. The quantitative data analysis results demonstrated a positive impact in most of the skills and knowledge areas with some variation in the level of increase. While some areas showed a significant positive change in knowledge, such as Formal/Informal Policy and Systems Change, others showed less change in knowledge acquisition, e.g. Developing Campaigns and Program Evaluation. (See Table 2 in the Appendix.) The overall evaluation results must be considered in light of the fact that some of the topics were presented more than once to the entire group in a plenary session and other topics were presented in workshops and small group sessions for which participant attendance had to be limited due to time constraints. For example, Formal/Informal Policy and Systems Change-related topics were covered in several plenary sessions as well as small group/workshop sessions, but Program Evaluation was only presented in two workshop sessions with a maximum of 20 participants each.

The qualitative evaluation results fall into a number of categories:

- Institute Format
- Institute Location and Logistics
- Topics Areas/Information

Institute Format

Each person was able to attend only two workshops during the institute due to time constraints. The desire to attend more than two sessions was reflected in many of the comments. Some felt that they did not get to attend all the sessions they wanted to see and had to compromise. Suggestions for avoiding this problem next year included creation of additional workshops sessions, reducing the number of plenary sessions, and providing more thorough descriptions of

each workshop to allow participants to make better decisions about which session they needed to attend. Additional suggestions included combining some of the sessions such as Program Evaluation 101 and 201 but at the same time keeping the length of the Institute the same or condensing it.

Respondents also wanted more “how to” workshops and opportunities to work on projects together. Some expressed the desire to have at least one day in which there is a track for those who have more experience. One respondent suggested that the institute should start with introductions, which are especially important for new members. Several respondents indicated that participants should have free time at lunch to network, share ideas, and get to know each other rather than having a required activity. Respondents also wanted more time for physical activity.

Institute Location and Logistics

Although most of the respondents (68%) felt that the duration of the institute was appropriate, a significant number (32%) felt that it was longer than necessary, commenting on information overload and the difficulty of being away from their home office responsibilities for a week. Some respondents indicated that the large amount of information in the institute, combined with its length, had resulted in an emphasis of staying on time, which tended to reduce question and answer times. Others felt that more effort was needed to ensure that the sessions began and ended on time.

In general, most respondents appeared to be satisfied with the institute’s hotel location and facilities with 70% rating it as excellent or near excellent for location and 55% for hotel facilities. However, some respondents indicated dissatisfaction with both location and facilities, in their comments, indicating issues with the menu items, limited workout facilities, and the fact that shopping, entertainment, and restaurants were not within walking distance of the hotel.

Topic Areas/Information

Overall, the plenary sessions and the small group/workshop sessions were very well received. For almost all the sessions, the participants strongly agreed that the information was understandable and useable and that the presenters were effective. For the small group/workshops sessions, participants reported increased knowledge most frequently as a benefit of the session, followed by learning of strategies and future networking, which were reported with equal frequency as a benefit of the session.

The topics that the respondents indicated as being the most useful centered on the broad areas of the heart disease and stroke prevention national picture, partnerships and coalitions, policy and environmental changes, program evaluation, CDCynergy, and capacity building. The majority of respondents (79%) indicated that they received sufficient information and educational materials; however, their comments expressed some confusion about specific issues. Developing partnerships and collaborations was one of the institute’s main focuses, but some respondents noted confusion about their roles in collaboration and the role of the CDC with respect to the change in program name, funding and program direction/goals (e.g. overlap and differentiation between comprehensive physical activity and nutrition and the Heart Disease and Stroke Prevention program). Respondents also indicated the need for clarity in presentations that used acronyms and by presenters who referred to important resources with personal names or coalitions and didn’t provide contact information.

Topics on which respondents wanted more information included some of the topics that they had rated as the most useful, including policy and environmental changes, partners, program evaluation, systems change, capacity building, and CDCynergy. In addition, respondents wanted information on upcoming CVH conferences (national), CVH strategies on which states should focus to achieve their priority goals, AHA staff roles and primary and secondary prevention.

Some of the topics suggested by respondents for future institutes echoed some of their responses for the most useful topics and the topics on which they wanted additional information, indicating a need for in-depth information and training on evaluation, policy and environmental change implementation, developing partnerships, and CDCynergy - CVH version Train-the-Trainer. Respondents also wanted more state perspective on program development. Other requests included state-oriented presentations or information (including samples of state plans which have incorporated recommendations from Public Health Action Plan), a workshop that would provide insight into “how to move your plan forward,” a showcase of the best examples of what CDC expects from the states, and best sources for advice, training, and lessons learned. Other topics suggested for future institutes were updates on the AHA/ASA strategic plan and new programs and dealing with state and federal conflicts of policy and philosophy.

Six-Week Post Institute Findings

Collaborating With New Partnerships

Most of the respondents had contacted their American Heart Association or State Heart Disease and Stroke Prevention Program counterpart since the Institute: 97% had either made personal contact or their office had. The primary reason to initiate contact was to discuss follow-up or revisions to action plans. Many of the respondents noted that they already had ongoing contact with their counterparts before the Institute and continued to do so afterwards.

A majority of the contacts (72%) resulted in working with the respondents’ AHA or State Heart Disease and Stroke Prevention Program counterpart on several of the items listed in the contract of commitment. Several reported using the “Search Your Heart” kits to work on heart intervention programs. Others noted new or ongoing partnership opportunities related to mutual activities. Of the respondents (28%) who had not contacted their counterpart to work on any of the items listed in the contract of commitment, the majority planned meetings within three months of the institute. Others had not done so due to scheduling conflicts or staffing issues.

Most of the new collaborations initiated by respondents (37%) since the institute were for new projects with existing partners such as planning new heart disease or stroke prevention projects, implementing new ideas to aid in decreasing morbidity and mortality of heart disease and stroke in rural areas, or initiating new projects with work sites, schools, faith-based institutions, or communities. Some respondents (35%) reported collaborations as a result of contacting new or potential partners within the state to work on new heart disease or stroke prevention initiatives. A few respondents (28%) noted working with another state or contacting another state for assistance. Many respondents noted that collaborations and partnerships were already in place in their state before the institute; however, some respondents noted that the institute did result in increased dialogue with existing partnerships or communicating to senior managers about the

need for a more aggressive approach to current partnerships. One respondent commented that maintaining current projects is the focus in that state, due to lack of funding.

Utilizing New Skills and Resources

Of the 28% of respondents who reported developing new activities as a result of information, skills, or resources acquired at the institute, the following activities were listed as results: conducting professional education for doctors and other health professionals in the state, planning local CDCynergy training, and defining secondary prevention efforts.

Although only a limited number of respondents (28%) were able to participate in the CVH CDCynergy training during the institute, all participants received a CVH CDCynergy CD and a User Manual. A majority of the respondents (63%) reported accessing the CD at least once since the institute. Of the respondents who had participated in the training, 14% had taught others to use CDCynergy.

Accessing Training and Resource Materials

Almost all of the respondents (97%) had accessed the institute's training and resource materials at least once, with 49% of the respondents accessing it two to three times to retrieve contact information for state members, and to distribute information to staff who were unable to attend the institute. Specific sections of the guide that were most frequently retrieved included information about the public health action plan or information about George Mensah's presentation. Other areas more frequently accessed were the Evaluation 101 section and the presentations on policy and environmental change. Respondents reported that the primary reason to access these sections was to review material that had been presented during the institute. In most cases, this review was conducted during the process of developing or revising their own state initiatives and program activities or to improve their community and employee recruitment and training processes.

General Comments Regarding the 2003 Institute

Respondents were given the opportunity to provide additional comments regarding the institute during the six-week follow up survey. Consistent with the evaluation data collected immediately following the institute, respondents overwhelmingly felt that attending the institute was a positive experience, particularly for the networking opportunities, the opportunity to see examples of other states' programs, and the sharing information and ideas with their peers. Again, many respondents re-expressed their feelings that the small group sessions and workshops provided invaluable interactive opportunities and would like to have the opportunity to attend more than two of these "hands on" sessions at the next institute. Again, as noted in the post-institute evaluations, many participants would have prefer to interact with their colleagues on a personal level during lunchtimes, rather than having working lunches, and to have a training location conducive to physical activity, shopping, and dining within walking distance.

Findings, Conclusions, and Recommendations

The overall evaluation survey responses demonstrated an overall positive shift from the participants' pre-institute self-assessment of the skills and knowledge areas to their post-institute self-assessments, with some variation in the level of increase. In all but one of the skills and knowledge areas, there was a decrease in the number of respondents who reported having limited or little/none knowledge and skills and an increase in the number of respondents reporting a

great deal of knowledge. In the area of Community or Environmental Assessment, there was an increase in the number of respondents indicating limited knowledge and skills. The results for participants reporting a moderate amount of knowledge and skills were somewhat mixed. In the area of Community/Environmental Assessment, there was a decrease of 23% in the number of participants reporting a moderate amount of knowledge and skills in this area. If one looks at the increases in the number of respondents in the limited and great deal categories, it would appear that some of the respondents who reported a moderate amount in their pre-institute self-assessment moved into either the great deal category or the limited category in even numbers.

The greatest increases were seen in Formal/Informal Policy, Systems Changes, and Community/Environmental Assessment; the smallest increases were seen in Program Evaluation and Developing Communication Campaigns, with one exception: there was a 13% positive shift in the percentage of respondents indicating limited knowledge and skills in the pre-institute to moderate amount of knowledge and skills in the post-institute for Developing Communication Campaigns.

Based on the quantitative evaluation data, it can be concluded that the institute was highly successful in meeting its goals of providing information, networking opportunities, and hands-on training to a large number of state health department staff and their partners. Based on the qualitative data gleaned from participants' comments, it is clear that they would like to have more hands-on training and opportunities to network and exchange information with their peers, in a shorter time frame.

In considering both types of data, it is clear that all of the information, training and resources needed by the state health department CVH Program Coordinators, chronic disease staff, and their partners cannot be provided at one yearly institute. The five-year training program will need to employ a variety of learning strategies and formats to meet the participants' needs. The institutes, national conferences, etc., will continue to be the ideal vehicle for bringing participants together and creating a synergy of ideas and learning through peer-to-peer interactions. However, budgetary and time constraints on both the CVH Branch and the participants dictate that training, information, and other resources will need to be provided through other means, e.g. distance learning. The CVH Branch is in the process of creating an interactive, web-based roadmap for states to follow in achieving a heart-healthy state. It will include access to many of the resources that participants identified in their evaluations as needs: on-line training, technical documents, CDC expectations, products, and tools. The roadmap will be housed on the Web and will be accessible to all.

TABLES

Table 1: Pre-Institute Assessment Data

Pre-Institute Assessment Data
Heart Disease and Stroke Prevention Practitioners Institute
May 13-16, 2003
Dallas, Texas

Participant Background and Training

1. States and territories represented:

Funded	Unfunded
Alabama (2)	Arizona (1)
Arkansas (3)	California (1)
Colorado (1)	Guam (1)
Connecticut (1)	Kansas (1)
District of Columbia (1)	Maryland (1)
Florida (7)	Michigan (1)
Georgia (3)	New Jersey (1)
Illinois (2)	New Mexico (1)
Kentucky (2)	Nevada (1)
Louisiana (1)	Virgin Islands (1)
Massachusetts (1)	Vermont (1)
Maine (3)	Washington (1)
Minnesota (2)	
Missouri (4)	
Mississippi (2)	
Montana (1)	
North Carolina (2)	
Nebraska (1)	
New York (4)	
Ohio (1)	
Oklahoma (2)	
Oregon (3)	
South Carolina (2)	
Texas (2)	
Utah (2)	
Virginia (1)	
Wisconsin (2)	

2. Job titles represented:

Consultant=1
Director=16
Epidemiologist=2
Evaluator=1
Health Education Specialist=6
Health Specialist=8
Manager=16
Nurse=2
Program Admin=2
Program Coordinator=11
Vice President=5

3. Degrees completed:

BS/BA=40
RN=7
MA=23
MPH=25
MSW=3
MBA=4
MD=1
PhD=4

4. Formal training or experience in these topic areas:

Business	5%
Clinical Services	5%
Community Organization	9%
Epidemiology/Biostatistics	9%
Grant Writing	10%
Management	14%
Nursing	3%
Public Health	14%
Public Relations	6%
Public Speaking	9%
Social Services	4%
Teaching	8%
Other (specify): lab research, nutrition, sales, health ed, team building	3%

Table 2: Overall Evaluation Results

Overall Institute Evaluation Results
Heart Disease and Stroke Prevention Practitioners Institute
May 13-16, 2003
Dallas, Texas

Facilities, location and travel to the Institute, rated on a scale from 1-4:

	Poor 1	2	3	Excellent 4
1. Location	12%	18%	39%	31%
2. Hotel Facilities	22%	22%	37%	18%

3. Comparison of pre- and post-training knowledge on subject categories:

	Great Deal	Moderate Amount	Limited	Little/None
Formal and Informal Policy				
<i>Pre</i>	17%	58%	18%	2%
<i>Post</i>	26%	62%	10%	0%
Systems Change				
<i>Pre</i>	12%	60%	23%	4%
<i>Post</i>	29%	56%	15%	0%
Secondary Prevention				
<i>Pre</i>	26%	56%	16%	1%
<i>Post</i>	33%	55%	12%	0%
Establishing Partnerships				
<i>Pre</i>	38%	52%	10%	0%
<i>Post</i>	47%	47%	6%	0%
Community or Environmental Assessment				
<i>Pre</i>	24%	62%	10%	4%
<i>Post</i>	39%	39%	22%	0%
Developing Communication Campaigns				
<i>Pre</i>	13%	41%	44%	3%
<i>Post</i>	15%	54%	31%	0%
Program Evaluation				
<i>Pre</i>	18%	59%	21%	3%
<i>Post</i>	21%	57%	19%	2%

4. The length of this institute was:
 - Too long: 32%
 - Just right: 68%
 - Too short: 0%

5. The amount of educational information in this Institute was:
 - Too much: 15%
 - Just right: 79%
 - Not enough: 6%

6. The examples of practical ideas provided in this Institute were:
 - Too many: 2%
 - Just right: 85%
 - Too few: 13%

Table 3: Plenary Evaluation Results

Plenary Sessions Evaluation Results
Heart Disease and Stroke Prevention Practitioners Institute
May 13-16, 2003
Dallas, Texas

Plenary Sessions	Strongly Disagree	Middle	Strongly Agree
The National Burden of Heart Disease and Stroke: A Call for Public Health Action			
George Mensah			
A Public Health Action Plan for Heart Disease and Stroke Prevention			
Darwin LaBarthe (5/13/03; 8:30-10 a.m.)			
Those confident they understood the information presented:	7%	19%	74%
Those confident they can use this information in their State:	7%	21%	72%
Those confident that others working to prevent heart disease and stroke would benefit from this information/resource:	9%	19%	73%
The session content was relevant to the Institute goals:	9%	19%	77%
The session content was relevant to their practice:	9%	17%	74%
The presentation was clear and to the point:	9%	15%	76%
The method used to present the material was effective:	9%	19%	72%
The presenters demonstrated mastery of the topic:	10%	3%	87%
The presenters were responsive to participant concerns:	10%	10%	79%
The presenters were effective:	9%	8%	83%
National Partnerships: Benefits for States			
George Mensah, Katherine Krause, Jody Stones (5/13/03; 10:30am-12pm)			
Those confident they understood the information presented:	6%	21%	73%
Those confident they can use this information in their State:	7%	44%	50%
Those confident that others working to prevent heart disease and stroke would benefit from this information/resource:	6%	42%	51%
The session content was relevant to the Institute goals:	7%	28%	65%
The session content was relevant to their practice:	7%	30%	63%
The presentation was clear and to the point:	7%	39%	54%

Plenary Sessions	Strongly Disagree	Middle	Strongly Agree
The method used to present the material was effective:	7%	43%	50%
The presenters demonstrated mastery of the topic:	7%	26%	67%
The presenters were responsive to participant concerns:	7%	29%	64%
The presenters were effective:	7%	42%	51%
The Art and Science of Policy, Environmental and Systems Change Linda Langford, Donna Nichols, Pam Wilson (5/13/03; 1:30-2:30 p.m.)			
Those confident they understood the information presented:	34%	0%	66%
Those confident they can use this information in their State:	37%	0%	63%
Those confident that others working to prevent heart disease and stroke would benefit from this information/resource:	32%	0%	68%
The session content was relevant to the Institute goals:	0%	26%	74%
The session content was relevant to their practice:	0%	29%	71%
The presentation was clear and to the point:	0%	30%	70%
The method used to present the material was effective:	0%	35%	65%
The presenters demonstrated mastery of the topic:	0%	13%	87%
The presenters were responsive to participant concerns:	0%	30%	70%
The presenters were effective:	0%	27%	73%
The Challenge of Systems Change for Secondary Prevention: HRSA and Community Health Centers – Disease Management and Quality Cindy Hupke, Jan Norman, Mary Jo Brink, Lazette Lawton (5/14/03; 8:30-10 a.m.)			
Those confident they understood the information presented:	2%	53%	44%
Those confident they can use this information in their State:	4%	58%	38%
Those confident that others working to prevent heart disease and stroke would benefit from this information/resource:	2%	45%	54%
The session content was relevant to the Institute goals:	3%	26%	71%
The session content was relevant to their practice:	5%	37%	58%
The presentation was clear and to the point:	5%	39%	56%
The method used to present the material was effective:	7%	35%	57%
The presenters demonstrated mastery of the topic:	2%	21%	76%

Plenary Sessions	Strongly Disagree	Middle	Strongly Agree
The presenters were responsive to participant concerns:	2%	21%	76%
The presenters were effective:	21%	2%	69%
Taking Action and Thinking Strategically for Stroke Prevention: CDC Overview Lazette Lawton, Adeline Yerkes, Ellen Magnis (5/14/03; 1:30-2:30 p.m.)			
No data available.			
Successful Advocacy for Heart Disease and Stroke Prevention Suzanne Smith (5/16/03; 8:30-10 a.m.)			
Those confident they understood the information presented:	3%	19%	78%
Those confident they can use this information in their State:	3%	30%	63%
Those confident that others working to prevent heart disease and stroke would benefit from this information/resource:	0%	31%	80%
The session content was relevant to the Institute goals:	6%	14%	80%
The session content was relevant to their practice:	3%	11%	74%
The presentation was clear and to the point:	3%	12%	85%
The method used to present the material was effective:	3%	6%	91%
The presenters demonstrated mastery of the topic:	3%	14%	83%
The presenters were responsive to participant concerns:	6%	11%	83%
The presenters were effective:	6%	9%	87%
Looking into the Future: Challenges and Opportunities for a Heart Healthy and Stroke Free Nation Margaret Casey, Virginia Bales, Mark Schoeberl (5/16/03; 10:30-11:30am)			
Those confident they understood the information presented:	0%	15%	85%
Those confident they can use this information in their State:	14%	36%	50%
Those confident that others working to prevent heart disease and stroke would benefit from this information/resource:	14%	29%	57%
The session content was relevant to the Institute goals:	7%	14%	79%
The session content was relevant to their practice:	0%	29%	71%
The presentation was clear and to the point:	0%	29%	71%
The method used to present the material was effective:	7%	14%	79%

Plenary Sessions	Strongly Disagree	Middle	Strongly Agree
The presenters demonstrated mastery of the topic:	0%	21%	79%
The presenters were responsive to participant concerns:	0%	21%	79%
The presenters were effective:	0%	21%	78%

Table 4: Small Group or Workshop Evaluation Results

Small Group or Workshop Evaluation Results
Heart Disease and Stroke Prevention Practitioners Institute
May 13-16, 2003
Dallas, Texas

Structured Exercise: Moving into Policy and Environmental, and Systems Change Approaches				
State Health Department Coordinators and CDC Project Officers (5/13/03; 3-4:30 p.m.)				
	Poor	Average		Excellent
The overall usefulness of this presentation as a professional development experience was:	7%	37%		57%
The materials and format in which the information was presented were:	3%	47%		50%
	Increased Content Knowledge	Learned Strategies	Learned Best Practices	Future Networking
Benefits received from this presentation:	30%	28%	20%	30%
	Too Short	Just Right		Too Long
The length of the presentation was:	3%	87%		10%
The amount of educational information in this series was:	28%	72%		0%
	Too Many	Just Right		Not Enough
Examples of practical ideas provided in this presentation were:	0%	86%		14%
Opportunities for discussion and participation were:	0%	77%		23%
Skills for Policy Change				
Linda Langford (5/14/03; 3:30-4:30pm)				
	Poor	Average		Excellent
The overall usefulness of this presentation as a professional development experience was:	0%	14%		86%
The materials and format in which the information was presented were:	0%	24%		76%
	Increased Content Knowledge	Learned Strategies	Learned Best Practices	Future Networking
Benefits received from this presentation:	28%	25%	18%	30%

	Too Short	Just Right		Too Long
The length of the presentation was:	4%	86%		10%
The amount of educational information in this series was:	0%	90%		10%
	Too Many	Just Right		Not Enough
Examples of practical ideas provided in this presentation were:	2%	90%		2%
Opportunities for discussion and participation were:	0%	95%		5%
Skills for Environmental Change				
Kathy Foell and Janet Prvu (5/14/03; 10:30 a.m. - 12 p.m.)				
	Poor	Average		Excellent
The overall usefulness of this presentation as a professional development experience was:	0%	27%		73%
The materials and format in which the information was presented were:	0%	14%		86%
	Increased Content Knowledge	Learned Strategies	Learned Best Practices	Future Networking
Benefits received from this presentation:	31%	26%	17%	26%
	Too Short	Just Right		Too Long
The length of the presentation was:	7%	93%		0%
The amount of educational information in this series was:	0%	86%		14%
	Too Many	Just Right		Not Enough
Examples of practical ideas provided in this presentation were:	7%	93%		0%
Opportunities for discussion and participation were:	0%	93%		7%
The Art of Policy Change				
Frank Clawson and Pam Wilson (5/14/03; 10:30-12 p.m.)				
	Poor	Average		Excellent
The overall usefulness of this presentation as a professional development experience was:	0%	33%		67%
The materials and format in which the information was presented were:	0%	33%		67%
	Increased Content Knowledge	Learned Strategies	Learned Best Practices	Future Networking
Benefits received from this presentation:	24%	30%	18%	27%

	Too Short	Just Right	Too Long	
The length of the presentation was:	0%	92%	8%	
The amount of educational information in this series was:	8%	92%	0%	
	Too Many	Just Right	Not Enough	
Examples of practical ideas provided in this presentation were:	0%	92%	8%	
Opportunities for discussion and participation were:	0%	93%	7%	
Skills for Building Effective Partnerships				
Meg Ellis and Margaret Casey (5/14/03; 10:30-12 p.m.)				
	Poor	Average	Excellent	
The overall usefulness of this presentation as a professional development experience was:	0%	60%	40%	
The materials and format in which the information was presented were:	0%	57%	43%	
	Increased Content Knowledge	Learned Strategies	Learned Best Practices	Future Networking
Benefits received from this presentation:	26%	23%	15%	36%
Other benefits received from this presentation:	<ul style="list-style-type: none"> • Lots of concrete examples; session confirmed current practice; validated states' experiences; learned what not to do. 			
	Too Short	Just Right	Too Long	
The length of the presentation was:	0%	86%	14%	
The amount of educational information in this series was:	23%	73%	0%	
	Too Many	Just Right	Not Enough	
Examples of practical ideas provided in this presentation were:	0%	87%	13%	
Opportunities for discussion and participation were:	0%	93%	6%	
The Life Cycle of Partnerships				
Crystelle Fogle and Jennifer Smith (5/14/03; 3-4:30 p.m.)				
	Poor	Average	Excellent	
The overall usefulness of this presentation as a professional development experience was:	0%	0%	100%	
The materials and format in which the information was presented were:	0%	0%	100%	

	Increased Content Knowledge	Learned Strategies	Learned Best Practices	Future Networking
Benefits received from this presentation:	23%	31%	15%	31%
	Too Short	Just Right		Too Long
The length of the presentation was:	0%	100%		0%
The amount of educational information in this series was:	0%	100%		0%
	Too Many	Just Right		Not Enough
Examples of practical ideas provided in this presentation were:	0%	100%		0%
Opportunities for discussion and participation were:	0%	100%		0%
Collaboration Leadership Jody Stones and Joan Ware (5/14/03; 10:30-12 p.m.)				
	Poor	Average		Excellent
The overall usefulness of this presentation as a professional development experience was:	0%	16%		84%
The materials and format in which the information was presented were:	0%	34%		66%
	Increased Content Knowledge	Learned Strategies	Learned Best Practices	Future Networking
Benefits received from this presentation:	26%	32%	16%	26%
Other benefits received from this presentation:	<ul style="list-style-type: none"> Use of tools; learned how to make meetings more effective; stop-look-listen; be realistic and honest with yourself and others in your team; shared examples from program 			
	Too Short	Just Right		Too Long
The length of the presentation was:	0%	100%		0%
The amount of educational information in this series was:	8%	84%		8%
	Too Many	Just Right		Not Enough
Examples of practical ideas provided in this presentation were:	0%	91%		9%
Opportunities for discussion and participation were:	0%	100%		0%

Capacity Building for a State Heart Disease and Stroke Prevention Program Linda Redman, Nora Keenan (5/15/03; 2-5 p.m.)				
	Poor	Average		Excellent
The overall usefulness of this presentation as a professional development experience was:	0%	8%		92%
The materials and format in which the information was presented were:	0%	23%		77%
	Increased Content Knowledge	Learned Strategies	Learned Best Practices	Future Networking
Benefits received from this presentation:	32%	30%	19%	19%
Other benefits received from this presentation:	<ul style="list-style-type: none"> • Good overview of expectations; gave details on priority areas for CVD/stroke prevention programming; good chance to ask questions and get CDC perspective; benefited from Rod Hyner's expertise. 			
	Too Short	Just Right		Too Long
The length of the presentation was:	0%	100%		0%
The amount of educational information in this series was:	0%	100%		0%
	Too Many	Just Right		Not Enough
Examples of practical ideas provided in this presentation were:	0%	92%		8%
Opportunities for discussion and participation were:	0%	92%		8%
Evaluation 101-Getting Started Natasha Williams, Ayana Perkins, Sheree Marshall Williams (5/15/03; 9a.m.-12 p.m.)				
	Poor	Average		Excellent
The overall usefulness of this presentation as a professional development experience was:	0%	20%		80%
The materials and format in which the information was presented were:	0%	33%		66%
	Increased Content Knowledge	Learned Strategies	Learned Best Practices	Future Networking
Benefits received from this presentation:	39%	39%	22%	17%
Other benefits received from this presentation:	<ul style="list-style-type: none"> • Network with other states; specific state examples. 			
	Too Short	Just Right		Too Long
The length of the presentation was:	7%	93%		0%
The amount of educational information in this series was:	0%	100%		0%

	Too Many	Just Right	Not Enough	
Examples of practical ideas provided in this presentation were:	0%	93%	7%	
Opportunities for discussion and participation were:	0%	100%	0%	
Evaluation 201- Implementing Evaluation Suzanne Randolph, Kelly O'Bryant, Kristi Pettibone, and Ahmed Liban (5/15/03; 9-12 p.m.)				
	Poor	Average		Excellent
The overall usefulness of this presentation as a professional development experience was:	0%	9%		91%
The materials and format in which the information was presented were:	0%	25%		75%
	Increased Content Knowledge	Learned Strategies	Learned Best Practices	Future Networking
Benefits received from this presentation:	40%	36%	16%	8%
Other benefits received from this presentation:	<ul style="list-style-type: none"> Recognized the importance of addressing evaluation during policy development to assure ability to evaluate. 			
	Too Short	Just Right	Too Long	
The length of the presentation was:	8%	75%	17%	
The amount of educational information in this series was:	0%	100%	0%	
	Too Many	Just Right	Not Enough	
Examples of practical ideas provided in this presentation were:	0%	100%	0%	
Opportunities for discussion and participation were:	0%	100%	0%	
CVH CDCynergy Training Susan Lockhart and AM Lindsey (5/15/03; 2-5 p.m.)				
	Poor	Average		Excellent
The overall usefulness of this presentation as a professional development experience was:	0%	14%		86%
The materials and format in which the information was presented were:	0%	14%		86%
	Increased Content Knowledge	Learned Strategies	Learned Best Practices	Future Networking
Benefits received from this presentation:	30%	27%	17%	26%

Other benefits received from this presentation:	<ul style="list-style-type: none"> Resources; CD; handouts; great tool; general knowledge to increase understanding 			
	Too Short	Just Right	Too Long	
The length of the presentation was:	15%	86%	0%	
The amount of educational information in this series was:	9%	91%	0%	
	Too Many	Just Right	Not Enough	
Examples of practical ideas provided in this presentation were:	0%	95%	5%	
Opportunities for discussion and participation were:	5%	90%	5%	
Advocacy and Education: Using Resources and the Public Health Action Plan for Heart Disease and Stroke Prevention Darwin LaBarthe, Mark Schoeberl, Marsha Houston (5/15/03; 2-5 p.m.)				
	Poor	Average	Excellent	
The overall usefulness of this presentation as a professional development experience was:	0%	19%	81%	
The materials and format in which the information was presented were:	0%	17%	83%	
	Increased Content Knowledge	Learned Strategies	Learned Best Practices	Future Networking
Benefits received from this presentation:	32%	30%	11%	26%
Other benefits received from this presentation:	<ul style="list-style-type: none"> Florida case example re: plan was great; important to take time to review new plan; practical direction; Q&A; hearing questions and concerns from other states; clarification on the intent of the plan; sharing; AHA and CDC match. 			
	Too Short	Just Right	Too Long	
The length of the presentation was:	11%	79%	11%	
The amount of educational information in this series was:	5%	95%	0%	
	Too Many	Just Right	Not Enough	
Examples of practical ideas provided in this presentation were:	0%	78%	22%	
Opportunities for discussion and participation were:	3%	89%	8%	

APPENDICES

Appendix A: Agenda

Day 1 Tuesday, May 13, 2003			
Time	Activity	Location	Presenters
7:00 – 8:00	Registration	Galleria Ballroom I-II	
8:00 – 8:30	Welcome and Overview	Galleria Ballroom I-II	
	Heart Disease and Stroke Prevention Practitioners Institute Program		Nancy Watkins (CDC) Linda Redman, Moderator (CDC)
8:30 – 10:00	Plenary	Galleria Ballroom I-II	
	The National Burden of Heart Disease and Stroke: A Call for Public Health Action		George Mensah (CDC)
	A Public Health Action Plan for Heart Disease and Stroke Prevention		Darwin LaBarthe (CDC)
	Open Mike (Questions and Answers)		Nancy Watkins, Moderator (CDC)
10:00 – 10:30	BREAK		
10:30 – 12:00	Panel Discussion	Galleria Ballroom I-II	
	National Partnerships: Benefits for States		George Mensah (CDC)
	CDC: Healthy People 2010 Partnership, HRSA Collaborative		Katherine Krause (AHA/ASA)
	AHA: AHA Strategic Plan, Guide for Improving CVH in Communities		Jody Stones (VA)
	CVH State Perspective on the Impact of the National Partnerships		Jody Stones, Moderator (VA)
	Open Mike (Questions and Answers)		
12:00 – 1:30	LUNCH	Ashley's Restaurant	
	Roundtable Discussion Topic: <i>Collaboration: What Makes It Work?</i>		
1:30- 2:30	Plenary	Galleria Ballroom I-II	Pam Wilson, Moderator (GA)
	The Art and Science of Policy, Environmental and Systems Change		Linda Langford (Consultant)
	ASTDHPPHE Policy and Environmental Change Project		Donna Nichols (TX)
	Overview of Structured Exercise		Pam Wilson (GA)
2:30- 3:00	BREAK		
3:00 – 4:30	Structured Exercise	Breakout Rooms	
	Moving Into Policy and Environmental, and Systems Change Approaches		Facilitated by State Health Department Coordinators and CDC Project Officers
4:30 – 5:30	State Exchange	Galleria Ballroom III (Exhibit Hall)	
	15-20 State Ideas and Lessons Learned in Comprehensive Heart Disease and Stroke Prevention Program Development		
	CDC and AHA resource materials are available in State Exchange Exhibit Hall.		
6:00 - ?	Social Event		
	Sponsored by American Heart Association/ American Stroke Association (Additional information will be provided at the Institute.)		

Day 2 Wednesday, May 14, 2003			
Time	Activity	Location	Presenters
8:30 – 10:00	Panel Discussion	Galleria Ballroom I-II	Lazette Lawton, Moderator (CDC)
	The Challenge of Systems Change for Secondary Prevention : HRSA and Community Health Centers – Disease Management and Quality Improvement State Experiences		Cindy Hupke (IHI National Collaborative) Jan Norman (WA) and Mary Jo Brink (WI)
10:00 – 10:30	BREAK		
10:30 – 12:00	Small Group Sessions (Repeated at 3:00 p.m.)	Breakout Rooms	
	Topic 1 – Skills for Policy Change	Miro	Linda Langford (Consultant)
	Topic 2 – Skills for Environmental Change	Chagall I	Kathy Foell (MA) and Janet Prvu (AHA)
	Topic 3 – The Art of Policy Change	Renoir	Frank Clawson (NC) and Pam Wilson (GA)
	Topic 4 – Skills for Building Effective Partnerships	Degas	Meg Ellis (SC) and Margaret Casey (NY)
	Topic 5 – The Life Cycle of Partnerships	Dali	Crystelle Fogle (MT) and Jennifer Smith (TX)
	Topic 6 – Collaboration Leadership	Galleria Ballroom I-II	Jody Stones (VA) and Joan Ware (UT)
12:00 – 1:30	LUNCH	Ashley's Restaurant	
	Roundtable Discussion Topic: <i>Working at the policy, environmental, or systems change level in health care, work sites, schools, and communities.</i>		
1:30 – 2:30	Plenary	Galleria Ballroom I-II	Lazette Lawton, Moderator (CDC)
	Taking Action and Thinking Strategically for Stroke Prevention : CDC Overview (Tri State and Delta Coalitions)		Lazette Lawton (CDC)
	State Actions for Stroke Prevention		Adeline Yerkes (OK)
	American Stroke Association Update		Ellen Magnis (AHA/ASA)
2:30 – 3:00	BREAK		
3:00 – 4:30	Small Group Sessions	Breakout Rooms	
	Topic 1 – Skills for Policy Change	Miro	Linda Langford (Consultant)
	Topic 2 – Skills for Environmental Change	Chagall I	Kathy Foell (MA) and Janet Prvu (AHA)
	Topic 3 – The Art of Policy Change	Renoir	Frank Clawson (NC) and Pam Wilson (GA)
	Topic 4 – Skills for Building Effective Partnerships	Degas	Meg Ellis (SC) and Margaret Casey (NY)
	Topic 5 – The Life Cycle of Partnerships	Dali	Crystelle Fogle (MT) and Jennifer Smith (TX)
	Topic 6 – Collaboration Leadership	Galleria Ballroom I-II	Jody Stones (VA) and Joan Ware (UT)
4:30 – 5:30	State Exchange	Galleria Ballroom III (Exhibit Hall)	
	15-20 State Ideas and Lessons Learned in Comprehensive Heart Disease and Stroke Prevention Program Development CDC and AHA resource materials are available in State Exchange Exhibit Hall.		

Day 3 Thursday, May 15, 2003			
Time	Activity	Location	Presenters
9:00 – 12:00	Hands -On Workshops	Breakout Rooms	
	Workshop 1 – Capacity Building for a State Heart Disease and Stroke Prevention Program	Miro	Linda Redman (CDC) Nora Keenan (CDC)
	Workshop2 – Evaluation 101 – Getting Started	Chagall I	Natasha Williams (RTI/MayaTech) Ayana Perkins (RTI/MayaTech) Sheree Marshall Williams (CDC)
	Workshop 3 – Evaluation 201: Implementing Evaluation	Dali	Suzanne Randolph (RTI/MayaTech) Kelly O’Bryant (RTI/MayaTech) Kristi Pettibone (RTI/MayaTech) Ahmed Liban (SC)
	Workshop 4 – CVH CDCynergy Training	Galleria Ballroom I-II	Susan Lockhart (CDC) A. M. Lindsey (ORISE)
	Workshop 5 – Advocacy and Education: Using Resources and the Public Health Action Plan for Heart Disease and Stroke Prevention	Renoir	Darwin LaBarthe (CDC) Mark Schoeberl (AHA) Marsha Houston (CDC)
12:00 – 1:30	LUNCH	Ashley’s Restaurant	
Roundtable Discussion Topic: <i>What are the opportunities and challenges in building capacity for a State comprehensive heart disease and stroke prevention program, and accomplishing policy, environmental and system change? How can we move forward?</i>			
2:00 – 5:00	Hands -On Workshops (Repeated)	Breakout Rooms	
	Workshop 1 – Capacity Building for a State Heart Disease and Stroke Prevention Program	Miro	Linda Redman (CDC) Nora Keenan (CDC)
	Workshop2 – Evaluation 101 – Getting Started	Chagall I	Natasha Williams (RTI/MayaTech) Ayana Perkins (RTI/MayaTech) Sheree Marshall Williams (CDC)
	Workshop 3 – Evaluation 201: Implementing Evaluation	Dali	Suzanne Randolph (RTI/MayaTech) Kelly O’Bryant (RTI/MayaTech) Kristi Pettibone (RTI/MayaTech) Ahmed Liban (SC)
	Workshop 4 – CVH CDCynergy Training	Galleria Ballroom I-II	Susan Lockhart (CDC) A. M. Lindsey (ORISE)
	Workshop 5 – Advocacy and Education: Using Resources and the Public Health Action Plan for Heart Disease and Stroke Prevention	Renoir	Darwin LaBarthe (CDC) Mark Schoeberl (AHA) Marsha Houston (CDC)

Day 4 Friday, May 16, 2003			
Time	Activity	Location	Presenters
8:30 – 10:00	Plenary	Galleria Ballroom I-II	
	Successful Advocacy for Heart Disease and Stroke Prevention: What policymakers need to know! How decisions are made! (Role Play)		Suzanne Smith (AHA) Cast of Characters
	Open Mike: State Experiences with Influencing and Educating Policymakers		
10:00-10:30	BREAK		
10: 30 – 11:30	Plenary	Galleria Ballroom I-II	
	Looking Into the Future: Challenges and Opportunities for a Heart Healthy and Stroke Free Nation		Margaret Casey, Moderator (N Virginia Bales (CDC) Mark Schoeberl (AHA)
11:30 – noon	Wrap-Up	Galleria Ballroom I-II	
	Contracting for Action: Mission Possible State and AHA Contract For Action: Using the Heart Disease and Stroke Prevention Practitioners Institute Resources Completion of Training Evaluations		Maria Moreno (CDC) Frank Clawson (NC) A.M. Lindsey (ORISE)

Appendix B: Pre-Institute Assessment

Pre-Institute Assessment

Heart Disease and Stroke Prevention Practitioners Institute

May 13-16, 2003
Dallas, Texas

Background and Training

1. What state are you representing?
2. What is your current job title?
3. What degrees have you completed?
4. In what topic areas have you had formal training or experience? (Check all that apply)

Partnerships

5. Name the agencies/organizations that participate in your most productive partnership?
6. Overall, do you think your partnerships are helping you in your CVH efforts?
7. Please list three skills that in your opinion are necessary for building partnerships? Do you need training in these?

Knowledge and Skills

8. How much do you know about (please circle the response that applies):

	Great Deal	Moderate Amount	Limited	Little/None
Formal and informal policy				
Systems Change				
Secondary prevention				
Advocacy				
Establishing Partnerships				
Community or Environmental Assessment				
Developing Communication Campaigns				
Program Evaluation				

Knowledge and Use of Resources

9. How often do you use each of these resources (check all that apply):

Resource	Frequency of Use			
	Daily	Weekly	Monthly	Other
CDC CVH Web Site				
Heart Disease and Stroke Atlas				
State Vital Statistics Hospital Discharge Data				
Census Data				
NCCDPHP Publication Database				
AHA Web Site				
Behavioral Risk Factor Surveillance Survey (BRFSS)				
Youth Risk Behavior Surveillance (YRBS) Data				
CDCynergy – CVH Edition				
NHLBI Web Site				
Healthy People 2010 Web Site				

Appendix C: Overall Institute Evaluation Form

Overall Institute Evaluation Form
Heart Disease and Stroke Prevention Practitioners Institute
May 13-16, 2003
Dallas, Texas

Please rate the facilities, location and travel to the institute from 1-4:

	Poor 1	2	3	Excellent 4
1. Location				
2. Hotel Facilities				

3. Please rate your knowledge on the following:

	Great Deal	Moderate Amount	Limited	Little/None
Formal and informal policy				
Systems Change				
Secondary prevention				
Advocacy				
Establishing Partnerships				
Community or Environmental Assessment				
Developing Communication Campaigns				
Program Evaluation				

4. The length of this institute was:

- Too long
- Just right
- Too short

5. The amount of educational information in this institute was:

- Too much
- Just right
- Not enough

5. The examples of practical ideas provided in this institute were:

- Too many
- Just right
- Too few

6. Do you have any additional comments or suggestions to improve this institute for future development?
7. What were the most useful topics at this institute for you?
8. What topics covered at the institute would you have liked to have had more information?
9. What topics covered at the institute would you have liked to have had less information?
10. What topics would you like to see included in next year's institute?

Any Additional Comments:

Appendix D: Plenary Evaluation Form

Plenary Evaluation Form
Heart Disease and Stroke Prevention Practitioners Institute
May 13-16, 2003
Dallas, Texas

The following questions measure how well the session objectives were met and evaluate the speaker(s) and session content.

1. What was most valuable to you in this session?

Circle the number that best represents your opinion regarding this session and add additional comments as suggested.

Based on the presentations given in this session:	Strongly Disagree			Strongly Agree
2. I am confident that I understand the information presented.	1	2	3	4
3. I am confident that I can use this information in my state.	1	2	3	4

If you do not feel confident that you can achieve one or more of the above statements to some extent, why not? _____

4. I am confident that others working to prevent heart disease and stroke would benefit from this information	1	2	3	4
5. The session objectives were relevant to the institute's goals.	1	2	3	4
6. The session content is relevant to my practice.	1	2	3	4
7. The presentation was clear and to the point.	1	2	3	4
8. The method used to present the material was effective.	1	2	3	4
9. Presenters demonstrated mastery of the topic.	1	2	3	4
10. Presenters were responsive to participant concerns.	1	2	3	4
11. Presenters were effective.	1	2	3	4

12. How do you plan to use this information in your state?

13. Do you have any additional comments?

Appendix E: Small Group or Workshop Evaluation Form

Small Group or Workshop Evaluation Form
Heart Disease and Stroke Prevention Practitioners Institute
May 13-16, 2003
Dallas, Texas

The following questions measure how well the session objectives were met and evaluate the speaker(s) and session content. Circle the number that best represents your opinion regarding this session and add additional comments as suggested.

	Poor			Excellent
1. The overall usefulness of this presentation as a professional development experience was:	1	2	3	4
2. The materials and format in which the information was presented were:	1	2	3	4

3. What benefits did you receive from this presentation? Check all that apply.

- Increased my content knowledge
 - Learned strategies I can use immediately
 - Learned best practices
 - Can network with this presenter for future help
 - Other benefits: _____
-

	Too Short	Just Right	Too Long
4. The length of the presentation was:	?	?	?
5. The amount of educational information in this series was:	?	?	?
	Too Many	Just Right	Not Enough
6. Examples of practical ideas provided in this presentation were:	?	?	?
7. Opportunities for discussion and participation were:	?	?	?

1. How will you use the content of this presentation to improve your state's efforts?

2. Do you have any additional comments?

Appendix F: Six-Week Post Institute Evaluation Form

Six-Week Post Institute Evaluation Form
Heart Disease and Stroke Prevention Practitioners Institute
May 13-16, 2003
Dallas, Texas

Thank you for taking the time to give the institute staff some feedback that will help them plan other training sessions for you and your state partners. Please complete all questions. All replies are confidential. Please use the back of the form for longer replies, if necessary. If you have questions about the form, please contact Maria Moreno, CDC Cardiovascular Health Branch, at 770/488-5329 or mmoreno@cdc.gov.

1. Since the institute, how many times have you accessed your Heart Disease and Stroke Prevention Institute notebook?

Once
 2-3 times
 4-5 times
 6 or more times
 Other

Comments:

2. What sections of the guide did you access since the institute?

Specify:

3. For what purposes did you access these sections of the guide?

Comments:

4. Have you contacted your American Heart Association (AHA) or State Heart Disease and Stroke Prevention Program counterpart since the institute?

Yes
 No

Comments:

5. Have you worked with your AHA or State health representative on any of the items you listed in your contract of commitment?

Yes (Specify): _____
 No (Why not?): _____

6. What types of **collaborations** or **partnerships** have you initiated since the institute? (Check all that apply)

Contacted a new partner/potential partner within your state
 Contacted another state for assistance

- Initiated a new project with partners in a health care, work site, school, or community site
 - Planning a new heart disease or stroke prevention project in your organization (state health department, AHA Chapter, other)
 - Working together on a new heart disease or stroke prevention initiative with a new/potential partner
 - Working with another state
 - Other:
- Comments:

7. Have you developed other new activities as a result of the information/skills/resources attained at the Institute?
- Yes (Specify): _____
- No

8. Did you participate in the CDCynergy 2001 – Cardiovascular Edition training at the Institute?
- Yes
- No

9. Since you received your CDCynergy CD after the institute, how many times have you accessed it?
- Once
- 2-3 times
- 4-5 times
- 6 or more times
- Other

10. Have you taught others to use CDCynergy?
- Yes (whom):
- Other staff within AHA
 - Other staff within state health department
 - Partners
 - Other
- No

11. Do you have any other comments regarding the institute and ways we can improve it?