

Evaluation Summary Report

**Centers for Disease Control and Prevention
Heart Disease and Stroke Prevention Practitioners Institute
St. Paul, Minnesota**

September 20-23, 2005

Prepared for

The Centers for Disease Control and Prevention
Division for Heart Disease and Stroke Prevention

Prepared by

Health and Safety Communication
Oak Ridge Institute for Science and Education

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The Oak Ridge Institute for Science and Education (ORISE) is a U.S. Department of Energy facility focusing on scientific initiatives to research health risks from occupational hazards, assess environmental cleanup, respond to radiation medical emergencies, support national security and emergency preparedness, and educate the next generation of scientists. ORISE is managed by Oak Ridge Associated Universities.

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Executive Summary

The 2005 Heart Disease and Stroke Prevention (HDSP) Practitioners Institute conducted by the Centers for Disease Control and Prevention (CDC), Division for Heart Disease and Stroke Prevention, was held September 20-23 in St. Paul, Minnesota. The 2005 Institute was the fifth in a series of Institutes designed to ensure that every state health department has the capacity and resources to carry out a comprehensive heart disease and stroke prevention program.

The Institute was comprised of plenary sessions, workshops, and small group sessions. Additionally, peer-to-peer learning opportunities were built into the structure of the Institute, such as walking group meetings, the State Exchange, and time allotted for informal networking. A total of 183 participants attended the Institute; 72 (39%) of these completed the evaluation.

Overall, the majority of evaluation respondents expressed the feeling that the Institute was a positive and worthwhile experience, and that they benefited from the many topics covered during the Institute sessions. They valued the peer-to-peer learning opportunities, their AHA State Health Alliance staff attendance, and the concrete examples provided by the states' presentations. The most attended sessions centered on CDC priorities, Requests for Application (RFA) issues, and Emergency Medical Services (EMS) systems. Improving EMS was ranked as the most useful knowledge/skill item at the Institute. The most requested topics for next year's training were additional information on partnerships (particularly building and maintaining of partnerships), quality of care-related issues, and funding.

Based on the evaluation results and discussion with Institute participants, ORISE recommends the following ideas be considered for planning the next Institute:

- Shorten the duration of the Institute by one day
- Expand the State Exchange
- Continue the peer-to-peer learning activities
- Build on existing topics, especially information on partnership and quality of care issues.

Introduction

The 2005 Heart Disease and Stroke Prevention (HDSP) Practitioners Institute conducted by the Centers for Disease Control and Prevention, Division for Heart Disease and Stroke Prevention, was held September 20-23 in St. Paul, Minnesota. The 2005 Institute was the fifth in a series of Institutes designed to ensure that every state health department has the capacity and resources to carry out a comprehensive heart disease and stroke prevention program. The Institute aims to provide this training in an atmosphere of formal and informal sharing of information.

The total number of participants was 183; the Division for Heart Disease and Stroke Prevention funded the attendance of 106 of these participants. Seventy-two participants completed the evaluation, giving an evaluation response/completion rate of 39%. When considering the evaluation results cited in this report, it is important to remember that these numbers may not be reflective of the actual session attendance, since not all participants completed the evaluation. This report is organized by the responses to each question on the evaluation form. Each question is listed with its summarized responses and participant comments considered to be illustrative of the responses.

Demographics

1. *Demographic Information. Please identify your organizational affiliation:*

Table 1

Organizational Affiliation	Respondent Response	Percentage
Funded State: Capacity Building	26	36%
Funded State: Basic Implementation	18	25%
Yet To Be Funded State	3	4%
AHA	21	29%
Non-response	3	4%
Other: 1 Mid-Atlantic Coalition for Healthcare	1	1%
Total	72	99% ±1

N=72

The majority of respondents (36%) surveyed were from a funded capacity building state. The second highest number of respondents (29%) identified themselves as members of AHA. Basic Implementation States were third (25%).

2. Please indicate your position in the organization (and number of years in that position).

Table 2

Position in Organization	(0-1 year)	(2-5 years)	(6-10+ years)	No years indicated	Total
State HDSP Program Coordinator	11	19	3	1	34 (49%)
AHA	8	2	4	1	22 (32%)
Epidemiologist/Evaluator	2	6	0	0	8 (11%)
CDC	0	0	0	1	1 (1%)
Other:					
Nurse Coordinator	0	1	0	0	1 (1%)
Health Policy Development Specialist	0	1	0	0	1 (1%)
Health Systems Coordinator	0	1	0	0	1 (1%)
Community Health Education Manager	1	0	0	0	1 (1%)
Total	22	30	7	3	69

N=69 Non-response=3

The most commonly held position was that of an HDSP Program Coordinator. Thirty-four respondents (49%) occupied that position. Twenty-two respondents (32%) identified themselves as AHA affiliates. Eight respondents (11%) identified themselves as Epidemiologists/Evaluators.

Institute Sessions

3. Which plenary sessions did you attend during the Institute? (Please check all that you attended.)

Table 3

Plenary Session	Respondent Attendance	Percentage
CDC's Priorities	70	97%
AHA State Health Alliance Priorities	67	93%
Collaboration: What Makes It Work	66	92%
EMS: The Intersection of Public Safety and Public Health	60	83%
Moving into the Information Age: MIS, Roadmap, and Small Area Analysis	56	77%
Moving Into Action: Wrap Up	44	61%

N=72

According to the responses collected from this evaluation, the first plenary session *CDC's Priorities* was attended by the largest number of respondents (97%).

AHA State Health Alliance Priorities ranked second (93%) and *Collaboration: What Makes It Work* was third (92%).

4. Which workshops did you attend during the Institute? (Please check all that you attended.)

Table 4

Workshops	Respondent Attendance	Percentage
Responding Effectively to Requests for Application (RFA) (repeated)	24	33%
Working with Emergency Medical Services (repeated)	23	32%
Maintaining Successful State Partnership Collaboration (not repeated)	20	28%
Evaluating Capacity Building Activities (repeated)	17	24%
Using Chronic Disease Indicators to Support Heart Disease and Stroke Prevention Programs (repeated)	17	24%
Developing State Partnership Collaboration (not repeated)	15	21%
Quality of Care: Guidance for Addressing Health Care Systems Change (repeated)	15	21%
How to Develop a State Health Care Collaborative Using the Chronic Care Model (repeated)	12	17%
The Advocacy Power Prism and Its Application (repeated)	7	10%
Non-Response	1	1%

N=72

According to this evaluation, the workshop with the highest number of respondents was *Responding Effectively to Requests for Application (RFA)* (33%). *Working with Emergency Medical Services* (32%) was second, and *Maintaining Successful State Partnership Collaboration* (28%) was third. It is important to note that *Maintaining Successful State Partnership Collaboration* and *Developing State Partnership Collaboration* were the only workshops that were not repeated during a different time slot. Therefore, participant attendance might have increased in these sessions if they had been repeated.

5. Which small group sessions did you attend during the Institute? (Please write the names of the sessions you attended in the appropriate day/time slot.)

Table 5

Small Group Session	Respondents	Percentage
EMS Systems Change in Montana	16	22%
Searching for Wisdom: Lessons from the WISEWOMAN Projects	13	18%
Building Facilitation Skills to Strengthen Relationships With Partners	12	17%
Two Types of State Coalitions: Examples and Lessons Learned	11	15%
The Massachusetts Experience Developing A Stroke Communication Message/Evaluation Plan For Implementation	11	15%
Assessment of Stroke Systems and Advocacy for Stroke Quality Care Improvement	8	11%
Experience Using Hospital-based Get With The Guidelines	8	11%
A Path to Prevention: A Look at Hypertension Interventions	8	11%
Challenges in Communication Campaigns	7	10%
Engaging Partners: Expanding Reach and Staying on Focus	7	10%
Heart Healthy and Stroke Free Worksite	7	10%
How to Develop and Use Logic Model	6	8%
Program Evaluation for Identifying Promising Public Health Practices	6	8%
Quality Improvement: Accessing and Marketing to Primary Care Practices and Beyond	6	8%
Evaluating Partnerships	5	7%
How To Write An Abstract For Conference Presentation/Publication	5	7%
What Is a Stroke Registry and How Does It Improve Acute Stroke Care	4	6%
Successful Strategies to Engage Business Groups	4	6%

Small Group Session	Respondents	Percentage
CDCynergy: A Tool for Designing and Evaluating Health Communication Campaigns	1	1%

N=72

The most attended Small Group Session reported by respondents was *EMS Systems Change in Montana* (22%). *Searching for Wisdom: Lessons from the WISEWOMAN Projects* (18%) was second with 18% of respondents attending, and *Building Facilitation Skills to Strengthen Relationships with Partners* was third (17%)

6. Did the sessions that you attended increase your knowledge about the HDSP Program Priorities and how to address them (Reduce High Cholesterol, Reduce High Blood Pressure, Signs/Symptoms, Improving Quality of Care, Improving Emergency Services, and Reducing Disparities)?

“The sessions generally made me look at our own program and see how well we are doing in those areas. While no two states are running their program identically, the lessons taken from the sessions will help us to strengthen our capacity building activities to address the priorities.”

This question elicited quite a positive response. Sixty-one people (85%) of the respondents who completed the evaluation indicated that the sessions they attended increased their knowledge of the HDSP Program Priorities and how to address them. Most of the responses indicated one of the following:

- Learning about new initiatives in other states and regions
- Hearing what other states are doing and the challenges they face
- Gaining a better sense of policy and environmental change
- Receiving a confirmation of HDSP Program Priorities and strategies

Several sessions were identified as particularly beneficial to increasing respondent knowledge of the HDSP Program Priorities. One respondent complimented the *Building Facilitation Skills to Strengthen Relationships with Partners* session, commenting:

“The facilitation skills workshop was great. It provided helpful suggestions for facilitating meetings that yield results. I wish it were longer.”

Another respondent found the practical insight of the session activities in *Quality Improvement: Accessing and Marketing to Primary Care Practices and Beyond* helpful.

The *Heart Healthy and Stroke-Free Worksite* session was cited as a good model for working with the business community. *Quality of Care: Guidance for Addressing Health Care Systems Change* was identified as being helpful for learning new information. Finally, a presenter called the *Evaluating Capacity Building Activities* sessions some of the best he had attended.

Six respondents (8%) specifically identified the Emergency Medical Services sessions as beneficial. They found the EMS sessions informative and that they provided an opportunity to hear other states' management of emergency services. They felt that these sessions gave them new ideas about implementing change. Respondents agreed that EMS sessions were in-line with HDSP Program Priorities. One respondent said, "I needed more Emergency Services information. It was very useful. It was good to learn more about CDC and collaborative efforts."

Although the vast majority of the responses were positive, some respondents had improvement suggestions: One respondent commented that more time was needed to identify possible policy and systems changes. Another commented that he did not hear very much on reducing disparities. Lastly, a respondent relayed that the *Maintaining Successful State Partnership Collaborations* session was too general and repeatedly used the same example.

Three of the respondents (4%) did not feel the sessions addressed the HDSP Program Priorities. One respondent stated that he was already familiar with the priorities while another respondent expressed that "sessions were more skill building versus programmatic." A third respondent commented that the sessions that he attended were centered on data and evaluation rather than implementation.

7. What knowledge or skill item(s) that you learned at the Institute were the most valuable (i.e., the ones will you be most able to use in your current job) to you?

Table 6

Knowledge/Skill Item	Respondent Attendance	Percentage
Improving EMS	30	42%
Policy and Systems Change (Structured Exercise)	28	39%
Building, Engaging or Maintaining Partnerships/Coalitions	25	35%
Using Information Technology (MIS Roadmap)	24	33%
Responding to an RFA	22	31%
AHA Priorities	21	29%
Improving Quality of Care in Health Care Systems	18	25%
Facilitating Meetings	17	24%
Evaluation	16	22%
Hypertension Interventions (SHAPP, WISEWOMAN)	14	19%

Knowledge/Skill Item	Respondent Attendance	Percentage
Managing Health Communication Campaigns	10	14%
Stroke Registry/Interventions	8	11%
Using Data and Indicators	8	11%
Advocacy	7	10%
Worksite Interventions	7	10%
Non-response	2	3%

N=71

Forty-two percent of respondents rated *Improving EMS* as the skill they believed was the most valuable to their current job. *Policy and Systems Change (Structured Exercise)* (39%) was rated as the second most important skill. It is interesting to note that these topics reflect examples of HDSP Program focus.

8. Were the state examples provided in the sessions useful?

This question generated an overwhelmingly positive response. Sixty-five respondents (90%) felt that the state examples provided in the sessions were useful to them. Some of the common themes that emerged were:

- The provision of practical “real-life” examples
- The ability to learn from other states
- The sharing of “successes,” as well as “lessons learned”
- Hearing about innovative new projects and their applicability

Some comments included:

“They provided ‘real world’ examples of what states were doing and how they were doing them. The examples provided foundations for some good and bad things to expect if we are to pursue similar interventions.”

“I thought the state examples were the most valuable part—figuring how to actually sort things in place—how to link them to policy change—practice-trial examples were extremely helpful.”

Several of the respondents mentioned specific content that was useful. The Massachusetts’ Evaluation plan (in *How to Develop and Use a Logic Model*) was cited by two respondents as being helpful because one could envision the entire process. Another respondent remarked that the evaluation presentation was “clear and well done.” The same respondent found *Responding Effectively to Requests for Application (RFA)* equally as valuable as the many sessions supporting partnerships. One

respondent cited the West Virginia example as a good model, and the collaboration example was hailed as “very good.”

Three respondents (4%) did not find the state examples useful: Several respondents relayed that the speakers did not do a good job presenting the information (e. g., some state’s presentations were better than others). Lastly, a respondent stated that he liked hearing examples from various states but didn’t find it useful when the funding levels of states were not commensurate with each other.

9. Did you gain anything from the State Exchange that you can take home and use on the job?

Fifty of the Institute’s respondents surveyed (69%) felt they had gained information from the State Exchange they could take home and use on their jobs. Many found the exchange of information, collaboration, and observation of other people working on the same types of projects useful and helpful. Some of the themes that emerged were:

- The plenitude of good and useful ideas
- The informal exchange of information and experiences
- The ability to talk with those working on similar projects

The content of the State Exchange was mentioned by many as particularly useful. Washington and Missouri were cited as helpful to respondents, as were Kentucky’s *Get with the Guidelines* and the NCQA presentation. Another respondent found the *Promotion of Healthy Heart and Stroke-Free Communities* to be a great referral. Alabama and Minnesota’s visuals were cited as helpful by one respondent.

Several of the respondents had suggestions about the State Exchange. One presenter found it hard to have to repeat himself and felt a round table discussion would have been more efficient. Many respondents suggested holding the State Exchange earlier in the Institute (not on the last day) and giving the states a shorter amount of time to present. Two people commented that if the State Exchange had occurred earlier, they would have had more time to seek out specific individuals and talk to them. One respondent had this point:

“What concerns me a bit is that we’re all charged with addressing the same priorities, thus we may be spending more resources and time planning the same sorts of activities than is necessary. Our opportunities to learn from one another are limited to a) the Institutes, b) information

that gets posted on the list serve, or c) our own initiative in asking other states for help. The roadmap is a step towards addressing this issue.”

Six respondents (8%) did not find the State Exchange useful: two of the six respondents stated the material and information was good, but that it was not particularly new or different.

Institute Structure/Format

10. Were the walking groups beneficial?

Forty-eight respondents surveyed (67%) found the walking groups beneficial. The respondents really enjoyed the timing, format, and value of this activity. Several common themes emerged in the evaluation:

- Valuable networking opportunity
- Enjoyed the “fresh air,” exercise, and participating in a “heart healthy” activity
- A creative and innovative way to share and exchange ideas
- A less formal atmosphere

Respondents were enthusiastic about enjoying the outdoors and getting some exercise. Many respondents contended that the break from sitting helped them to be more creative and better able to share ideas. A respondent commented that it afforded him the opportunity to “flesh out” ideas with partners. Two respondents mentioned that they enjoyed participating in an activity that is beneficial to cardiovascular health.

Although they found the walking groups helpful, several respondents had suggestions about them. Three respondents commented that the walking meetings were good for networking and exercise but not particularly good for facilitating discussion. Additional suggestions were made such as: mixing up regions, combining states with different funding levels, having smaller groups, and utilizing a more structured discussion. One participant commented:

“I am not sure it was helpful to have staff from each state in the same group. I didn’t really contribute much because my colleagues provided sufficient input from our state’s perspective; similarly, I didn’t learn anything when they spoke up.”

Some respondents (18%) did not find the walking groups beneficial. Several indicated that it was hard to walk and talk at the same time. They mentioned that it was hard to hear other people speak; it was distracting staying on the sidewalk; hard to

focus; or that the group size was too big. Suggestions were made to continuing the walking activity but make it less formal without “planned” discussion or topics.

11. Were there enough peer-to-peer learning opportunities?

The majority of respondents (85%) believed they had enough peer-to-peer learning opportunities. The fact that peer-to-peer learning was built into the agenda was appreciated by many respondents. Some of the common themes that emerged were:

- Time allotted for networking
- Interactive group sessions and small groups
- Lunch breaks that allowed for informal interaction

The respondents enjoyed the sessions that were designed to be interactive and support peer-to-peer learning. The specific sessions mentioned were the state exchange, walking meetings, and the HDSP priorities.

“I believe a great effort was made on behalf of our peer-to-peer opportunities. I thought this was the best! We never get enough time together in our states to just get to know each other more and share ideas and goals.”

“Thank you for this opportunity, very valuable! I think the most valuable aspect of this conference/training is the peer-to-peer engagement and knowing that other states have similar barriers and challenges as well. Learning what other states have done--their successes and applying to my own state tailoring it specifically for my state.”

Several people had suggestions for improvement. Two respondents mentioned that they would have liked an assigned time to meet with regional programs. The comment was made that there was enough time for peer-to-peer learning but only in the informal sessions. The comment was made that HDSP program managers might find smaller specific group discussions more useful.

Several respondents did not feel that there were enough peer-to-peer learning opportunities.

“I think it would be hard to get too much [peer-to-peer time]. I left this Institute with the firm understanding that the experts are the states—so I would suggest future Institutes...utilize less national experts and more state experts.”

12. What benefits were gained by having the AHA Affiliate staff and all state health departments (funded and yet to be funded) attending the Institute together?

Most of the Institute's respondents (78%) reported that many benefits were gained by having the AHA affiliates and the State Health departments attend the Institute together. The common themes mentioned were:

- The ability to network and exchange ideas
- Being able to strategize and build partnerships
- Learning more about each others organizations, roles, and responsibilities
- Being able to hear and understand the same messages and come together for common goals

Respondents were enthusiastic about being able to network, share information and learn from one another. A state health department representative reported that he enjoyed interacting with their AHA affiliate in a less formal atmosphere. Another respondent stated that meeting his regional AHA State Health Alliance staff helped him to expand his thinking to a regional level. An AHA State Health Alliance staff commented that the Institute gave him a better understanding of HDSP funding and reporting.

By attending the Institute together, respondents reported that they were able to gain a better understanding of one another's resources and priorities. One respondent reported:

"Since both organizations are looking at similar goals and objectives, it makes more sense for us to meet together. We work all year, hoping to make a difference, and it's nice to hear what together partnerships are doing. It helps encourage us and spurs us on to do better the next year."

Respondents felt that hearing the same message at the same time led to better partnership planning and fostered creative ideas about how to utilize limited resources.

Another respondent commented:

"[It was] good for us because in many parts of the state, AHA is not involved in our local projects. They have a better idea of what [the] state's capabilities are, what our constraints are."

Being able to hear CDC's vision and priorities together was a common theme among many respondents. As one respondent remarked:

"We are all working towards the same goal; we will get there quicker if we all work together."

Several respondents did not find it beneficial to have AHA and the state health department together. The comment was made that the Alliance staff did not seem familiar with how the states were operating. One respondent noted that he had little interaction with his state AHA affiliate, who left prior to the second walking session.

13. What four specific content/skills would you like to have included in training sessions at the next Institute?

Table 7

Content / Skills	Number	Specifics
Partnerships	12	<ul style="list-style-type: none"> • Collaboration (3 requests) • Building and maintaining coalitions (2 requests) • Working with partners (2 requests) • Engaging the community, taking partnership to the next level • Non-traditional partners • Social interaction/networking with partners • Partnership development and partnership maintenance (concrete examples, not theory) • Benefits of partnering with AHA
RFAs/Funding	10	<ul style="list-style-type: none"> • Grant guidance/workshops (8 requests) • Funding limitations
Quality of Care Issues	9	<ul style="list-style-type: none"> • Improving quality of care (4 requests) • Electronic health care records on chronic disease, • Promising practices • Presentations discussing impact of programs • Stroke issues • Developing stroke systems of care
Media/ Communication Technology	7	<ul style="list-style-type: none"> • Media TV, radio, newspaper (3 requests) • Communication (2 requests) • Better technology training and assistance • How educational materials are utilized and disseminated
Use of Data	7	<ul style="list-style-type: none"> • Higher level BRFSS/mortality analysis (2 requests) • Identifying disparities with data • More population risk factors • More opportunities for hands on activities especially program planning and evaluation • Step-by-step guide to accessing and downloading (from the CDC Web site) • Developing schematics to tell state story in flow charts, maps, etc
Miscellaneous	7	<ul style="list-style-type: none"> • Understanding Appalachian culture • Regional meetings • Chronic disease indicators • Job descriptions of respondents • How to know what research outcomes to promote—scientific studies and heart disease and stroke • Evacuation techniques • Invite Institute respondents to tour the next host city. Invite states to host and showcase successes

Content / Skills	Number	Specifics
EMS	6	<ul style="list-style-type: none"> • EMS issues (4 requests) • EMS system changes • Emergency department/911
Policy	6	<ul style="list-style-type: none"> • Policy examples and support (5 requests) • Policy and systems change
Planning	5	<ul style="list-style-type: none"> • Strategic planning (2 requests) • Priorities of each organization • Short and long-range planning • Develop a smart work plan
Interventions	4	<ul style="list-style-type: none"> • Group/Community led interventions (3 requests) • More interactive on specific tasks, women and heart disease
MIS	4	<ul style="list-style-type: none"> • MIS instruction expansion (3 requests) • MIS systems
Networking	4	<ul style="list-style-type: none"> • More social events for networking (2 requests) • State to state networking • More equal peer to peer time
Systems Change	4	<ul style="list-style-type: none"> • System change models (2 requests) • Behavioral change/moving people into action • QI systems changes
Healthcare Costs	3	<ul style="list-style-type: none"> • Health insurance issues (2 requests) • Presentations on cost / benefit analysis/ rod (health economics)
State issues	3	<ul style="list-style-type: none"> • Non-funded states • Additional presentations by states • State stroke plans
Worksite Issues	3	<ul style="list-style-type: none"> • Worksite QIO to include HDSP initiatives and training • Follow-up to heart health and stroke free worksite project
Logic Models	2	<ul style="list-style-type: none"> • Logic model examples(2 requests)
Non-response	21	

The most popular specific content/skills were issues regarding partnerships (12 requests). This includes working with non-traditional partners and collaboration. The second most requested topic was RFA funding (10 requests). The respondents who requested RFA and funding issues information suggested grant writing workshops and sources of non-traditional funding. Quality of Care Issues (9 requests) ranked third and included best practices and disease management of high blood pressure and stroke.

14. Please provide any additional comments or suggestions for improvement of future Institutes:

The majority of respondents had a great deal of praise for the Institute. The common themes that emerged were:

- Topics were interesting and applicable to their programs
- Enjoyed networking and exchanging of ideas
- The Institute was well-planned and smoothly executed

- Appreciated extras (shipping of materials, AHA excursions)

Overall, the respondents felt that the Institute was well organized, informative and productive. Several respondents noted that the Institute stayed on schedule, and there were smooth transitions between presentations. They complimented the numerous opportunities they had to gain information from their peers. Respondents enjoyed meeting potential partners and learning about concrete avenues to improve programs. Hearing about state successes and challenges was considered very valuable to respondents. Finally, several respondents complimented the location, the AHA-sponsored excursions, and shipping of materials provided by CDC.

“This has been one of the most productive trainings/Institute I’ve ever attended in my career. [There was] a very full agenda—didn’t skip out on any of the sessions—only wish I could have attended more! Job well done!”

“I thought this year was one of the best I have ever attended. The hotel was nice, after hours excursions were fun, and I thought the plenary sessions were excellent this year. Keep up the great work; it is very much appreciated!”

The suggestions for improvement of future Institutes can be broken down into three categories:

- Time/scheduling
- Facilities/logistical
- Content/speaker

Time/Scheduling

Several respondents suggested shortening the length of the Institute by one day. Many thought three and one half days was too long and found it hard to spend that much time away from the office. Several respondents suggested having smaller regional meetings twice a year to focus on issues relevant to their region and part of the country.

Facilities/Logistical

A suggestion was made to repeat the same sessions on different days. One respondent suggested having main workshops and plenary sessions that relate to AHA on the first two days—then branch out into more CDC specifics the rest of week.

Content/Speaker

There were several specific suggestions for future Institute content and speakers made by individual participants:

- Invite national EMS organizations to future Institutes to form an additional partnership
- Include evaluation as a plenary session
- Provide more examples of evaluation, data interpretation, and the logic model
- Hold RFA session as a plenary session
- Place less emphasis on partnership (2 respondents only)
- Have breakout sessions primarily designed for AHA
- Include a keynote speaker to “uplift and motivate” participants.

One respondent stated in answer to this question:

“As an unfunded state, I am walking away with feeling like the playing field is not level for the next RFA—I would like to stress the importance of having some access to computer programs like MIS!”

A comment was also made in response to this question that the MIS presentation was not helpful to funded states, since they had already completed the training.

Discussion of Results

Overall, respondents expressed that the Institute was a positive and beneficial experience. The majority of the respondents surveyed found the sessions helpful, informative, and worthwhile. The EMS presentations and *Responding Effectively to Requests for Application (RFA)* received very positive reviews and generated interest for future Institutes. The HDSP program coordinators and staff and the AHA State Health Alliance staff reported that they enjoyed attending the Institute together. Both groups felt they were able to foster stronger relationships and strategize about how best to accomplish their goals.

Respondents reported that they gained a better sense of the priorities and responsibilities of the CDC and AHA. They appreciated the vast opportunities for peer-to-peer learning and informal interaction. Many enjoyed learning about new initiatives taking place in other states and regions. They felt that the “successes,” as well as the “lessons learned” provided concrete examples that were easily adaptable to their state

or region. Many of the respondents surveyed were complimentary of the “heart healthy” walking meetings and networking opportunities.

Many respondents commented that they wished the State Exchange had been held earlier, so that they could have had more opportunities to network during the week. Several respondents contended that the walking meetings’ primary benefits were informal discussions and networking. However, others commented that they found it difficult to have a productive conversation while walking. Although the partnership workshops were rated as valuable, several people commented that sessions were too theoretical and felt they could have been more interactive.

Finally, many respondents suggested grouping states with different levels of funding together in order to promote an exchange of ideas. This approach would enable yet-to-be-funded states to learn from projects developed by funded states.

Recommendations

Based on the information received from the evaluation respondents, and from discussions with Institute participants, the Oak Ridge Institute for Science and Education (ORISE) recommends the following for the next *Heart Disease and Stroke Prevention Practitioners Institute*:

- Continue to provide opportunities for peer-to-peer learning and networking
- Continue to highlight “real life examples” from the states
- Conduct an informal walking activity for networking purposes
- Place funded and unfunded states together during networking and sharing sessions
- Shorten the duration of the Institute
- Begin the State Exchange earlier in the week, and continue it throughout the entire Institute
- Hold fewer small group sessions and have more skill-building workshops focused on HDSP program priorities
- Build on existing sessions topics and include additional information on:
 - Partnership (with concrete examples)
 - Quality of Care issues

ORISE believes that implementing the recommendations for the State Exchange and skill-building workshops are of particular importance. ORISE recommends beginning

the State Exchange earlier in the week and using it as a vehicle for presenting some of the small group sessions. Institute participants often find being forced to choose which small group presentations to attend frustrating. Using the State Exchange in this way would allow more people to attend the small group sessions of their choice. State Exchange sessions could be conducted based on specific themes or geographical regions with similar interests or topics.

ORISE also recommends replacing many of the small group sessions with more skill-building workshops with “hands on” activities. These workshops should focus primarily on the skills needed to implement a program to carry out HDSP priorities. Evaluation respondents requested additional training with more “real life” examples on partnership and clinical care issues. Therefore, ORISE recommends including skill-based workshops that build on the previous Institute’s content and expanding these topics to include updated information and opportunities to practice required skills.