

**2008 National Institute for Heart Disease and Stroke Prevention
September 9-11, 2008**

Summary Evaluation Report

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

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Executive Summary

The 2008 National Training Institute for Heart Disease and Stroke Prevention was held September 9 – 11 at the Hilton Atlanta in Atlanta, Georgia. The Institute combined training for the State HDSP Program staff and State and Tribal WISEWOMAN programs. Invited participants included:

- State HDSP Program managers, epidemiologists, and evaluators (2 per State)
- Stroke Network coordinators (1 per Network)
- WISEWOMAN States and Tribal organizations
- “Yet to be Funded” State and Territory Chronic Disease representatives (1 per State/Territory)
- AHA National, Regional, and State Health Alliance staff

The 2.5 day Institute included three plenary sessions for all participants. There were 12 concurrent workshops, offered twice on Tuesday and another 12 offered twice on Wednesday. Eight concurrent workshops were offered on Thursday. A structured networking session with participants organized by region and a Roundtable session offering 22 discussion topics provided opportunities for learning and sharing outside of the traditional classroom setting.

An evaluation form was distributed to each participant in each workshop and in each networking session. An Overall Evaluation form was distributed to participants during the closing session and was available online after the Institute. The Overall Evaluation provided participants with the opportunity to comment on the Plenary sessions, Roundtables, specific knowledge and skills acquired, workshop activities, topics for next year’s Institute and the Institute in general.

Of the 348 registered participants, 126 or 37% completed the Overall Evaluation form. All participants were encouraged to complete the evaluation online if they were unable to complete the evaluation on site. Twenty evaluations were submitted online. Approximately 68% of state HDSP Program coordinators submitted Overall Evaluations, 56% of the AHA State Health Alliance staff, 21% of CDC staff, and 5% of WISEWOMAN staff submitted an Overall Evaluation. A total of 617 fully or partially completed workshop evaluations and 127 Strategic Networking evaluations were submitted.

Response to the 2008 Institute was overwhelmingly positive with some participants rating it as the best training they had attended. Negative responses centered on the Plenary sessions (inadequate room and uninspiring presentation), time management (workshops and the networking session often went overtime, not allowing for completion of activities), and handouts (more copies needed).

Ninety six percent of the respondents thought the training increased their knowledge of National HDSP and WISEWOMAN programs priority areas; policy and system changes for HDSP; and program evaluation and 88% said the training increased their skills.

An average of 86% of participants responding to the evaluation agreed that the plenary sessions enhanced understanding of the topics presented. The ability to network and learn about other

states' activities was considered the most valuable part of the Strategic Networking session by 94% of respondents.

Recommendations for next year are to identify tracks or sessions for new staff that include an orientation for new staff and for the more experienced participants, provide more space for the Roundtable session, and provide workshops on Partnerships, EMS, Telemedicine, and Disparities.

Introduction

This report is organized based on responses provided by meeting participants on overall, workshop, and Strategic Networking session evaluations. When considering the evaluation results cited in this report, it is important to remember that these numbers do not reflect actual session attendance because not all participants completed evaluations, and some questions were not answered by those who did submit an evaluation.

A total of 348 people attended the 2008 National Institute for Heart Disease and Stroke Prevention (HDSP). Of these, 126 fully or partially completed the overall evaluation. Evaluation forms were also provided for 33 workshop sessions as well as 12 Strategic Networking groups. Respondents fully or partially completed 617 workshop evaluations and 127 Strategic Networking evaluations.

Data collected on the workshops were qualitative responses to open-ended questions. Responses were assessed for similarities and grouped accordingly. Open-ended questions allow respondents to give answers that accurately reflect their opinions, but the data is more difficult to quantify due to the variety of the answers. In this report the terms "some" and "most" are often used to describe the number of responses. For the purposes of this report, "some" is used for responses less than 30% and "most" is used for responses greater than 50%.

Demographics

Of the 126 Overall Evaluation respondents, most reported a state HDSP program affiliation (61%), with 34% from Capacity Building states, 26% from Basic Implementation states, and 1% from a not-yet-funded state. Another 25% of the respondents reported the American Heart Association (AHA) as their organizational affiliation, and 2% were from the WISEWOMAN program.

The State HDSP program respondents were Program Coordinators (23%), Epidemiologists (17%), and Evaluators (4%). All the AHA respondents were State Health Alliance staff, and the WISEWOMAN program respondents were Program Managers. Positions of the remaining respondents varied from contractor staff to program consultants, healthcare coordinators, clinical specialists, health analysts, and health educators.

	Response #	Response %
Capacity Building – State HDSP Program	41	33
Program Coordinators	17	
Program Director	1	
Epidemiologists	12	
Epidemiologist/Evaluator	1	
Other	10	
Basic Implementation - State HDSP Program	28	22
Program Coordinators	10	
Epidemiologists	6	
Evaluator	5	
Other	7	
Yet-to-be-Funded State	1	1
State WISEWOMAN programs	3	2
Stroke Networks	2	2
American Heart Association (AHA)	35	28
Centers for Disease Control and Prevention (CDC)	14	11
Partner Organization	1	1
Presenter	1	1
TOTAL OVERALL EVALUATION REPOSSES	126	

More than half the respondents (53%) were new staff with two or less years experience in their current positions: 24% had less than one year, 17% had one year, and 12% had two years. On the other end of the spectrum, 6% of the respondents had ten or more years of experience in their current positions. The number of years of experience for the remaining 41% of respondents ranged from three to nine years.

Knowledge and Skills

Participants were asked whether or not the training increased their *knowledge* of National HDSP and WISEWOMAN programs priority areas; policy and system changes for HDSP; and program evaluation. They were also asked whether or not training increased their *skills* for carrying out capacity-building activities or interventions for the priority areas or skills related to program evaluation.

Overall, the training was favorably received by the majority of respondents. However, there was a clear distinction between less experienced and experienced staff. Many respondents with less than three years experience indicated the training was a good comprehensive overview, while more experienced staff consistently commented the training provided few opportunities for increasing knowledge for returning participants.

The respondents overwhelmingly agreed (96%) the training increased their knowledge of National HDSP and WISEWOMAN programs priority areas, as indicated by one respondent’s comment, “*I have a much better understanding of CDC’s expectations/framework as it relates to my program priorities.*”

Fewer respondents felt the training increased their knowledge of policy and systems change (80%) and program evaluation (75%). A number of respondents did not attend the sessions on policy and systems change. Of those who did, they indicated they had a better understanding of systems change and had gained knowledge about the WISEWOMAN program, state programs, and AHA policy initiatives. State HDSP program staff seemed to delegate attendance mostly to the state epidemiologists at the program evaluation sessions. This could have been to maximize opportunities for attendance across topics, based on one respondent’s statement, “*We divided the 3 of us among all the concurrent sessions based on our program function areas for each staff person.*”

In terms of skill level, most respondents (88%) felt this year’s training increased their skills to carry out capacity-building activities or interventions through networking and sharing ideas; developing and maintaining effective partnerships; and using tools and resources. More than half the respondents (62%) felt the training increased their skills related to program evaluation, although they saw it as a good review and not necessarily a skill-builder. One respondent noted a need for translating the knowledge into action, “*I gained knowledge but not necessarily how to translate it into action.*” Another respondent acknowledged a knowledge increase but no skill development, “*No session was really geared long enough for skill development, mainly knowledge increase.*”

Plenary Sessions



Day 1 and Day 2 of the Institute began with 1.5-hour plenary sessions, and Day 3 closed out with a 50-minute session:

- Plenary 1: *Heart Disease and Stroke Prevention: Science-Connection-Action*
- Plenary 2: *Quality Improvement: The Principles, the Models, and Public Health*
- Plenary 3: *Worksite Chronic Disease Prevention Programs: The Intersection with Health Care*

In the overall evaluation, participants were asked whether or not the information provided during each plenary session enhanced their understanding of:

- The National and State programs’ needs (Plenary 1)
- Quality improvement issues in health care (Plenary 2)
- How to address heart disease and stroke prevention in worksite settings (Plenary 3)

Plenary 1: Heart Disease and Stroke Prevention: Science-Connection-Action

		Response Total	Response Percent
Yes		99	82%
No		21	18%
Total Respondents		120	

Many of the respondents indicated the information from Plenary 1 did enhance their understanding of the National and State programs’ needs. Comments revealed that Plenary 1 was a good, detailed overview or update that provided an overall understanding of the HDSP program priorities and allowed attendees to see CDC’s need and direction. One respondent



commented, “*Hearing from Division leadership is the best way to start the institute because it gives us structure to apply information from breakouts.*” Several respondents thought Plenary 1 needed to be more motivating and energizing. One respondent expressed, “*Opening session needs energy.*” Others thought the plenary was a good overview for new staff that could have been done as a workshop session. Some respondents also felt the question and answer format was not helpful or enlightening and that questions should have been taken directly from the audience.

Plenary 2: Quality Improvement: The Principles, the Models, and Public Health

		Response Total	Response Percent
Yes		105	94%
No		7	6%
Total Respondents		112	

Overall, respondents indicated the information from Plenary 2 enhanced their understanding of quality improvement issues in health care. Comments described Plenary 2 as an informative overview or update that provided good examples of quality improvement and how to use them. There were many positive comments about the presentations delivered; however, several respondents did note that some speakers were not as dynamic as others.

Plenary 3: Worksite Chronic Disease Prevention Programs: The Intersection with Health Care

		Response Total	Response Percent
Yes		87	83%
No		18	17%
Total Respondents		105	

Respondents indicated the information from Plenary 3 enhanced their understanding of how to address heart disease and stroke prevention in worksite settings. According to respondents’ comments, the plenary provided a good explanation of return on investment (ROI) analysis and many good examples of data to help states make a strong case or get buy-in for worksite programs. However, some respondents stated they would have liked more emphasis on worksite programs for small business and more examples of worksite programs implemented in big corporations. Other comments indicated there was too much information given too fast and that some of the data on the slides were outdated. Several respondents also mentioned they did not like this plenary being at the end of the day, as indicated by one respondent who commented, “*Poor time during conference...last session, tired of sitting and listening.*”

Workshop Sessions

A total of 33 workshops were available during the course of the two and a half days of training. Participants selected five workshops to attend: two from twelve available choices on Day 1 and Day 2 and one from eight available choices on Day 3. The Tuesday and Wednesday sessions

were offered twice (once in the morning and once in the afternoon) to allow participants additional opportunities to attend a workshop of their choice. Respondents fully or partially completed 617 evaluations, which asked the following questions:

1. What did you like most about the workshop?
2. What did you learn during the workshop?
3. How do you plan to utilize the information from the workshop on your job?
4. What would make the workshops more useful?

Liked most about the workshops

Overall, respondents commented they most liked the free-flowing discussion and hearing different state perspectives, examples, presenters and integration. Comments showed that open discussion allowed participants to raise questions and gave participants the opportunity to share challenges with each other. A respondent from *HDSP Evaluation Indicators: How and Why to Use Them* liked the “*opportunity to ask question, express concerns, & potential roadblocks.*” Another respondent from *Epidemiology is from Mars...Evaluation is from Venus...The Intersections Where Epidemiology and Program Evaluation Meet* expressed enjoyment of the “*interaction/group activity, opportunity to share challenges & initiatives with other states.*”

Comments also illustrated that respondents benefited from hearing the different state perspectives and examples. One respondent from *Stroke Systems of Care* commented, “*We are a recently funded state and examples from other states and what they are doing was very helpful and instructive as guidelines.*”

Most respondents felt the session presenters were well informed, organized, knowledgeable, and easy to listen to. Some respondents commented they particularly liked hearing professional, outside speakers. Specifically, respondents were highly complimentary of the presentations delivered during *Partnerships: Maintaining the Interest and Energy* and *Implementation of Telemedicine within Stroke Systems of Care*.

Comments also indicated the respondents liked having program integration and networking incorporated into the workshops. One respondent from *Partnering for Results: HDSP and AHA Public Health Priorities* liked “*hearing from AHA & CDC national and state demonstrating partnerships/priorities,*” and another from *Stroke Systems of Care* enjoyed “*the opportunity for group work and network with other states.*”

Learned during the workshops

Comments indicated that what respondents learned varied and was unique to the workshops. Most of the respondents commented they learned about partnering roles and strategies, evaluation expectation and requirements and data (variety, sources, availability, analysis, and collection). Comments showed respondents learned about data analysis and collection and how a variety of data sources can help prove state cases or problems. A respondent, from *Using a Systems Change Approach*, learned “*how to look at programs and implement system changes through analysis & assessments.*”

Some comments offered specifics about what the respondents learned about partnering roles and strategies. For instance, a respondent, from *Partnering for Policy Change*, learned “*The*

importance of partners for effective change, thinking outside of the box for potential partners.” Another respondent, from *Partnering for Results: HDSP and AHA Public Health Priorities*, learned “*valuable strategies to build relations with DOH and the value of partnership between AHA & DOH.*”

Many of the respondents who attended *HDSP Evaluation Indicators: How and Why to Use Them* commented on what they learned about the Core and Comprehensive Indicators purpose, timeline, and expectations, e.g., “*projected expectation regarding indicators*” and “*the comprehensive and core indicators are different in regards to what’s required.*”

Respondents also learned about barriers, gaps, and challenges. One respondent, from *Stroke Systems of Care*, commented, “*It was helpful to learn different ideas about how to overcome gaps and barriers.*”

Plans to utilize the information

Comments from the majority of respondents indicated they plan to share the information from the workshops with others who can benefit from it. Some indicated they will share with state partners and colleagues, while others said they will share with state HDSP staff. Respondents also commented on how the information will be shared. For example, one respondent planned to share the information “*with business and other partners via newsletters, web, and presentations.*”

The comments also showed that respondents will be using this information to increase collaboration. One respondent commented the information from *Partnering for Policy Change* will be used to “*collaborate with other players that can advocate,*” while another commented the information from *Stroke Systems of Care* will be used to “*increase collaboration and retrieve best practices from other states.*” Comments also indicated some respondents will use the information in program and intervention planning. A respondent, from *HDSP Evaluation Indicators: How and Why to Use Them*, “*will incorporate it into our program activities for logic model, program development, etc., (to guide us as we do our priorities, etc.)*”

Making the workshops more useful

Comments from the majority of respondents indicated that more time for group exercises/activities and discussion/Q&A would have made the workshops more useful. One respondent commented, “*Additional time needed for hands-on exercises*” during *HDSP Evaluation Indicators: How and Why to Use Them*. Another respondent commented, “*Less ‘show and tell’ and more time for questions and discussion would be helpful*” for *HDSP State Burden: Documenting and Communicating Need*. Comments indicate a need for moderator training.

Comments also showed that handouts, specific tools and resources, and access to slides made the workshops more useful when these were provided. However, when handouts were not available, respondents expressed a desire for them. For example, a respondent from *Partnering for Policy Change* stated that having copies of the PowerPoint presentations would have enhanced the workshop because “*Speakers talked very fast, and it was hard to write down information.*”

Strategic Networking Session

The training offered a Strategic Networking session where participants were broken up into groups by region. Groups represented individuals from HDSP programs in State Health Departments, WISEWOMAN, AHA, and Stroke Networks. The session was designed to promote networking and development of working relationships with HDSP programs, WISEWOMAN, AHA, and Stroke Network staff in the same geographical region. The networking session consisted of a summary of priorities; sharing and discussion of major interventions or activities undertaken in 2008-2009; and developing a plan for implementing one of the activities discussed.

Out of approximately 188 participants, 127 completed an evaluation for the networking session. This was the first year the Strategic Networking session was offered, and respondents spoke highly of the concept. A majority liked the overall idea of networking and developing partnerships with neighboring states and organizations. Hearing and sharing what other states are implementing was a huge success among the respondents, as indicated by comments similar to this, *“Hearing what other states are doing based on their funding level and sources.”* Moreover, many enjoyed the open group discussions, which allowed opportunities to gather new ideas about barriers and successes from other states program activities.

The respondents found the networking session added value in the areas of lessons learned, increasing awareness of activities in other states, collaborating and future planning. A respondent stated the session *“provides information on what already has worked and can be achieved,”* indicating a belief that the networking session was valuable in providing ideas and may assist with future planning. In addition, the respondents felt they gained opportunities for collaboration and partnerships among state organizations such as WISEWOMAN, Department of Health and AHA. One respondent expressed how valuable the networking session was for building partnerships within their state: *“We had a good chance to talk with someone from our own state that we haven’t been able to before.”*

Individuals plan to utilize the information from the Strategic Networking session on their job in the following ways: collaboration, future planning and implementation. Several respondents plan to share the information received from the networking session with their partners and work on their priorities. Many envision increasing their collaboration within their states and among neighboring states. Respondents want to implement some of the ideas and strategies discussed during the networking session from other states, AHA and WISEWOMAN.

While a majority of the respondents found the networking session to be beneficial, there were areas where they felt improvements were needed. There was an overall consensus that the facilitators displayed lack of knowledge of the purpose of the session and its activities. This led to a miscommunication and misunderstanding of the activities, and participants felt misdirected. Individuals felt a lot of time was spent trying to understand what their group was supposed to accomplish. One respondent stated that the session should *“Have more of a focus and direct purpose for discussion and activities.”* Moreover, participants responded that they would have liked a less structured format to allow for more interaction and networking opportunities among states. *“Exchanging business cards and more time to share what we have on our minds,”* is what one respondent stated as a way to improve the networking session for next year’s training.

Although the session was two hours, some respondents felt they needed more time to discuss activities and priorities among the states in further detail. Individuals did not feel that they had an adequate amount of time for the states to share their program activities and answer questions. Another way respondents felt the networking session could be enhanced is by categorizing the groups differently. Respondents had many opinions on the grouping of the networking session participants. Some felt that participants should be grouped based on their job responsibility (i.e. epidemiologists, evaluation program managers, communication specialists), while others believed mixing regions would benefit states more because they already work with their neighboring states. One participant stated, “*Combine regions. It would be good to hear from other states not in our region.*” In contrast, some respondents saw the grouping of the networking session participants as successful because they had an opportunity to network and build partnerships within and around their state. Overall, the majority of the respondents felt the Strategic Networking session was of great value and wanted to see it incorporated in next year’s training.

Roundtables

On Day 2, 22 topics were discussed in a roundtable format. Roundtable sessions allowed participants to discuss various topics, including CDCynergy, logic models, and cost calculators. Discussions were facilitated by CDC, State, AHA, WISEWOMAN and ORISE staff and lasted 45 minutes. Each session was repeated during the 1.5 hour time block, which allowed participants to sit in on two Roundtable discussions.

Participants were asked if the roundtable sessions met their expectations, increased their knowledge on the topic, or provided them with skills to apply the knowledge on their job. Respondents were receptive to the roundtables and many (48%) felt they met their expectations, although many would have liked more time for discussion on the topics. Some felt the environment was not conducive for roundtable discussions (i.e. too loud). One respondent stated, “*It was a difficult environment to hear participants and speakers in.*” Moreover, respondents experienced confusion in determining which sessions were suitable for them. Half the respondents (50%) acknowledged the roundtable sessions increased their knowledge on various topics. The most popular topics mentioned for increasing knowledge were the *State Plan Index for Heart Disease and Stroke Prevention to Develop and Enhance State Plans* and *Sodium Policy: National Focus Overview and Impact for States* sessions. As far as the roundtables providing the respondents with skills to apply to their jobs, many respondents (49%) indicated the sessions did not provide any additional skills to enhance their jobs but instead were more informative. In general, the respondents saw the roundtable sessions as beneficial for the exchange of ideas about various topics in their work place.

Recommended Topics and Specific Skills for 2009

Participants at the 2009 Institute for Heart Disease and Stroke Prevention were provided the opportunity to recommend session topics for next year’s event on the Overall Evaluation form. Of the 126 participants who submitted an Overall Evaluation form, 71 (56% of respondents) suggested one or more topics for inclusion in next year’s agenda.

A follow-up question to the request for session topics was to describe a specific skill the respondent would like to learn.

The topics respondents found most valuable or would like to have repeated or added to the agenda were:

1. State HDSP and AHA interaction and collaboration (8 respondents)
2. EMS (7 respondents)
3. Orientation or “Newcomers” track (5 respondents)
4. Partnerships (5 respondents)
5. Telemedicine (4 respondents)
6. Disparities (4 respondents)
7. Evaluation/ Indicators (3 respondents)
8. Systems Change (3 respondents)
9. Stroke Systems of Care or Stroke Networks (3 respondents)
10. Priorities/CDC Expectations (3 respondents)
11. Epidemiology-specific topics (3 respondents)
12. Networking opportunities (3 respondents)
13. Funding and resources (3 respondents)
14. Data (3 respondents)
15. STEMI (3 respondents)

Additional topics listed more than once were:

1. Chronic Disease Self-Management and Wellness Programs
 - CVD wellness programs, state examples – partnership building and maintenance
 - Chronic Disease self-management program – more successes shared would help
2. Integration of Chronic Disease Programs
 - Integration of the chronic disease program in the BRFSS and in funding by CDC – How to cause change or how to go beyond identifying problems at the CDC/ state government level
 - Integration of chronic disease programs – leveraging funding, developing common framework, mission, vision
3. Cholesterol, High Blood Pressure
 - More about cholesterol program activities
 - Medication and cholesterol and HBP – patient education

A few respondents identified the topics listed as specific to WISEWOMAN participants.

1. Various ways states meet guidance – Budgeting for maximum reach while accounting for a 60/40 budget split
2. Acquiring state funds for WISEWOMAN
3. Topics relevant to WISEWOMAN
4. Sessions that would allow WISEWOMAN to showcase their work, especially if they are collaborating with state HDSP programs

Specific Skills

As a follow-up to the request to list a session topic for next year's training, participants were asked to identify a specific skill they would most like to learn during the session. The answers are provided here after each of the top 15 most requested topics. Similar skills were consolidated; the comprehensive skills lists follow each topic heading below.

1. State HDSP and AHA interaction and collaboration
 - How to partner better for increased impact; partnering successes
 - Aligning objectives and working as partners
 - Legislative and policies development successes
 - CDC/AHA priorities; strengthening the partnership
2. EMS
 - Research addressed to getting people to activate 911
 - Evidence-based efforts for HTN management
 - Facilitation and negotiation skills
 - The ED/ER perspective as it applies to HD and stroke patients
 - Linking EMS data with NEMESIS and other databases; linking data from pre-hospital and back; linking data to practice/policy change
 - How to support state EMS & how to partner for funding
3. Orientation or "New Comers" track
 - Overview of AHA and CDC State Program; explanation of the interaction between CDC, State Health, and AHA
 - Orientation to heart disease and stroke prevention. Orientation would give new staff an idea of how the program works and CDC goals
 - More detailed overview of evaluation (for beginners)
 - CDC expectations for 2012
 - Ensuring sustainability of achievements and transition to the next phase
4. Partnerships
 - Aligning partner's goals
 - How to conduct exploratory meetings to find common ground with partners and effectively divide up responsibilities to reach common goals
 - Effective evaluation of programs and initiatives
 - Partnership development and maintenance
 - More information on FOA-suggested partnerships and best practices
 - Building a functional coalition
 - Developing a chronic disease coalition to cover several programs
 - Identification and retention of partners. Getting partners to assume some responsibility for the state plan, and commit resources to it.
 - Worksite partnerships
 - ABCs of convening, engaging and maintaining CVH-steered councils (use examples, etc.). Choosing right members, engaging members, and how to communicate with council
 - Advanced presentations for states that have mature programs

5. Telemedicine
 - How to establish a telemedicine program
 - Examples of real programs
6. Disparities
 - How to evaluate the impact of the intervention. Is it really making a difference in the identified disparate population?
 - Eliminating health disparities as it relates to policy and systems change and not behavior change interventions.
 - Activities related to health disparities.
7. Evaluation/Indicators
 - How to report BP indicators
 - How to use current/limited data to measure all 11 indicators or any of the 75 measures
8. Systems Change
 - The “how” of systems change
 - Policy and systems change and CDC priority areas
 - Policy and systems change as it relates to health disparities
9. Stroke Systems of Care or Stroke Networks
 - How to establish
 - Barriers encountered by other states
10. Priorities/CDC Expectations
 - Any changes in priorities
 - Focus on priorities in the FOA
11. Epidemiology-specific topics
 - Statistical method – how to use epidemiology approach to the evaluation of screening program
 - More specifics about burden documents
 - Epidemiologic analysis and CVD data
12. Networking opportunities
 - States bring an issue or activity to work on, possibly grouping by priority area or cross-cutting area such as evaluation, epidemiology, partnership, or health system
13. Funding and Resources
 - Leveraging resources and getting signed MOAs and MOUs – What is it? How do you do it?
 - Overcoming barriers
 - Sustaining programs via external funding – where to look for external funding and how to approach. What types are out there?
14. Data
 - Small area analysis with data; how to get below state level
 - Linking data systems
 - Directly linking burden/disparities data to program planning (use state examples)
 - Advanced surveillance: examples, best practice, SAS code, advanced data analysis for BRFSS, vital statistics, cost data, etc.

15. STEMI

- How to work with communities to support formation of such a system
- Mission Lifeline and STEMI directory
- AHA/CDC-specific plenary sessions such as STEMI 101 to bring everyone up to speed

Activities

Participants were asked if the activities included in the sessions were useful. Of the 126 participants completing an Overall Evaluation form, 102 (80%) answered “Yes.” Fifteen (12%) answered “No.” Five (4%) respondents said some activities were useful and some were not. Three (2.4%) respondents answered none of the sessions they attended included an activity. Two (1.6%) respondents did not answer the question.

Of those responding positively to this question, many felt that the activities helped to reinforce the learning experience: *“Gave participants an opportunity to apply what they know to work[ing] through a problem;”* *“The activities were very useful. This gave a hands-on approach to understand[ing] issues/problems that may arise in your programs.”*

Other respondents appreciated the opportunity that the activities provided for networking and hearing how other states are meeting requirements and implementing interventions: *“Opportunity to hear what other states are doing in their HDSP program;”* *“Very helpful to have hands-on experience and to ask question[s] or listen to questions asked by others.”*

Negative comments about the session activities overwhelmingly centered around the fact that sessions did not leave enough time to complete the activity. Some respondents indicated the activity was not planned or structured well: *“Most either didn't leave enough time or else there was confusion about the directions;”* *“In some cases [the activities] were not well designed for the time given.”*

Additional Comments and Suggestions for Improvement

Seventy-five or 59% of the 126 respondents provided additional comments on the Institute. The comments are grouped according to topic (sessions, logistics, general). Following are examples of comments in each of the topic areas.

On sessions

Most respondents commented on the sessions. The majority of the session comments addressed session content, but no outstanding concern emerged. A number of respondents suggested more inspiring and energizing plenary sessions, especially to kick-off the Institute: *“Initial keynote [plenary] should be inspirational and energizing in order to kick off the conference. The panel discussion did not do that.”*

Some respondents commented on the length and number of the workshops: *“There were many [sessions] I would like to attend, but rotation was limited;”* *“Great break-out session topics but*

unable to attend them all due to time restraints;” “Next year sessions should not be as long and there should not be as many.”

Some respondents suggested organizing sessions by job title or by experience level: *“Consider offering tracks so that a participant can follow topic in depth, [for] example: QI track or advocacy/policy track. Leave sessions open, but provide suggested sessions based on issues;” “Tier sessions for participants, e.g., intro/intermediate/advanced.”*

On logistics

There were many positive comments on the location of the Institute: *“Having the training in a hotel was a positive change that enhanced ability to learn and network.”*

Negative comments concerning the location centered on the plenary room: *“The Plenary room/lighting/set-up was the WORST part of the Institute by far;” “The Plenary setting was not as conducive to learning - lower ceiling - initially darker - long narrow room - conditions made it hard to connect to the speaker.”*

The handouts, or lack of, received a number of comments: *“Please provide enough paper so we know what's going on where. Maybe we went too green?”*

One person appreciated the availability of materials online prior to the Institute: *“Having all the materials on-line prior to the conference was very helpful in preparing and selecting sessions to meet my professional needs.”*

The inclusion and participation of AHA was noted by many to be of benefit to state participants as well as AHA participants. Only one respondent questioned AHA’s participation, stating, *“It’s not clear to me what our relationship is to Heart (AHA).”*

General comments

There were a number of very positive comments on the Institute in general: *“For all the conferences and meetings I attend in a year, I would give this one an A plus. I could tell that previous conference suggestions had been heard and changes made to meet the needs of attendees;” “This has been one of the best conferences I have attended. I gained knowledge and ideas to take back and use in my states;” “I love the annual trainings that you provide.”*

Overall Summary and Recommendations

The 2008 National Institute for Heart Disease and Stroke Prevention registered 348 participants, including state Heart Disease and Stroke Prevention program staff, yet-to-be-funded states Department of Health staff, American Heart Association State Health Alliance staff, Stroke Network coordinators, state WISEWOMAN program staff (some attending Tuesday and Wednesday sessions only), CDC staff, and invited speakers. Of the 348 registered participants, 126 or 37% completed the Overall Evaluation form. All participants were encouraged to complete the evaluation online if they were unable to complete the evaluation on site. Twenty evaluations were submitted online.

Approximately 68% of state HDSP Program coordinators submitted Overall Evaluations, 56% of the AHA State Health Alliance staff, 21% of CDC staff, and 5% of WISEWOMAN staff submitted an Overall Evaluation.

Overall Summary

Knowledge and Skills

Respondents credited the training with increasing their knowledge of HDSP and WISEWOMAN priority areas, policy and systems change. They also credited the training with increasing skill level in capacity building activities and interventions. Responses to the question of increasing skills in evaluation were mixed. Many felt their knowledge of evaluation was increased but evaluation sessions were not skill-building.

Plenary Sessions

Respondents overwhelmingly indicated the information provided during each plenary session enhanced their understanding of the plenary topics. However, a number of respondents felt the plenaries, especially the opening and closing sessions, should be inspirational and motivating and energize the participants—something they did not get from these sessions.

Workshops

Respondents most liked the opportunities for discussion during workshops and the opportunity to network and to hear what other states are doing.

Responses to the question of what was learned during the workshops did not reveal a theme or a trend. While the vast majority of respondents said they did learn from the workshop, what was learned was unique to the workshop. No overarching theme emerged related to HDSP objectives such as CDC priorities, systems or policy change, or health care disparities.

Respondents' plans to use the information learned at the Institute included sharing with other state program staff and program partners. While some respondents mentioned improving current practices in planning and interventions, no responses specifically addressed training other state staff.

Networking

The Strategic Networking session was well received. Respondents appreciated the opportunity for networking and hearing what other states are doing. There were some complaints, most notably facilitators seemed unprepared and did not fully understand how to implement the activity.

Some respondents suggested alternative groupings, such as sessions comprised of similar job descriptions, e.g., sessions for epidemiologists, state program coordinators, WISEWOMAN, etc. Others suggested groups of people from geographically-dispersed areas to get a broader perspective.

Some respondents thought a less structured session would be of more value. Many respondents commented there was not enough time to compile the networking activity.

Roundtables

Most respondents thought the Roundtables provided good information but suggested changes to the format. Comments suggested there were too many Roundtables in the space provided, making it difficult to hear the facilitator and others at the table. Reducing the number of Roundtables or increasing the number of rooms in which Roundtables are held was suggested. Respondents also felt the agenda and handouts did not provide adequate description of the Roundtable topic or information on the location of the roundtable session.

Recommended Topics and Skills

No single topic or group of topics was listed by a significant number of respondents. The most requested topic centered on state HDSP program staff and AHA State Health Alliance staff collaboration but this topic was only mentioned by 8 (11%) of the 71 respondents listing a topic or skill or 6% of those responding.

Partnerships was listed in the top five and frequently has been mentioned as a topic of interest in previous years. However, the other four topics (EMS, newcomers' orientation, telemedicine, and disparities) are unique to this year's evaluation and may indicate a shift in training needs and interest by participants.

Recommendations

Space

Offer fewer Roundtables or provide more space for the Roundtable session. Another possibility is using a number of rooms with two or three tables in each room. The Plenary session room should be large enough and have a ceiling with enough space to allow for screens that all participants can see.

Materials

Roundtables and other special sessions should be clearly referenced in the agenda. Ensure all participants know an agenda is available. Participants who registered at the WISEWOMAN session on Monday may not have been aware that agendas were available as handouts.

Workshops

While most respondents were pleased with the topics offered and the quality of the presentations, many would like to have the opportunity to attend more workshops. It is possible to reduce the length of time for each workshop and repeat each workshop more than once. This will place a greater burden on the instructors and participant/instructors will either miss all workshops or a number of participant/instructors will have to be identified to rotate through the workshops.

Workshop moderators should receive some training, possibly via a conference call to ensure they understand the importance of keeping speakers within time limits and starting activities on time.

A session on how to share what the participants learned with their staff when they return home may increase the number of participants who will take time to train their program staff and to improve processes and outcomes.

Networking Session

Continue to provide a networking session. The session, as presented, was popular with participants but tweaking the format by trying different groupings and a less structured activity may reveal a format that is of more value to participants.

Roundtables

Continue this session with fewer tables in a room. While fewer topics might be desirable, the Roundtable session must be able to accommodate all Institute participants.

Topics

Provide more advanced level topics for the more experienced participants and an orientation session for new staff. Continue to identify sessions of interest to new staff and add identification of sessions of interest to more experienced staff.

Partnerships continue to be a topic of interest, especially in the areas of building a coalition, creating and maintaining partnerships, and evaluating partnerships. Include guidance on working with AHA State Alliance staff.

In addition to Partnerships, the following topics (skills or specific areas of interest are noted after each topic) are top priorities for next year's training:

1. EMS
 - Facilitation and negotiation skills; how to support state EMS and how to partner for funding
 - The ED/ER perspective as it applies to HD and stroke patients
 - Linking EMS data with NEMESIS and other databases; linking data from pre-hospital and back; linking data to practice/policy change
2. Orientation or "Newcomers" track
 - Overview of CDC and its goals and expectations and State HDSP Programs; explanation of the interaction between CDC, State Departments of Health, and AHA; orientation to heart disease and stroke prevention
 - More detailed overview of evaluation (for beginners)
 - Ensuring sustainability of achievements and transition to the next phase
3. Telemedicine
 - How to establish a telemedicine program
 - Examples of real programs
4. Disparities
 - How to evaluate the impact of the intervention. Is it really making a difference in the identified disparate population(s)?
 - Eliminating health disparities as it relates to policy and systems change and not behavior change interventions.

Appendix

Table 1 – Workshop Sessions

Tuesday – September 9, 2008	
Session 1AB	HDSP State Burden: Documenting and Communicating Need <i>(Attendees: 25/14)</i>
Session 2AB	New Starts and Refreshers: Managing Your Cooperative Agreement <i>(Attendees: 18/6)</i>
Session 3AB	Making it Work: Applying GIS in Your HDSP Program <i>(Attendees: 13/6)</i>
Session 4AB	Partnering for Policy Change <i>(Attendees: 22/15)</i>
Session 5AB	BRFSS: Importance for National and State Programs <i>(Attendees: 14/6)</i>
Session 6AB	Economic Costs: Conducting Cost Analyses for Hypertension – What are Appropriate Methods and Future Research <i>(Attendees: 16/19)</i>
Session 7AB	Stroke Systems of Care <i>(Attendees: 17/25)</i>
Session 8AB	Signs and Symptoms (Heart Attack and Stroke) Communication Campaigns <i>(Attendees: 16/11)</i>
Session 9AB	Using the State Plan Index for Heart Disease and Stroke Prevention to Develop and Enhance State Plans <i>(Attendees: 15/11)</i>
Session 10AB	From Science to Application – A Discussion of Hypertension Science and Its Application in the Field <i>(Attendees: 21/15)</i>
Session 11AB	Showcasing Program Impact Through Success Stories <i>(Attendees: 5/8)</i>
Session 12AB	Partnerships: Maintaining the Interest and Energy <i>(Attendees: 19/22)</i>

Wednesday – September 10, 2008	
Session 13AB	HDSP Evaluation Indicators: How and Why to Use Them <i>(Attendees: 46/32)</i>
Session 14AB	Using a Systems Change Approach <i>(Attendees: 22/16)</i>
Session 15AB	Using the Power Prism for Advocacy Planning, Execution and Evaluation: Chronic Disease Cost Calculator Case Example <i>(Attendees: 20/9)</i>
Session 16AB	Approaches and Tools for Worksite Health Promotion Policy and System Change <i>(Attendees: 14/8)</i>
Session 17AB	Evaluating State Partnerships for Outcomes <i>(Attendees: 15/17)</i>
Session 18AB	Empowering Communities to Improve Health Care Quality <i>(Attendees: 8/8)</i>
Session 19AB	Quality Improvement in Primary Care <i>(Attendees: 20/18)</i>
Session 20AB	Quality Improvement in Hospital Care <i>(Attendees: 8/7)</i>
Session 21AB	Questionnaire and Survey Design <i>(Attendees: 10/8)</i>
Session 22AB	Health Risk Communication <i>(Attendees: 1/8)</i>
Session 23AB	Epidemiology is from Mars...Evaluation is from Venus. “The Intersections Where Epidemiology and Program Evaluation Meet” <i>(Attendees: 21/18)</i>
Session 24AB	Strategies for Addressing Disparities <i>(Attendees: 7/15)</i>

Thursday – September 11, 2008	
Session 25	HDSP Evaluation Indicators: How and Why to Use Them (Attendees: 28)
Session 26	Message Mapping: A Strategic Approach to Communications Development (Attendees: 4)
Session 27	Partnering for Results: HDSP and AHA Public Health Priorities (Attendees: 25)
Session 28	Intervention Strategic Planning (Attendees: 9)
Session 29	Implementation of Telemedicine within Stroke Systems of Care (Attendees: 26)
Session 30	Stroke Networks Facing the Future (Attendees: 4)
Session 31	Using Mixed Methods in Evaluation (Attendees: 9)
Session 32	MIS Training Overview (Attendees: 9)
Session 33	State Implementation of NEMESIS and Improvement of Emergency Treatment for Stroke, Cardiac Arrest, and Heart Attack (Attendees: ?)

Table 2 – Roundtables

AHA Tables	<ul style="list-style-type: none"> • Mission: Lifeline/STEMI Systems of Care • State Stroke Systems of Care • Alliances, Partnerships, and Collaborations • American Heart Association – Organizational Priorities • Cultural Health Initiatives
Roundtable 1	Atlas Showcase: Stroke Hospitalizations Among Medicare Beneficiaries
Roundtable 2	Community Health Workers Sourcebook: A Training Manual for Heart Disease and Stroke Prevention
Roundtable 3	Consumer Health Resource Information Service (CHRIS) Program: A Faith-based Systematic Approach to Addressing Health Disparities
Roundtable 4	CVH Cynergy: Don't Go to Work Without It!
Roundtable 5	Employer Tools to Improve Coverage and Delivery of Clinical Preventive Services
Roundtable 6	Exploring Disparities Activities and Interventions
Roundtable 7	Getting the Word Out about the Chronic Disease Cost Calculator
Roundtable 8	Getting to the Right Evaluation Question
Roundtable 9	Guide to Facilitating Health Systems Change
Roundtable 10	Interactive Roadmap Demonstration
Roundtable 11	Is Your Logic Model Logical?...Developing a Higher Quality Logic Model
Roundtable 12	National Surveillance Issues and Challenges
Roundtable 13	New Nutrition, Physical Activity and Chronic Disease Prevention On-line Training Series
Roundtable 14	Review and Dissemination of Practice-based Interventions
Roundtable 15	Sodium Policy: National Focus Overview and Impact for States
Roundtable 16	State Cardiovascular Health Examination Survey
Roundtable 17	State Plan Index for Heart Disease and Stroke Prevention to Develop and Enhance State Plans

Table 3 – Overall Evaluation Form

**2008 National Institute for Heart Disease and Stroke
Atlanta, GA
September 9-11, 2008
Overall Evaluation**

PLEASE COMPLETE THIS FORM AND RETURN TO BOX AT THE REGISTRATION TABLE BY THURSDAY, SEPTEMBER 11, 2008.

Demographic Information

1. Please identify your organizational affiliation:
 - Funded State: Capacity Building
 - Funded State: Basic Implementation
 - American Heart Association: State Alliance
 - WISEWOMEN Program
 - Not Yet Funded State
 - Other _____

2. Please indicate your position (and number of years in that position):
 - State HDSP Program Coordinator (___yrs.)
 - State HDSP Program Evaluator (___yrs.)
 - State HDSP Program Epidemiologist (___yrs.)
 - Other State HDSP Program Staff, please specify _____ (___yrs.)
 - American Heart Association State Health Alliance Staff (___yrs.)
 - Centers for Disease Control and Prevention & CDC Contractor Staff (___yrs.)
 - Other American Heart Association Staff, please specify (___yrs.)
 - WISEWOMEN Director (___yrs.)
 - WISEWOMEN Program Manager (___yrs.)
 - WISEWOMEN Program Staff, please specify _____(___yrs.)
 - Other, please specify _____

3. In general, did this year's training increase your **knowledge** about the National Heart Disease and Stroke Prevention Program and WISEWOMEN program priority areas and how to address them?
 - Yes
 - No

Please explain:

4. In general, did this year's training increase your **skills** for carrying out capacity-building activities or interventions for the National Heart Disease and Stroke Prevention Program and WISEWOMEN program priority areas?
 - Yes
 - No

Please explain:

5. In general, did this year's training increase your **knowledge** about policy and system changes for Heart Disease and Stroke Prevention?

- Yes
 No

Please explain:

6. In general, did this year's training increase your **knowledge** related to program evaluation?

- Yes
 No

Please explain:

7. In general, did this year's training increase your **skills** (e.g. survey or logic model development) related to program evaluation?

- Yes
 No

Please explain:

8. In general, were the activities included in the sessions useful?

- Yes
 No
 None of the sessions I attended included an activity

Please explain:

9. Were there enough networking opportunities?

Yes

No

How could network opportunities be enhanced?

10. Please list a topic that you would like to have included in next year's training.

Please describe a specific skill about that topic you would like to learn.

11. Please provide any additional comments or suggestions for improvement in the annual training that the Division for Heart Disease and Stroke Prevention provides.

Roundtables:

Please check the boxes in response to the following question:

To what extent did the two Roundtable sessions you participated in:

	Very much	Somewhat	Not much	Not at all
Meet your expectations				
Increase your knowledge on the topic				
Provide you with skills to apply the knowledge in your job				

Please explain:

Plenary Sessions:

Plenary 1: Heart Disease and Stroke Prevention: Science-Connection-Action

Did the information provided during this plenary session enhance your understanding of the National and State programs' needs?

- Yes
- No

Please explain:

Plenary 2: Panel Discussion Health Care Quality Improvement Initiatives: What are they and what differences do they make?

Did the information provided during this plenary session enhance your understanding of quality improvement issues in health care?

- Yes
- No

Please explain:

Plenary 3: Worksite Chronic Disease Prevention Programs; the Intersection with Health Care?
*****Not Applicable for WISEWOMEN Participants*****

Did the information provided during this plenary session enhance your understanding of how to address heart disease and stroke prevention in worksite settings?

- Yes
- No

Please explain:

Thank you for taking the time to share your thoughts and suggestions with us!

Table 4 – Workshop Evaluation Form

**2008 National Institute for Heart Disease and Stroke Prevention
Atlanta, GA
September 9-11, 2008
Workshop Evaluation**

Date: _____

Session Time: _____

Workshop Session: _____

Please answer the following questions based on the workshop attended.

1. What did you like most about today's workshop?

2. What did you learn during the workshop?

3. How do you plan to utilize the information from the workshop on your job?

4. What would make the workshop more useful?

If you would like to be contacted to provide more feedback about this year's workshops please fill out your contact information below.

Name: _____ Email: _____

Phone: _____

Thank you for taking the time to share your thoughts and suggestions with us!

Table 5 – Networking Session Evaluation Form

**2008 National Institute for Heart Disease and Stroke Prevention
Atlanta, GA
September 9-11, 2008
Strategic Networking Session Evaluation**

Date: _____

Session Time: _____

Networking Session: _____

Please respond to the following questions based on the workshop attended.

1. What did you like most about today's networking session?

2. What value does the information discussed during the networking session have for you?

3. How do you plan to utilize the information from the networking session on your job?

4. How would you improve networking sessions for future trainings?

If you would like to be contacted to provide more feedback about this year's networking session please fill out your contact information below.

Name: _____ Email: _____

Phone: _____

Thank you for taking the time to share your thoughts and suggestions with us!