

**CDC's Heart Disease and Stroke Prevention Annual Grantee Meeting
September 14–17, 2009**

Evaluation Report

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

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Executive Summary

CDC's Heart Disease and Stroke Prevention (HDSP) Annual Grantee Meeting – 2009 was held September 14–17, 2009, at the Crowne Plaza Ravinia in Atlanta, Georgia. Invited participants included:

- State HDSP program managers, epidemiologists, and evaluators (2 per State)
- Stroke Network coordinators (1 per Network)
- Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) State and Tribal program staff
- Paul Coverdell National Acute Stroke Registry (Coverdell) staff
- “Yet-to-be funded” State and Territory chronic disease representatives (1 per State/Territory)
- Mississippi Delta Health Collaborative
- American Heart Association (AHA) national and regional staff

Other participants were:

- National Association of Chronic Disease Directors (NACDD) Cardiovascular Health (CVH) Council staff
- Centers for Disease Control and Prevention (CDC), Division of Heart Disease and Stroke Prevention (DHDSPP) staff

An evaluation form was distributed to each participant in each plenary, mini-plenary, workshop, and networking session. An overall evaluation form was provided to all participants in their meeting booklet and was available online after the meeting. The overall evaluation provided participants with the opportunity to comment on the roundtables and demonstrations, the grantee exchange, the networking session, as well as gains in specific program knowledge and skills, logistics, topics for next year's Annual Grantee Meeting, and on the 2009 meeting in general.

Overall

There were 335 registered participants at the 2009 Annual Grantee meeting. Of these registered participants, 159 (48%) completed the overall evaluation form. Approximately 48% were submitted by state HDSP Program staff (includes “yet-to-be funded” states), 22% were submitted by Centers for Disease Control and Prevention (CDC) staff, 19% were submitted by WISEWOMAN staff, 5% were submitted by Coverdell staff, and 4.6% were submitted by American Heart Association (AHA) staff.

Response to CDC's Heart Disease and Stroke Prevention Annual Grantee Meeting – 2009 was overwhelmingly positive, with some participants describing it as the best training they had attended. A majority of the respondents reported the meeting increased their knowledge of the National HDSP program priorities (85%) and reported that they had increased their skills as a result of the meeting (81%). Some respondents reported the meeting had increased their knowledge of the WISEWOMAN program's goals and objectives and their knowledge of the Coverdell program goals and objectives (27% and 26%, respectively).

Workshops

Respondents fully or partially completed a total of 540 workshop evaluations forms, recording their impressions of workshops and providing suggestions for improving workshops. They were also asked to assess the degree to which learning objectives were met and to list specific actions they would take to apply what they learned. There were 44 distinct workshop sessions. In 12 workshop sessions, all the respondents either agreed or strongly agreed that the workshops' activities were useful. In 14 of the workshop sessions, all respondents either agreed or strongly agreed that the workshops met their expectations. In seven workshop sessions, all the respondents either agreed or strongly agreed that they could apply what they learned. In 15 workshop sessions, all respondents either agreed or strongly agreed that they were motivated to apply what they learned.

Respondents provided self-assessments of pre- and post-knowledge regarding session-specific objectives. Most workshop respondents reported an increase of post-training knowledge over pre-training knowledge. The top three *areas* from the workshops that respondents indicated they would use the most on the job included evaluation (tools, plan development), coalition and partnerships (building, evaluating), and data (collection, interpretation). The top three *actions* respondents planned to take to apply what they learned included sharing (take back information, pass information along), using evaluation-related items (tools, plan, evaluating partnerships), and discussion (take back information acquired to generate discussions for next steps).

Roundtables/Demonstrations

In the overall evaluation, respondents were asked a couple of questions about the extent to which the Roundtables and Demonstrations session met their expectations and about the the degree to which the session increased their knowledge on the topic presented. A total of 136 respondents completed the question about the extent to which the Roundtables and Demonstrations session met their expectations, and a total of 133 respondents completed the question about the degree to which the Roundtables and Demonstrations increased their knowledge on the topic presented. More than half (51%) of the respondents agreed the Roundtable and Demonstrations met their expectations, while slightly fewer (45%) agreed their knowledge had increased as a result of attending their selected Roundtables or Demonstrations.

Grantee Exchange

In the overall evaluation, respondents were asked a couple of questions about the extent to which the grantee exchange session met their expectations and about the the degree to which the demonstrated products increased their knowledge on the topic presented. A total of 130 respondents completed the question about the extent to which the grantee exchange session met their expectations, and a total of 126 respondents completed the question about the degree to which the demonstrated products increased their knowledge on the topic presented. Over half (58%) of the respondents felt the grantee exchange met their expectations.

Networking Session

Respondents fully or partially completed 136 networking session evaluations. The respondents felt the facilitators were well prepared and the session was engaging. When networking participants were asked what they liked most about the session, responses generally fell into three categories:

1. Hearing about successes and challenges among the states,
2. Sharing ideas on program integration, and
3. Engaging in open discussion.

Participants were asked what actions they planned to take to apply information from the networking session on their jobs. Respondents replied that they intended to increase integration to some degree, contact other participants and states to further discuss integration efforts, and share information learned with partners, peers, and management.

Introduction

CDC's Heart Disease and Stroke Prevention Annual Grantee Meeting was held September 14–17, 2009, at the Crowne Plaza Ravinia Hotel in Atlanta, Georgia. It was sponsored by the CDC's Division for Heart Disease and Stroke Prevention (DHDSPP) for staff from its grantee programs and partners. Grantee programs include:

- National Heart Disease and Stroke Prevention (NHDSP)
- Stroke Networks
- Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN)
- Paul Coverdell National Acute Stroke Registry (Coverdell)
- Mississippi Delta Health Collaborative

Partners include:

- American Heart Association (AHA)
- National Association of Chronic Disease Directors (NACDD) CVH Council

Other invited participants were:

- “Yet-to-be funded” states
- DHDSPP staff

The vision statement for this meeting was “To increase awareness, knowledge, and skills of the public health workforce to address heart disease and stroke prevention and control on a national and state level.”

The purpose of the 2009 meeting was to:

1. Provide current state-of-the-art information on crosscutting/big picture priority issues related to heart disease and stroke;
2. Provide workshops that support grantee program priority areas and competencies necessary in carrying out FOA parameters;
3. Enhance attendees' expertise to address program priority areas with skill-building activities and practice sessions in workshops;
4. Promote synergy among programs and foster networking and collaborative opportunities among attendees through roundtables and group discussions;
5. Orient new program managers and staff to management and strategic planning skills relevant to their cooperative agreement;
6. Provide opportunities for business meetings of organizations such as the CVH Council, Stroke Networks, partner organizations, and sessions appropriate for categorical program issues.

There were 335 registered participants for the three and one-half days of training and meetings, including program-specific meetings and a NHDSP Program Orientation. Plenary and mini-

plenary sessions were offered to provide current information on crosscutting and big picture priority issues related to heart disease and stroke prevention. Four- and two-hour workshops provided skill building activities to address program priority areas. A networking session provided opportunities to develop working relationships and dialogue between DHDSP funded programs. Roundtables and demonstrations were informal, interactive sessions to promote synergy among programs and foster networking opportunities. The grantee exchange was a time for participants to showcase products developed by specific programs or in collaboration with other grant-funded programs.

An evaluation form was distributed to each participant during plenary and mini-plenary sessions (except Plenary 3, due to a change in speaker), workshop and networking sessions. Participant assessment of the meeting location, amenities and the roundtables, demonstrations, and grantee exchange were collected on an overall evaluation form included in the meeting booklet and available online after the meeting.

Of the 335 attendees, 159 respondents completed or partially completed overall evaluations. Respondents fully or partially completed 261 plenary, 114 mini-plenary, 540 workshop, and 136 networking session evaluations. Overall, response to CDC's Heart Disease and Stroke Prevention Annual Grantee Meeting – 2009 was overwhelmingly positive.

This report is organized on the basis of the responses provided by meeting participants on overall, plenary, mini-plenary, workshop, and 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.








In this report, the terms *most*, *some*, and *few* are used to describe the response rates. *Most* means more than 50% of the responses, *some* means 30%–50% of the responses, and *few* means less than 30% of the responses.

From this point forward, the term *participant* is used to describe individuals who attended the meeting and *respondent* is used to describe individuals who submitted an evaluation form.

Demographics

Respondents to the meeting evaluation represented four of the five grantee programs, and AHA and DHDSP staff. See the table below for the number of respondents to the overall evaluation by affiliation.

Overall Evaluation Respondents by Program Affiliation

		Response Total	Response Percent
Funded State: Capacity Building		44	27%
CDC		35	22%
WISEWOMAN Program		29	18%
Funded State: Basic Implementation		25	15%
Other		14	9%
Coverdell Program		8	5%
Yet-to-be Funded State		6	4%
Total Respondents		161	

Most of the respondents had been in their positions less than five years, with many reporting less than two years on the job.

Plenary Sessions

All plenary sessions were 1.5 hours and were held on Tuesday, Wednesday, and Thursday mornings. The following is a list of plenary sessions:

- Plenary 1: *Chronic Disease: 2010 and Beyond*
- Plenary 2: *Hypertension: Why is it so hard to control and what can we do about it?*
- Plenary 3: *Strategic Directions for CDC: Changes and Challenges*

Plenary respondents were asked to rate their agreement with the following statements:

1. The presenter(s) was well prepared.
2. The presenter(s) effectively presented information.
3. I found the plenary to be useful.
4. The plenary met my expectations.
5. The length of the plenary was just right.
6. I am motivated to apply what I learned.
7. I can apply what I learned.

Plenary respondents were also asked to provide any additional comments regarding this plenary. (See Appendix 6, Figure 2, for a copy of the plenary evaluation.)

There was a change in the presenter for Plenary 3; therefore, an evaluation form was not distributed.

Results

Plenary 1

Most Plenary 1 respondents strongly agreed the presenter was well prepared (66%). Some respondents indicated the session met their expectations (32%). Some respondents also indicated the information was presented effectively (48%) and the information was useful (37%).

Respondents were asked to assess the degree to which the following session learning objectives were met:

1. Share updates from the Division for Heart Disease and Stroke Prevention.
2. Describe the vision for CDC's National Center for Chronic Disease Prevention and Health Promotion in the coming years.

The majority of respondents agreed the learning objectives for this session were met (80%). Some respondents strongly agreed they were motivated, and a few agreed that they were able to apply what they learned (30% and 28%, respectively). (See Appendix 1, Table 1, for specific response rates on learning objectives, application, and motivation for Plenary 1.) Respondents' comments indicated that this session seemed too long and repetitive and therefore was not effective in motivating them to apply what they had learned.

Plenary 2

The vast majority of Plenary 2 respondents agreed the presenters were well prepared (96%) and presented the information effectively (89%). Most thought the information presented was useful (88%) and met expectations (82%). Response to the length of the session was mixed: 60% either agreed or strongly agreed that 1.5 hours was just right, while 24% disagreed and 15% remained neutral on this subject.

Respondents were asked to assess the degree to which session learning objectives were met. Respondents indicated whether the plenary helped them to:

1. Review recent data on the awareness, treatment, and control of hypertension.
2. Gain an understanding of the barriers to hypertension control at a population level.
3. Learn about barriers to treatment and control for the American Indian population.
4. Learn about concrete strategy ideas for moving the science into action and policy.

In the main, respondents agreed that objectives 1 and 3 were met (90% and 88%, respectively). Ratings for objectives 2 and 4 were not as high but were still strongly on the positive side (80% and 77%, respectively).

Most respondents either agreed or strongly agreed that they were motivated and able to apply what they had learned (84% and 73%, respectively). Many respondents commented that there were too many speakers for the time given (See Appendix 1, Table 2, for specific response rates on learning objectives, application, and motivation for Plenary 2.)

Mini-Plenary Sessions

Four simultaneous mini-plenary (MP) sessions were held on Wednesday afternoon; participants had the opportunity to attend one of the following one-hour sessions:

- MP 34: *Public Health Policy: Challenges and Opportunities*
- MP 35: *Cardiovascular Disease Surveillance: Developing and Enhancing Systems at the National and State Level*
- MP 36: *State of the Indicators Address (overview session)*
- MP 37: *Importance of Social Determinants Impact on Health*

Mini-plenary respondents were asked to rate their agreement with the following statements:

1. The presenter(s) was well prepared.
2. The presenter(s) effectively presented information.
3. I found the mini-plenary to be useful.
4. The mini-plenary met my expectations.
5. The length of the mini-plenary was just right.
6. I am motivated to apply what I learned.
7. I can apply what I learned.

Respondents were also asked to provide any additional comments regarding this mini-plenary. (See Appendix 6, Figure 3, for a copy of the mini-plenary evaluation.)

Results

Because most of the responses for the mini-plenary sessions were positive, the results reported here focus mainly on respondents who strongly agreed with the statements asked.

MP 34: Public Health Policy: Challenges and Opportunities

Most respondents from MP 34 strongly agreed the presenters were well prepared and effectively presented the information (61% and 58%, respectively). Some of the respondents strongly agreed the mini-plenary was useful, met their expectations, and was the right length (39%, 32%, and 49%, respectively). A few respondents commented the session was too short.

Participants in MP 34 assessed the degree to which the session enabled them to achieve the following objectives:

1. Explore the concept of aligning efforts with broader policy or social movements to capitalize on momentum and extend effectiveness of efforts.
2. Learn about specific policy intervention strategies.

Most respondents either strongly agreed or agreed the session helped them achieve the objectives (90% and 87% for objectives 1 and 2, respectively).

Most of the respondents agreed they were motivated (87%) and could apply what they had learned (67%). (See Appendix 2, Table 3, for specific response rates on learning objectives, application, and motivation for MP 34.)

MP 35: Cardiovascular Disease Surveillance: Developing and Enhancing Systems at the National and State Level

Data from MP 35 revealed that most respondents strongly agreed with each of the following statements regarding the presenter and session:

1. The presenter was well prepared. (71%)
2. The presenter effectively presented information. (71%)
3. I found the mini-plenary to be useful. (62%)
4. The mini-plenary met my expectations. (52%)
5. The length of the mini-plenary was just right. (55%)

Most of the respondents commented that they found the session to be useful, interesting, and thought-provoking.

Respondents to the MP 35 evaluation rated their agreement on whether the mini-plenary helped them achieve the following objectives:

1. Understand gaps in CVD surveillance.
2. Understand the role states play in addressing surveillance gaps.
3. Become familiar with CDC's Data Trends & Maps website.

Respondents agreed the session helped them to understand gaps in CVD surveillance (91%) but were less positive about how the session addressed the role states play in addressing surveillance gaps (78% agreed the objective was met while 21% disagreed or were neutral). However, most respondents agreed the session helped them to become familiar with CDC's Data Trends & Maps website (94%).

Data from the MP 35 evaluation revealed that most respondents agreed they were motivated to apply what they had learned (91%) and that they were able to apply their knowledge (90%). (See Appendix 2, Table 4, for specific response rates on learning objectives, application, and motivation for MP 35.)

MP 36: State of the Indicators Address (overview session)

Regarding presenter(s), most MP 36 respondents strongly agreed the presenters were well prepared (57%); however, only some strongly agreed the presenters effectively presented the information (46%). Respondents suggested the presentation would be more effective if key materials were available at the time of presentations. With regard to the session, most respondents agreed or strongly agreed the session was useful (93%), met their expectations (78%), or was the appropriate length (93%).

Respondents were asked to rate their agreement on whether the mini-plenary helped them achieve the following objectives:

1. Describe the purpose and process of the High Blood Pressure Indicators Community of Practice.
2. Understand how to use the “Indicators” website.
3. Understand expectations related to the HDSP indicators.

Most respondents either agreed or strongly agreed the session helped them accomplish the learning objectives (93%, 100%, and 100%, respectively for objectives 1, 2, and 3).

MP 36 respondents agreed they were motivated (85%) and able to apply what they had learned (100%). (See Appendix 2, Table 5, for specific response rates on learning objectives, application, and motivation for MP 36.)

MP 37: Importance of Social Determinants Impact on Health

Those responding to the evaluation for MP 37 strongly agreed the presenter was well prepared (71%), but just half thought the presenter had effectively presented the information (50%). Most strongly agreed that the mini-plenary was useful and an appropriate length (54% and 50%, respectively); however, only some of the respondents strongly agreed it met their expectations (43%).

Respondents to the evaluation for MP 37 rated their agreement on whether the mini-plenary helped them achieve the following objectives:

1. Define and differentiate between the three terms: social determinants of health, health equity, and health disparity.
2. Analyze examples provided and determine if each is an example of health inequity, or a health disparity.
3. Learn about three examples of successful efforts that address social determinants of health, health equity, or health disparities.

Overall, respondents had positive opinions about the learning objectives. Most agreed the session helped them accomplish the learning objectives (75%, 74%, and 71% for objectives 1, 2, and 3, respectively).

Most MP 37 respondents agreed with the statements that they were motivated and able to apply what they had learned (82% for each). (See Appendix 2, Table 6, for specific response rates on learning objectives, application, and motivation for MP 37.)

Workshop Sessions

There were 33 workshop (WK) sessions, which were offered on Tuesday and Wednesday. Four were 4-hour sessions (indicated by an *); eleven were 2-hour, repeated sessions (indicated by AB); and eighteen were 2-hour sessions. (See Appendix 3, Table 7, for a list of workshop sessions.)

Respondents fully or partially completed a total of 540 workshop evaluations that assessed their reactions to the workshop (instructor and logistics) and the impact on their learning by reporting the degree to which the training met its learning objectives. Respondents were asked to provide

suggestions for improving the workshop and list specific actions they would take to apply what they learned. Respondents were also asked to report the degree to which they understood and were motivated to apply what they learned. (See Appendix 6, Figure 4, for a copy of the workshop evaluation.)

Results

Instructors and Logistics

To determine reaction to the instructor(s) and logistics, workshop participants were asked to indicate their level of agreement with the following items:

1. The instructor(s) effectively facilitated participation.
2. The workshop's length was just right.
3. The workshop's activities were useful.
4. The workshop met my expectations.

In looking at the workshops as a whole, some of the respondents agreed or strongly agreed the instructors effectively facilitated participation in the workshop sessions. In about half of the workshop sessions (21 of 44), all the respondents either agreed or strongly agreed the instructors effectively facilitated participation in the workshop sessions. The top five sessions in which respondents strongly agreed the instructor effectively facilitated participation were:

1. Shaping Policy for Health: Understanding the Process* (100%)
2. Chronic Disease Self-Management: What is it? How is it Achieved at the Systems Level? (87%)
3. Evaluating Partnerships for Outcomes (86%)
4. Strengthening the EMS System: EMS Surveys and Using Data to Improve EMS Systems of Care (86%)
5. Using Indicators in Your State – Yes We Can! (83%)

Considering all of the workshops, most of the respondents agreed or strongly agreed the workshops' lengths were just right. Some of the respondents were neutral on the workshops' lengths. Only a few respondents disagreed or strongly disagreed that the workshops' lengths were just right.

Evaluating the workshops collectively, some of the respondents agreed or strongly agreed the workshops' activities were useful. Only a few respondents disagreed or strongly disagreed that the workshops' activities were useful. However, all the respondents in 12 of the workshops either agreed or strongly agreed that the workshops' activities were useful. The top five sessions in which respondents strongly agreed the workshops' activities were useful were:

1. Using Indicators in Your State – Yes We Can! (100%)
2. Shaping Policy for Health: Understanding the Process* (100%)
3. Telestroke (100%)
4. Cardiac Arrest Registry to Enhance Survival (CARES): The Role of States in Improving the Chain of Survival (77%)
5. NEMSIS for State Public Health (77%)

In looking at the workshops as a whole, some of the respondents either agreed or strongly agreed that the workshops met their expectations. Only a few respondents disagreed or strongly disagreed that the workshops met their expectations. All the respondents in 14 workshops either agreed or strongly agreed that the workshops met their expectations. The sessions in which respondents strongly agreed that the workshops met their expectations the most are:

1. Shaping Policy for Health: Understanding the Process* (86%)
2. Cardiac Arrest Registry to Enhance Survival (CARES): The Role of States in Improving the Chain of Survival (77%)
3. NEMSIS for State Public Health (77%)
4. Innovative Strategies for Planning, Monitoring, and Evaluating Health Communication and Media Campaigns* (73%)
5. Chronic Disease Self-Management: What is it? How is it Achieved at the Systems Level? (73%)

Learning Objectives

Workshop session evaluations were objective-specific. Participants provided self-assessments of pre- and post-training knowledge about the specific objective. Most respondents reported an increase of post-training knowledge over pre-training knowledge, which signifies a positive impact. Individual workshop results will be provided upon request.

Application and Motivation

For application and motivation, participants were asked to indicate their level of agreement with the following items:

1. I can apply what I learned.
2. I am motivated to apply what I learned.

In looking at the workshops as a whole, most of the respondents agreed or strongly agreed that they could apply what they learned. In seven workshop sessions, all the respondents either agreed or strongly agreed that they could apply what they learned. Some of the respondents were neutral about being able to apply what they learned. Only a few respondents disagreed or strongly disagreed, indicating that they could not apply what they learned. The five top sessions in which respondents strongly agreed they could apply what they learned were:

1. Shaping Policy for Health: Understanding the Process (67%)
2. Innovative Strategies for Planning, Monitoring, and Evaluating Health Communication and Media Campaigns* (60%)
3. Building & Sustaining Effective Partnerships (60%)
4. Effective Interventions, Strategies, and Promising Practices in Health Care (60%)
5. Evaluating Partnerships for Outcomes (57%)

Considering the workshops as a whole, most of the respondents agreed or strongly agreed that they were motivated to apply what they learned. In 15 workshop sessions, all the respondents either agreed or strongly agreed that they were motivated to apply what they learned. Only a few respondents were neutral, disagreed, or strongly disagreed about being motivated to apply what

they learned. The five top sessions in which respondents strongly agreed that they were motivated to apply what they learned were:

1. Innovative Strategies for Planning, Monitoring, and Evaluating Health Communication and Media Campaigns* (73%)
2. Building & Sustaining Effective Partnerships (73%)
3. Shaping Policy for Health: Understanding the Process* (67%)
4. Ultra-Brief Personal Action Planning (UB-PAP) and Motivational Interviewing: A Comprehensive Approach in Activation and Behavior Change in the Clinical Setting (61%)
5. The Role of Public Health in Cardiac and Stroke Rehabilitation (60%)

Reaction

Respondents were provided during the workshops with content and tools to take back to their jobs. They were asked what *ideas* they would use most on their jobs and what *action* they would take to apply what they had learned. The top three *concepts* from the workshops that respondents learned and will most likely use on their jobs include:

1. Evaluation – plan development, tools (18 references from 9 different workshops)
2. Coalition and partnerships – building, evaluating (17 references from 10 different workshops)
3. Data – collection, interpretation (12 references from 7 different workshops)

Comments from the majority of the respondents indicated they will use the evaluation ideas from the workshops the most on their jobs. Evaluation concepts mentioned in the workshops included evaluation planning, using evaluation tools acquired in the workshops, and how to conduct an evaluation with limited resources.

Some respondents indicated they will use coalition and partnership ideas on their jobs. Coalition and partnership concepts mentioned in the workshops' evaluation included coalition and partnership building, evaluating existing partnerships, and identifying additional partners.

The comments also showed that respondents plan to use data collection and interpretation ideas. Respondents commented that they learned how to collect data and how to use it for program management.

The top three *actions* that respondents planned to take in order to apply what they had learned included:

1. Information sharing (16 references from 21 different workshops)
2. Applying evaluation strategies and tools (21 references from 8 different workshops)
3. Discussions with others (15 references from 13 different workshops)

Comments from the majority of the respondents indicated they planned to share the information from the workshops with other state staff, partners, and colleagues who can benefit from them. Some said they would pass the information along to management to include in program planning. The comments also showed that the respondents would apply the evaluation tools

acquired from the workshops, i.e., templates and tips on connecting the logic model to evaluation plans. Comments also indicated that respondents planned to discuss information acquired from the workshops with management, staff, partners, and colleagues to facilitate conversations about next steps for interventions.

Roundtable and Demonstration Sessions

Various informal, interactive roundtable and demonstration sessions were offered on Thursday morning. See Appendix 4, Table 8, for a list of topics presented. These sessions were each offered twice in 45-minute rounds, and participants were able to select up to two sessions to attend. Roundtables were held in a central location for interactive discussion, while demonstrations were held in separate rooms to show websites, databases, or tools.

A total of 136 respondents completed the question on the overall evaluation form about the extent to which the roundtable sessions met their expectations, and a total of 133 respondents completed the question about the extent to which their knowledge on the presented topics increased. More than half (51%) of the respondents agreed the sessions met their expectations; however, slightly fewer (45%) agreed their knowledge had increased as a result of attending their selected sessions.

Some respondents noted the topics selected were informative. These sessions were quite popular and some respondents wanted additional opportunities to attend more of the sessions offered. Many respondents commented that there were too many roundtables in one room, contributing to high noise levels and overcrowding.

Grantee Exchange

The grantee exchange was an interactive, networking opportunity for states to showcase their products. Highlighted products included those developed by specific programs or collaborative efforts by several grant-funded programs. The CVH Council and AHA also recognized notable achievements and accomplishments during this session.

On the overall evaluation, respondents answered questions about the extent to which the grantee exchange met their expectations and to what degree the demonstrated products increased their knowledge. Over half (58%) of the respondents felt the grantee exchange met their expectations, but fewer than half (46%) felt the session increased their knowledge about the topics represented by the showcased products.

Comments for the grantee exchange focused on the desire for more time to see more products and talk with others about them. Respondents also commented about having the award ceremony at the end instead of the middle of the session.

Networking Session

The networking session was intended to promote development of working relationships between DHDSP-funded programs. Participants were divided into twelve groups for the networking session. The groups included participants from state health departments, WISEWOMAN,

Coverdell, Stroke Networks, and the Mississippi Delta Health Collaborative, as well as other state health department staff from “yet-to-be funded” states, AHA staff and NACDD/CVH Council staff. Participants shared information on current activities that address chronic disease program integration and discussed ways to further promote collaboration and integration. (See Appendix 6, Figure 5, for a copy of the networking evaluation.)

Facilitator(s) and Logistics

Respondents in each networking group were asked to rate their level of agreement with the following statements:

1. The facilitator(s) was well prepared.
2. The session’s length was just right.
3. I found the session to be engaging.

The respondents felt the facilitators were well prepared for the networking session. There was no consensus among the networking groups concerning the session’s length. Overall, most of the respondents felt the networking session was engaging.

Reaction

When participants were asked what they liked most about the networking session, their responses generally fell into three categories:

1. Hearing about successes and challenges among the states
2. Sharing ideas on program integration
3. Engaging in open discussion

In terms of what they liked least, some respondents were frustrated with integration-related issues. Tribal organization respondents commented that it was hard for their programs to integrate with state programs. Other respondents commented about sitting through another integration discussion with no resolution of what integration is.

Respondents also expressed concerns with the following:

1. Timing. Some respondents felt the session was scheduled too late in the day, while others felt there was not enough time for discussion.
2. Structure. Some respondents indicated the session was too structured and too formal. Comments also indicated the intent for the session was good, but another method of getting people to share information may need to be explored.
3. Room set-up. Some respondents felt the configuration of the tables in one room did not lend itself to dialogue and recommended horseshoe-type seating. Others felt some of the rooms were too large, with unoccupied tables and chairs. The temperature of the rooms was too cold for several respondents.

When asked what actions they planned to take to apply information from the networking session on their jobs, several respondents came away from the session with plans to increase integration to some degree. Respondents also planned to contact other participants and states to further

discuss their integration efforts. Others planned to follow up with staff within their own programs to implement ideas discussed during the networking session. The session generated ideas for several respondents, and they noted they would share the information they learned with partners, peers, and management.

Overall Evaluation Results

On Knowledge and Skills

Participants were asked to rate their level of agreement regarding to what degree their overall knowledge and skills about these specific areas had increased as a result of the training:

- National Heart Disease and Stroke Prevention (NHDSPP) Program priorities
- WISEWOMAN Program goals and objectives
- Coverdell Program goals and objectives

Most respondents either strongly agreed or agreed their knowledge had increased in the area of National Heart Disease and Stroke Prevention Program priorities (85%) and that their skills had increased as a result of the meeting (81%). In the case of WISEWOMAN and Coverdell Program goals and objectives, some respondents felt that they had increased their knowledge and skills in those specific programs (27% and 26%, respectively). (See Appendix 5, Table 10, for specific response rates related to increase of knowledge and skills, and Appendix 8, Figure 1, for a copy of the Overall Evaluation.)

On Logistics

Participants were asked whether they agreed that the length of the training was appropriate and how conducive the facilities were for learning. Most of the respondents (79%) agreed or strongly agreed that the length of the training was just right; however, fewer (63%) agreed that the facilities were conducive to learning in terms of lighting, temperature control, and seating. Many respondents felt that the rooms were too cold (60 references), and some thought that the seating arrangements could have been different for some sessions (12 references), particularly for the groups in the networking session.

Additional Overall Comments

Respondents were given the opportunity to provide additional comments regarding the training. Many respondents expressed appreciation for the opportunity to attend the training and gave compliments for the planning work involved. One was particularly impressed with the willingness of the CDC staff to be receptive and hear ideas from state staff.

Respondents also commented on the format of sessions, on the facilities and amenities, and on the meeting materials. Comments were extremely positive and included a few suggestions that will be considered for next year's meeting.

Recommendations for Future Training Topics

The overall evaluations provided participants with the opportunity to suggest topics to be included in future meetings. The following is a list of topics respondents noted, beginning with the most mentioned and ending with the least mentioned.

1. Collaboration and integration
2. Policy and system change
3. Behavior change
4. Evaluation
5. Leveraging resources
6. Partnership
7. Sodium-hypertension
8. WISEWOMAN
9. Future directions of CDC
10. Disparities and health inequalities
11. Surveillance registries
12. EMS
13. GIS
14. Quality improvement
15. Epidemiology
16. Rural perspective
17. Worksite
18. Chronic disease self-management
19. CVD cost
20. DHDSP tools

The top three topics suggested for inclusion in future meetings were collaboration and integration, policy and system change, and behavior change.

1. Collaboration and integration. Respondents commented that they would like to see more on program integration at the state level, how to balance the goals of integration with program-specific goals, and highlights on how HDSP and WISEWOMAN programs are collaborating with each other. Respondents also indicated that they wanted to see practical examples of integration and collaboration.
2. Policy and system change. Respondents commented that they wanted to hear from the stakeholders with whom they are challenged to work— policy makers, health plans, health systems, and major employers—to get their perspective on HDSP-related policy and system change. Many respondents also indicated that they wanted to hear about initiatives for policy and system changes for sodium reduction.
3. Behavior change. This includes lifestyle interventions and how to overcome barriers. Respondents would like to hear more on how to overcome barriers to reach disparate populations (not just define them), how to move people to behavioral change, best practices in providing intervention that meet state licensure laws and rules, and presenting interventions that go beyond tips and techniques.

Summary of Findings and Recommendations

Plenary Sessions

The assessment of plenary evaluations indicates participants find plenary information beneficial and useful.

Recommendation: Provide high-energy, motivational plenary sessions.

Mini-Plenary Sessions

Overall, respondents thought the mini-plenary sessions were inspirational and thought-provoking. A few mini-plenary respondents felt that the sessions were too short.

Recommendation: Continue mini-plenary sessions at next year's meeting.

Workshop Sessions

The workshop sessions were evaluated positively by the respondents. With regard to the speakers, most respondents commented that they felt the session presenters were well informed, organized, knowledgeable, and easy to listen to. Some commented that they particularly liked hearing professional, outside speakers. Some respondents felt that the sessions were too long (e.g., could have been 90 minutes and could have had a mid-point break). Respondents expressed the need for more group activities and more question-and-answer sessions. Respondents also expressed the desire to have opportunities to attend more breakout sessions or have fewer breakout sessions, repeated more frequently.

Recommendations: Provide professional, outside speakers; either shorten sessions to 90 minutes or provide a mid-point break if kept at 2 hours; provide more group activities and more time for questions in the sessions; provide fewer repeated sessions.

Roundtables and Demonstrations

Most respondents thought the roundtables and demonstrations met their expectations and provided good information. The roundtables and demonstration sessions were popular, and some respondents expressed the desire for more of these sessions and wanted additional opportunities to attend more sessions. Although most of the comments were very positive, some respondents suggested changes to logistics of the meeting rooms for the roundtables to reduce the noise level and the crowd (e.g., reduce the number of roundtables in a room, provide more space).

Recommendations: Explore the possibility of more than two 45-minute sessions to allow participants to attend more sessions; reduce the number of roundtables in a room or provide more space in efforts to reduce the noise level.

Grantee Exchange

Comments for improvement focused on the desire for more time to see more products and having the recognition ceremony at the end.

Recommendation: Continue the grantee exchange but explore the possibility of extending the time available to view products.

Networking Session

Many respondents expressed enthusiasm and appreciation that the networking session had been offered. Respondents appreciated the opportunity to hear the success and challenges among the states, share ideas on program integration, and engage in open discussion.

Many respondents found the session to be helpful but also offered some suggestions for improvement. Suggestions primarily focused on timing (e.g., too late in the day and not enough time for discussion), structure (e.g., too structured, need different format, and group configurations), and room set-up (have rooms configured for group dialogue, i.e., u-shaped).

Recommendation: Explore different formats such as making the session less structured; vary group configurations; schedule earlier in the day; and allow more time for discussion.

Overall





















Overall, response to CDC's Heart Disease and Stroke Prevention Annual Grantee Meeting – 2009 was overwhelmingly positive. Many respondents expressed appreciation for the opportunity to attend the training and gave compliments for the planning work involved. One of the respondents was particularly impressed with the willingness of the CDC staff to be receptive and hear ideas from state staff.

In conclusion, CDC's Heart Disease and Stroke Prevention Annual Grantee Meeting continues to receive extremely high ratings from its participants. Results of these evaluations show that the purposes of the 2009 meeting were fulfilled. Participants find this time to network, learn from other programs, interact with CDC staff, and meet people from other grantee programs to be invaluable in increasing knowledge of heart disease and stroke prevention and increasing skills to implement more effective interventions.

Appendix 1 – Plenary Session Evaluations

Plenary 1

Table 1 – Learning Objectives, Application, and Motivation

Share updates from the Division for Heart Disease and Stroke Prevention			
		Response Total	Response Percent
STRONGLY DISAGREE		1	1%
DISAGREE		3	3%
NEUTRAL		17	17%
AGREE		46	46%
STRONGLY AGREE		34	34%
		Total Respondents	101
Describe the vision for CDC's National Center for Chronic Disease Prevention and Health Promotion in the coming years			
		Response Total	Response Percent
STRONGLY DISAGREE		2	2%
DISAGREE		1	1%
NEUTRAL		17	17%
AGREE		40	39%
STRONGLY AGREE		42	41%
		Total Respondents	102
I am motivated to apply what I learned			
		Response Total	Response Percent
STRONGLY DISAGREE		1	1%
DISAGREE		6	6%
NEUTRAL		25	25%
AGREE		39	39%
STRONGLY AGREE		30	30%
		Total Respondents	101
I can apply what I learned.			
		Response Total	Response Percent
STRONGLY DISAGREE		1	1%
DISAGREE		6	6%
NEUTRAL		24	24%
AGREE		41	41%
STRONGLY AGREE		28	28%
		Total Respondents	100

Plenary 2

Table 2 – Learning Objectives, Application, and Motivation





















Review recent data on the awareness, treatment and control of hypertension.			
		Response	Response
		Total	Percent
STRONGLY DISAGREE		2	1%
DISAGREE		2	1%
NEUTRAL		13	8%
AGREE		77	49%
STRONGLY AGREE		64	41%
Total Respondents		158	
Gain an understanding of the barriers to hypertension control at a population level.			
		Response	Response
		Total	Percent
STRONGLY DISAGREE		3	2%
DISAGREE		9	6%
NEUTRAL		20	13%
AGREE		73	46%
STRONGLY AGREE		53	34%
Total Respondents		158	
Learn about barriers to treatment and control for the American Indian population.			
		Response	Response
		Total	Percent
STRONGLY DISAGREE		2	1%
DISAGREE		2	1%
NEUTRAL		15	10%
AGREE		72	46%
STRONGLY AGREE		66	42%
Total Respondents		157	
Learn about concrete strategy ideas for moving the science into action and policy.			
		Response	Response
		Total	Percent
STRONGLY DISAGREE		3	2%
DISAGREE		8	5%
NEUTRAL		24	15%
AGREE		68	43%
STRONGLY AGREE		54	34%
Total Respondents		157	
















Table 2 (continued) – Learning Objectives, Application, and Motivation

		Response Total	Response Percent
I am motivated to apply what I learned.			
STRONGLY DISAGREE		3	2%
DISAGREE		1	1%
NEUTRAL		20	13%
AGREE		72	46%
STRONGLY AGREE		59	38%
		Total Respondents	155
I can apply what I learned.			
STRONGLY DISAGREE		2	1%
DISAGREE		2	1%
NEUTRAL		35	23%
AGREE		68	44%
STRONGLY AGREE		47	31%
		Total Respondents	154

Appendix 2 – Mini-Plenary Session Evaluations

Mini-Plenary 34: Public Health Policy: Challenges and Opportunities

Table 3 – Learning Objectives, Application, and Motivation

Explore the concept of aligning efforts with broader policy or social movements to capitalize on momentum and extend effectiveness of efforts.				
			Response Total	Response Percent
STRONGLY DISAGREE			0	0%
DISAGREE			1	3%
NEUTRAL			5	13%
AGREE			23	57%
STRONGLY AGREE			11	27%
			Total Respondents	40
Learn about specific policy intervention strategies.				
			Response Total	Response Percent
STRONGLY DISAGREE			0	0%
DISAGREE			1	3%
NEUTRAL			6	15%
AGREE			23	57%
STRONGLY AGREE			10	25%
			Total Respondents	40
I am motivated to apply what I learned.				
			Response Total	Response Percent
STRONGLY DISAGREE			0	0%
DISAGREE			0	0%
NEUTRAL			5	14%
AGREE			24	65%
STRONGLY AGREE			8	22%
			Total Respondents	37
I can apply what I learned.				
			Response Total	Response Percent
STRONGLY DISAGREE			0	0%
DISAGREE			1	3%
NEUTRAL			11	30%
AGREE			19	51%
STRONGLY AGREE			6	16%
			Total Respondents	37

Mini-Plenary 35: Cardiovascular Disease Surveillance: Developing and Enhancing Systems at the National and State Level

Table 4 – Learning Objectives, Application, and Motivation

















Understand gaps in CVD surveillance.		
		Response Total Response Percent
STRONGLY DISAGREE		0 0%
DISAGREE		0 0%
NEUTRAL		3 9%
AGREE		17 50%
STRONGLY AGREE		14 41%
		Total Respondents 34
Understand role states play in addressing surveillance gaps.		
		Response Total Response Percent
STRONGLY DISAGREE		0 0%
DISAGREE		2 6%
NEUTRAL		5 15%
AGREE		14 42%
STRONGLY AGREE		12 36%
		Total Respondents 33
Become familiar with CDC's Data Trends & Maps website.		
		Response Total Response Percent
STRONGLY DISAGREE		0 0%
DISAGREE		0 0%
NEUTRAL		2 6%
AGREE		14 41%
STRONGLY AGREE		18 53%
		Total Respondents 34
I am motivated to apply what I learned.		
		Response Total Response Percent
STRONGLY DISAGREE		0 0%
DISAGREE		0 0%
NEUTRAL		3 9%
AGREE		15 47%
STRONGLY AGREE		14 44%
		Total Respondents 32

Table 4 (continued) – Learning Objectives, Application, and Motivation

I can apply what I learned.		Response Total	Response Percent
STRONGLY DISAGREE		0	0%
DISAGREE		0	0%
NEUTRAL		3	9%
AGREE		19	59%
STRONGLY AGREE		10	31%
Total Respondents		32	

Mini-Plenary 36: State of the Indicators Address (Overview Session)

Table 5 – Learning Objectives, Application, and Motivation













Describe the purpose and process of the High Blood Pressure Indicators Community of Practice.			Response	Response
			Total	Percent
STRONGLY DISAGREE			0	0%
DISAGREE			0	0%
NEUTRAL			1	7%
AGREE			7	50%
STRONGLY AGREE			6	43%
		Total Respondents	14	
Understand how to use the "Indicators" website.			Response	Response
			Total	Percent
STRONGLY DISAGREE			0	0%
DISAGREE			0	0%
NEUTRAL			0	0%
AGREE			8	57%
STRONGLY AGREE			6	43%
		Total Respondents	14	
Understand expectations related to the HDSP indicators.			Response	Response
			Total	Percent
STRONGLY DISAGREE			0	0%
DISAGREE			0	0%
NEUTRAL			0	0%
AGREE			9	64%
STRONGLY AGREE			5	36%
		Total Respondents	14	
I am motivated to apply what I learned.			Response	Response
			Total	Percent
STRONGLY DISAGREE			0	0%
DISAGREE			0	0%
NEUTRAL			2	15%
AGREE			7	54%
STRONGLY AGREE			4	31%
		Total Respondents	13	

Table 5 (continued) – Learning Objectives, Application, and Motivation

		Response	Response
		Total	Percent
I can apply what I learned.			
STRONGLY DISAGREE		0	0%
DISAGREE		0	0%
NEUTRAL		0	0%
AGREE		9	69%
STRONGLY AGREE		4	31%
		Total Respondents	13

Mini-Plenary 37: Importance of Social Determinants Impact on Health

Table 6 – Learning Objectives, Application, and Motivation




















Define and differentiate between the three terms: social determinants of health, health equity, and health disparity.				
			Response Total	Response Percent
STRONGLY DISAGREE			0	0%
DISAGREE			1	4%
NEUTRAL			6	21%
AGREE			12	43%
STRONGLY AGREE			9	32%
			Total Respondents	28
Analyze examples provided and determine if each is an example of health inequity, or a health disparity.				
			Response Total	Response Percent
STRONGLY DISAGREE			1	4%
DISAGREE			0	0%
NEUTRAL			6	22%
AGREE			11	41%
STRONGLY AGREE			9	33%
			Total Respondents	27
Learn about three examples of successful efforts that address social determinants of health, health equity, or health disparities.				
			Response Total	Response Percent
STRONGLY DISAGREE			0	0%
DISAGREE			0	0%
NEUTRAL			8	29%
AGREE			11	39%
STRONGLY AGREE			9	32%
			Total Respondents	28
I am motivated to apply what I learned.				
			Response Total	Response Percent
STRONGLY DISAGREE			1	4%
DISAGREE			0	0%
NEUTRAL			4	14%
AGREE			13	46%
STRONGLY AGREE			10	36%
			Total Respondents	28

Table 6 (continued) – Learning Objectives, Application, and Motivation

I can apply what I learned.		Response Total	Response Percent
STRONGLY DISAGREE		0	0%
DISAGREE		1	4%
NEUTRAL		4	14%
AGREE		13	46%
STRONGLY AGREE		10	36%
		Total Respondents	28

Appendix 3 – Workshop Sessions

Table 7 – List of Workshop Sessions

Tuesday – September 15, 2009	
WK1A*	Advocacy: Demonstrating the Value of Your Program
WK2A*	Implementing a State-Based Stroke Registry: The “Why” and the “How”
WK3A*	Innovative Strategies for Planning, Monitoring, and Evaluating Health Communication and Media Campaigns
WK4AB	Looking for Quality?: An Application of CDC Framework for Program Evaluation and an Interactive Demonstration of How to Assess the Quality of Evaluation Plans and Logic Models
WK5	Program Managers, Epidemiologists, and Evaluators – Yes, We’re on the Same Team
WK6	Building & Sustaining Effective Partnerships
WK7	Using Geographic Information Systems (GIS) to Make an Impact on the Prevention and Treatment of Heart Disease, Stroke and Other Chronic Diseases
WK8AB	Evaluating Measures of Success for Worksite Initiatives
WK9	Family History and Cardiovascular Disease: What Can Genomics Mean to HDSP Grantees?
WK10AB	Health Plan Strategies to Improve Public Health
WK11AB	Unlocking the Door to Access for Cardiovascular Risk Factor Management
WK12AB	The Role of Public Health in Cardiac and Stroke Rehabilitation
WK13	Ultra-Brief Personal Action Planning (UB-PAP) and Motivational Interviewing: A Comprehensive Approach to Activation and Behavior Change in the Clinical Setting
WK14	Evaluating Partnerships for Outcomes
WK15	Cardiac Arrest Registry to Enhance Survival (CARES): The Role of States in Improving the Chain of Survival
WK16	Making the Healthy Choice the Easy Choice: Supporting Healthy Eating and Active Living through Systems Level Approaches
Wednesday – September 16, 2009	
WK17	Stroke Systems of Care (SSoC)
WK18AB	Using Indicators in Your State – Yes We Can!
WK19	Calculating and Using Economic Burden of Cardiovascular Diseases (CVD) for Health Promotion
WK20AB	Moving into the Future: Health Information Technology
WK21A*	Shaping Policy for Health: Understanding the Process
WK22AB	Chronic Disease Self-Management: What is it? How is it Achieved at the Systems Level?
WK23	Strengthening the EMS System: EMS Surveys and Using Data to Improve EMS Systems of Care

Wednesday – September 16, 2009	
WK24	Considerations and Approaches to Developing Culturally Appropriate Interventions for Heart Disease & Stroke Prevention
WK25AB	Telestroke
WK26AB	Systems Approaches that Emphasize Using Clinical Practice Guidelines
WK27AB	Effective Interventions, Strategies, and Promising Practices in Health Care
WK28	Building Successful Partnerships Among Non-Traditional Partners
WK29	NEMSIS for State Public Health
WK30	Enhancing State Cardiovascular Disease Surveillance Capacity
WK31	Policy Strategies to Lower Sodium Intake
WK32	The Missing Link: Improving the Effectiveness of Chronic Disease Interventions through the Training and Integration of Community Health Workers (CHWs) into Healthcare Teams
WK33	WISEWOMAN Special Studies Initiative (WSSI): Overview and Future Directions with Input from State/Tribal Programs

* – denotes 4-hour workshop sessions

AB – denotes repeated, 2-hour workshop sessions






Appendix 4 – Roundtable, Grantee Exchange, and Networking Opportunities

Table 8 – Roundtable Sessions and Demonstrations

Roundtable or Demonstration	Session Title
RT1	Mission: Lifeline – The Development of STEMI Systems of Care
RT2	State Surveillance Needs
RT3	Defining Cardiovascular Health: The AHA’s 2020 Goal
RT4	Policy and Systems Change Specific to Worksites in Rural Areas
RT5	Improved Hypertension Control Along the US/Mexico Border through Promotoras
RT6	Public Policies that Impact Heart Disease and Stroke: The AHA’s 2010 State and Local Policy Priorities
RT7	Overcoming Barriers to Hospital Participation in Quality Improvement Programs
RT8	Using Social Media: What Can It Do for My Program?
RT9	How Do States Use DHDSP Products and Services?
RT10	What Evaluation Tools Do You Need?
RT11	Do You Need Technical Assistance with Your WISEWOMAN Evaluation?
RT12	Ready or Not, Here They Come!
RT13	State Applied Research and Translation Needs
RT14	DHDSP’s Stroke Workgroup
RT15	Partnering to Ensure WISEWOMAN Participants Have Access to Needed Treatment
Demo 1	GIS Web Portal
Demo 2	DHDSP Roadmap
Demo 3	MIS
Demo 4	What’s in a Website? Experiences in Website Design and Usability Testing
Demo 5	National EMS Information System (NEMESIS) Report Tool Demonstration
Demo 6	HDSP Policy Database

Appendix 5 – Overall Evaluation

Table 9 – Networking Expectations and Opportunities

The networking opportunities met my expectations.		Response Total	Response Percent
STRONGLY DISAGREE		3	2%
DISAGREE		10	7%
NEUTRAL		18	13%
AGREE		73	52%
STRONGLY AGREE		36	26%
Total Respondents		140	




























There were enough networking opportunities during the training.		Response Total	Response Percent
STRONGLY DISAGREE		1	1%
DISAGREE		11	8%
NEUTRAL		21	15%
AGREE		74	53%
STRONGLY AGREE		33	24%
Total Respondents		140	

Table 10 – Knowledge and Skills

I have increased knowledge about the National Heart Disease and Stroke Prevention Program priorities.				
			Response Total	Response Percent
STRONGLY DISAGREE			0	0%
DISAGREE			3	2%
NEUTRAL			11	7%
AGREE			78	53%
STRONGLY AGREE			47	32%
NOT APPLICABLE			8	5%
			Total Respondents	147
I have increased knowledge about the WISEWOMAN Program goals and objectives.				
			Response Total	Response Percent
STRONGLY DISAGREE			2	1%
DISAGREE			16	11%
NEUTRAL			33	23%
AGREE			28	19%
STRONGLY AGREE			12	8%
NOT APPLICABLE			55	38%
			Total Respondents	146
I have increased knowledge about Coverdell Program goals and objectives.				
			Response Total	Response Percent
STRONGLY DISAGREE			3	2%
DISAGREE			19	13%
NEUTRAL			31	21%
AGREE			25	17%
STRONGLY AGREE			13	9%
NOT APPLICABLE			56	38%
			Total Respondents	147
I have increased my skills as a result of this meeting.				
			Response Total	Response Percent
STRONGLY DISAGREE			0	0%
DISAGREE			4	3%
NEUTRAL			23	16%
AGREE			75	52%
STRONGLY AGREE			42	29%
NOT APPLICABLE			1	1%
			Total Respondents	145

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	NOT APPLICABLE
KNOWLEDGE AND SKILLS						
1. I have increased knowledge about the National Heart Disease and Stroke Prevention Program priorities.	1	2	3	4	5	N/A
2. I have increased knowledge about the WISEWOMAN Program goals and objectives.	1	2	3	4	5	N/A
3. I have increased knowledge about Coverdell Program goals and objectives.	1	2	3	4	5	N/A
4. I have increased my skills as a result of this meeting.	1	2	3	4	5	

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
LOGISTICS					
5. The length of training was just right.	1	2	3	4	5
6. The facilities were conducive for learning (e.g., lighting, temperature control, seating space, etc.).	1	2	3	4	5
7. Please provide specific comments about the logistics.					

IMPROVEMENT SUGGESTIONS

8. What topic would you like to have included in future training?

9. Please provide any additional comments regarding this year's training.

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

Figure 2 – Plenary Session Evaluation

**CDC’s Heart Disease and Stroke Prevention Annual Grantee Meeting, 2009
Plenary Session Evaluation**

Please complete this evaluation to tell us your reactions about this plenary and what you learned. Your honest feedback will help us deliver high-quality training.

Presenter(s): _____ Date: _____
 _____ Time: _____

Plenary Title: _____

Please circle the most appropriate number for your response.

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
PRESENTER(S)					
1. The presenter(s) was well prepared.	1	2	3	4	5
2. The presenter(s) effectively presented information.	1	2	3	4	5
SESSION					
3. I found the plenary to be useful.	1	2	3	4	5
4. The plenary met my expectations.	1	2	3	4	5
5. The length of the plenary was just right.	1	2	3	4	5
LEARNING OBJECTIVES					
The plenary helped me:					
6. Objective 1 from session summary	1	2	3	4	5
7. Objective 2 from session summary	1	2	3	4	5
8. Objective 3 from session summary	1	2	3	4	5
CLARITY AND MOTIVATION					
9. I am motivated to apply what I learned.	1	2	3	4	5
10. I can apply what I learned.	1	2	3	4	5
IMPROVEMENT SUGGESTIONS					

11. Please provide any additional comments regarding this plenary.

Figure 3 – Mini-Plenary Session Evaluation

**CDC’s Heart Disease and Stroke Prevention Annual Grantee Meeting, 2009
Mini-Plenary Session Evaluation**

Please complete this evaluation to tell us your reactions about this mini-plenary and what you learned. Your honest feedback will help us deliver high-quality training.

Presenter(s): _____ Date: _____
 _____ Time: _____
 Mini-plenary Title: _____

Please circle the most appropriate number for your response.

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
PRESENTER(S)					
1. The presenter(s) was well prepared.	1	2	3	4	5
2. The presenter(s) effectively presented information.	1	2	3	4	5
SESSION					
3. I found the mini-plenary to be useful.	1	2	3	4	5
4. The mini-plenary met my expectations.	1	2	3	4	5
5. The length of the mini-plenary was just right.	1	2	3	4	5
LEARNING OBJECTIVES					
The mini-plenary helped me:					
6. Objective 1 from session summary	1	2	3	4	5
7. Objective 2 from session summary	1	2	3	4	5
8. Objective 3 from session summary	1	2	3	4	5
CLARITY AND MOTIVATION					
9. I am motivated to apply what I learned.	1	2	3	4	5
10. I can apply what I learned.	1	2	3	4	5
IMPROVEMENT SUGGESTIONS					

11. Please provide any additional comments regarding this mini-plenary.

Figure 4 – Workshop Evaluation

**CDC’s Heart Disease and Stroke Prevention Annual Grantee Meeting, 2009
Workshop Evaluation**

Please complete this evaluation to tell us your reactions about this workshop and what you learned. Your honest feedback will help us deliver high-quality training.

Instructor(s): _____ Date: _____
 _____ Time: _____
 Workshop Title: _____

Please circle the most appropriate number for your response.

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
INSTRUCTOR(S) AND LOGISTICS					
1. The instructor(s) effectively facilitated participation.	1	2	3	4	5
2. The workshop’s length was just right.	1	2	3	4	5
3. The workshop’s activities were useful.	1	2	3	4	5
4. The workshop met my expectations.	1	2	3	4	5

LEARNING OBJECTIVES

Rate your level of knowledge in the following topics *before* and *after* the workshop:

BEFORE						AFTER				
VERY LOW	SOMEWHAT LOW	MODERATE	SOMEWHAT HIGH	VERY HIGH		VERY LOW	SOMEWHAT LOW	MODERATE	SOMEWHAT HIGH	VERY HIGH
1	2	3	4	5	Objective 1 from session summary	1	2	3	4	5
1	2	3	4	5	Objective 2 from session summary	1	2	3	4	5
1	2	3	4	5	Objective 3 from session summary	1	2	3	4	5

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
CLARITY AND MOTIVATION					
5. I can apply what I learned.	1	2	3	4	5
6. I am motivated to apply what I learned.	1	2	3	4	5

ACTION PLAN

7. What ideas from the workshop do you think you will use most on your job?

8. What actions will you take on your job to apply what you learned?

IMPROVEMENT SUGGESTIONS

9. Please provide any additional comments regarding this workshop.

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

Figure 5 – Networking Session Evaluation

**CDC’s Heart Disease and Stroke Prevention Annual Grantee Meeting, 2009
Strategic Networking Session Evaluation**

Please complete this evaluation to tell us your reactions about the Strategic Networking Session and what you learned. Your honest feedback will help us deliver high-quality training.

Session Title: _____ Date: _____

Group: _____ Time: _____

Facilitator(s): _____

Please circle the most appropriate number for your response.

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
FACILITATOR(S) AND LOGISTICS					
1. The facilitator(s) was well prepared.	1	2	3	4	5
2. The session’s length was just right.	1	2	3	4	5
3. I found the session to be engaging.	1	2	3	4	5

REACTION

4. What did you like most about today’s networking session?

5. What did you like least about today’s networking session?

ACTION PLAN

6. What actions will you take to apply the information from the networking session on your job?

IMPROVEMENT SUGGESTIONS

7. Please provide any additional comments regarding this session.

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