

**Program Management and Evaluation Training
Summary Evaluation Report**

**Prepared for
The Centers for Disease Control and Prevention
Division of Heart Disease and Stroke Prevention**

**By
The Oak Ridge Institute for Science and Education
August 8, 2006**

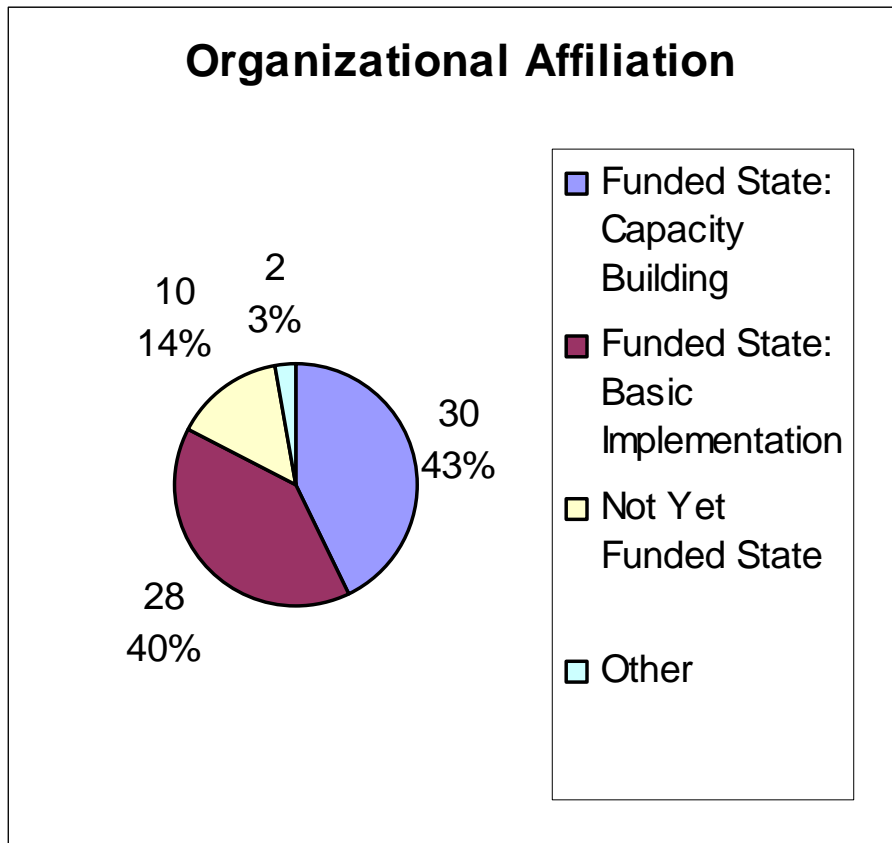
Introduction

The June 2006 Heart Program Management and Evaluation Training conducted by the Centers for Disease Control and Prevention, Division for Heart Disease and Stroke Prevention, was held June 20-22 in Atlanta, Georgia. The training was part of a series of training events designed to ensure that state health departments have the capacity and resources to carry out a comprehensive heart disease and stroke prevention program.

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. When considering the evaluation results cited in this report, it is important to remember that these numbers may not reflect the actual session attendance because not all participants completed the evaluation. The total number of participants was 132, and 66 participants completed the evaluation, giving an evaluation response rate of 50%. However, 63 (95%) of the respondents were from the states, which indicates that the results can be considered representative of the opinions of those for whom the training was targeted.

Demographics

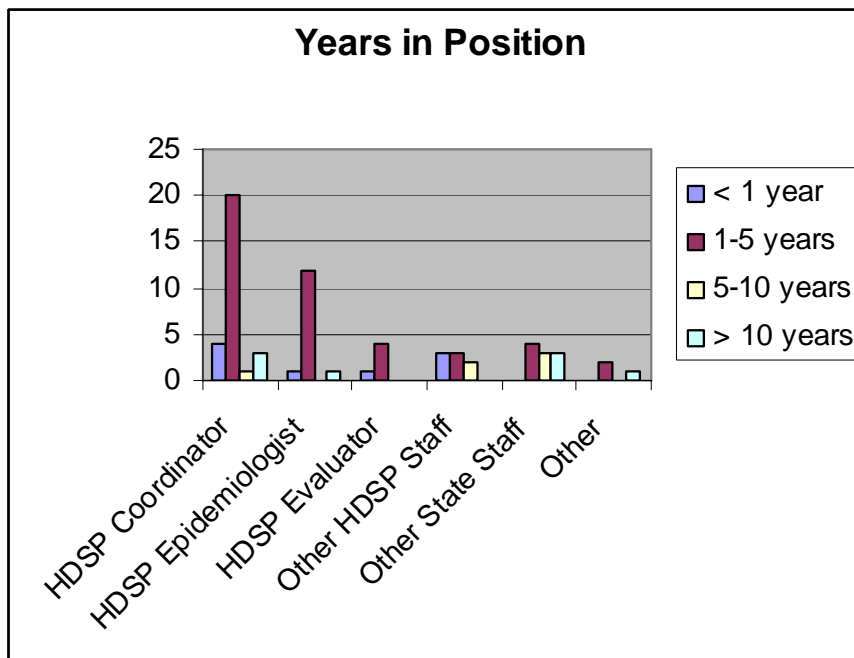
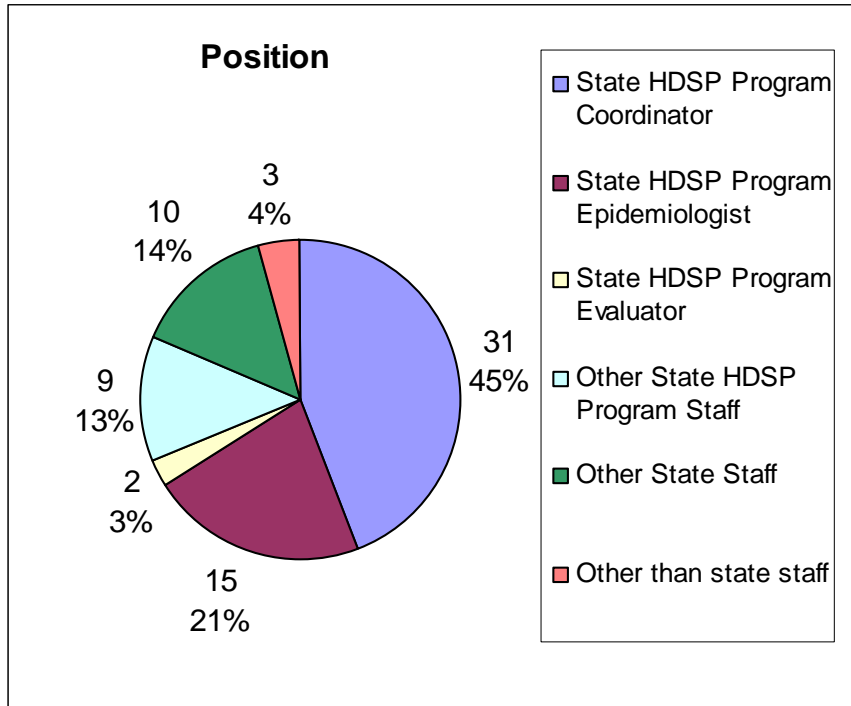
1. Please identify your organizational affiliation:



The majority of respondents (83%) surveyed were from funded states, with 30 (43%) from a funded capacity building state and 28 (40%) from a funded basic implementation state. Ten

(14%) of the respondents were from not yet funded states. The two respondents (3%) that responded as “other” were program speakers.

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

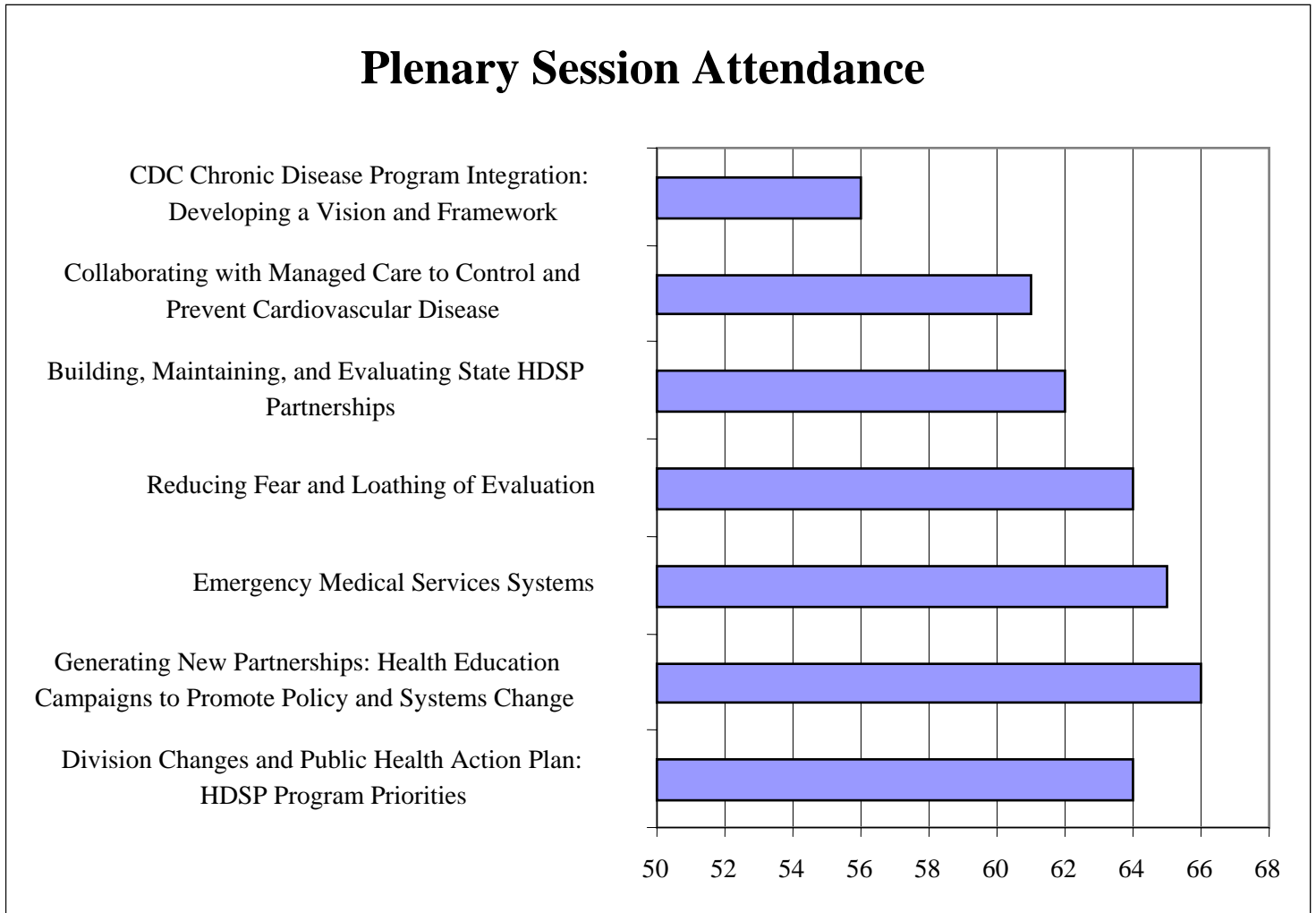


The overwhelming majority of respondents had been in their respective positions for 1-5 years. Thirty-one (45%) of respondents were HDSP Program Coordinators. Of those HDSP

Program Coordinators, 22 (73%) had been in their positions for 1-5 years. Fifteen respondents (21%) identified themselves as HDSP Program Epidemiologists, with 12 (86%) in their positions for 1-5 years. The remaining respondents were from a variety of positions, but their most common response was also between 1 and 5 years in the position.

Training Sessions

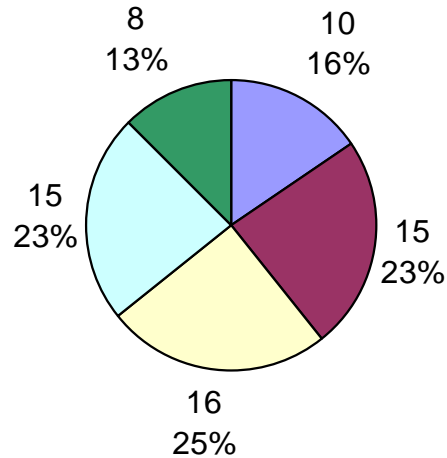
3. Which plenary sessions did you attend during the training? Please check all that apply.



Generating New Partnerships: Health Education Campaigns to Promote Policy and Systems Change was attended by the largest number of respondents (66). *Emergency Medical Services Systems* ranked second (65), and both *Reducing Fear and Loathing of Evaluation* and *Division Changes and Public Health Action Plan: HDSP Program Priorities* had 64 participants, making them the third most attended plenary sessions.

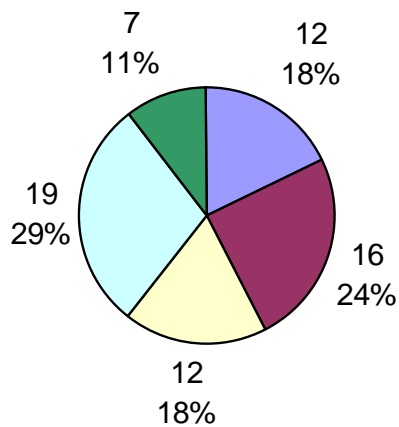
4. Which workshops did you attend on Day One (Tuesday)? Please check all that apply.

Tuesday Morning Workshop Attendance



- Building Capacity for HDSP Program Priorities Addressing Disparities
- Building Capacity With Partners to Address Policy and System Change for HDSP Program Priorities
- Using Data to Define the Burden and Evaluate Impact
- A Fresh Look at HDSP Assessment: Your Guide to Program Planning
- Developing and Utilizing the HDSP State Plan With Partners

Tuesday Afternoon Workshop Attendance

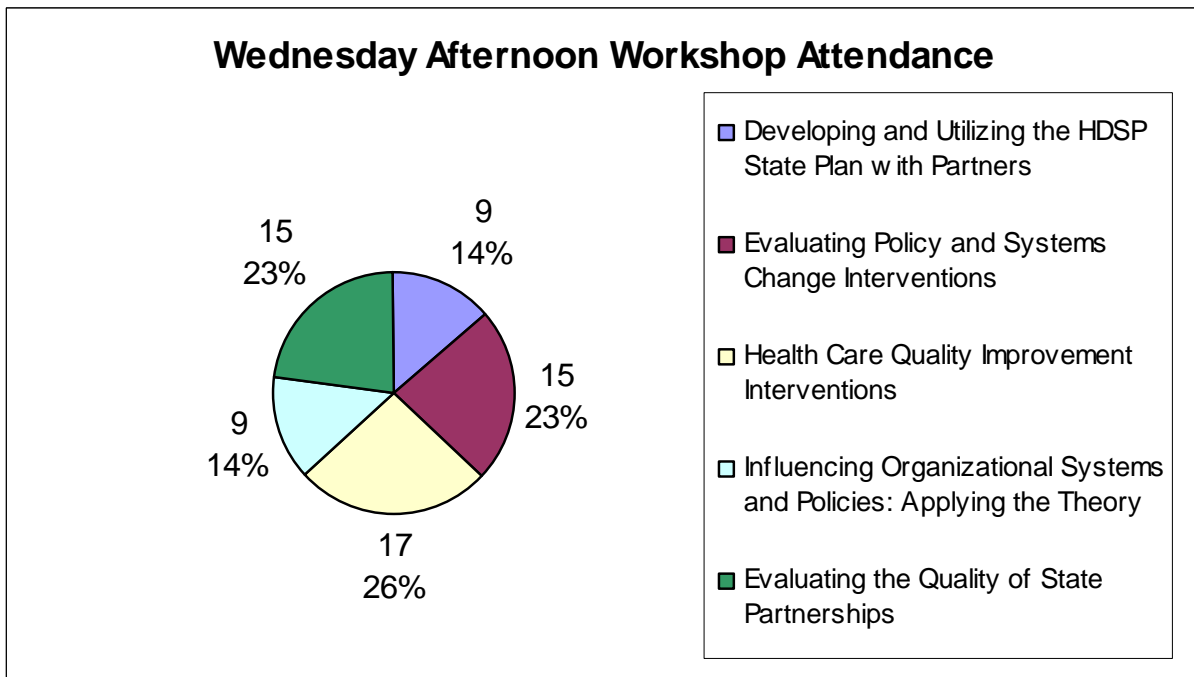
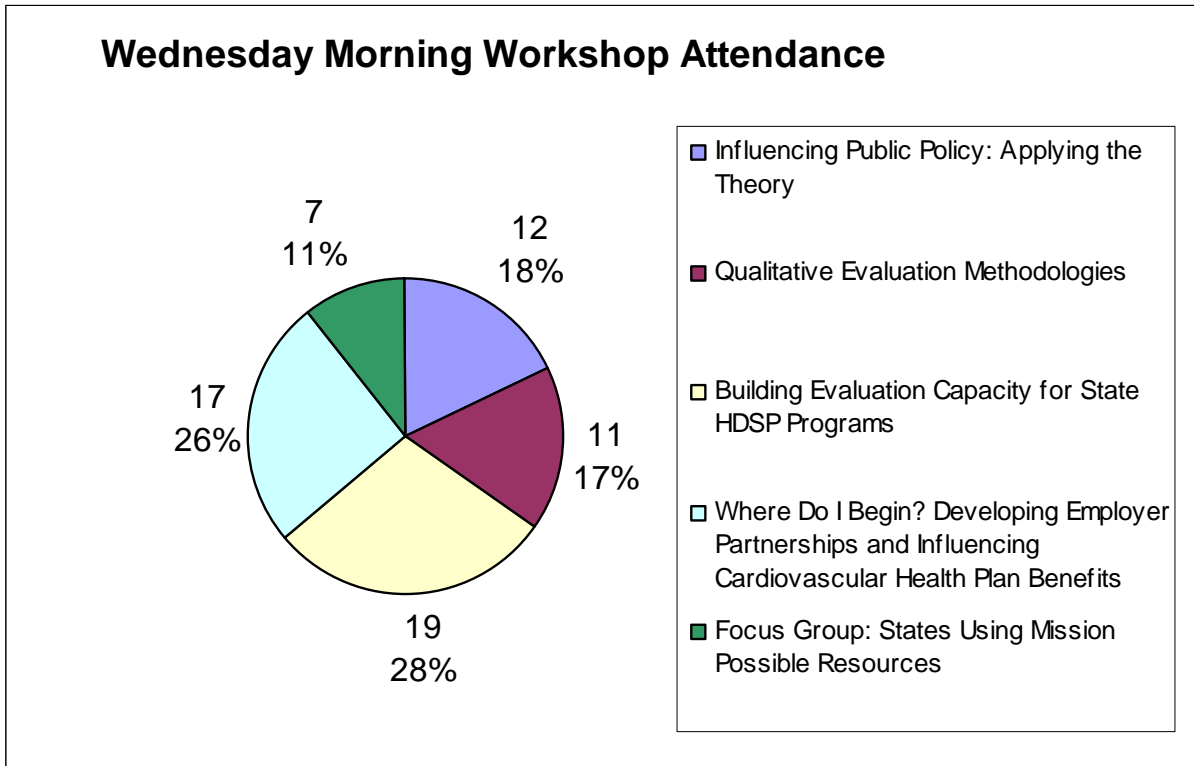


- Building an Evaluation Plan Based on a Logic Model
- Evaluation Strategies for Media Campaigns (Duke, Pryor)
- Work Plan Development Through Strategic Planning
- HDSP Program Guidance for Collaborating With EMS Systems
- Focus Group: States Using Mission Possible Resources

On Day One of the training, 29% of the respondents attended the *HDSP Program Guidance for Collaborating with EMS Systems* workshop, making it the most attended workshop. Several workshops were closely clustered as the second-most attended workshop: *Using Data to Define the Burden and Evaluate Impact* (25%), and *Evaluation Strategies for Media Campaigns* (24%), *Building Capacity with Partners to Address Policy and Systems Change for HDSP Priorities* (23%) and *A Fresh Look at HDSP Assessment: Your Guide to Program Planning* (23%). The least attended workshop was *Focus Group: States Using Mission Possible Resources*

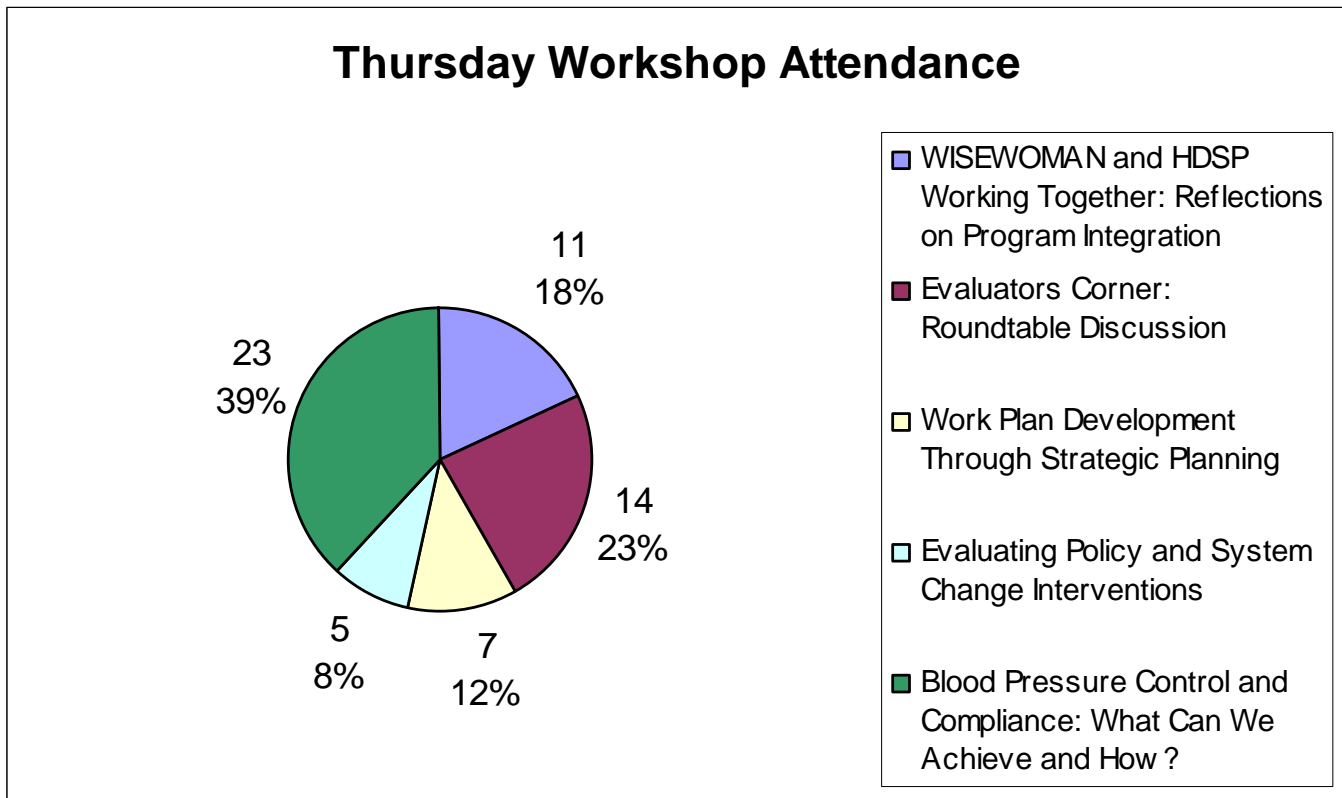
Possible Resources, with 7 (11%) of respondents attending. However in considering this result, it is important to note that attendance for the Focus Groups was by invitation only.

5. Which workshops did you attend on Day Two (Wednesday)? Please check all that apply.



Of the 65 respondents for Day Two, 19 (28%) attended the *Building Evaluation Capacity for State HDSP Programs* workshop. The workshops with the second highest number of respondents were *Where Do I Begin? Developing Employer Partnerships and Influencing Cardiovascular Health Plan Benefits* and *Health Care Quality Improvement Interventions* (an HDSP Program priority area), with 17 (26%) each.

6. Which workshops did you attend on Day Three (Thursday)? Please check all that apply.



On Day Three, 39% (23) of the respondents attended *Blood Pressure Control and Compliance: What Can we Achieve and How?*, making it the most attended workshop of the day. The high attendance for this workshop is likely related to blood pressure control being an officially designated HDSP Program Priority area. *Evaluators Corner: Roundtable Discussion* was the second most attended, with 14 participants (23%), which may be attributed to the relatively high number of data-oriented epidemiologists and evaluators present at the training.

7. Did the sessions that you attended increase your knowledge about the HDSP program priorities and how to address them?

“The information topics discussed increased my knowledge of HDSP program priorities, but more importantly, the sessions provided me with many program ideas.”

Sixty-one (95%) of the respondents indicated that the sessions they attended increased their knowledge of the HDSP program priorities and how to address them. Most of the responses indicated that it was helpful to hear what other states were doing, what worked, and what did not. Several respondents noted that it helped them to know that other states were experiencing their same challenges. In addition, those respondents from unfunded states found the sessions very useful in helping to plan their own programs. Two respondents said that the guidance and descriptions from the CDC were very helpful.

The three respondents who said that the sessions did not increase their knowledge of HDSP program priorities indicated that much of the information was too general. One participant suggested that the focus be “specifically on the ‘6’ priorities,” while another mentioned that a few of the sessions were repeats from previous trainings.

8. Did the sessions you attended increase your knowledge and skills related to program evaluation?

This question elicited a strong positive response (91%), especially from those respondents with little or no training in evaluation. Some of the common themes that emerged were:

- Good resources given
- Very helpful to have entire session on evaluation
- Great speakers

Six (9%) responded negatively to this question. Several of the respondents expressed a desire for additional time to discuss evaluation techniques. Because many of the respondents knew very little about evaluation, they felt they needed more detail and a chance to review the examples.

The majority of respondents seemed to enjoy the evaluation workshops. One respondent mentioned that having the entire meeting focused on evaluation made the process seem “not so scary,” while another stated that the speaker “brought laughter to evaluation.”

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

Sixty-four (100%) of the respondents to this question gave a positive response. Many of them said that the state examples were practical and applied to “real-life” situations. The use of state examples was found to be helpful in addressing challenges and formulating solutions. Respondents stated that they now had ideas to take back to their states, and that the discussions provided valuable insight.

Some comments included:

“Practical approaches/innovation utilized by other states that could be implemented in my state – great ideas and future opportunities to network.”

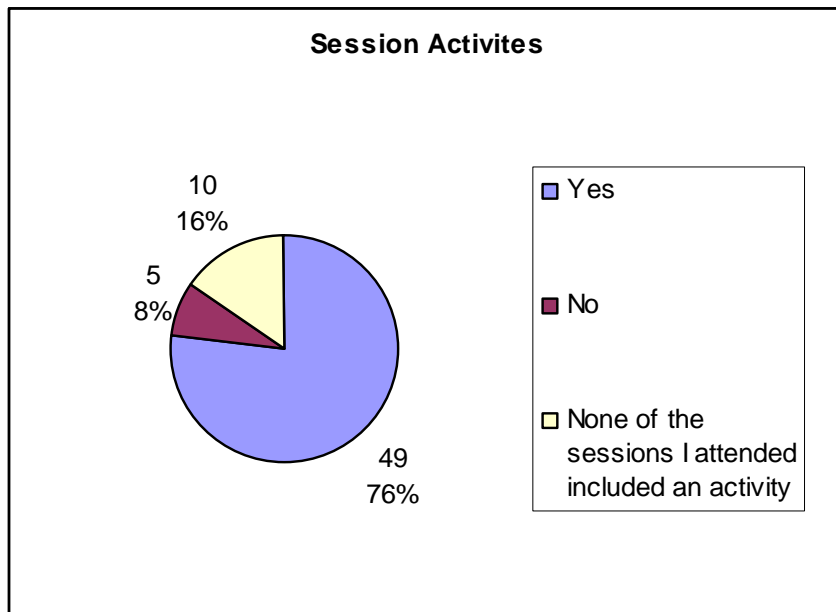
“I really appreciate the diversity of program examples provided, especially from programs that didn’t turn out as expected. I learned so much of what to do, even what not to do, so thank you, for highlighting so many states.”

Several of the respondents expressed relief at knowing they were not the only programs facing challenges. Phrases such as “in the trenches,” and “not in the boat by myself,” were used frequently in reference to the states’ examples.

One respondent mentioned specific content that was useful. The respondent cited the Mississippi Project as being helpful because it showed the “level of commitment needed to truly reach disparate populations.”

Two respondents stated that while the state examples were helpful, each state is different. Therefore, it is difficult to determine if what works for one state will work for another state.

10. Were the activities included in the sessions useful?



Of the 64 responses to this question, 49 (76%) indicated that the activities included in the sessions were useful. The most common themes that emerged were:

- The activity helped to open discussion
- The activity provided networking opportunities

- Interactive approach helped theory make sense

Several of the respondents mentioned specific activities that were useful. Two respondents mentioned *Health Care Quality Improvement Interventions* as being particularly helpful. In addition, one respondent enjoyed the *EMS Jeopardy* activity. The breakout sessions were also mentioned by several of the respondents as being useful activities.

Ten (16%) of the respondents said they did not have activities in any of the sessions they attended, and 8% (5) said the activities were not useful. The majority of reasons given by respondents who responded negatively was that there was insufficient time to complete the activity. One respondent felt the activity took up time that would have been better utilized in tutorial; another stated that “by 3:30 in the afternoon on Wednesday it was difficult to be focused enough to do the exercise.”

11. Which workshop activity will you most likely incorporate into your work and program planning?

Activity	Respondents
Evaluation	19
Surveys and/or Exercises	8
Partnerships	7
EMS	6
States' Examples	3
Strategic Planning	3
Media Campaigning	2
Building HDSP State Plan	2
Other	2
None	2

All but two of the respondents stated that they would incorporate something learned at the training into their work and program planning. The majority of respondents (17) said they were most likely to incorporate evaluation into their program planning. There were many varied responses; some common themes included:

- Surveys and/or Exercises
- Partnerships
- EMS

In addition, one respondent said he would incorporate cost analysis into his program, while another stated the blood pressure interventions would most likely be incorporated.

One respondent elaborated on his responses:

“We have a state coalition that needs serious evaluation and re-direction; thanks to the workshop on evaluating states’ partners I do not feel so overwhelmed about that process. In addition, I got ideas for partnering

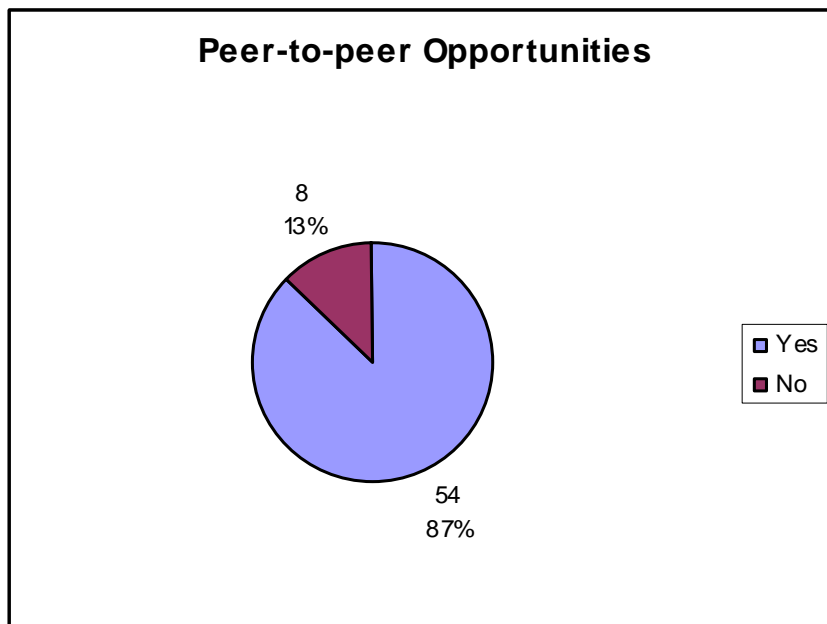
with our managed care companies and addressing the needs of our FQHC's."

The following respondent expressed a desire for more concurrent evaluation sessions:

"Health care; the roundtable discussions on evaluation were good. I wish we could have taken one or two of these topics and talked about their planning and implementation in a concurrent session! For example, Pennsylvania has an intervention with hospitals re: Heart and Stroke Recognition Program of NCQA. I wish this could have been given time. Or New York is working on hypertension training in hospitals. That would have been a great "meaty" concurrent session with the who, what, why, cost, etc."

Training Structure/Format

12. Were there enough peer-to-peer learning opportunities? How could peer-to-peer learning opportunities be enhanced?



The majority of respondents (87%) 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 common themes that emerged were:

- Time allotted for networking
- Breaks that allowed for discussion and networking

The respondents enjoyed the sessions which were designed to be interactive and support peer-to-peer learning. For many, the peer-to-peer learning was the most beneficial part of the training.

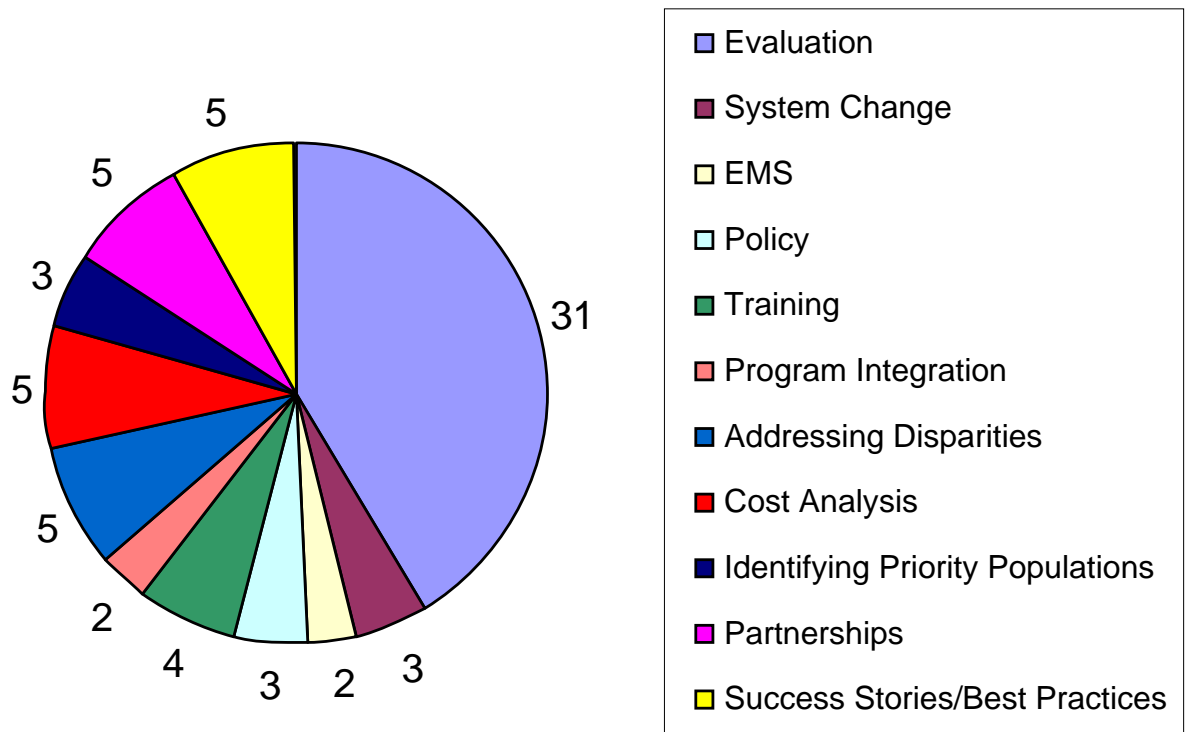
“There was plenty of time to interact during the shuttle rides, lunchtime and breaks – this is a friendly and helpful group and I think the qualities of the group plus opportunities, facilitated peer interaction.”

“Hearing from other states inspired me. I am so happy to find out our problems are not new problems and others are always more than happy to offer advice. I do not feel so alone or quite so unprepared.”

Some respondents suggested allotting more time to peer-to-peer learning opportunities. In addition, several respondents suggested having different states presenting on various topics. Other suggestions included showcasing success stories, more roundtable discussions, and the continuation of the CVH Council reception.

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

Content/Skills for Next Training



The most popular specific skills/content areas were issues regarding evaluation (31 requests). This includes media evaluation, economic evaluation, partnership evaluation, and data evaluation. The high number of requests for evaluation may be related to the relatively equal number of epidemiologists/evaluators and program coordinators. The second most requested topics were addressing disparities, cost analysis, partnerships, and success stories/best practices, with five requests each. Training ranked third, with four requests.

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

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

- The training was well-planned and very useful
- Appreciation of CDC support of costs involved
- The CDC facilities are beautiful
- Appreciated FedEx boxes to ship materials
- Practical tools for implementation
- Entertaining topics and speakers

Overall, the respondents felt that the training was informative, productive, and entertaining. 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 speakers, and the shipping of materials provided by CDC.

“This was a very useful conference and the networking as well as new information will make a difference in how I do business when I return to work!”

“Thank you for the FedEx boxes! The agenda and schedule were very detailed and well planned, thank you! The menu was great. Staff were very helpful and enthusiastic. This is one of the best trainings I have been to. It was great to see someone here from NHTSA. Ruthie did a great job keeping us organized and making sure we got from the hotel to CDC and back.”

“Thank you for including non-funded states. I felt very welcomed! Learned a lot.”

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

- Time/Scheduling
- Facilities/Logistical
- Menu/Nutrition

Time/Scheduling

Many of the respondents felt that the days were too long to stay focused on each session. Several suggested lengthening the training in order to spend more time in discussion. In addition, some respondents said they were unable to attend all the sessions they would have liked to, because several of them were offered concurrently. Furthermore, many respondents asked for more time available for activities. Many felt that their sessions would have been enhanced had they been able to complete their activities.

Facilities/Logistical

The majority of respondents felt that the time spent in transit from the hotel to the CDC facility made the days very long and tiresome. Several respondents suggested finding a hotel closer to the conference center. In addition, while many found the CDC facility beautiful, they felt that the temperature was too cold, would have liked to spend time outside, and found it difficult to take notes without a table.

Menu/Nutrition

About half of the respondents mentioned the lack of nutritional food choices at the conference. Several felt that the choices offered were inconsistent with the mission of the HDSP program. Several comments were also made about the need for more varied choices to suit vegetarian, low-fat, and heart healthy diets.

Differences and Similarities in Responses From Subgroups

ORISE examined the responses from two perspectives in addition to the overall analysis:

- Funding Status (Capacity Building, Basic Implementation, and yet-to-be-funded states)
- Position and time in position

In general, the responses of these subgroups reflected the overall responses consistently; however, there are a few differences between the various subgroups that may be of interest.

Funding status

- For the most part, the Basic Implementation and the Capacity Building states most frequently attended the same workshops throughout the three days. Exceptions to this were the Capacity Building states more frequently chose *Where Do I Begin: Developing Employer Partnerships and Influencing Cardiovascular Health Plan Benefits and Health Care Quality Improvement Intervention* (an HDSP Program priority), whereas Basic Implementation states more frequently chose *Influencing Public Policy* and evaluation-related workshops.
- More funded states than yet-to-be-funded states chose *HDSP Program Guidance for Collaborating with EMS*, perhaps suggesting a greater interest in working with EMS, which is likely due to its being an HDSP Program priority. In contrast, more yet-to-be-funded states attended work plan development.
- Non-funded states more frequently chose *Building Capacity With Partners to Address Policy and Systems Changes*, *Work Plan Development through Strategic Planning*, *A Fresh Look at HDSP Assessment: Your Guide to Program Planning*, and evaluation-related workshops, which may suggest a greater interest in developing work plans and evaluation plans as a part of applying for HDSP Program funding.

Position

- Epidemiologists and evaluators consistently chose evaluation-related workshops over all others during the three days of training: *Using Data to Define the Burden and Evaluate Impact* (which was also frequently chosen by staff from Capacity Building and Basic Implementation states, but not non-funded states), *Building Evaluation Capacity*,

Evaluator's Corner, Building Evaluation Strategies, Building an Evaluation Plan, and Evaluating Partnerships.

- *Blood Pressure Control and Compliance: What Can We Achieve and How?* was the most frequently attended workshop for all subgroups except the epidemiologists who more frequently chose *Evaluator's Corner*.
- Funded state program coordinators and non-funded state staff frequently chose *Building Capacity With Partners to Address Policy and Systems Changes*, which was also chosen frequently in the overall results. For program coordinators, this choice was likely a result of the CDC/HDSP emphasis on policy and systems change.
- Funded program coordinators and other state HDSP staff frequently chose *Program Guidance for Collaborating with EMS*, another CDC/HDSP priority area.

Time in position

The majority of program coordinators and epidemiologists from funded states have been in their positions less than 5 years; in contrast, more of the staff from unfunded states have been in their positions for a longer period of time. However, no important differences were noted in which workshops were selected by people with more or less than five years' experience.

Other Responses

The answers from all of these subgroups to the evaluation questions about how well the training program provided them with knowledge and skills with respect to:

- the HDSP Program priorities,
- the intent of the components in the current HDSP Program Announcement,
- policy and system changes for HDSP, and
- program evaluation

were similar to the overall group's responses. The knowledge or skill item(s) that they identified as being most able to use in their current jobs were all evaluation-related, with Capacity Building states identifying *Building Evaluation Capacity*, Basic Implementation states identifying *Evaluating Partnerships*, and yet-to-be funded states identifying *Developing An Evaluation Plan*.

Discussion of Results

Overall, respondents expressed that the training was a positive and beneficial experience. The majority of the respondents surveyed found the sessions helpful, informative, and worthwhile. The EMS presentations and *Health Care Quality Improvement Interventions* received very positive reviews and generated interest for future institutes. Those from non-funded states enjoyed attending the training with those from funded states. 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. 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 “success stories” and “lessons learned” provided concrete examples that were easily adaptable to their state.

Many respondents commented on the training facilities and suggested a more convenient, open location for further trainings. Several asked for more varied food choices as well as opportunities for exercise.

Finally, the majority of respondents found the evaluation sessions helpful. Many stated that the sessions helped them understand the evaluation process and made the task seem less daunting.

Summary and Recommendations

Based on the information received from the evaluation respondents and from discussions with training participants, the overall evaluation results can be described as extremely positive. The Oak Ridge Institute for Science and Education (ORISE) recommends the following for the next Program Management and Evaluation Training:

- Do a needs assessment to determine needed skills and knowledge for the most requested topics
- Continue emphasis on peer-to-peer learning
- Repeat all workshops twice
- Reconsider the choice of facilities/location for the training events.

Do a Needs Assessment

The HDSP training events have been designed and developed using input from representatives of the target audience, input from the CDC/HDSP Program Officers’ needs assessment conducted for the 2003 Institute for HDSP Practitioners, and a training and technical assistance survey of program coordinators and chronic disease staff in all states conducted by the CVH Council. Respondents to the Council’s survey were asked to respond on behalf of their program teams. Although all of this information is useful, the percentage of participants who are epidemiologists or evaluators has increased since the 2003 Institute in response to CDC’s request that the states send them to the training events. This evaluation shows a large number of requests for more training on evaluation, which may be a reflection of the fairly equal numbers of program coordinators and epidemiologists/evaluators who are more interested in evaluation-related topics, due to the increased emphasis CDC/HDSP is placing on program evaluation. States are understandably concerned about setting measurable statistics that their program will have to meet. More data on their training needs in this area should be gathered, in addition to updating data on other training topics. This should be done on an annual basis in order to keep training fresh and current.

Continue emphasis on peer-to-peer learning

As with all previous training events, participants overwhelmingly indicated their preference and satisfaction with this kind of learning. However, there is some indication that participants would like to see new state presentations, as opposed to reprises of past presentations.

Repeat all workshops twice

Several participants mentioned that they disliked having to choose between two equally needed concurrent sessions since many of the sessions were not repeated later. Until the June 2005 training event, most concurrent sessions were repeated. The change was made due to the need to allow the workshop presenters from the states to attend more sessions themselves. The training events' evaluations consistently show that the participants want a great deal of peer-to-peer learning and state examples; however, this has meant that the presenters from the states had fewer opportunities to attend workshops themselves. ORISE recommends that the workshops be repeated and that states selected to present workshops be asked to provide a different presenter for each workshop session, so that all presenters have an opportunity to attend workshops. In addition, ORISE recommends using outside presenters for longer workshops with activities and utilizing the state presenters in shorter sessions or in the state exchange event, which could be a standard feature of all the longer training events.

Reconsider the choice of facilities/location for the training events

In 2005, the CDC required that all training events and meetings under 400 participants be held at the CDC Global Communications Center (GCC). Although the facility was praised by the participants as being quite attractive and the GCC staff went out of their way to be helpful, there were several disadvantages to the location:

- There is no on-site lodging available. A large level of effort on the part of CDC/HDSP, NHLBI, and the contractors was required to arrange for transportation from the remotely located hotel to the GCC.
- Security screenings were required every morning, necessitating very early departures from the hotel in order to achieve an "on-time" start for the training each day.
- Time and resources were consumed in getting foreign nationals cleared for admittance to the CDC
- Participants could not leave the GCC without a CDC escort, which necessitated catered lunches. This required a large level of effort in coordination among the three contractors funding participant travel. About half of the participants did not approve of the menu choices, citing them as not "heart-healthy."

A high security facility, the GCC has to implement stringent security measures and restrict visitor movement. This makes it less than ideal as a location for training events that are attended by a large number of individuals outside of CDC. The level of effort required for complying with these requirements and making arrangements for transportation to the GCC and meal catering would be avoided if the training events were held in a hotel. ORISE recommends that the Division for HDSP develop a justification for conducting the training at a more easily accessible location. ORISE believes that the cost-savings to be realized by holding the training at the participants' lodging site could easily justify the waiver.