Executive Summary

Within the Centers for Disease Control and Prevention's (CDC's)

Division for Heart Disease and Stroke Prevention, we have
developed an Evaluation Plan to assess the relevance, quality,
and impact of our Division activities.

This plan includes our many cross-cutting activities intended to achieve the goals within our strategic plan.

We designed this plan to be flexible enough to adapt to a dynamic environment over time. This flexibility will be critical in monitoring our short- and long-term progress in achieving our public health mission and goals.

Our Evaluation Plan is guided by three overarching questions:

Relevance: Is the Division engaged in the most appropriate activities Quality: Are Division activities well implemented? Impact: Is the Division's work having the intended effect?

With input from external partners, stakeholders within CDC developed this Evaluation Plan and ensured that it is appropriate for the Division's developmental stage.

Benefits of the Evaluation Plan

Through our Evaluation Plan, our ultimate goal is to capture information related to our long-term public health impact on reducing the burden of heart disease and stroke. Although direct causality related to the Division's work will be difficult to assess, measuring outcomes, along with process-level variables, will help us demonstrate our progress toward improving the public's health.

Evaluation Plan Priorities

Our Evaluation Plan lays out systems and processes by which we can evaluate the breadth of our Division activities through the logic model. However, evaluating the long-term impact is not appropriate in the near term because the distal goals, existing well outside the Division's direct influence, require coordination of both intervention and evaluation activities with partners as well as sufficient time to lay the foundation for achievement. To this end, we are focusing our immediate evaluation efforts on translation and dissemination activities and on short-term adoption, practice, and sustainability outcomes (i.e., the left side of the logic model). The following assessments are, therefore, our highest priorities:

- Assess the management, coordination, and staff development within the Division.
- Translate and disseminate the current knowledge base; identify ways to improve it.
- Enhance the ability of programs to apply findings to improve public health.

"We want to see that things are not just out there but are driving decision-making."

—DHDSP Stakeholder

As reflected by our priority assessments, we believe that strong management and coordination, together with staff development, are critical in creating the foundation needed to carry out our activities and achieve short-term outcomes. These assessments will require us to determine our effectiveness in setting a public health agenda and in leading national planning efforts. Such information will help us accomplish the following:

- Identify areas for improvement.
- Plan appropriate corrective action.
- Focus quality improvement efforts.
- Ensure that the right actions are taken to improve our performance over time.



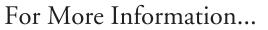












More detailed information on the DHDSP Strategic Plan and Evaluation Plan is available at http://www.cdc.gov/DHDSP/index.htm.

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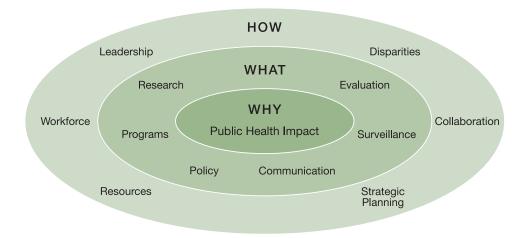
"We set priorities to ensure the most effective possible use of our resources."

-DHDSP Stakeholder

Relevance:

IS THE DIVISION ENGAGED IN THE MOST APPROPRIATE ACTIVITIES?

After interviewing key Division stakeholders, we identified what we considered to be the essential components of a "successful" Division. Guided by these core elements, we constructed the three-part conceptual model below to illustrate how we conduct our work, what public health strategies we use, and why we exist.



HOW we conduct our work.

The outer ring of the model indicates the mechanisms through which we accomplish our work in the Division. Leadership, workforce, and resources are critical elements in accomplishing our public health mission. We apply these elements through strategic planning and expand our work through collaboration with partners. Applying these elements to eliminate disparities is a guiding principle within and across all of our activities and programs.

WHAT strategies we use.

The middle ring represents our activities in the areas of evaluation, surveillance, communication, policy, programs, and research. These activities represent our principal tools in achieving public health impact.

WHY we exist.

The center of the model reflects our Division's mission - to serve as the nation's public health leader for achieving cardiovascular health for all and eliminating disparities in the burden of heart disease and stroke. Our mission is achieved by applying the mechanisms and activities in the outer and middle rings.

Quality:

ARE DIVISION ACTIVITIES WELL IMPLEMENTED?

The quality of our work is measured by our ability to promote effective public health strategies. A number of factors impact the quality of our work, including how much influence we have over the implementation of strategies and how much time it takes to achieve outcomes. These principles are basic to all evaluation questions and help determine our evaluation priorities for the Division.

Our ability to promote effective public health strategies starts with our Division planning on the far left side of the logic model below. These elements are needed to accomplish our daily work. By ensuring that these elements are adequate and communicated effectively to staff, we will improve our organization as well as the efficiency of our work.

Impact:

IS THE DIVISION'S WORK HAVING THE INTENDED EFFECT?

Impacts noted on the far right side of the logic model reflect our Division goals and those identified in *A Public Health Action Plan to Prevent Heart Disease and Stroke*. These elements will be used to assess the longer-term impact of collaborative efforts with and among our partners.

EVALUATION PLANNING LOGIC MODEL

